Partnerships, Population Health and Planning Committee

Wed 12 July 2023, 09:30 - 12:30

Microsoft Teams

Agenda

1. Preliminary Matters

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last meeting held on the 17th of May 2023

Attachment *Chair*

1.4 Draft PPHPC Minutes 17.5.23 Chair approved.pdf (11 pages)

1.5. Committee Action Log

Attachment *Chair*

1.5 PPHPC Action Log July 2023.pdf (5 pages)

2. Items for Approval/Ratification/Decision

There are no items to include in this section.

3. Items for Discussion

3.1. To receive and discuss the Gwent Marmot Programme, including;

Attachment *Director of Public Health*

- A review of the first phase of the Marmot programme
- The findings of the UCL Institute of Health Equity (IHE) Gwent marmot Region report
- An update on the Well-being plan

Strategic Partnerships

3.1 PPHP Committee Report_12July23_Gwent Marmot Programme Update_Final(1).pdf (7 pages)

3.1a Institute of Health Equity.pdf (174 pages)

3.2. To receive and discuss an overview of recent business of the Regional Partnership Board (RPB)

Attachment *Director of Strategy, Planning & Partnerships*

Strategic Partnerships

- 3.2 RPB Update PPHPC Report July 2023 FINAL.pdf (10 pages)
- 3.2a RPB Annual Report 22_23 FINAL DRAFT(1).pdf (54 pages)

3.3. To receive an update on the development of the Neighbourhood Care Networks

Attachment *Chief Operating Officer*

Strategic Partnerships

- 3.3 PPHP Committee Report - NCN Development v2.0.pdf (11 pages)
- 3.3a Appendix 1 Programme Plan Overview.pdf (1 pages)
- 3.3a Appendix 1- Programme Plan, Vision.pdf (1 pages)
- 3.3b Appendix 2- NCN Office Structure.pdf (1 pages)
- 3.3c Appendix 3- Readiness Checklist (1).pdf (15 pages)
- 3.3d Appendix 4 SPPC Peer Review 160223 v3.pdf (50 pages)
- 3.3e Appendix 5- ABUHB Ministerial Milestone Progress.pdf (1 pages)
- 3.3f Appendix 6- ABUHB End of Year Report for SPPC.pdf (13 pages)
- 3.3g Appendix 6a- Strategic Programme for Primary Care.pdf (3 pages)

3.4. To receive and discuss the review of Capital Programme Governance Arrangements

Attachment *Director of Strategy, Planning & Partnerships*

Strategic Planning and Developments

- 3.4 Capital Governance v3(1).pdf (5 pages)
- 3.4a Appendix 1 - SCEPB Draft terms of reference June 23.pdf (3 pages)
- 3.4b Appendix 2 - Capital and estates governance summary.pdf (2 pages)
- 3.4c Appendix 3 - Major Capital Projects and SROs June 23 final.pdf (3 pages)

3.5. To receive and discuss an update on Regional Planning

Attachment *Director of Strategy, Planning & Partnerships*

Strategic Planning and Developments

- 3.5 07.23 Regional Planning Update July 2023 FINAL.pdf (10 pages)

3.6. To receive an overview of the Clinical Futures Programme, including a focused discussion on eLGH Reconfiguration, including decisions to be made to the service blueprint

Attachment *Director of Strategy, Planning & Partnerships*

Review of development of plans in respect of the key Clinical Future Priorities

- 3.6 CF Programme on a Page eLGH Reconfiguration.pdf (1 pages)
- 3.6a Board and Committee Report eLGH Reconfiguration Programme July 2023 FINAL.pdf (10 pages)

4. Items for Information

4.1. PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025

Attachment *Director of Public Health*

- 4.1 PHW Long Term Strategy.pdf (61 pages)

5. Other Matters

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the next Committee meeting to be confirmed

Oral *Chair*

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

MINUTES OF THE PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE MEETING

DATE OF MEETING	Wednesday 17th May 2023
VENUE	Microsoft Teams

PRESENT	Ann Lloyd- Chair Richard Clark- Independent Member Dafydd Morgan- Independent Member Philip Robson- Special Advisor
IN ATTENDANCE	Tracy Daszkiewicz- Director of Public health Hannah Evans- Director of Strategy, Planning and Partnerships Rani Dash- Director of Corporate Governance Andrew Walker- Strategic Capital Estates Programme Manager Rob Holcombe- Director of Finance and Procurement Lloyd Hambridge- Interim Divisional Director of primary Care and Community Division William Beer- Consultant in Public Health Stuart Bourne- Consultant in Public Health Tracey Deacon- Locum Consultant in Public Health Stephen Chaney- Deputy Head of Internal Audit
APOLOGIES	Nicola Prygodzicz- Chief Executive Leanne Watkins- Chief Operating Officer

PPHPC/1705/01	**Preliminary Matters**
PPHPC/1705/ 01.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PPHPC/1705/ 01.2	**Apologies for Absence** Apologies for absence were noted.
PPHPC/1705/ 01.3	**Declarations of Interest** There were no declarations of interest raised to record.
PPHPC/1705/	**Minutes of the previous meeting**

01.4	The minutes of the meeting held on the 16th of November 2022 were agreed as a true and accurate record.
PPHPC/1705/ 01.5	**Committee Action Log- May 2023** The Committee received the action log. In relation to action PPHPC 0707/08.1, the Chair requested a target date for completion of the review of the Health Boards Estates Strategy. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, informed members that the review should be completed in Quarter 2, 2023/24. In relation to action PPHPC1611/14, the Chair requested an additional review of the Major Trauma centre. Rani Dash (RD), Director of Corporate Governance, informed members that additional discussions were due to take place with WHSSC and the Executive team. Members were content with progress made in relation to completed actions and against any outstanding actions.
PPHPC/1705/02	**Items for Approval/Ratification/Decision**
PPHPC/1705/ 02.1	**Committee Annual Report 2022/23** The Committee received the report, noting it would be presented to Board members for assurance at the upcoming meeting of the Public Board in May 2023.
PPHPC/1705/03	**Items for Discussion**
	Strategic Partnerships
PPHPC/1705/ 03.1	**To receive and discuss an update on the Gwent Marmot Programme** *SB joined the meeting.* Tracey Daszkiewicz (TD), Director of Public Health, supported by Stuart Bourne (SB), Consultant in Public Health, provided the Committee with an overview of progress of the 'Building a Fairer Gwent, Gwent Marmot programme' and progress made towards the development of the Gwent Marmot Region report which has been commissioned from the UCL Institute of Health Equity (IHE).

	Members were informed that work was underway to align the Marmot principles to Board priorities. Members were assured of alignment of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report and the Gwent Public Service Board (PSB) Wellbeing Plan; following on from Health Board led consultation workshops held across the five local authority areas in Autumn/Winter of 2022. The Chair requested an update on the Wellbeing Plan to come back to the next Committee meeting. **Action: Director of Public Health.** Members were informed of the next steps, noting that the Health Board would be working with local authority partners on the alignment of their individual well-being plans with recommendations. The current phase of the Marmot programme was focused on preparation for the publication of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report. An update on the findings of the IHE report, alongside a review of the first phase of the Marmot programme, to come back to the next Committee meeting. **Action: Director of Public Health** Phil Robson (PR), Special Advisor, highlighted the need for clear, short-term outcomes within the Marmot Programme. TD informed members that some determinants of health are long-term generational changes and outcomes, however, the Health Board was looking at step changes to make a difference in the short-term. The Chair thanked the teams for their hard work in coordinating active engagement with local authority partners. The Committee **NOTED** the report. *SB left the meeting.*
PPHPC/1705/ 03.2	**To receive and discuss an overview of recent business of the Regional Partnership Board (RPB), including a focus on the Area Plan** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an overview of development of the Regional Partnership Board (RPB) Area Plan, and information in relation to the development of a

	strategic capital plan. HE informed members that the Deputy Director of Planning and Partnerships would be supporting the review of strengthening partnerships within the RPB. Members were informed that the Gwent RPB Area Plan had been approved at the RPB meeting in March 2023. Alignments and any overlaps of priority areas between the Gwent RPB Area Plan and the Gwent PSB Well Being Plan will come back to the Committee for discussion. **Action: Director of Strategy, Planning and Partnerships/Director of Public Health** HE informed members that a collaborative evaluation of RPB and Regional Integration Funding (RIF) spending would take place in 2023/24, alongside a review of the partnership governance arrangements. All updates would be reported back to the Committee. The Chair reiterated the importance of the collaborative evaluation and review of governance arrangements; ensuring that the monies used benefit the health and well-being of the population. The Committee **NOTED** the report.
	Strategic Planning and Developments
PPHPC/1705/ 03.3	**To receive and discuss an update on Regional Planning** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update of progress in respect of ongoing regional and South Wales service planning programmes. The following additional updates were provided to the Committee; - • Regional Ophthalmology Programme: The Regional Ophthalmology Strategy was ratified by Board Members in March 2023. A finalised business case on the reduction of waiting times would be presented to the Board in May 2023. • Regional Orthopaedic Programme: A recent purchase by Cwm Taf Morgannwg, via Welsh Government funding, of the Health Park in Llantrisant ('Concorde' development) was noted. HE outlined the opportunities this would provide for regional, and Health Board planned care challenges.

	• Regional Diagnostics: Standard principles and a model for Regional Diagnostics had been agreed. A business case was in development for the opportunity to use current Health Board space for diagnostics. • Cancer Services version two of the Cancer Services business case, containing feedback from all Health Boards and outlining plans for a complementary cancer centre at the Nevil Hall hospital site, alongside the approved Satellite Radiotherapy centre would be presented to Board members at the meeting of the Public Board in May 2023. The Chair requested an update on progress with Thoracic Services. HE informed members that progress had been made on the capital element. It was noted that Thoracic work was not formally monitored through the current regional planning collaborative structure. HE suggested further discussions around assurances on service and workforce preparedness should take place at the regional Chief Executive meeting with WHSSC. **Action: Director of Corporate Services/Director of Strategy, Planning and Partnerships** The Chair highlighted the report on Hepatic pancreatic care and requested that the service be reviewed for quality and accessibility. HE informed members that internal discussions had taken place around the Health Board's Framework for Commissioning Services, noting further discussions would take place at the regional Chief Executive meeting with WHSSC. **Action: Director of Corporate Services/Director of Strategy, Planning and Partnerships** The Committee **NOTED** the report.
PPHPC/1705/ 03.4	**To receive and discuss an update on the delivery of the Clinical Futures Programme** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update on the progress of the Clinical Futures Programme, aligning to the Health Board's Integrated Medium-Term Plan (IMTP). Members were informed that a review of the Clinical Futures programmes had been completed. Overlaps between the programmes were recognised and the original

	10 Clinical Futures areas and been streamlined into 7 key areas. In addition, the 6 Goals for Urgent and Emergency Care strategy had been re-framed, as outlined in the report. Next steps were discussed. It was agreed that an update on alignment of the Clinical Futures priority programmes with the IMTP, including timelines for delivery would come back to the next Committee meeting. **Action: Director of Strategy, Planning and Partnerships** The Chair noted the planned improvements and thanked the teams for their work. The Committee **NOTED** the report.
PPHPC/1705/ 03.5	**To receive and discuss an update on Major Capital Programmes** *AW joined the meeting.* Andrew Walker (AW), Strategic Capital and Estates Programme Director, provided an overview of the strategic capital projects to the Committee. Members were assured that all capital schemes submitted to Welsh Government had to include significant decarbonisation measures, in line with the decarbonisation programme. In addition to live capital projects, as outlined in the report, AW informed members that plans were in progress to review the estates strategy, in particular to review with review estate at St Woolos, St Cadocs, Nevill Hall, County and Maindiff Court hospital sites. Hannah Evans, Director of Strategy, Planning and Partnerships, informed members that a review of the governance of capital programmes, strengthening assurance on reporting mechanisms, was imminent. An update on this would come back to the Committee. **Action: Director of Strategy, Planning and Partnerships.** The Committee **RECEIVED** the report for **ASSURANCE**, noting the exceptions as provided within the report. *AW left the meeting.*

	Review of development of plans in respect of the key Clinical Future Priorities
PPHPC/1705/ 03.6	**To receive and discuss and update on Public Health Protection** *TDe joined the meeting.* Tracey Daszkiewicz (TD), Director of Public Health, supported by Tracey Deacon (TDe), Locum Consultant in Public Health, provided the Committee with an overview of public health protection activity and the Health Board's planned developments. Members were informed that COVID funding had ended in April 2023. Welsh Government (WG) had since provided funding to provide an agile and sustainable model for health protection, including continuation of COVID-19 surge planning preparedness. The Heath Board have utilised this funding to create a Gwent Health Protection Service for 2023/24, led by the Director of Public Health. A business case would be presented to the pre-investment panel in Quarter 2 of 2023, with a proposal to support the Gwent Health Protection Service model from 2024 onwards. Philip Robson (PR), Special Advisor, queried whether or not the Health Board was considering including health protection measures in commissioned contracts with care homes. TDe thanked PR for the suggestion, which would be considered in future discussions with the Complex Care teams. TDe informed members that the Health Board supported care homes in understanding guidance and their required implementation for safer care. TD discussed next steps, highlighting plans to strengthen links between the health protection and resilience and emergency planning. Work would be undertaken around sustainability of provision, including a permanent Health Protection team. The Chair concurred with the requirement for a permanent team. The Chair gave special thanks to the health protection teams for their excellent work throughout the pandemic. The Committee **RECEIVED** the report for **ASSURANCE**. *TDe left the meeting.*

PPHPC/1705/ 03.7	**To receive and discuss an update on the Decarbonisation Programme** Rob Holcombe (RH), Director of Finance and Procurement, provided an update on the Health Board's Decarbonisation programme, including the Decarbonisation action plan for 2023/24, and progress against the national programme to deliver the goal of Net Zero emissions by 2050. RH gave special thanks to the planning team who had been driving the Decarbonisation programme forward. The governance structure of the Decarbonisation Programme was discussed, noting that the Decarbonisation Programme Board, chaired by RH, reported to the Committee as appropriate. Four active and successful decarbonisation workstreams had been created, as outlined in the report. Welsh Government targets for net zero had been shared out amongst the four Health Board workstreams. The following key points were noted: • Decarbonisation goals linking to the Health Board's Capital projects would be monitored and assessed. • A review of digital work and IT systems aligning to net zero carbon goals was underway. • The Health Board had reduced its carbon footprint by 3.1% in 2022/23. • Work was being undertaken with the Public Service Board (PSB) and borough subgroups to align decarbonisation polices. • Quality Improvement courses around decarbonisation had been commissioned for staff. • The Health Board was the first in Wales to eradicate the use of Desflurane anaesthetic gas; next steps were to review the use of Nitrous Oxide and Entonox gases. • A unique governance tool for the monitoring and reporting structure for net zero targets had been provided by Welsh Government, through the NHS Wales Shared Service Partnership (NWSSP).

	The next steps for the decarbonisation programme were to investigate potential alternative energy sources for the Health Board, noting solar power as a feasible option. Dafydd Vaughan (DV), Independent Member, noted the review of a reduction of carbon through digital and IT. DV suggested the outsourcing of IT servers to carbon neutral Cloud vendor platforms, thus saving on electricity costs and energy to store and support the current physical servers used by the Health Board onsite data centres. It was suggested that cloud-based systems be included in any future reviews of the Health Board's Digital strategies, supporting significant performance, environmental and security benefits. Members highlighted the importance of sharing progress made in the decarbonisation programme through communication with both staff and members of the public. The Chair thanked the teams for the work undertaken and requested an update on progress in 6 months. **Action: Director of Finance and Procurement** The Committee **RECEIVED** the report for **ASSURANCE**, noting the progress made.
PPHPC/1705/ 03.8	**To receive a report from the Primary Care Sustainability Board** *WB and LH joined the meeting.* William Beer (WB), Deputy Director of Primary Care and Consultant in Public Health, supported by Lloyd Hambridge (LH) Interim Divisional Director for Primary and Community Care provided an update on primary care sustainability. Members were informed that future primary care sustainability action plans included clear ownership and accountability. These actions were overseen by the Primary Care Sustainability Board, chaired by the Chief Operating Officer. *Richard Clark, Independent member, left the meeting.* LH requested feedback from members on reporting mechanisms through the Committee. Phil Robson (PR),

Special Advisor, requested that baseline performance data be presented to the committee to measure any gaps in performance and/or improvement. The Chair requested that performance measures and sustainability start with the Health Board's managed practices. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, informed members that discussions were underway to determine a population baseline matrix.

Dafydd Vaughan (DV), Independent Member, discussed Health Board managed practices, suggesting they be at the forefront of the NHS Wales app rollout. DV suggested that future reporting include access to digital services in practices, including the uptake by the public. LH informed members that the digital strategy was a key element in the Primary Care Sustainability Plan.

Rani Dash (RD), Director of Corporate Governance, discussed governance and assurance arrangements of Primary Care aligning to individual committees and highlighted the following points:

- Primary Care contract performance and oversight would be reported to the Finance and Performance Committee.
- Primary Care access and its impact would be reported to the Patient Quality and Outcomes Committee.
- Developmental strategic space and sustainability would be reported through to this Committee.

The Chair requested a review of the current Primary Care policy and strategies, against the growing needs of the Health Board population and the instability of the services. **Action: Interim Divisional Director for Primary and Community Care**

WB provided members with an update on progress of the Primary and Community Care Academy, as outlined in the report. Members were informed that part funding had been secured from Health Education in Wales (HEIW) for an additional twelve General Nurse Practitioners (GNPs).

The Chair thanked the teams for their work in securing additional funding through HEIW.

The Committee:

- **NOTED** the progress of the Primary Care Sustainability Board since August 2022.

	• **ENDORSED** the Draft Primary Care Sustainability Action Plan. • **ENDORSED** the re-establishment of the Primary and Community Care Academy. • **NOTED** the additional capacity and capability that may be required to accelerate delivery of the action plan. *WB, HE and LH left the meeting.*
	Other Matters
PPHPC/1705/ 03.9	**Items to be Brought to the Attention of the Board and Other Committees** There were no matters arising.
PPHPC/1705/ 03.10	**Any Other Urgent Business** There were no matters arising.

Partnerships, Population Health and Planning Committee
ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2022	PPHPC 0707/08.1	**To receive an update on the development and delivery of a Strategy for Mental Health Services in Gwent:** A re-focus of the Estate's Strategy and a formal strategy for MHLD estates, including a timeline of action to be presented to the Committee.	Interim Director of Primary Care, Community and Mental Health Services/ Interim Director of Planning & Performance	Quarter 2 2023/24	Due to current capacity issues the current focus is on completing the Outline Business Case for the Specialist In-Patient Services Unit. Welsh Government are currently evaluating the 10 years Together for Mental Health National Strategy and the outcome of the evaluation will need to inform any local service and associated estates strategy developed by the Health Board in 2023.
November 2022	PPHPC 1611/06	**Committee Workplan 2022/23:** Review of Vascular Service Network (currently scheduled for April 2023) to be scheduled later in the year in order to provide a full one-year review	Interim Director of Planning & Performance/ Director of Corporate Governance	2023/24	To be included within the Committee's Workplan for 2023/24

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
November 2022	PPHPC 1611/06	**Committee Workplan 2022/23:** Review of services available to each borough to be included in the work programme, aligned to Clinical Futures. Reviews to focus on any equality issues around service provision between boroughs	Interim Director of Planning & Performance/ Director of Corporate Governance	2023/24	Place Based Care, as a key priority within the IMTP 2023-23, will be included within the Committee's Workplan for 2023/24.
November 2022	PPHPC 1611/07	**Committee Strategic Risk Report:** Mitigation of the two new risks reported to the meeting (external escalation of displaced people/migrants and cost of living crisis), alongside improvements made against other outstanding risks to be reported to the next meeting	Head of Corporate Services, Risk and Assurance	March 2023	To be included in the risk report for the next meeting.
November 2022- Updated May 2023	PPHPC 1611/14 & PPHPC 1705/01.5	**Regional Planning Update:** Review of the Major Trauma Centre to be provided.	Interim Director of Planning and Performance	May 2023	Included on the agenda for the Board Strategic Planning Session on 3rd May 2023. 17th May 2023; The Chair requested an additional review of the Major Trauma Centre. Verbal update to be provided at the July 2023 meeting.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
May 2023	PPHPC 1705/03.1.1	**To receive and discuss an update on the Gwent Marmot Programme:** The Chair requested an update on the Wellbeing Plan to come back to the next Committee meeting.	Director of Public Health	July 2023	Included on the agenda for July 2023.
May 2023	PPHPC 1705/03.1.2	**To receive and discuss an update on the Gwent Marmot Programme:** An update on the findings of the IHE report, alongside a review of the first phase of the Marmot programme, to come back to the next Committee meeting.	Director of Public Health	July 2023	Included on the agenda for July 2023.
May 2023	PPHPC 1705/03.2	**To receive and discuss an overview of recent business of the Regional Partnership Board (RPB), including a focus on the Area Plan:** Alignments and any overlaps of priority areas between the Gwent RPB Area Plan and the Gwent PSB Well Being Plan will come back to the Committee for discussion.	Director of Public Health	Date to be confirmed	In progress.
May 2023	PPHPC 1705/03.3.1	**To receive and discuss an update on Regional Planning:** An update on Thoracic Services, including feedback from discussions around service and workforce preparedness	Director of Corporate Services/Director of Strategy, Planning and Partnerships	July 2023	An update to be provided in the Regional Planning Report for July.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		at the regional Chief Executive meeting with WHSSC.			
May 2023	PPHPC 1705/03.3.2	**To receive and discuss an update on Regional Planning:** A review of the Hepatic pancreatic service for quality and accessibility; including feedback from discussions around the Health Boards Framework for Commissioning Services at the regional Chief Executive meeting with WHSSC.	Director of Corporate Services/Director of Strategy, Planning and Partnerships	July 2023	Included in the agenda item *Regional Planning Report* for July 2023.
May 2023	PPHPC 1705/03.4	**To receive and discuss an update on the delivery of the Clinical Futures Programme:** An update on alignment of the Clinical Futures priority programmes with the IMTP, including timelines for delivery would come back to the next Committee meeting.	Director of Strategy, Planning and Partnerships	July 2023	Included in the agenda for July 2023

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
May 2023	PPHPC 1705/03.5	**To receive and discuss an update on Major Capital Programmes**: An update on the review of the governance arrangements for Capital Programmes to come back to the Committee	Director of Strategy, Planning and Partnerships	July 2023	Included on the agenda for July 2023.
May 2023	PPHPC 1705/03.7	**To receive and discuss an update on the Decarbonisation Programme:** An update on the progress of the decarbonisation programme to come back in 6 months' time.	Director of Finance and Performance	November 2023	To be added to the Committee forward workplan.
May 2023	PPHPC 1705/03.8	**To receive a report from the Primary Care Sustainability Board:** An update on reviewing current policy and strategy documents for Primary Care to be presented to the Committee.	Interim Divisional Director for Primary and Community Care	November 2022	Update to come back to November 2023 meeting.

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.

	CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	12 July 2023
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Gwent Marmot Programme: - A review of the first phase of the Marmot programme; - Findings of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report; - An update on the Gwent Public Services Board Wellbeing Plan.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Consultant in Public Health & Gwent Marmot Region Programme Manager

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 This paper forms part of a series of papers presented to Partnerships, Population Health and Planning Committee to provide assurance about progress in establishing Gwent as the first Marmot region in Wales. This paper provides details about a review of the first phase of the Marmot programme, it provides a summary of the findings of the UCL Institute of Health Equity (IHE) Gwent Marmot region report, and an update on progress with the Gwent Public Services Board well-being plan.
Cefndir / Background On the 10th March 2022, Gwent Public Services Board (PSB) endorsed a proposal tabled by the Health Board to become a 'Marmot region', and to work with the IHE to develop Gwent PSB's approach to addressing the wider determinants of health. This signalled the ambition of partners in Gwent to work together to address each of the eight Marmot principles. The eight principles are: 1. Give every child the best start in life; 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;

3. Create fair employment and good work for all;
4. Ensure a healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities;
6. Strengthen the role and impact of ill-health prevention;
7. Tackle racism, discrimination and their outcomes;
8. Pursue environmental sustainability and health equity together.

Following PSB endorsement, the IHE was commissioned to undertake fieldwork in Gwent to assess the extent to which actions are already in place, and report back findings and recommendations for further improvement. This work is now complete and will be presented to Gwent PSB on 20th July 2023. A copy of the full report is included with this cover paper.

Asesiad / Assessment

1. A review of the first phase of the Marmot programme.

The Marmot programme team have developed an evaluation plan for a formative evaluation of the implementation and learning from the Gwent Marmot region programme covering the period mid-September 2022 to June 2023. This represents the first phase of the Marmot programme, i.e. raising awareness and developing the Gwent Marmot region report. The evaluation plan, including the areas of enquiry, are shown in the table below.

Table 1: First phase Marmot programme evaluation plan

What to evaluate	Who does this relate to	How is this measured
Buy-in and commitment to Marmot principles at a strategic level		
Policies that reflect the Marmot principles / take a wider determinants of health (WDoH) approach - DPH report, December 2022 Agreement of Marmot indicators/recommendations (for IHE report)	- All eight Gwent PSB statutory partners as a minimum - Gwent PSB members	- Include question in online survey for PSB partners, members and other key stakeholders - Check policies available online - Ask partners during meetings/conversations
Gwent PSB Well-being Plan's alignment to Marmot principles / WDoH		Analysis of current plan & description of process involved (PSB Performance Management Plan)
Identification of key, strategic opportunities	- NIHR HDRC bid with Torfaen CBC - Gwent PSB WB Plan - LA corporate plans	Include as question in survey for partners
Wider awareness of BAFG / Marmot region and its aims		
BAFG representation at events & meetings: - Main events: leadership launch, stakeholder workshops - Main meetings: leadership meetings, planning group meetings - Programme team's and IHE's meetings & presentations	- ABPHT - IHE	- Analysis of events: attendee numbers etc - Lists from programme team & IHE of events and meetings: rank relationships as 'contact made', 'detailed discussions held', 'supportive in principle', 'actively engaged'

Comms & marketing:	- ABPHT - ABUHB Comms team	-BAFG branding – breadth of this? -BAFG web page on PSB website -Press releases -Newsletters -Social media promo -Case studies for IHE report -Gwent group on IHE health equity network
Has awareness of Marmot principles and/or health inequalities/WDoH increased?		Include as question in survey for partners – before and after.
Achievements for first year of BAFG programme (Not included above - Internal, ABPHT)		
Integration of BAFG into public health team. Work with Exec team for ABUHB to be a population health led health board. Stakeholder / stakeholder/network mapping with HW:HW. Publication of Gwent Marmot Report.	- ABPHT	Reflections / analysis, include any hard stats / facts where possible
Reflections on use of a systems approach		
9-step approach – why this was chosen Positives Challenges Alternative systems approach	- ABPHT	- Analysis & description of what's been done to date - Evaluation-based logic model
SWOT analysis of programme to date		
Strengths, weaknesses, opportunities, threats. What's gone well, what could have gone better (timing – work with IHE previous to new WB plan). (Incl reflections about partnership with IHE).	- ABPHT - IHE	
Recommendations for future of the programme		
Will come out of SWOT and integration with LDGs & business as usual for LPHT		

The focus in the first phase is on how well the Marmot principles have been communicated, as well as wider awareness of the work of the Gwent Marmot programme. The evaluation is being conducted by the Marmot programme team and is expected to complete by August 2023.

2. The findings of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report

The final version of *Building a Fairer Gwent: Improving health equity and the social determinants* was submitted by the IHE at the end of June 2023. It contains 193 recommendations split into different topic areas and two time periods. The breakdown of the recommendations by topic area and time period is shown in the table below.

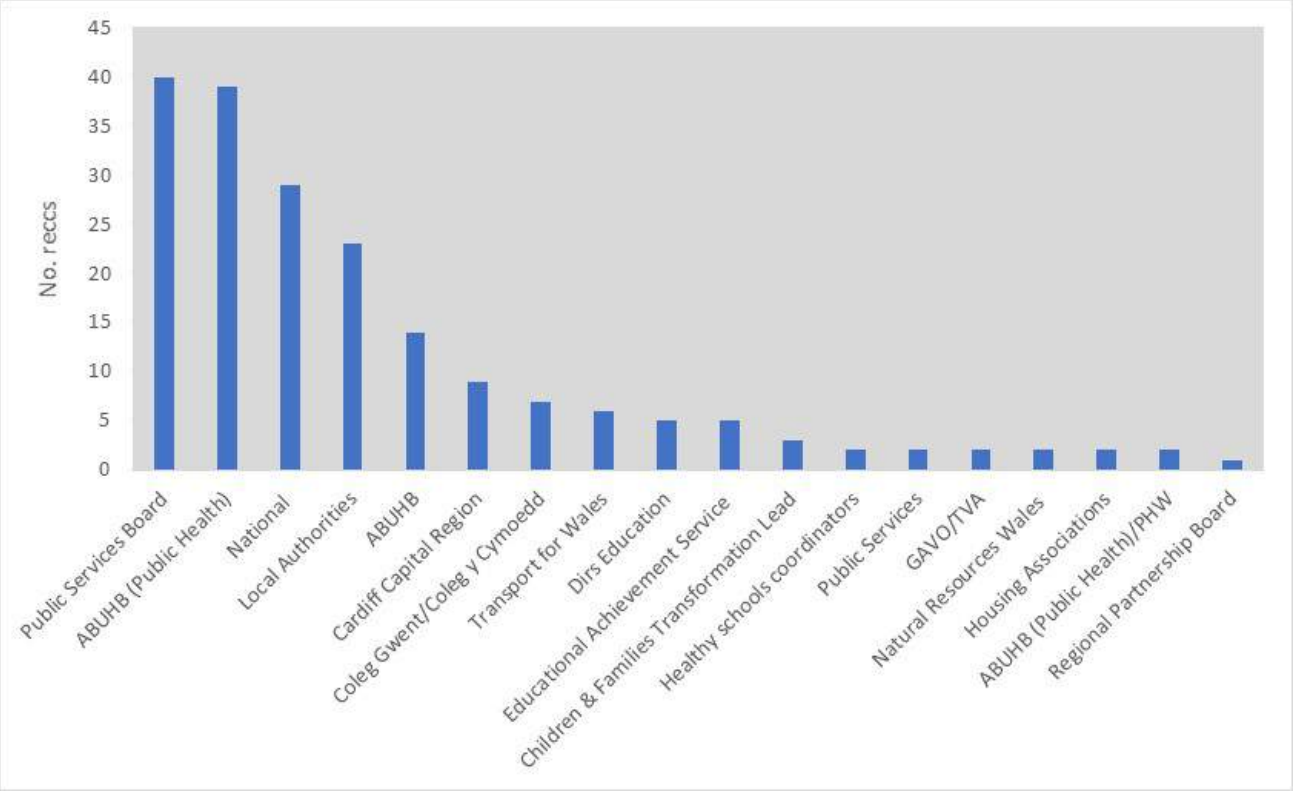
Table 2: 'Building a Fairer Gwent', recommendations by topic and time period.

Recommendations	2023-24	2024-29
Give every child the best start in life	5	6
Enable all children, young people and adults to maximise their capabilities and have control over their lives	18	13
Create fair employment and good work for all.	7	6
Ensure a healthy standard of living for all	9	7
Create and develop healthy and sustainable places and communities	10	9
Strengthen the role and impact of ill-health prevention	7	5
Tackle racism, discrimination and their outcomes	1	2
Purse environmental sustainability and health equity together	6	4
System change	16	13
Sector change	11	9
National actions*	29	0
No. recommendations	**119**	**74**
Total no. recommendations		**193**

* National actions are not split by time period.

All recommendations have an assigned lead individual or organisation in the report. The distribution of the 193 recommendations by lead is shown in Figure 1 below.

Figure 1: 'Building a Fairer Gwent', number of recommendations by lead.



The majority of the recommendations have been assigned to either Gwent Public Services Board or ABUHB Public Health Team working as system leaders. Including both those recommendations assigned to the ABUHB Public Health Team and those applied more broadly to ABUHB, the Health Board has 53 recommendations.

Although there are 193 recommendations, this does not account for the fact that many of the issues underpinning the recommendations continue across the two time periods in the report. Allowing for the continuity of the issues and ignoring the national actions has the effect of reducing the number of recommendations across the eight Marmot principles, the system and the sector down to 78 in total. The next step will be for Gwent partners to assess the recommendations to decide which may already be happening, which are quick wins, which may be too ambitious and which should be collectively or individually prioritised. The IHE are clear that these are recommendations, and it is up to partners in Gwent to decide which recommendations are prioritised.

The report will be presented and discussed at Gwent Public Services Board on Thursday 20th July. Members of ABUHB Public Health Team are currently also presenting the findings at a series of local authority local delivery group meetings in the context of local well-being plan development. Planning for a wider report launch in the autumn is also being planned, alongside a series of community conversations to discuss the IHE's findings with citizens in Gwent.

3. An update on the Gwent Well-being Plan

The draft Gwent Well-being Plan was approved by ABUHB Board at its meeting in March 2023. This was part of an approval process involving each of the eight statutory members of Gwent Public Services Board, prior to collective approval of the plan. The plan has now been approved by each of the eight statutory partners and will go to Gwent PSB on 20th July for final approval. After this, the plan will be formally published and submitted to the Future Generations Commissioner for Wales.

Each local authority is beginning to look at the plan and consider how the strategic objectives and steps can be responded to locally. To do this, each local authority is convening local delivery groups of partners to inform a delivery plan for the Gwent well-being plan. This process has already started, with a number of multiagency workshops taking place across the region. The performance management framework and local vs regional leadership of delivery of the plan is in development and to be agreed by Gwent PSB.

Argymhelliad / Recommendation

The Committee is asked to note the first phase evaluation of the Marmot programme and the update on the Gwent Well-being Plan and to discuss the Gwent Marmot Region report.

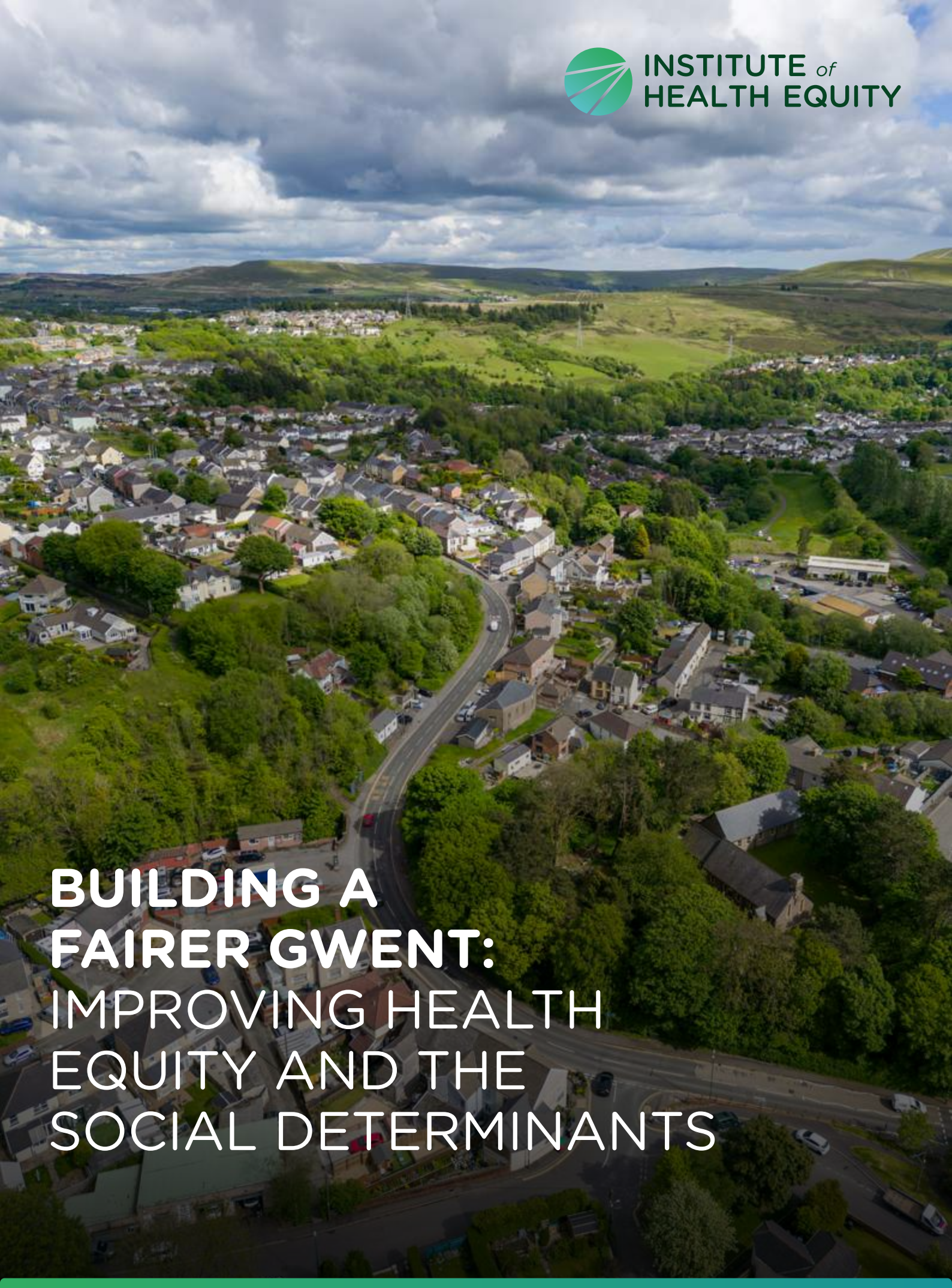
Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Population health improvement.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Fair Society Healthy Lives, the Marmot Review (2010)
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Gwent Public Services 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** At present, this item does not represent a new policy, strategy, strategic implementation plan or a proposal for a new service or service change. 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 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 Prevention - acting to prevent problems occurring or getting worse may help public bodies meet their objectives.



INSTITUTE of HEALTH EQUITY

BUILDING A FAIRER GWENT: IMPROVING HEALTH EQUITY AND THE SOCIAL DETERMINANTS

CONTENTS

ACKNOWLEDGEMENTS

AUTHORS

Report writing team: Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt and Owen Callaghan. Tammy Boyce, Peter Goldblatt, and Owen Callaghan coordinated the production and analysis of tables and charts.

Suggested citation: Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Owen Callaghan (2023). Building a Fairer Gwent: improving health equity and the social determinants. London: Institute of Health Equity.

AUTHORS' ACKNOWLEDGEMENTS

With particular thanks to Stuart Bourne and the local Marmot team who provided local support and advice. We are also indebted to the advice and input of the Gwent Leadership Board.

We have received valuable input and advice from across the system in Gwent, including: the Gwent Public Services Board, various staff in each local authority, the NHS, public services, the Welsh Government, the Third sector, housing sector and education. Your insights were invaluable – many thanks for giving your time so generously and helping to create this report.

Many thanks to Sarah Aitken for starting this conversation.

Many thanks to UCL Educational Media for their technical support and advice.

GLOSSARY

HEALTH INEQUALITIES

The systematic differences in health, the care that people receive, and the quality of care and the opportunities people have to lead healthy lives. They are avoidable and unfair.

One of the key measures of health inequality is inequality in life expectancy, whereby the people living in the poorest neighbourhoods die earlier than those in wealthier areas.

HEALTHY LIFE EXPECTANCY

The time people spend in 'good' or 'very good' health, based on how people perceive their own general health.

INDIVIDUAL HEALTH BEHAVIOURS AND PREVENTION

Prevention programmes and initiatives often focus on individual health behaviours, such as smoking, physical exercise, diets/nutrition, alcohol and drug use. These factors affect health inequalities but the programmes do not address the drivers of these behaviours—'the causes of the causes'. Addressing the causes of the causes requires partnerships with wider systems to provide good education and employment, fair pay and incomes, good quality homes and neighbourhoods.

WELSH INDEX OF MULTIPLE DEPRIVATION (WIMD)

The most common measure in the UK of the socioeconomic circumstances in the places where people live. The WIMD summarises how 'deprived' an area is based on a set of factors that includes: levels of income, employment, education and crime. The WIMD is based on the Lower-layer Super Output Areas (LSOA), which, though small, may include areas of both high and low deprivation. The LSOAs are ranked from 'most deprived' to 'least deprived' and divided into five equal groups or quintiles. These range from the most deprived 20% (decile 1) of small areas nationally to the least deprived 20% (decile 5) of small areas nationally.

THE WELSH REAL LIVING WAGE

Set by the Resolution Foundation, the Welsh real living wage was created to better estimate the wage rate needed "to ensure that households earn enough to reach a minimum acceptable living standard as defined by the public". In 2023 the Welsh real living wage was £10.90 per hour.

PROPORTIONATE UNIVERSALISM

The principle that describes how universal policies and interventions are needed in every area but should be developed more intensely where need is higher – to be proportionate to need. The aim of a proportionate universalist approach is to raise overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace where the need is higher.

SOCIAL DETERMINANTS OF HEALTH

The social and environmental conditions in which people are born, grow, live, work, and age, which shape and drive health and wellbeing. Access to good quality health care is a determinant of health but most of the social determinants of health lie outside the health care system. The unequal distribution of power, income, goods and services and inequitable access to health care, schools and education, the conditions of work and leisure, the homes, communities, towns or cities where people live – these are the structural determinants and conditions of daily life and constitute the social determinants of health. Inequalities in the social determinants result from a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.

SOCIAL GRADIENT

The social gradient shows health inequalities are experienced by all of society, not just those at the very bottom and top. Health outcomes, such as life expectancy, improve as deprivation falls.

THIRD SECTOR

Voluntary organisations, community organisations, self-help groups, charities, faith-based organisations, social enterprises, community businesses, housing associations, co-operatives and mutual organisations and partnership organisations that support the sector.

CHAPTER 1
INTRODUCTION

"To be truly radical is to make hope possible, rather than despair convincing."

Raymond Williams (1921-1988), writer and academic,
born in Llanvihangel Crucorney, Monmouthshire

Gwent falls in the South Wales East region, one of five electoral regions in Wales with urban, town and rural areas. While its identity is based on a medieval Welsh kingdom, Gwent as an administrative region was created in 1974 as part of the Local Government Act. The 1994 Local Government (Wales) Act led to the reorganisation of local government and the creation of 22 local authorities. Gwent covers five local authorities: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. Aneurin Bevan, creator of the NHS, was born in Tredegar, Blaenau Gwent, in 1897.

Gwent is steeped in its historic industrial legacy. In the 19th century, South Wales was the world's major producer of iron and coal. Most of these employers have left, but their legacy looms large in the environments and housing where people live and in the generations who continue to feel the effects of redundancies from these industries, generations after they happened.

The only organisations that cover the whole Gwent area are the Aneurin Bevan University Health Board (ABUHB) and Gwent police. All other services are either organised by local authorities, by national government or via other regional partnerships, such as the Cardiff Capital Region. Regarding health and wellbeing, and the social determinants of health, the region is organised by two boards: the Gwent Public Services Board, a partnership and organisational requirement of the Wellbeing of Future Generations (Wales) Act, that seeks to improve wellbeing; and the Gwent Regional Partnership Board, a partnership and organisational requirement of the Partnership Arrangements (Wales) Regulations 2015, that seeks to integrate and improve health and social care.

Gwent 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. People spoke to us of the 'worst-off' but also mentioned those 'second worst-off' and 'third worst-off'.

Whilst it is still a relatively young nation, Wales has the administrative and political capacity to address socioeconomic inequalities with Wales-specific policies and actions. Devolution was seen as an opportunity to govern differently and to better address longstanding social and economic inequalities in Wales that were not "adequately addressed through generic, UK-wide strategy and resource allocation" (1).

Wales has the legislative powers to address many of the social determinants of health – education; health; early years; employment support; environment; housing and transport. It has more devolved powers than regions IHE has worked in previously, nonetheless, like these regions, key factors affecting the social determinants of health, such as income, taxation, social protection and welfare benefits, remain controlled by the UK Government. These regions where IHE has worked, mainly in the North of England, are similar to Gwent, with areas of deep-seated poverty and dealing with the consequences of de-industrialisation.

Wales has been brave in developing innovative legislation such as the Wellbeing of Future Generations (Wales) Act and creating ambitious targets, such as eradicating child poverty by 2020. Many of the policies we have recommended in other reports are already in place in Wales – partnerships, long-term approaches and, soon to come, the Social Partnership and Public Procurement Bill (2) – but the question remains why aren't inequalities reducing? Those living in the poorest parts of Wales still have, on the whole, worse health outcomes, worse wellbeing, worse education results and worse employment rates despite the plethora of Welsh Government policies.

More than 15 years on from being able to create its own legislation, many outcomes have not shifted. Section 2B explores the Wellbeing of Future Generations (Wales) Act in more detail, but it is true to say that external factors over the last 15 years, including the global economic crisis in 2008, followed by austerity cuts by the national UK Government post-2010 and the COVID-19 pandemic in 2020 have all made it difficult for Welsh Government policies to succeed. In addition, the Welsh Government is unable to set the funding levels it wants, the UK Government maintains control over funding levels in Wales. As such, it could be the case that without these ambitious policies from the Welsh Government, Wales would be in an even worse position.

Despite the challenges, hope is possible. Whilst the national UK context for health and health equity is bleak, with worsening health, widening inequalities and extensive pressures on the NHS and public services, it is still possible for local areas such as Gwent to take actions to make a difference to their residents, in an era when they most need this support.

OUR AIM

This report outlines the health inequalities in Gwent - understanding the problem will, we hope, help to identify the solutions. In almost every interaction we had with relevant agencies and organisations in Gwent, you told us you didn't want yet another report, you wanted to know how to build and sustain an equitable Gwent – or an equitable Blaenau Gwent, Caerphilly, Monmouthshire, Newport or Torfaen. For many, Gwent is simply an administrative structure, but there is strength in working together as many of you already do, in your Gwent Public Services Board or in the Regional Partnership Board. Many of your actions are already addressing health inequalities, such as through these partnerships or different partnerships that you've established to meet a short-term objective or to share best practice.

Many of you have the required mindset and approach – you are rooted in your communities and focused on reducing inequalities. What is missing? Results. You told us you can do better and the systems can do better. This report aims to give you the tools and the arguments to prove that reducing health inequalities is possible, even when there are difficult external circumstances, such as cuts to local authorities and the NHS. This report analyses what will lead to systems shift and shows where it is better to act at the Gwent level, where it is best at the local authority level, and where an even smaller unit of action may be preferred. This report provides evidence of where you need to change your strategies, where to provide more targeted interventions and where to adopt a proportionate universalist approach, as discussed later in this section.

We were asked to examine health inequalities in Gwent. We were not asked to reduce waiting times, increase employment or improve housing. But all our recommendations will lead to these outcomes. Looking in isolation at each of these problems and delivering actions in isolation will lead only to previous outcomes – little or no change.

The plethora of policies and indicators coming from Welsh Government can inspire but overwhelm systems. The Welsh Government has committed to thinking long term but the political process must also adapt: it is time to concentrate on delivering the policies developed. Previous analysis and reports have pointed out that the Welsh Government has created the right policies but left little capacity for local systems to implement them, and in some cases, not provided sufficient funding. The policies must be given the time and capacity for implementation.

This raises fundamental questions about ownership and leadership – who is best placed to address local problems and what is best achieved in partnership? At the moment the centre often dictates, leaving local systems feeling disheartened.

1A. THE IHE APPROACH IN GWENT

The public health team at Aneurin Bevan University Health Board (ABUHB) commissioned the Institute of Health Equity (IHE) in 2022 to support their work to reduce health inequalities in Gwent and advise on their actions on the social determinants of health. A Marmot leadership group with members from the Public Services Board (PSB) was established in June 2022 (see appendix).

IHE's work was launched in October 2022 by Professor Michael Marmot at the Lysaght Institute in Newport. A local Marmot team was established with a programme manager and leadership from the local public health team. In addition to providing support to the public health team, they also provided support in writing this report.

Our approach sought to understand the local processes which affect health inequalities and policies and interventions to reduce them as well as examining the barriers preventing action. We examined the actions taken to reduce health inequalities and who has been involved. We assessed the extent of health inequalities in Gwent and inequalities in the social determinants of health. We looked at existing policies, actions, indicators and partnerships seeking to address health inequalities. We identified the key sectors and organisations taking actions on health inequalities and the social determinants of health. Each of the five local authorities in Gwent has contributed to the creation of this report and we also received input from national organisations.

At the beginning of the process we participated in workshops in each local authority where the PSB wellbeing plan and its relationship to the Marmot work were discussed. The five workshops were attended by over 170 participants. Many of the staff at these workshops were subsequently interviewed to explore the health inequalities in Gwent and the approaches taken to tackle inequalities. We spoke to representatives from local authorities, the NHS, the Third Sector, the PSB and other public services and national organisations. Quotes from these interactions are used throughout this report to illustrate the issues and challenges that services face in trying to create change.

This work led to us to develop a set of local Gwent Marmot indicators and recommendations tied to a five-year strategy to drive at-scale actions. Whilst there are many national indicators Gwent must assess, in discussions, including with the leadership group, it was decided a local set of Marmot indicators would help to focus work on reducing inequalities in Gwent. Section 6 outlines the method used to develop these indicators.

1B. THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health describe the social and environmental conditions in which people are born, grow, live, work and age, which shape and drive health outcomes. Factors that determine how the social determinants of health conditions are experienced across societies include the distribution of power, money and resources. Unfair distribution of these resources creates avoidable health inequalities, known as 'health inequities'.

Most of the social determinants of health lie outside the healthcare system. Good-quality healthcare is an important determinant of health and the equitable access to and the quality of healthcare services are important influences on health inequalities, but improving these will not address the causes of ill health and wellbeing nor reduce health inequalities on their own. Social determinants which help create the conditions that enable people to have control over their lives include good-quality experiences and services during early childhood, good-quality education in later childhood and adolescence and opportunities for lifelong learning. Working conditions and contractual conditions of employment, are also key determinants of health, as is having sufficient income for healthy living, living in adequate housing, and in a built and natural environment that protects from harm and enables healthy living (3). Focusing only on individual behaviour change – such as eating less or exercising more – fails to address the root causes of these behaviours. Understanding and improving the social determinants of health is needed in addition to working with people to better support these choices and behaviours.

THE EIGHT MARMOT PRINCIPLES

Addressing the social determinants of health to reduce health inequalities requires action on the six policy objectives outlined in the first Marmot review, *Fair Society, Healthy Lives* and in the follow-up report, *Health Equity in England: The Marmot Review 10 Years On* (3) (4). We have subsequently added two further principles to reflect increasing recognition of the health equity impacts of racism and climate change (5) (6).

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

THE SOCIAL GRADIENT IN HEALTH

The 2010 and 2020 Marmot reports showed that health inequalities are not limited to poor health in those who are the worst-off or the most socially disadvantaged. The social gradient shows health inequalities are experienced by all of society, not just those living on the lowest incomes. Health outcomes, such as life expectancy, improve as deprivation falls. Everyone below the top income deciles is likely to live shorter lives and develop a disability earlier than those at the top (3) (4). For each increase in neighbourhood income, life expectancy increases. This is unfair and unnecessary. Health inequalities that are remediable by reasonable means are unjust – everyone in society should have the good health and length of life of those at the top.

Addressing the social determinants of health means addressing the *causes of the causes* of ill-health and wellbeing; this requires time and investment, effective partnerships and radical shifts in approaches.

Reducing health inequalities is rooted in social justice and fairness but it is also vital for economic prosperity. Inequalities unnecessarily harm and shorten the lives of those living in poor housing, who have poor jobs and are in poor health. Poor health and wellbeing reduce productivity and harm employers. Prevention is fairer, better and cheaper than concentrating on 'cures'.

PROPORTIONATE UNIVERSALISM

Health inequalities are not limited to those with the lowest income, the worst off, or the most socially disadvantaged. As incomes increase, health improves: this is the social gradient in health which runs from the poorest to the wealthiest in society.

A proportionate universalist approach adopts universal policies and then implements more intensive support and interventions where need is higher, proportionate to need. The aim is to raise overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace where the need is higher (4).

> ***A Marmot approach demands that we resource and deliver services at a scale and intensity proportionate to the degree of need; just focusing on one group of disadvantaged individuals or one geographical area won't deliver change.***
>
> *Coventry, Marmot City since 2013 (7)*

This report will consider why universal policies and/or targeting are not shifting outcomes or inequalities and assess whether policies which are proportionate and universal would be more effective.

CHAPTER 2
THE GWENT CONTEXT

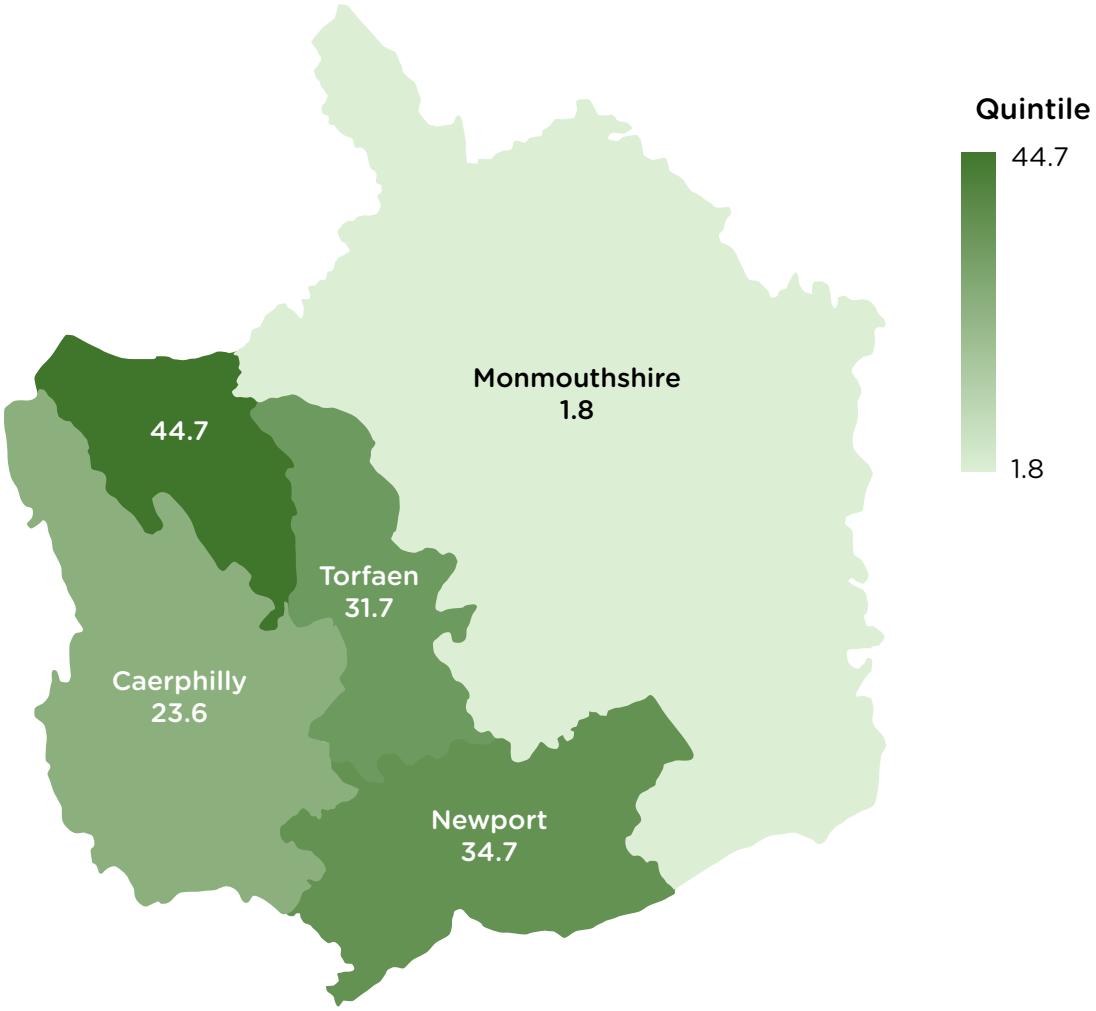
KEY MESSAGES

- Inequalities in health are unfair and cause unnecessary harm to individuals, families and communities, but they can be reduced through action on the social determinants of health.
- The quality of physical and mental health is closely related to levels of deprivation.
- There are many areas of high deprivation in Gwent. Blaenau Gwent is the most deprived local authority in Wales.
- Some areas in Gwent have an ageing population, reflecting the trend in Wales. However, in Newport and Blaenau Gwent, populations of those aged 65+ are declining, either due to population decline or falling life expectancy.
- In 2018-2020 average female life expectancy in Monmouthshire was above the Welsh average, at 84 years for women and 82 years for men. In Blaenau Gwent, Newport, Torfaen and Caerphilly, average life expectancy for women and men is below the Welsh average and has been declining, even before the COVID-19 pandemic.
- *Healthy* life expectancy in Blaenau Gwent, Newport, Torfaen and Caerphilly is also lower than the Welsh average for both women and men. Women in Torfaen live, on average, for 55 years in good health, compared to 69 years in Monmouthshire. Men in Blaenau Gwent live in good health for 56 years, on average, compared to 69 years for men in Monmouthshire.
- The pandemic exposed and amplified socioeconomic inequalities in Gwent. Mortality from COVID-19 is higher than average in Blaenau Gwent, Newport, Torfaen and Caerphilly for both women and men.
- Poor mental health is related to deprivation and is a major contributor to inequalities in health.
- There is a relationship between deprivation and loneliness, and areas with higher levels of deprivation have higher rates of loneliness.
- Research consistently shows that investing in prevention and early intervention saves money by reducing demand on the NHS and other public services.
- The Wellbeing of Future Generations (Wales) Act (WBFGA) is an ambitious piece of legislation that seeks a different way of governing. It is unclear what impact the WBFGA has had on health and it is also unclear if the legislation has been good for health inequalities.
- In 2022 public health teams in Wales became employees of their local health boards. This is an opportunity for the local public health team to lead and better define an approach to joint working with local authorities in Gwent which prioritises addressing health inequalities more clearly.
- Since 2010 policies of austerity have taken their toll on health and the social determinants of health. In Wales from 2009/10 to 2020/21 there have been severe cuts to local authority spending. Many services provided by local authorities that influence social determinants have had severe cuts, such as leisure services.
- The cost of living and financial insecurity have already affected health and wellbeing. Local authorities are providing various forms of support to residents to help prevent fuel and food poverty, and supporting residents to access welfare benefits they are entitled to.

There are similarities and differences between the five local authorities in Gwent. Each local authority has areas of high and low deprivation.

In Wales, the Welsh Index of Deprivation (WIMD) is the common measure of socioeconomic circumstances. The Welsh IMD, like the English IMD, measures a set of factors that includes: levels of income, employment, education and crime. It measures deprivation at the Lower Super Output Area level (LSOA), an area of between 400 and 1,200 households and usually a resident population between 1,000 and 3,000 persons. Figure 2.1 shows levels of deprivation in Gwent. Close to half of LSOAs areas in Blaenau Gwent are in the most deprived quintile of the Welsh IMD, the highest for any local authority in Wales. Newport, Torfaen and Caerphilly also have more than one in four LSOAs in the most deprived quintile.

Figure 2.1. Percent of LSOAs in the most deprived quintile (WIMD 2019), Gwent local authorities, 2019

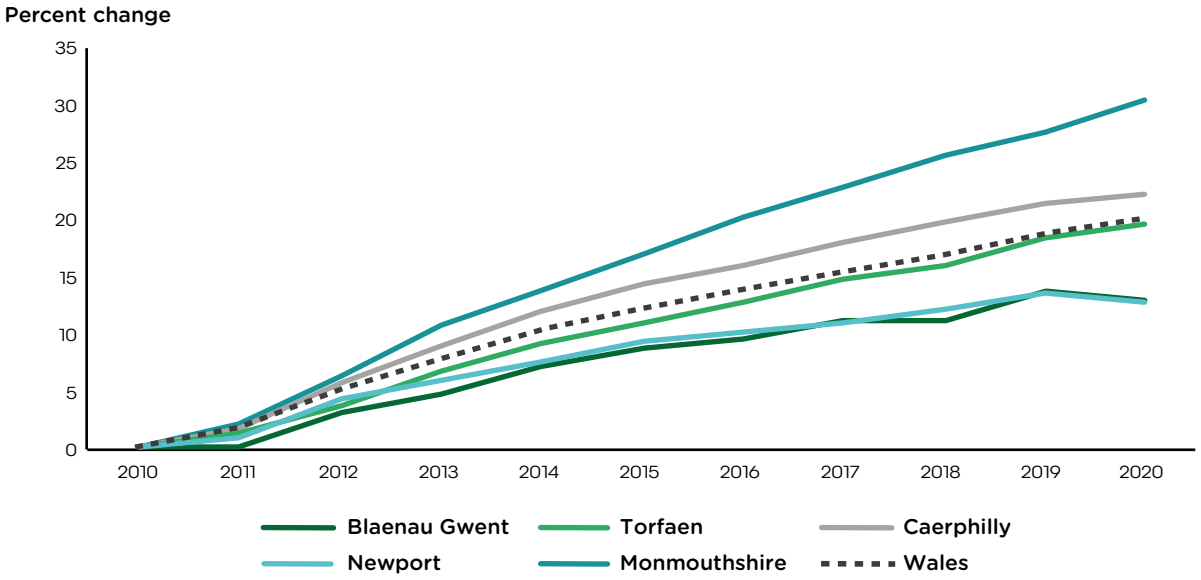


Source: *Welsh Government (8)*

The differences in deprivation highlight the challenges of having Gwent-wide approaches to a problem like health inequalities. There are pockets of deprivation in Monmouthshire, in towns and urban areas, and these require a certain set of solutions. Blaenau Gwent, Caerphilly, Newport and Torfaen are all areas with long-standing high levels of poverty and deprivation. In some parts, generational poverty is a significant problem. Demographics are different as are communities' histories.

The region also differs in terms of the age of its population. In Wales, as across the UK, there is an ageing population. By 2038 one in four people in Wales will be over the age of 65 (9). Figure 2.2 shows in Monmouthshire, Caerphilly and Torfaen, the population aged over 65 has increased since 2010, but in Newport and Blaenau Gwent it has fallen. Monmouthshire and Caerphilly's population over the age of 65 are higher than the Welsh average. Where the population over 65 is falling, in Blaenau Gwent and Newport, it is unclear if this is due to population decline or falling life expectancy.

Figure 2.2. Population change, aged 65+, indexed to 2010, Gwent local authorities and Wales, 2010-2020



Source: *Office for National Statistics (10)*

Newport saw the highest population increase in Wales between 2011 and 2021. Its population grew by 9.5% and it now has the largest population under 19 years of age in Gwent.

2A. LIFE EXPECTANCY IN GWENT

In 2020 the IHE *Ten Years On* report showed that between 2010 and 2020 life expectancy in England had stalled and for the most deprived areas outside London had actually declined (3). IHE's 2010 and 2020 Marmot reports showed how the social gradient in health runs from the top of the socioeconomic spectrum to the bottom.

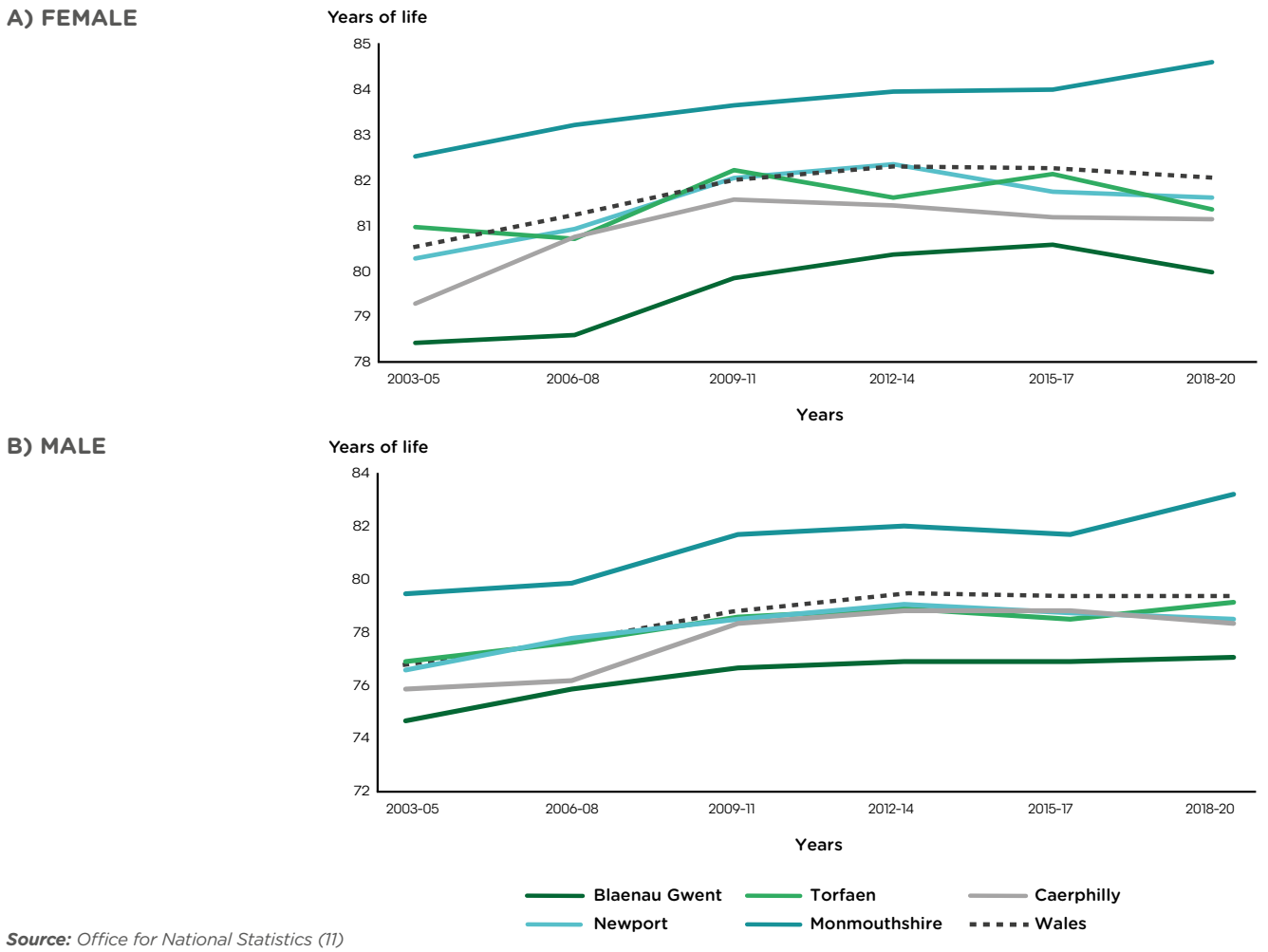
We showed that for each increase in the level of neighbourhood deprivation, life expectancy decreases. Everyone below those earning the highest wages is likely to live shorter lives and develop a disability earlier (3) (4). In Gwent, as elsewhere, average life expectancy in a local authority is related to the extent of deprivation in the area – the higher the level of deprivation, the lower the life expectancy. The trends in life expectancy show a clear picture of inequalities in Gwent, Figure 2.3. Only in Monmouthshire has life expectancy for women and men increased consistently in the last 20 years. In Blaenau Gwent, Caerphilly, Newport and Torfaen average life expectancy has risen and fallen.

Between 2017 and 2019, before the COVID-19 pandemic, average life expectancy in all four of these local authorities fell:

- **Blaenau Gwent.** Life expectancy for women peaked in 2015-17 and for men rose slightly in 2018-20.
- **Caerphilly.** Life expectancy for women peaked in 2009-11 and for men in 2012-14.
- **Torfaen.** Life expectancy for women peaked in 2015-17 and for men rose slightly in 2018-20.
- **Newport.** Life expectancy for women and for men has fallen since 2012-14.

Monmouthshire had the highest average life expectancy not only in Gwent, but across Wales.

Figure 2.3. Trend in life expectancy, female and male, Gwent local authorities and Wales, 2001-2020



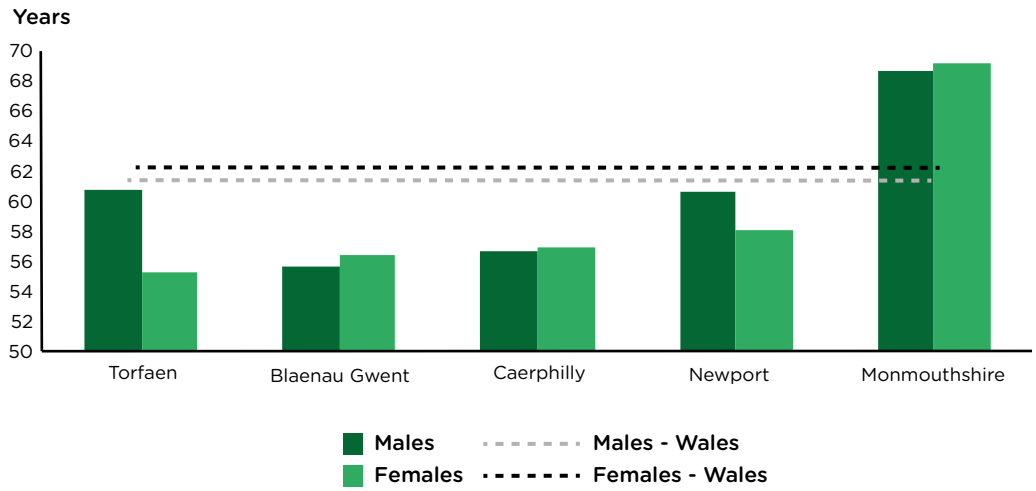
Source: *Office for National Statistics (11)*

HEALTHY LIFE EXPECTANCY

Healthy life expectancy is the average number of years an individual is expected to live in a state of self-assessed 'good' or 'very good' health. In Wales, healthy life expectancy was 62 years for females and 61 years for males, in 2018 to 2020, – lower than the UK, England and Northern Ireland averages. In Wales the gap in healthy life expectancy between the most and least deprived is 17 years for women and 13 years for men (11).

Figure 2.4 shows the average healthy life expectancy in Gwent. Women in Torfaen live, on average, for 55 years in good health, whereas women in Monmouthshire live, on average, 69 years in good health. Men in Blaenau Gwent have the worst healthy life expectancy in Gwent living, on average, for 56 years, compared to 69 years for men in Monmouthshire.

Figure 2.4. Female and male healthy life expectancy at birth, Gwent local authorities and Wales, 2018–20



Source: *Office for National Statistics (11)*

Examining healthy life expectancy by deprivation reveals worrying trends in Gwent. Tables 2.1 A and B show healthy life expectancy for the most deprived women in Blaenau Gwent fell by eight years, by six years in Torfaen, by five years in Caerphilly and 0.3 years in Newport between 2011-13 and 2018-20. Falls in life expectancy in men in the most deprived areas were less dramatic but still fell in Blaenau Gwent, Caerphilly and Torfaen. In Monmouthshire, for both women and men, life expectancy in the most deprived areas increased between 2011-13 and 2018-20.

Tables 2.1A and B. Female and male healthy life expectancy at birth in the most deprived areas, Gwent local authorities and Wales, 2011-13 and 2018-20

	Female HLE 2011-13	Female HLE 2018-20
Blaenau Gwent	**60.4**	**52.5**
Caerphilly	**52.1**	**47**
Monmouthshire	58	64.6
Newport	**45.4**	**45.1**
Torfaen	**51.7**	**45.3**
Wales	53	53.2

	Male HLE 2011-13	Male HLE 2018-20
Blaenau Gwent	**55.8**	**53.3**
Caerphilly	**53.4**	**51**
Monmouthshire	60	68.1
Newport	52.6	56.9
Torfaen	**55.5**	**55**
Wales	53.2	54.2

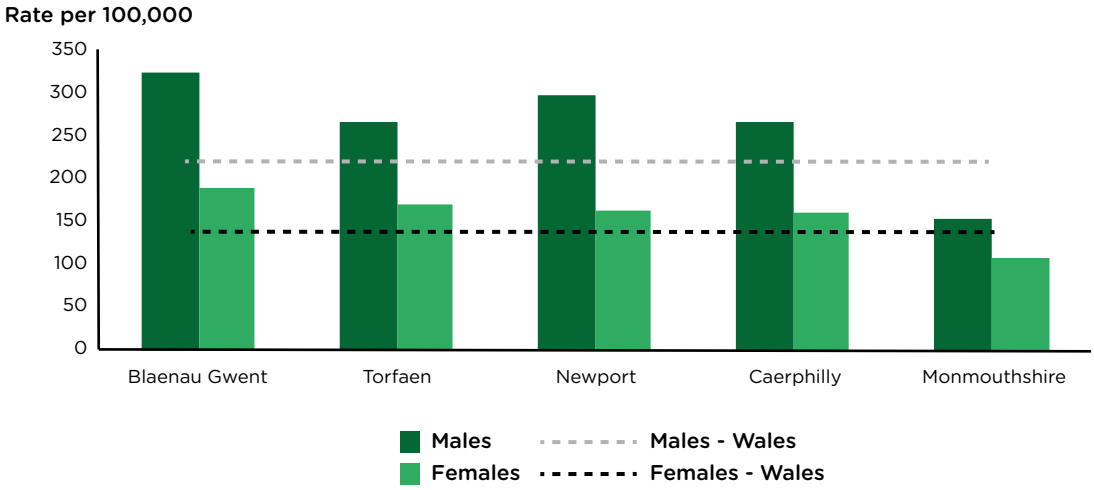
Source: *Office for National Statistics (11)*

COVID-19 MORTALITY

The COVID-19 pandemic exposed and amplified inequalities in the social determinants of health. globally, in Wales and in Gwent. The IHE report *Build Back Fairer* showed how the burden of mortality from COVID-19 fell unequally across society, exposing and exacerbating the health inequalities that existed prior to the pandemic, related to poverty, area deprivation, occupation, ethnicity, prior health status, age and housing conditions (5). The lockdowns and restrictions put in place due to the pandemic also worsened physical and mental health and widened inequalities in key social determinants of health, particularly education and income. These will continue to have longer-term impacts on inequalities in health.

In Wales, the age-standardised mortality rate for deaths due to COVID-19 was highest in the most deprived areas and in people from ethnic minorities who were also more likely to report losing their jobs as a result of lockdowns (12). Like the life expectancy figures earlier in this section, Monmouthshire had better COVID-19 mortality outcomes, below the Welsh average, whilst in Blaenau Gwent, Caerphilly, Newport and Torfaen, COVID-19 mortality rates were above the Welsh average, Figure 2.5.

Figure 2.5. Age-standardised COVID-19 mortality rate per 100,000, Gwent local authorities and Wales, March 2020–April 2021



Notes: *Deaths 'due to COVID-19' only include deaths where COVID-19 was the underlying (main) cause.*

Source: *Office for National Statistics (13)*

MENTAL HEALTH

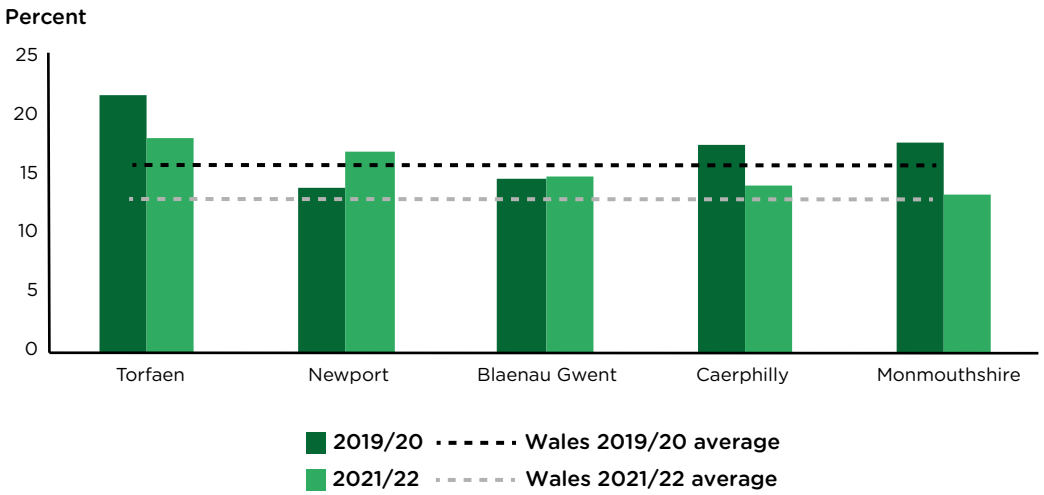
Poor mental health is a major contributor to health inequalities. Severe mental illness, including diagnoses such as severe depression, bipolar affective disorder, and other psychotic illnesses, is associated with premature mortality. People with severe mental illness die earlier than the average for the population as a whole and there are stark inequalities. In England in 2018-2020 premature mortality for people with a mental illness from the most deprived groups in the population was 200 per 100,000, while it was 53 per 100,000 for those in the most affluent groups (14). There are numerous reasons for this: higher rates of suicide, as well as behavioural risk factors such as increased rates of smoking, alcohol and drug use. Compared with all patients, patients with severe mental illness have higher rates of a wide range of physical ailments including obesity, diabetes, COPD and cardiovascular disease, and the prevalence of these conditions is higher for those patients with severe mental illness who live in more deprived areas (15). In Gwent rates of suicide in all areas except Monmouthshire are below the Wales average. In Monmouthshire, they reflect the national average (16).

Loneliness and isolation are also related to poor mental health and are closely linked to deprivation. Social isolation is an objective measure of reduced social contact, while loneliness is the subjective negative feeling that isolation can engender. Not every person who spends time alone is lonely, nor does contact with another person necessarily remove the sense of loneliness. Isolation and loneliness have been linked to a range of physical and mental health outcomes, including depression, anxiety, dementia and suicide, as well as cancer, coronary heart disease and other cardiovascular conditions (17).

A number of national indicators and Welsh Government strategies are seeking to reduce loneliness and social isolation and improve mental health (18). The Welsh

Government strategy for tackling loneliness and social isolation, published in 2020, committed to working to build a stronger evidence base around the causes of loneliness and social isolation (19). The most recent National Survey for Wales shows national rates of loneliness are decreasing slightly, Figure 2.6. However, in Gwent rates of loneliness increased in Newport and slightly in Blaenau Gwent.

Figure 2.6. Percent of people who are lonely, Gwent and Wales, 2019/20 and 2021/22



Source: *National Survey for Wales (20)*

In Wales psychological health practitioners have been introduced into GP surgeries to provide support to people with mild mental health problems and prevent further deterioration, and communities have also organised themselves to provide the support they need, Box 1.

Box 1. Early mental health interventions

Psychological health practitioners (PHPs) provide a first point of contact for people with mild- to moderate mental health problems. They were introduced to many ABUHB GP surgeries in 2021. They offer appointments in GP surgeries or work remotely (by computer or telephone). They are not medically trained, and do not offer advice about medication or diagnosis or counselling. They aim to 'help you think through what you need, what you need to do and help you make a plan' (21).

In interviews for this report, there was anecdotal evidence that this role was seen as "inserting another unnecessary layer, they've created another layer...you're getting duplication with the Third Sector, organisations were already there."

Other community-based workers working in GP practices described them as a 'medical model' and described the support they offered in GP practices that was linked to communities and local support. "We put wellbeing links advisors within the GP practices...but they have one foot in the GP practices and one foot in communities...psychological health practitioners were supposed to be these community links people but they've turned again to the medical model. They see people for six times and have a plan, that's not what people need. People need a conversation...our support is relationship-based, it's not a tick-box giving advice, a leaflet, a telephone number, it's making that person feel valued, listened to."

In Blaenau Gwent a more community-based approach has also emerged where a local man with poor mental health has created a mental health men's group. The group started with a single weekly meeting, and now it has 30-40 men going on Sunday walks and two or three groups in the evenings. He constituted the group to secure funding and the health and care coordinator in Blaenau Gwent supports his work, sharing news of the group with GP surgeries and social workers.

IMPACT OF INEQUALITIES ON NHS SERVICES

Research has consistently shown that investment in prevention and early intervention saves money by reducing demand on the NHS and public services, improving health and wellbeing and supporting economic growth (22). The British Medical Association estimated in 2018 that preventable ill-health accounts for 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days. It also reported that effective action on smoking, drinking alcohol, physical inactivity and poor diet could reduce the uptake of health services in England by 40% (23). A British Medical Journal editorial in 2023 made a plea to use primary prevention to tackle the underlying causes of ill health and reduce the pressures on health and social systems (24). Primary prevention, actions that reduce disease incidence within populations, such as through immunisation and screening, promotes health equity and it is often more cost-effective to prevent disease than to treat it (24).

Public Health Wales estimated in 2018/19 the annual cost to the NHS associated with health inequalities was £322 million, 8.7% of total hospital service expenses. The additional costs are largely related to increased emergency inpatient admissions and Accident and Emergency attendances (25). This figure does not include the impact on wider public services and the economy.

2B. POLICY CONTEXT

The Wellbeing of Future Generations (Wales) Act 2015 (WBFGA) is a landmark piece of legislation that seeks a different way of governing. The WBFGA commits public bodies in Wales to think long term and focus on future generations, work collaboratively, focus on upstream factors and prevention and to involve communities in improving their wellbeing.

The Act supports 'five ways of working' and applying a 'health in all policies' approach. As part of this, PSBs were established to improve collaboration and create local wellbeing assessments identifying local needs and priorities. The other key piece of legislation affecting health inequalities is the Social Services and Wellbeing (Wales) Act 2014, which focuses on people who need care and support and carers who need support.

When asked about the impact of the legislation on their local communities, interviewees admired the ambition of the WBFGA but were more likely to state it had little impact on their work and the communities they worked with. A voluntary sector leader stated the WBGFA was "a beautiful piece of leadership legislation...ruined by management compliance and performance management. The challenge is clear but no one knows how to respond, response has been managerial, setting up committees, it's more important who's in charge than who is doing." In one of the few academic assessments of the WBFGA, the authors warned of a risk that the Act's targets and indicators, could become "a compliance ritual" rather than a policy to stimulate or encourage improvement (26).

A senior lead in a local authority with over 20 years' experience working with their local community, when asked about the impact of the WBFGA in the local authority's most deprived areas, said: "Absolutely nothing. People have been doing this work for years before and that's not prompting change."

Another senior lead reflected on their council's attitude toward the WBFGA legislation: "We follow them because we have to and it's all a bit of a tick-box exercise...We know it's one of those things we have to do as local authority officers. You can write as many policies and legislation - they'll stay where they are, on people's desks."

One of the seven goals of the WBFGA is "a more equal Wales. A society that enables people to fulfil their potential no matter what their background or circumstances (including their socioeconomic background and circumstances)" (18). The Act does not mention reducing inequalities but in its statutory advice, health inequalities are listed as one of the "overarching challenges Wales faces" (that) will have to be tackled in order to work towards achieving the wellbeing goals: "There are many determinants of health that derive from our environment, society and economy. This includes poor air quality, nutrition, access to green space and income. The wellbeing goals can be used to understand these connections and find sustainable solutions."

In addition to the WBFGA, the Welsh Government's Programme for Government 2021 to 2026 includes 14 commitments under the heading "Protect, rebuild and develop our services for vulnerable people", and many plans will address the social determinants of health including: paying care workers the real living wage, increasing apprenticeships in care and legislating to further integrate health and social care services. In 2022 the Welsh Government also introduced the Socio-economic Duty, which requires certain public bodies to consider how their decisions might help to reduce the inequalities associated with socioeconomic disadvantage when making strategic decisions. Local authorities and the ABUHB will be required to pay due regard to the need to reduce inequalities of outcome that result from socioeconomic disadvantage. A similar Socio-economic Duty was introduced in Scotland 2018 and evaluations found it has had limited impact, concluding the Duty was not ambitious enough to achieve poverty reduction, that processes were outweighing accountability and enforceability and that it risked being a 'box-ticking' exercise (27).

It is unclear what impact the WBFGA has had on health and it is also unclear if the legislation has had a positive impact on reducing health inequalities. Whilst the WBFGA makes it mandatory for public services to consider the impact of current policies, our report shows that it has not yet had an impact on inequalities. The Wellbeing of Wales 2022 report also shows little progress has been made towards achieving the Wellbeing goals and state not enough time has lapsed (28). These findings are similar to the situation in England, where life expectancy and related indicators have either stagnated or worsened.

Another factor limiting the WBFGA's influence in reducing health inequalities is the setting of national goals, which could exacerbate health inequalities: high monitoring expectations might lead local areas to unwittingly reach for low-hanging fruit – hitting achievable targets but missing the point in hitting targets to reduce inequalities. It is important to understand the danger that, in achieving targets of 85% or 90%, 10% to 15% of the population are being left behind and possibly forgotten about.

One of the problems facing the implementation of the WBFGA is that it has not been accompanied by funding for local stakeholders to implement actions. In addition, whilst there are many reporting processes, there is little accountability to hold the wellbeing plans to account. It is unclear how the PSBs can do anything without a budget or accountability. This dynamic piece of legislation could benefit from being evaluated more by academics, particularly those based in Wales.

MANDATING PARTNERSHIPS

The WBFGA and the Social Services and Wellbeing (Wales) Act 2014 created two key partnerships that deliver services that affect health inequalities: Public Services Boards (PSBs) and Regional Partnership Boards (RPBs). The WBFGA established PSBs in each local authority. PSBs have a wellbeing duty and are required to contribute to the achievement of the wellbeing goal by focusing on the economic, social, environmental and cultural wellbeing of their areas (29). The goal is to think about the future, but the failure to engage with the pressures on today's systems have made it difficult for those on the ground to implement. PSBs also have a duty, under the WBFGA, to publish an assessment of local wellbeing every five years. In 2021 the five separate PSBs in the Gwent region started working in collaboration to produce a single wellbeing assessment for Gwent, with local assessments for each local authority area (30).

RPBs are made up of representatives from health, social services, housing, the Third Sector and other partners and aim to ensure integrated services. PSBs are made up of similar partners. Gwent has one RPB.

Both partnerships have a similar function – to improve wellbeing. Each partnership deals with health and social care, with the PSB frequently described as being more about prevention than the RPB. The RPB focuses on social care and some interviewees warned that if the RPB and PSB merged, issues associated with social care and hospital waiting list/discharge would dominate the agenda.

Many interviewees referred to the difficulties of having two mandated partnerships with similar statutory requirements – legislation mandates certain organisations to sit on the PSB and RPB and carry out certain statutory activities. Audit Wales reviewed the capacity of PSBs and reported that guidance from the Welsh Government was 'considered by local authorities to be overly bureaucratic and too prescriptive...PSBs should have greater flexibility to enable the PSB to focus on initiatives rather than compliance with the guidance" (31).

There are no external evaluations of the different ways RPBs and PSBs have functioned across Wales and what they have or have not achieved. This is a missed opportunity to understand how these partnerships are functioning.

Health and Wellbeing Boards (HWBs) in England have a similar purpose to PSBs in Wales – to adopt a partnership approach to addressing health inequalities. Similarly, HWBs have no funding and poor-to-no accountability mechanisms. A survey of 59 HWBs in 2021 stated that whilst HWBs had a good understanding of health inequalities and the partnerships and data needed to address them, there was no analysis as to whether this led to effective actions to reduce inequalities (32). A study of five HWBs concluded: "In the majority of study sites there was a clear lack of evidenced outcomes. Insufficient accountability, lack of strategic focus and weak or non-existent monitoring were cited as key factors. Instead, process issues were largely cited as outcomes" (33). Similar observations could also be made of the PSBs. There is a danger PSBs have become like HWBs, viewed as 'talking shops' and adding little value to local places (34).

2C. PUBLIC HEALTH AND LOCAL AUTHORITIES

In autumn 2022 local public health teams in Wales were made employees of their local NHS health boards. Public Health Wales stated the aim of this transfer was to: "Transform the health and wellbeing of the people of Wales...further enable health boards, and local partners, to increase their focus on improving the health and wellbeing of the local population and we will of course continue to support you and all of our colleagues in achieving this" (35). This shift to place is an opportunity to organise teams differently, based on needs in Gwent.

In Wales public health teams sit in the NHS whereas in England in 2012 the Health and Social Care Act transferred many public health functions from the NHS to local government. The IHE *Ten Years On* report stated the shift to local government would make public health more able to take action on the social determinants. However, the move coincided with austerity and cuts to public health budgets, limiting public health's ability to take action on health inequalities and leading to worsening outcomes in social determinants (3). In both systems, better two-way relationships between local authorities and public health teams will improve how health inequalities are addressed. For example, public health teams have expertise in behaviour change and this knowledge can be shared with colleagues in local authority transport teams, to encourage people to take public transport or active travel.

The Local Government Association and King's Fund both support public health's shift to local authorities (36) (37). The King's Fund concluded that after 10 years, there have been "improvements in the effectiveness and equity of commissioning and significant innovation increased potential for integration between public health and wider government functions that affect health." It also concluded that there were risks of fragmentation in commissioning and provision for some services, some loss of input into NHS decision-making and that the central government-imposed cuts to ringfenced public health and wider local authority budgets have had significant effects on the success of this move (37).

The transfer of the public team to the ABUHB creates an opportunity for the Gwent public health team to define an approach to joint working with Gwent's local authorities which prioritises addressing health inequalities more clearly. This could, for example, including shifting members of the public health team to local authorities in Gwent. Research on public health's shift to local authorities found it is important to create accountability mechanisms and systems to understand the impact of actions from public health teams within local government and the NHS on reducing inequalities and the social determinants of health (38). Stronger accountability mechanisms and systems in local authorities may help to strengthen approaches to tackling inequalities. Nonetheless, whilst there are opportunities for different and better relationships and partnership between public health and local authorities, it is also imperative to maintain a strong public health team within the NHS and to be included in the system at senior levels.

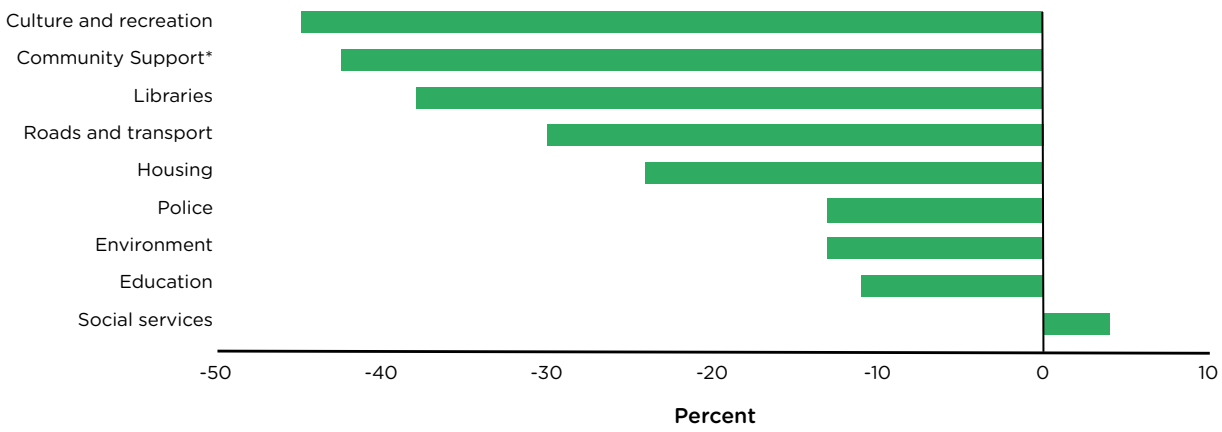
2D. AUSTERITY

The IHE *10 Years On* report outlined how policies of austerity since 2010 have taken their toll on health and the social determinants of health and how, since 2010, health has deteriorated, improvements in life expectancy have slowed down and inequalities in health have widened (3). Between 2011 and 2019, over one million people in England died earlier than they would have done if they had lived in areas with the same age- and sex-specific death rates as the least deprived area (measured by deciles) (39).

Cuts to local authority funding have been linked to decreases in life expectancy. Between 2013 and 2017, it is estimated that in the most deprived 10% of areas in England, where local government cuts were higher, male life expectancy at birth could have been more than 2 months higher and female life expectancy 1.8 months higher. The researchers also find that each £100 reduction in annual central funding to local governments (per person, between 2013 and 2017) was associated with an average decrease in life expectancy of 1.3 months for men and 1.2 months for women (40).

Figure 2.7 outlines the severe cuts to local authority spending in Wales over 11 years from 2009/10 to 2020/21. Social care is the only budget showing an increase, but with numbers requiring support also increasing, the social care budget actually suffered real-term cuts.

Figure 2.7. Service spend change, Wales, 2009/10 to 2020/21



Notes: *Community Support is measured from 2009/10-2016/17.*
Source: *Welsh Local Government Association and Ogle et al. (41) (42)*

Services that tackle health inequalities and contribute to improved health, such as recreation and cultural services (things like leisure centres, swimming pools, museums, arts venues and theatres), and have a role in preventing poor health from getting worse, have all seen large cuts in funding (43). The Welsh Local Government Association (WLGA) states: "Our services are preventative services, they have an impact on community safety and health and wellbeing. Our services are the local health service that can prevent costly burden on the National Health Service.

Local authorities in Gwent have sought to protect their residents from the impact of these severe cuts. However, they all report they have reached the limit of covering for cuts from the UK government. The WLGA estimates local government is short £784 million in 2023/24 (44).

Some local authorities increased council tax in 2023/24 which they report will be a difficult year, but all stated it will be far worse in 2024/25 and 2025/26. Caerphilly has used its reserves for the first time, whereas other local authorities have already dipped into their reserves. All

local authorities in Wales are reporting an overspend in 2023/24 and the Welsh Government states: "There is no precedent for pressures of this scale escalating so quickly" and that there are "risks to all local government services including...education and social care" (45). For example:

- Caerphilly is planning for a £35 million shortfall in funding in 2023/24. Under the ten years of austerity, the biggest shortfall in funding they had to deal with was £14 million. The council is planning to protect services but will be smaller and more focused. It is using financial reserves to assist in meeting the anticipated budget shortfall of up to £35 million for 2023/24, expected to worsen in 2024/25.

- In Newport the net budget for 2022/23 is £343 million, two-thirds spent on schools, education and social care. Newport City Council has implemented over £90 million of savings since 2011 due to several years of austerity and real-term budget cuts. Examples of the increasing costs and pressures being faced by the council include around 1,000 more pupils attending Newport schools in the last three years (46).

In 2019 cuts to local authorities in Wales include many of the services that influence wellbeing, such as reducing grass-cutting, litter-picking, street lighting provision and services to address fly-tipping. A review of cuts to local authorities in Wales in 2019 accepted that "health should be the priority" and that local government was "always going to finish second in a race for money with health", but that there needed to be further discussion on the implications of cuts to local government (41). In the last decade austerity has led to higher thresholds for support. The safety net of services that protect the most vulnerable in society have been ringfenced and protected from cuts but this safety net has got smaller as a result of austerity. Support offered to citizens, in social care and housing, is increasingly available only to those most in need (42).

In interviews, people stated local authorities, schools, the NHS and social care are all understaffed and that this, in addition to austerity, is affecting their ability to deliver good quality services to all their residents.

The Welsh Government spends 8% more per head of population on health and social care than is spent in England (47). It has sought to compensate for austerity but it can only provide limited additional funding. The limited additional funding has disappeared due to high levels of of inflation. The increased revenue expenditure for Welsh local authorities does not cover the costs of increasing inflation, running at over 10% in 2022/23, nor does it cover the high fuel and energy costs (48). It is unclear why Blaenau Gwent, the local authority with the highest levels of deprivation in Wales, received the lowest increase. Whilst it has had high expenditure in the past, Blaenau Gwent is dealing with the same huge fuel and energy price increases. Not increasing Blaenau Gwent's expenditure proportionately is regressive, and puts further pressure on Wales' local authority with the worst levels of deprivation.

Table 2.2. Total revenue expenditure, Gwent local authorities, per head of population, 2021/22-2022/23

	Percent increase
Newport	8.5
Monmouthshire	7.9
Torfaen	7.6
Caerphilly	7
Blaenau Gwent	6.4

Source: *StatsWales (49)*

In addition to cuts to local authorities, the NHS Wales budget in 2023/24 is also under severe pressure. Whilst the NHS budget increased in Wales, the increase is lower than the inflation rate. An additional £165 million was allocated for NHS Wales, an increase of 6.31%, yet rates of inflation have been and continue to be over 10%.

2E. COST OF LIVING

The work for this report was carried out during a period of record inflation, a cost-of-living crisis and a period of strikes in many public services. Inflation has stayed at over 10% for many months, with significant increases in energy and food costs. Fuel costs have fallen but remained high for more than a year.

Between March 2022 and March 2023, electricity prices rose by 67% in the UK, gas prices by 129%. As a result of these price increases, 55% of adults in the UK reported using less fuel, such as gas or electricity (50). The majority of people in Wales are struggling with the cost-of-living crisis: in a Public Health Wales survey from November 2022 to January 2023, 35% agreed "rising costs of living are reducing my quality of life" and 25% strongly agreed. 37% said they were "just about managing" (51). Public Health Wales states "an urgent public health response" is needed to "mitigate the negative effects of the immediate crisis across a number of policy areas as well as tackle the underlying causes of health inequalities". Its Cost-of-Living report outlines a number of short- and long-term actions to be taken to better support communities in Wales (52).

Councillors in the UK were surveyed in December 2022 and January 2023, and described the effects the crisis was having on communities.

- 78% stated local pubs/cafés and restaurants were at the risk of closing due to the crisis,
- 51% said leisure centres were at risk of closing
- 26% said charity shops were at risk of closing
- 24% said food banks were at risk of closing

When asked what was making a difference, 79% of councillors said charities and community organisations had made the most difference (53).

The IHE review of interventions to reduce the impacts of the cost-of-living crisis made a wide range of recommendations, including addressing:

- food poverty
- rising childcare costs
- rising fuel and transport costs
- maximising incomes by supporting people to access the welfare benefits to which they are entitled (54).

Each local authority in Gwent provided additional support for residents. For example, Torfaen County Borough Council's warm spaces provided in libraries also offered access to financial advice and health and wellbeing support and events such as craft classes, boardgame sessions and storyteller visits. Their employability team also hosted a warm centre. In addition, the Council targeted unpaid carers, offering them benefits and grants advice and information on ways to reduce energy costs. In Caerphilly in 2022/23 local authority and health board funding has helped to:

- generate £2.1 million in additional income for local people
- distribute more than 450 'warm packs' to residents in need.
- reduce personal debt – over £430,000 total debt reduction
- provide advice to more than 580 residents in relation to claiming Universal Credit.

In Blaenau Gwent, in February 2023 alone the council provided:

- warm hubs support to 1,256 residents
- food provision support for 1,251 residents and Trussell Trust (foodbank) deliveries to 174 families comprising 273 adults and 146 children
- Citizens Advice support to 79 residents
- fuel bank support vouchers to 203 residents.

CHAPTER 3

SOCIAL DETERMINANTS OF HEALTH IN GWENT

Health inequalities are largely the result of inequalities in the social determinants of health; the social, economic, and environmental conditions which shape everyone's health. There is global evidence showing that social determinants have more of a bearing on our health than health care; and that is certainly the case in Wales. There remain some inequalities in access to healthcare services and in outcomes from treatment, but these are not the focus of this report, as they are not driving the wide health inequalities seen in Gwent.

3A. GIVE EVERY CHILD THE BEST START IN LIFE

KEY MESSAGES

- Outcomes in the early years have lifelong impacts. Inequalities in the early years are significant contributors to inequalities in health in adulthood.
- The early years are the period of life when interventions are most effective and yield significant returns on investment.
- Despite investments in Flying Start and related policies, child development continues to be slower in areas of higher deprivation.
- The availability of early years services in areas of higher deprivation should be higher and needs immediate assessment.
- The data is not sufficient to allow understanding of inequalities in Gwent – it is unclear if low income has affected levels of development and school readiness.

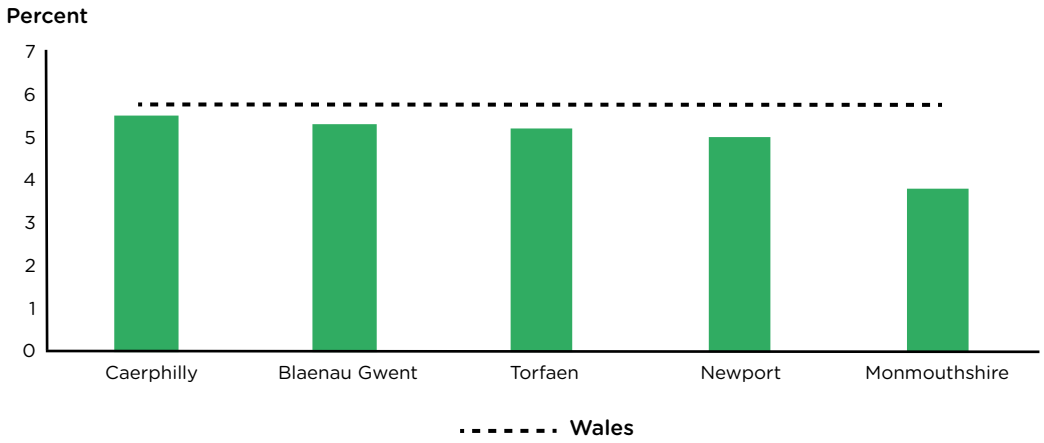
The 2010 and 2020 Institute of Health Equity (IHE) reports showed health inequalities in the early years have lifelong impacts. A good start in life improves social and emotional development, performance at school and work outcomes and leads to higher income, better lifelong health and longer life expectancy (3). A great deal of Welsh Government policy has focused on improving the early years and addressing inequalities as early as possible.

Early years interventions are cost-effective and yield significant returns on investment. The Early Intervention Foundation estimated in 2016 that failing to provide the acute, statutory and essential benefits and services for children and young people early in life costs England and Wales £16.6 billion: costs to the public sector were 39% more for local government; 22% more for the NHS; 16% more for welfare; 10% more for the police; 9% more for justice and 4% more for education (55). Evidence shows the best start in life to reduce inequalities is provided by universal services with targeted interventions to improve nutrition, reduce infectious disease, and support optimal cognitive development (parenting support, early years learning) during pregnancy, infancy, and early childhood (56).

MATERNAL AND INFANT HEALTH

There are approximately 6,000 births each year in Gwent. In Wales, the proportion of babies born with a low birthweight has remained relatively steady in the last decade (57). Figure 3.1 shows all areas in Gwent have lower than average rates of low birthweight babies.

Figure 3.1. Percent of low birthweight* full-term live births, Gwent local authorities and Wales, 2021



Notes: *Babies weighing less than 2,500 grams.*

Source: *StatsWales (58)*

A number of interventions exist to improve maternal health. A recent evaluation analysed the effectiveness of providing financial support to women during pregnancy. In 2009 the Health in Pregnancy Grant in the UK offered a one-off lump sum equal to three months of child benefit payments in the third trimester of pregnancy (offered to all women at least 25 weeks pregnant). This funding was conditional on women attending an antenatal appointment with a doctor or midwife. The Health in Pregnancy Grant increased birth weight of 8–12 grams at population level. The authors hypothesise the grant reduced stress among pregnant women and thus reduced the risk of premature births (59).

Box 2 outlines an intervention led by Barnardo's Cymru seeking to prevent children entering care.

Box 2. Prevention and early intervention partnerships between local authorities and the Third Sector

> *"It's been life changing... We honestly wouldn't be where we are today without the Baby and Me team I don't think they realise just how much they have changed our lives and how much they've given us yet. Will forever be thankful to them."* **Mother participant**

In 2011 Newport City Council and Barnardo's Cymru established a strategic partnership which led to the development of Newport Family Support Service. This 'edge of care' provision provides a range of support services for families with the aim of reducing the number of children entering care.

The Family Support Service team consists of a specialist midwife, social worker and family support worker. There was a specialist health visitor but she retired and they struggled to replace this post. One part of this support service is Baby and Me, launched in 2019. 115 families have worked with the service since it started. Baby and Me gives intensive support to families who have previously had children removed from their care or at a significant risk of having a baby removed at, or close to birth. Baby and Me creates a safe space for families to explore their identified issues and uses a range of strategies and trauma-informed, therapeutic approaches to work empathically with parents and empower them to reach their goals of keeping their family together. The service accepts referrals from the 12th week of pregnancy and work with families up to their child's first birthday. 99% of cases concern mental health however the Family Support Service team have had significant barriers in terms of engaging in peri-natal mental health services in Gwent. The team also struggled to get parents access to mental health services quicker, potentially avoiding babies being removed from birth. The team say they've come across many barriers in trying to establish a streamlined referral service. A 2021 service evaluation found in the two years Baby and Me has operated in Newport, there had been a 47% reduction in the number of babies being taken into care at birth.

In England Barnardo's works with the NHS however in Wales it has very little work commissioned or in partnership with health boards. It has struggled to access health partnership funding. The majority of funding is from local authorities or other statutory stakeholders (for example, the Home Office, Police and Crime Commissioner). It regularly lobbies the Welsh Government stating legislation and guidance around partnership working is a requirement under the WBFGA, yet it is "still seeing very little shift and change" in terms of Barnardo's working in partnership with health.

Barnardo's is very keen to improve relationships with health and improve information sharing. This was the main driving force in hiring a specialist midwife, who is a Barnardo's employee as it was not possible to recruit through a secondment arrangement from the Health Board. It has also struggled establish effective working relationships in many primary care teams, which would likely impact many of these children and families most in need.

EARLY YEARS SUPPORT

In Wales the early years are defined as 0-7 years. Flying Start is the key programme offering early years provision in areas of high deprivation. It has four core elements but, due to numerous staff shortages in Wales (reflecting wider UK shortages of health visitors, speech and language therapists and childminders) it has become difficult to deliver these core elements. In 2021/22 in Wales the number of contacts completed by health visitors and the wider health team decreased, continuing a long-term trend, and the number of health visitors providing Flying Start services also decreased (60). Wales has fewer speech and language therapists per head of the population than any other UK nation (61). It is unclear how these staff shortages are affecting the delivery of Flying Start and Gwent is encouraged to assess this issue, particularly how this affects families in areas of higher deprivation.

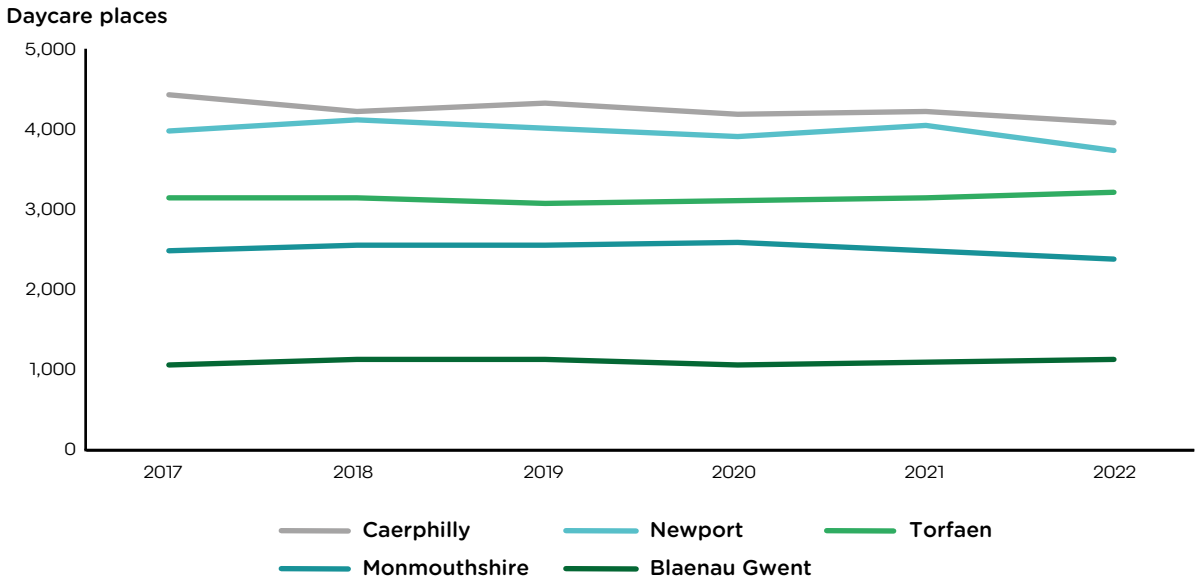
In interviews, those delivering early years services stated they were worried about the quality of service.

"Flying Start is not working."

"There's a lot of schemes, there's just loads and loads of different people doing lots of different things. It's just not cohesive. It's almost that there's too much. A lot of it is about numbers - they get their money, they have to meet with X amount of people or run X amount of schemes rather than actually asking 'are these the right people?' or 'what do we actually need to achieve with these people?'"

There are also issues with availability of early years providers in Gwent, as there are across the UK. Childcare places in Wales peaked in 2020, at the start of the pandemic. Care Inspectorate Wales reported an 8% decrease in number of registered services and a 4% decrease in number of places in 2021/22, compared to the previous two years, and the largest decrease was in childminders. In Gwent since 2020, Monmouthshire has lost the most childcare spaces, 9% (305 spaces), Caerphilly and Newport also lost childcare places, Torfaen and Blaenau Gwent had a small increase in places, Figure 3.2.

Figure 3.2. Number of child day-care places, Gwent local authorities, 2017-2022



Source: *StatsWales (62)*

Flying Start originally offered two-year-olds from more deprived areas in Wales 12 hours' free childcare a week. After evaluations found the programme was too targeted and many children living in low-income households were missing out, the Welsh Government decided to expand it (61). In 2023/24 an additional 2,200 children will be eligible and eventually Flying Start will become a universal service available to all two-year-olds in Wales. This expansion is welcome and a universal service will reduce the postcode lottery, however, it may exacerbate inequalities. No longer will families in the most deprived areas received additional support. An early years worker in Gwent stated they needed additional time to reach the families who needed Flying Start most.

"It's difficult to reach the hard-to-reach."

Another factor that potentially exacerbates inequalities in the early years is the higher reliance on childminders in South East Wales. Childminders are more likely to be used by children living in low-income families (63). Many nurseries ask new parents to pay one month's deposit before their child starts at the setting which can be a barrier to access and a reason why families on low incomes choose to use childminders instead. Childminders are an important component of the childcare offer, however evidence shows babies and young children growing up in areas of higher deprivation benefit most from formal early years settings. A study of over 3,000 children and their families found that for the children from families in the most deprived quintile, a larger number of hours per week spent with a childminder between the ages of two and the start of school was associated with poorer child development scores during school reception year. For children from the next income quintile, 'moderately disadvantaged families', more hours per week spent with a childminder between age two and the start of school was associated with better child development scores during school reception year. The authors suggest families living on the lowest incomes are more likely to have access to poorer quality childminder care, and as such, more efforts should be made to provide formal early years provision in these areas (63). In Wales, an assessment of early years provision stated it was "difficult to differentiate between preferences for informal childcare or lack of availability" (64). Families are not necessarily choosing childminding, it is the only option available to them in some areas of Gwent.

Families First is the Welsh Government's early intervention programme to improve outcomes for children, young people and families living in poverty. Families First aims to improve the design and delivery of local authorities' family support services. A number of grants are available to local authorities through this programme but the funding system has been described as "chaotic, disjointed, disconnected". Many interviewees stated they received funding for unneeded resources or training when what they did need was core funding for wages. One local authority stated they had 25 different grants for early years and one local authority staff member stated:

"We need systems change to change how we work and build capacity to work differently."

The Welsh Government offers eligible parents up to 30 hours of childcare and early education for three- and four-year-olds for 48 weeks per year. Additionally, local authorities provide a minimum of 10 hours of early education a week to all three- and four-year-olds during termtime. More than half of parents accessing this offer earn below £26,000 per year. Research confirms this offer is tackling inequalities by supporting families living on lower income to access more formal childcare than those on higher incomes. It also allows parents living on a lower income to work. 42% of parents earning less that £26,000 a year said they would work fewer hours without the offer (65). Whilst the Welsh childcare offer is generous and its aims admirable, unfortunately, in areas of higher deprivation, the availability of good quality early years provision is challenging the delivery of the policy. Box 3 outlines how a local community in Caerphilly sought to meet the need for childcare. Engaging with further education and creating a sustainable, high-quality local childcare workforce is recommended.

Box 3. Supporting families and removing bureaucracy

In Caerphilly the Parent Network was set up by parents after a consultation carried out by the Caerphilly Children and Families Services Network. Parents, grandparents and carers wanted to continue supporting families and providing the support they would like to have. The Parent Network was born out of this desire.

It brings parents together to hear their views and engage and influence services across the borough. 25 forums meet weekly and these events encourage parents to get involved, to meet other parents, share ideas about what they want and get information. It offers training and workshops to parents such as child protection training and internet safety workshops, and opportunities to relax and build skills (for example, growing your own fruit and vegetables, cake decorating, art and craft sessions). The free events include refreshments and are child friendly (66). In one neighbourhood the parents decided they wanted a parent and toddler group and worked with the network to develop what they wanted. Instead of bringing in an outside organisation they chose to constitute themselves, get a bank account and the local authority offered them a room. The group started with 15 people and now has two weekly sessions with more than 30 families. At the request of parents, it has provided: safeguarding training, food hygiene training, teaching assistant training, Flying Start sessions, qualifications – basic skills and employability skills, English and maths. They provide what parents want to benefit families and improve their future – all of the events they provide are free.

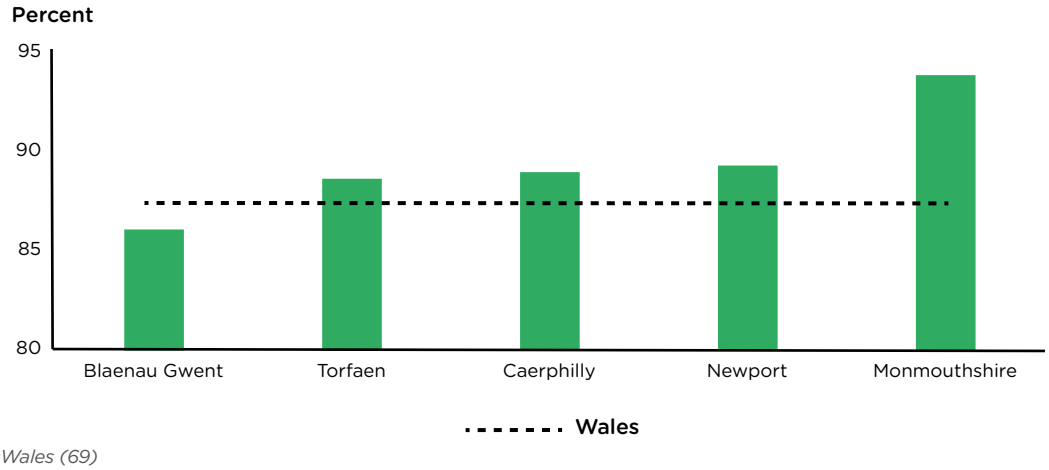
Early years data currently does not allow local systems to understand or assess inequalities in their communities. National indicators measure overall achievement and do not differentiate between families on low incomes/children eligible for free school meals. In addition, the National Survey for Wales results related to childcare are only available at local authority level. Results disaggregated to MSOA or LSOA would help local authorities to better plan their services and for example, encourage early years providers to areas of high need. There are opportunities for vast improvements in the impact of early years in Wales. The SAIL databank is currently used to track young people and adults, but to date, no research has been done for early years. This longitudinal dataset could be invaluable in helping to improve actions and strategies.

ATTAINMENT IN EARLY YEARS

In 2018 the Welsh Government decided to no longer publish young people's performance below national levels, meaning it is no longer possible to assess attainment in Gwent. The last publicly available figures for pupils in 2019 found pupils Eligible for Free School Meals (eFSM) had worse results at Foundation Phase (ages 3-7 years), Key Stage 2 (ages 7-11 years) and Key Stage 3 (ages 11-14 years) compared to non-eligible for Free School Meal (nFSM) pupils. In this final year, at Foundation Phase, eFSM pupils' performance declined, increasing the gap between eFSM and nFSM pupils (67). Whilst this data may be available to headteachers, it is not available to other stakeholders to assess if actions are reducing educational inequalities. This is unfortunate as inequalities in educational attainment are apparent at early ages.

The Social Mobility Report states that in 2021, the poorest children in Wales start school 10 months behind children from families with more money (68). Interventions in the early years aim to improve school readiness, how prepared a child is to succeed in school cognitively, socially and emotionally. Figure 3.3 shows that Blaenau Gwent is below the Welsh average in the number of seven-year-olds achieving the expected level at the end of the Foundation Phase in 2017.

Figure 3.3. Percent of all seven-year-olds achieving the expected level at the end of the Foundation Phase, Gwent local authorities, Wales, 2017



Source: *StatsWales (69)*

The Welsh Government has sought to improve the quality of the Foundation Phase offer. In 2017, £1 million was invested to support Foundation Phase teachers to develop skills and share best practice through an FP Excellence Network. However, short-term bursts of funding such as this are not shifting outcomes. Longer-term investment in quality and delivery is needed to reduce inequalities and the increase the impact of the Welsh Government's programmes (68).

The inequalities in outcomes in Figure 3.3 are worrying in light of the new Welsh curriculum, introduced in 2022. The new nursery curriculum does not acknowledge the impact of income or poverty on attainment. The curriculum emphasises treating each child equally but fails to include ambitions to reduce inequalities in attainment. The 2015 Foundation Phase Framework included the aim that children "are not disadvantaged by any type of poverty"" (70). It will be important to assess if this new approach, treating each child equally, exacerbates inequalities.

The place-based datapacks include the following charts:

- Infant mortality rate
- Low birthweight of live babies
- Pupils aged 5-15 eligible for free school meals
- Pupils aged 5-15 eligible for free school meals, time trend
- Children aged 4 to 5 who are obese
- Children aged 4 to 5 who are obese by deprivation

RECOMMENDATION: GIVE EVERY CHILD THE BEST START IN LIFE	
Related Marmot indicator	**Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator**
2023-2024	**2024-2029**
Accountable lead: ABUHB Public Health Team	
• Define best start and school readiness in Gwent in partnership with parents, early years staff and health. • Assess impact of staff shortages on the delivery of Flying Start in areas of higher deprivation. • Healthy and Sustainable Pre-school scheme identifies actions across seven health topics and shift aim to reduce inequalities in every nursey. • Assess and recommend improving maternity and parental leave policies and support for childcare in PBS members.	• Monitor best start and school readiness in Gwent in partnership and reduce inequalities. • Healthy and Sustainable Pre-school scheme actively implements actions to address inequalities across seven health topics in every nursery. • Recommendations for improving maternity and parental leave policies implemented in PSB members. • Extend improved parental leave policies to private employers, including improved flexible working offer.
Accountable lead: Local authorities	
• Identify areas of low childcare provision and map to deprivation and assess quality of provision.	• Intensive recruitment for early years staff in areas of higher deprivation. • Increase childcare provision and quality in areas of higher deprivation with aim of reducing inequalities.

AREAS FOR NATIONAL ACTIONS:

- Provide data to enable local authorities to assess inequalities by income and free school meal eligibility in Foundation Phase.
- Shift more of early years funding from grants to revenue funding and longer-term funding.
- Implement findings from evaluation of the Early Years Integration Transformation Programme.
- Increase funding for further education colleges to focus on creating and expanding sustainable, high quality local childcare workforce.

3B. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

KEY MESSAGES

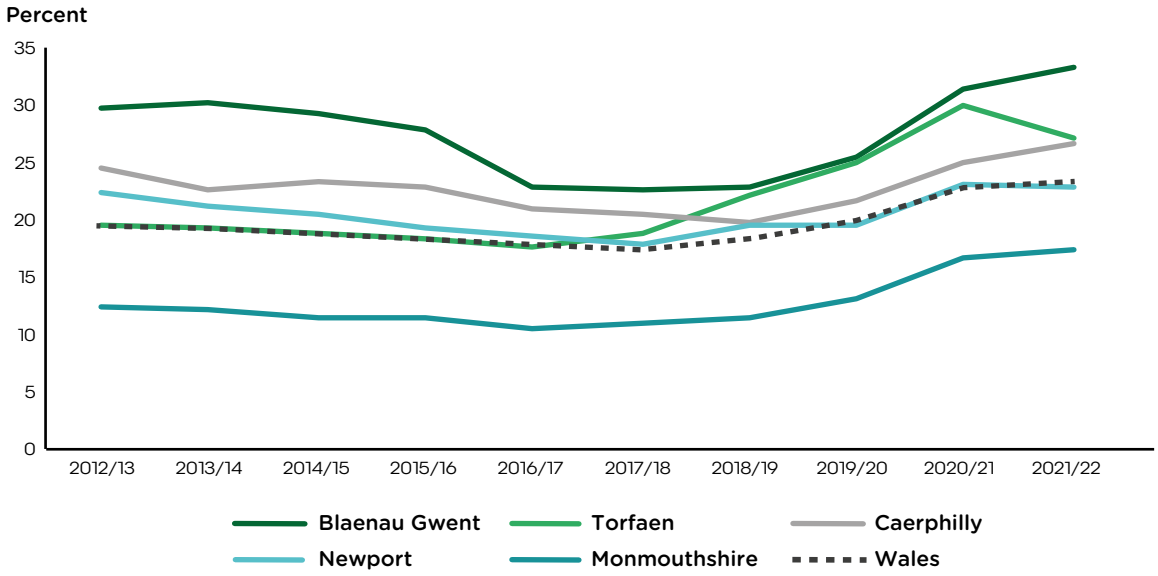
- Inequalities in educational attainment translate into inequalities in health. Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Children and young people who grow up in poverty are more likely to have poor educational outcomes and less access to training and decent jobs than those from better-off homes.
- Funding for education increased in Wales between 2009 and 2022.
- The number of pupils eligible for free school meals has increased in the last five years.
- Inequalities at Key Stage 2 fell between 2010 and 2019.
- Inequalities at GCSE persist, pupils eligible for free school meals scoring lower compared to other students.
- School absences have increased since the COVID-19 pandemic. Particular learners have higher levels of absences: pupils eligible for free school meals, Gypsy and Traveller learners and pupils with special educational needs.
- The Healthy Schools Scheme is a universal service that does not have a health inequalities approach.
- Funding for youth services has been cut in most local authorities in Gwent.
- The number of level 2 and level 3 apprentices in Gwent has fallen in the last decade.
- The rate of 16 to 24-year-olds who are not in education, employment or training (NEET) has remained level in the last eight years.

Childhood experiences, continuing into early adulthood, have lifelong impacts, affecting employment opportunities, lifetime earnings and health over the life course. In the UK, people with no qualifications are more than twice as likely to have a limiting illness as those who achieved university level (or equivalent) education (71). If systems could reduce inequalities in childhood and early adulthood this would have immediate impacts on the lives of children and young people, their families and communities and would have lasting impacts on society. As in the early years, reducing inequalities in childhood and early adulthood is achieved through partnership, with contributions from education, public health, employers, the voluntary sector, police and healthcare.

Between 2009-10 and 2017-18, school spending per pupil in Wales fell by 5%, less than in England and Northern Ireland (72). Since 2018–19 (until 2022–23), spending per pupil increased in Wales by 8%, returning to 2010 levels (73). The Welsh Government provided generous funds during the pandemic, the Institute for Fiscal Studies estimate total COVID-related spending on schools between 2020–21 and 2021–22 was £800 per pupil in Wales, the same as in Northern Ireland and higher than the £300 offered in England and Scotland (73). In interviews, local authorities expressed concerns that budgets were extremely tight as they were expected to cover the wage increase for teachers agreed in March 2023. It was unclear if any national funding would be available to cover the wage increase. It is expected this increase in wages could have serious implications for school budgets in 2023/24.

The Welsh Government has committed to providing free school meals to all primary school pupils by 2024. A £300 School Essentials Grant is also available to pupils eligible for free school meals to help fund, for example, uniforms, shoes, and equipment for school. The number of pupils eligible for free school meals has increased in every local authority in Gwent since 2016-17, after a period of falling or remaining stagnant, Figure 3.4.

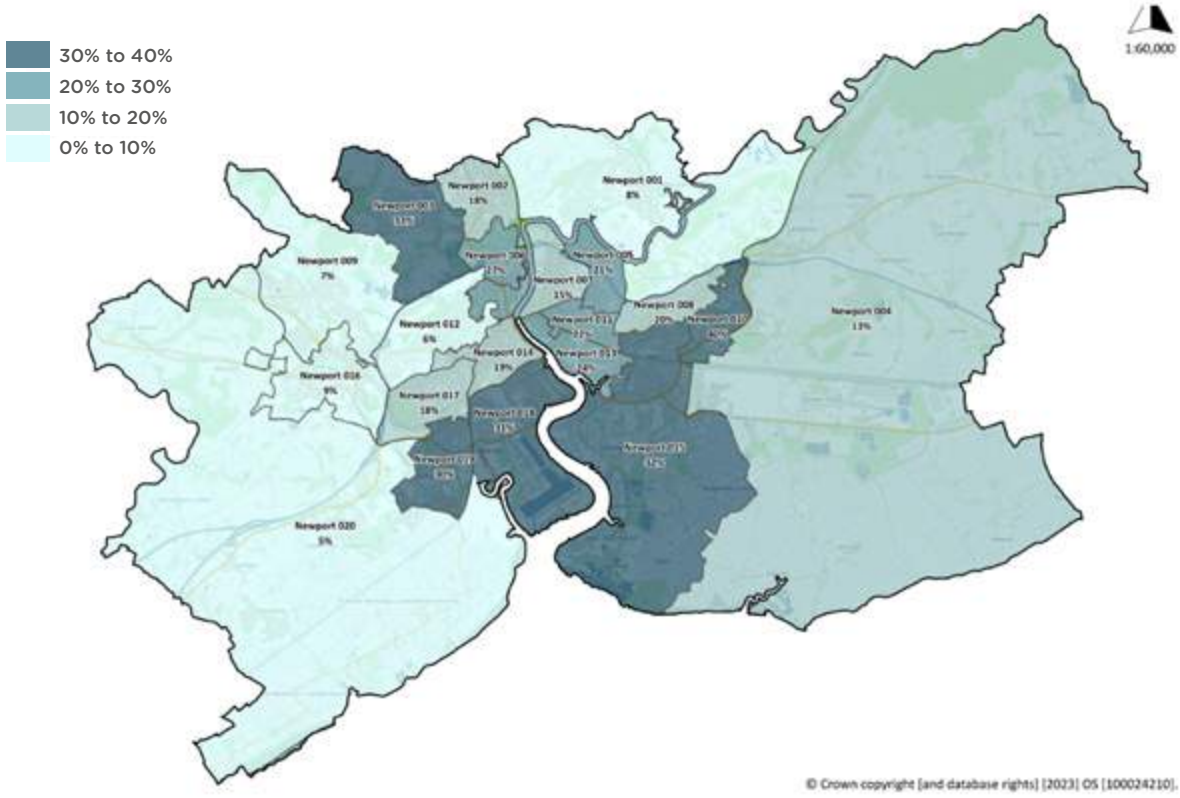
Figure 3.4. Percent of pupils aged 5-15 eligible for free school meals, Gwent local authorities and Wales, 2012/13 to 2021/22



Source: *StatsWales (74)*

Newport local authority has used the Unique Pupil Number (UPN), omitting all personal data, to analyse local inequalities in education to develop a deeper understanding of inequalities in education. The process involves data matching, cleansing and integration activity and the local authority analysed attainment across Key Stages, attendance, absenteeism and exclusions (fixed and permanent), correlating to deprivation and poverty. Figure 3.5 shows the high concentrations of child poverty in central Newport, demonstrating the value of using local data analysis.

Figure 3.5 Percent of pupils eligible for free school meals, Newport MSOA, 2021

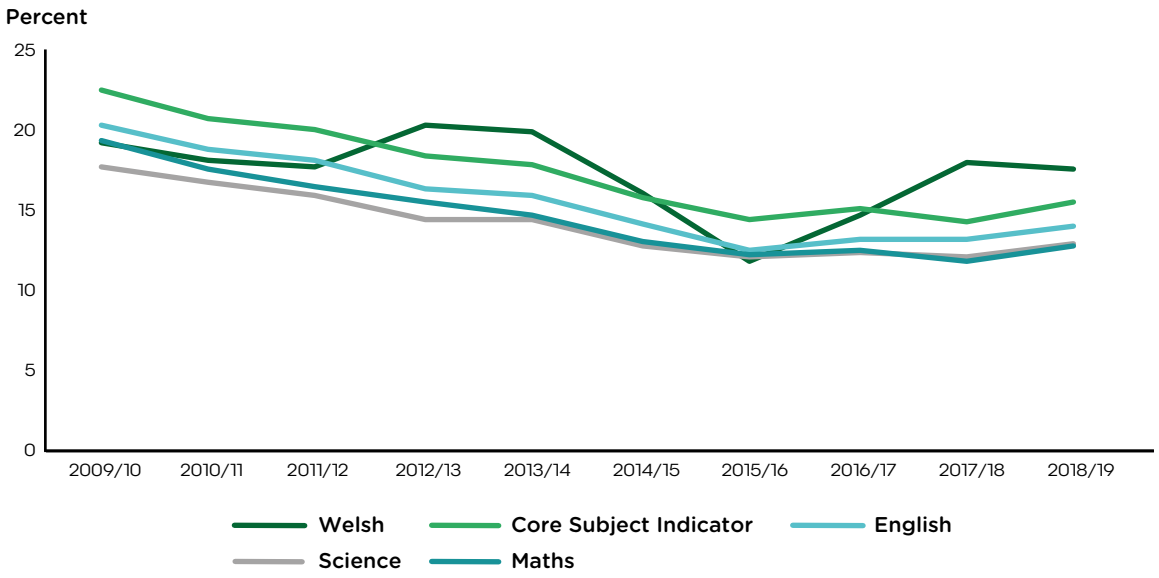


Source: *Newport City Council analysis of WIMD (75)*

INEQUALITIES IN EDUCATIONAL ATTAINMENT

Research consistently shows socioeconomic status is the most important factor influencing educational outcomes. As section 3A outlined, at age seven there are already inequalities in achievement at school. This continues in primary and secondary education. Figure 3.6 shows at Key Stage 2, ages 7-11 years, the education attainment gap in Wales has narrowed. In 2019 pupils eligible for free school meals scored better in English, maths, science, compared to 2010 and also narrowed the gap. This reduction in the gap is welcome as research from the Institute of Fiscal Studies finds the educational attainment gap in England has been stubbornly consistent since 2006 (76). Whilst the gap is reducing, pupils eligible for free school meals still have lower attainment levels. Only national data is publicly available and so it is unclear if this narrowing has occurred in Gwent. It also unclear which interventions or actions have led to this narrowing of the gap.

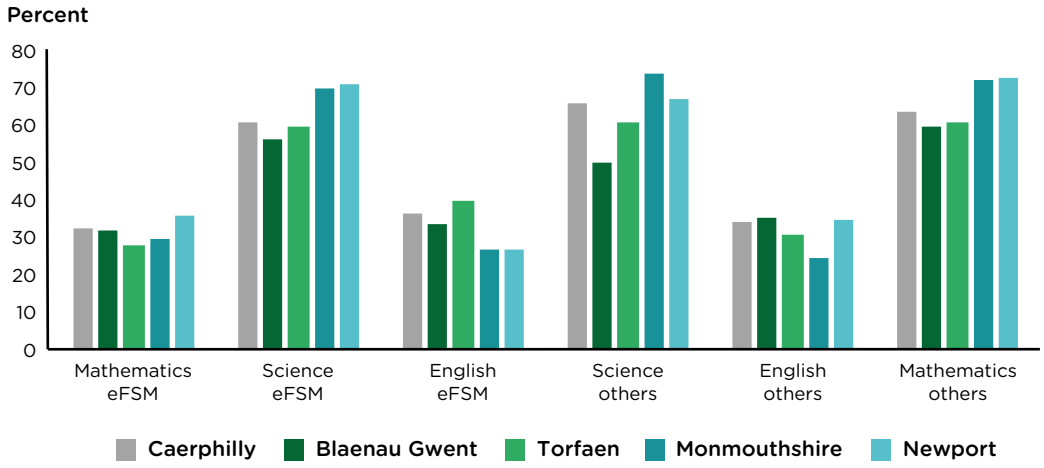
Figure 3.6. Percent difference between eFSM and not eFSM students achieving expected level at Key Stage 2 (Year 6) by key subject, Wales, 2009/10-2018/19



Source: *StatsWales (77)*

The reductions in the gap at age 11 is still not reflected in results at later ages. At Year 11, GCSE level, there remain wide education attainment inequalities in every local authority in Gwent. The gap is widest in Monmouthshire, where 27% of pupils eligible for free school meals achieve in science, compared to 74% of pupils not eligible for free school meals, Figure 3.7. This confirms research that finds pupils attending schools with higher numbers of pupils eligible for free school meals tend to do better, suggesting schools in these areas adopt better approaches when teaching students from families living on lower incomes (78).

Figure 3.7. Percent of pupils in year 11 who achieved A*-C in GCSEs in various subjects by FSM status, Gwent local authorities, 2017/18



Source: *StatsWales (79)*

Analysis from the Education Policy Institute estimates that in 2019 pupils eligible for free school meals were 22 to 23 months behind those not eligible, and since 2011 this 'disadvantage gap' has widened in Blaenau Gwent, Caerphilly and Newport. The research shows GCSE students in Wales take more GCSEs (including non-GCSE qualifications) compared to students in England and the students in Wales have, on average, worse results. It does not suggest a causal link but states, "a potential trade-off between quality and quantity". Researchers conclude that "efforts to reduce the disadvantage gap over the last decade have been insufficient or misplaced" (80).

Policies to support those on free school meals include the Pupil Deprivation Grant (PDG), offered from early years to secondary schools. This grant provides nurseries and schools with extra support for pupils eligible for free school meals or looked after by the local authority. The Social Mobility Commission concludes the PDG is not changing the attainment gap and echoes concerns that the new curriculum could worsen educational inequalities (68). The Welsh Government has committed additional funding to the PDG in 2023-24 "to help children and young people from lower income households and looked-after children overcome the additional barriers that prevent them from achieving their full potential" (48). This money is not ringfenced and it is unclear how it is spent. Estyn, the education and training inspectorate in Wales, states that two-thirds of schools in Wales make effective use of the PDG (81). It is recommended the schools in Gwent share best practice and leadership in addressing inequalities in schools.

Recent Welsh policy has also introduced 'Attainment Champions' who aim to tackle the impact of poverty on educational achievement (82). However, no head teachers from Gwent have been involved in this initiative, despite the region having some of the worst educational attainment gaps in Wales. This report echoes the stark conclusions of the Social Mobility Commission which warns that existing policies will have lasting impacts: "The widening of the attainment gap between pupils mirrors the UK-wide pattern but is likely to be more profound in Wales due to the nation's underlying socioeconomic profile" (68). Short-term actions and small funding pots are not shifting educational attainment outcomes.

In Gwent the Education Achievement Service has been providing advice and guidance to schools to reduce inequalities. As Box 4 outlines – it has implemented a number of programmes but there are no evaluations of the impacts of these programmes.

Box 4. Educational Achievement Service

Established in 2012, the Education Achievement Service (EAS) is a not-for-profit company set up and owned by the five local authorities of South East Wales (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen) to deliver improvement services, bespoke support and professional learning to all 237 schools across the region.

The EAS has a universal offer to all schools across the region to provide professional learning advice and resources. In addition the EAS offers targeted support and one of its strategic priorities for 2023 is around provision of learning and support to improve health and wellbeing, particularly for 'vulnerable' and 'disadvantaged' learners (83). It has a team of health, wellbeing and equity leads who help to embed a whole school approach to mental health and wellbeing and deliver a package of support targeted towards disadvantaged or vulnerable learners. This package includes free learning materials to teach vulnerable learners, a professional learning programme to support schools in addressing the impact of poverty on learners' behaviours and outcomes, and support for schools to develop anti-poverty strategies.

For the past five years, the Raising Achievement for Disadvantaged Youngsters (RADY) programme has been delivered by the EAS in partnership with Challenging Education (84). Designed to support schools in addressing the impact of disadvantage on learners through an equity rather than equality lens, the programme is based around three principles: raising awareness, raising aspirations and raising expectations.

The EAS Regional Business Plan for 2022/23 outlines further work in this area such as working with local authority inclusion leads and looked-after children education officers to analyse and use attendance and exclusions data for vulnerable and disadvantaged learners. The plan highlights the success criteria EAS is working towards – for the RADY programme this includes schools being able to demonstrate positive changes in attitudes to learning, engagement of disadvantaged families/carers and improvement in attendance. A self-evaluation of strategic priorities from 2021/22 is also featured in the plan but it does not include specific, quantifiable figures to assess if the programme is reducing educational attainment inequalities.

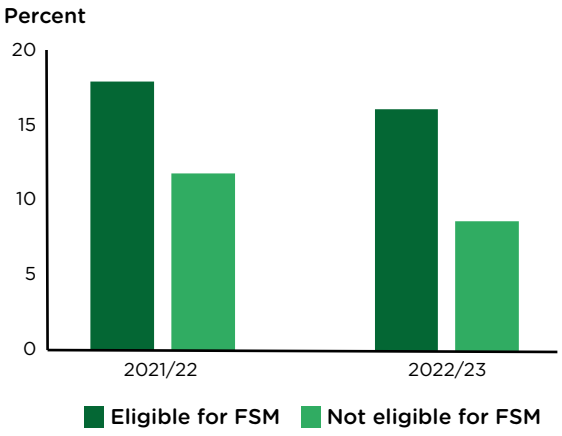
ABSENCES AND EXCLUSIONS

Increases in the cost of living are impacting families with school age children in a multitude of ways. There is approximately 16% difference in absence between pupils eligible for free school meals and those not eligible, since the start of the pandemic (89), with average school attendance across Wales continuing to decrease at the end of last year (89). Absences and exclusions contribute to differences in educational attainment.

An innovative study of exclusions and mental health and wellbeing of young people aged 10–16 found that as the number of risk factors for permanent exclusion increases, levels of wellbeing decline (85). The number of pupils being excluded in Wales is increasing. Exclusions are for shorter periods but these shorter periods remain disruptive to learning (86). Blaenau Gwent had the highest rates of exclusions in Wales between 2013-2019. Rates of pupils eligible for free school meals and special education needs are closely linked to school exclusions rates across Wales (87). Assessment of reasons for exclusion showed differences by eligibility for free school meals and ethnicity. Pupils eligible for free school meals and from black and minority ethnic background were more likely to be excluded due to persistent disruptive behaviour compared to the full cohort of excluded pupils (88).

There have been concerns of persistent absences since the pandemic. Particular learners have higher levels of absences: pupils eligible for free school meals, Gypsy and Traveller learners and pupils with special educational needs. The levels of absences in these groups were high before and since the pandemic (90). Figure 3.8 shows absences have declined but continued to be high in 2022/23. Pupils eligible for free school meals had double the absences compared to pupils not eligible for free school meals, a gap that has widened since 2021/22.

Figure 3.8. Percent non-attendance among pupils aged 5 to 15 in maintained schools by free school meal eligibility, Wales, 2021/22 to 2022/23



Source: *Welsh Government (91))*

In March 2023 the Welsh Government reinstated fixed penalty notices for persistent absence in an effort to reduce school absences. A Welsh Government review found education staff are divided on the effectiveness of fixed penalty notices, with 37% of staff stating they did not think they were effective. The review stated research literature "does not provide strong evidence that financial sanctions by themselves always have a positive effect on the behaviour of adults in social policies" (90). With this poor-quality evidence of the effectiveness of fixed penalty notices and the likelihood this will increase inequalities, it is recommended that Gwent tackles the underlying issues for non-attendance. Evidence of how to reduce absences is weak but shows targeted interventions and repeatedly working with parents is effective (92). Box 5 outlines the approach taken in Monmouthshire to reduce school absences, working with parents and staff in schools.

Box 5. Addressing the causes of school absences

Monmouthshire's inclusion team is taking a preventative approach to reducing school absences. The Emotionally Based School Avoidance (EBSA) is a training and support programme for school leadership teams, school-based staff, and other professionals supporting children and young people. The project aims to support early and effective intervention to assess and intervene in the most timely and helpful way, to prevent entrenched EBSA and promote positive outcomes.

The pandemic provided a reason and catalyst for the project in light of increases in child and parent anxiety following the prolonged closure of schools. A study of pupils and their education in the pandemic concluded local policy were needed to equip local authorities to better support schools in identifying and working with children who show EBSA, and their families (93). Monmouthshire recognised the need for preventative work and early intervention for pupils who were beginning to present with EBSA.

Monmouthshire educational psychology service established a cross-directorate EBSA group to coordinate a response to EBSA. This focused on early identification and enhanced understanding of the complexities facing young people and their families. The project comprised five phases which included developing and

producing Monmouthshire EBSA Guidance and Resources, such as an EBSA Pathway, EBSA Support Plan, good practice support guidelines for schools for attendance and wellbeing, and downloadable resources for use to understand and listen to the voice of the young person. A rolling model of professional training and support was developed and the model offers online EBSA consultation sessions facilitated by the educational psychology service and Family Support Services.

The Introduction to EBSA training has been offered since May 2021. This has been attended by a range of school staff (for example members of senior leadership teams, emotional literacy support assistants, wellbeing leads); health professionals including those working in primary care mental health, P-CAMHS, S-CAMHS, occupational therapy and specialist mental health practitioners; Inspire workers; education welfare officers; outdoor education shift youth workers; I2A; and Re-Engage. This training has been well received, with 100% of attendees agreeing that the training increased their understanding of EBSA and its impact on children and young people's wellbeing.

Since the EBSA project was launched, all four of Monmouthshire's secondary schools have also received bespoke EBSA training, and one secondary school, in partnership with the LA, has developed bespoke provision for a small group of pupils presenting with EBSA. This pilot provision is in the process of being evaluated. The EBSA project is now in the process of developing an EBSA support offer for parents/carers, with input from parents of pupils accessing this provision.

One of the aims of the EBSA project was to change the language used around EBSA, which has supported a shift in the understanding, perspectives taken and support offered by professionals supporting children and young people across Monmouthshire. Schools now have a clear package of guidance, resources and support to enable them to take early, preventative action, with training attendees reporting: "It will help me change my language around school avoidance to be less 'blaming'".

Despite the School Essentials Grant, there is evidence that there are other factors contributing to pupil absence. Being unable to clean uniforms or fix broken down white goods due to high energy prices could be contributing to absenteeism (94). The Children in Wales 2022 report explored the impact of poverty on school absences. Children and young people stated they could not pay for food or trips, and were being bullied and stigmatised and excluded by their peer for various reasons, such as because of their uniform (too small) or equipment or not having enough money to buy snacks. Children and young people stated this bullying led to them feeling isolated, left out and alone and discriminated against. Practitioners stated parental financial pressures were linked to increased absenteeism. The cost of getting children to school, lack of money to provide school uniforms, shoes and PE kits were factors. There were increased absences during dress-down days and payment deadlines for school trips (95). Box 6 outlines the increase in 'hygiene poverty' in the UK and this could be having an impact on school absence rates.

Box 6. Hygiene poverty

Recent policies have supported period poverty. However, wider hygiene poverty is a problem estimated to impact 3,150,000 adults in the UK – 6% of the population and 5% of adults who are working. Research by the Hygiene Bank shows rates of hygiene poverty increasing among people with disabilities and those living with long-term health conditions (96). They also report social isolation is a significant impact of hygiene poverty "with many respondents reporting feelings of shame and anxiety, which often leads to isolation" (96). The Bevan Foundation Snapshot of Poverty in 2023 also found inequalities in hygiene poverty. 18% of survey respondents stated they went without a shower or bath and 8% did not have basic toiletries (97).

The Joseph Rowntree Foundation cost-of-living survey in October 2022 found seven in 10 working-age households in the lowest 20% by income were going without at least one essential, such as enough warmth or basic toiletries (98).

SCHOOL TRANSPORT

The cost of school transport may also contribute to increased pupil absence for students living in families on low incomes. Parents in Gwent report the cost of travelling to school at between £15 and £20 per week, an unaffordable amount for an increasing number of families (99). This is despite the Learner Travel Measure (Wales) 2008 which enables Welsh ministers to make regulations relating to free transport to a place of learning for compulsory school-age children, and ensures local authorities provide free school transport to pupils who live beyond the statutory distance of two and three miles from their school, for primary or secondary school pupils respectively (100). A review of the Learner Travel Measure took place in 2021, which considered revising these distances but no conclusion was made as to by how much they should be reduced (100). Across Gwent, some local authorities such as Monmouthshire, Caerphilly and Blaenau Gwent have chosen to reduce the catchment areas for free school transport to one and a half and two miles respectively for primary and secondary school pupils. Newport City Council has not yet reduced theirs, despite the area having the highest percent, across all 22 local authorities in Wales, of LSOAs (geographical areas with a small population size) in the 10% most income-deprived (101). Even with the reduced catchment areas, these distances are higher than recommended distances of roughly one, and one and a half miles (for primary and secondary-age pupils) (102) (103). Other possible issues must also be considered, as routes to the nearest school may not be safe or suitable (99).

For students in post-16 full-time education, travel is subsidised through a grant of roughly £50 per term – if they live over two or three miles (depending on the local authority). Travel may be on school-contracted transport or the local bus service depending on the local authority, but the remaining cost of the transport must be paid by the student or family, which can cost in excess of £400 a year (104). Other options for financial support might be available to students aged between 16 and 18, such as the Welsh Government Education Maintenance Allowance, which provides some students with a £30 per week allowance (105), and the Financial Contingency Fund, a scheme run through local colleges aimed at students in financial difficulty and/or likely to leave education (106). There was anecdotal evidence from interviewees that travel costs were impeding learners. It is recommended that Gwent assess the health equity impact of travel routes to school.

HEALTHY SCHOOLS

The Welsh Network of Healthy School Schemes was launched in 1999. The scheme aims to integrate education and health and is offered to all levels in Wales (nursery, primary, secondary, middle, special and independent). Public Health Wales is currently reviewing the Scheme, and evaluations should include the views of the staff who have carried out the intervention as well as teachers, pupils and their families. An early evaluation of the Scheme outlines the proposed changes, none of which directly addresses inequalities, and concentrates on national priorities and indicators. As established throughout this report, national priorities and indicators that do not include an inequalities element are likely to not to have any effect on inequalities. If the Healthy School Scheme seeks to address inequalities, this should be fundamental to the proposed changes.

The Healthy School Schemes offer is the same across all schools, regardless of level of need. In interviews staff stated they often worked with 'willing' schools as they did not have capacity to work more intensely with schools with higher needs or those that did not respond to their offers. It is recommended Gwent better assesses which schools are actively engaging with the Healthy Schools Schemes and provides the type of support schools need to improve health. One of the reasons for the limited effectiveness of this scheme is that whilst schools have the support of a Healthy Schools coordinator, there is no additional funding available to schools. As such, there is a limit to what this scheme can achieve, particularly in schools with higher levels of need, such as schools with higher numbers of pupils eligible for free school meals. The lack of funding led to anecdotal reports of the scheme being seen as a tick-box exercise.

Claims for the success of the Healthy Schools Scheme are based on the number of schools participating. However, outcomes of the Student Health and Well-being survey tell another story. In 2021/22 more than 123,000 students in years 7 to 11 in over 200 schools took part (107). The most recent survey shows that since 2017 mental wellbeing has significantly decreased, particularly among girls. The percentage of girls reporting low mental wellbeing worsened by 9.5 percentage points between 2017 and 2021.

In Gwent, the Healthy School teams have focused on healthy eating, with mixed results. The 2021/22 survey showed lower soft drink and energy consumption in Gwent, but students had lower levels of fruit and veg consumption and lower levels of eating breakfast every weekday (107).

The school survey shows a decline in sexual activity in students aged 16 between 2017 and 2021, however, there has been an increase in under-18 conceptions in Caerphilly, Blaenau Gwent, Monmouthshire and Newport.

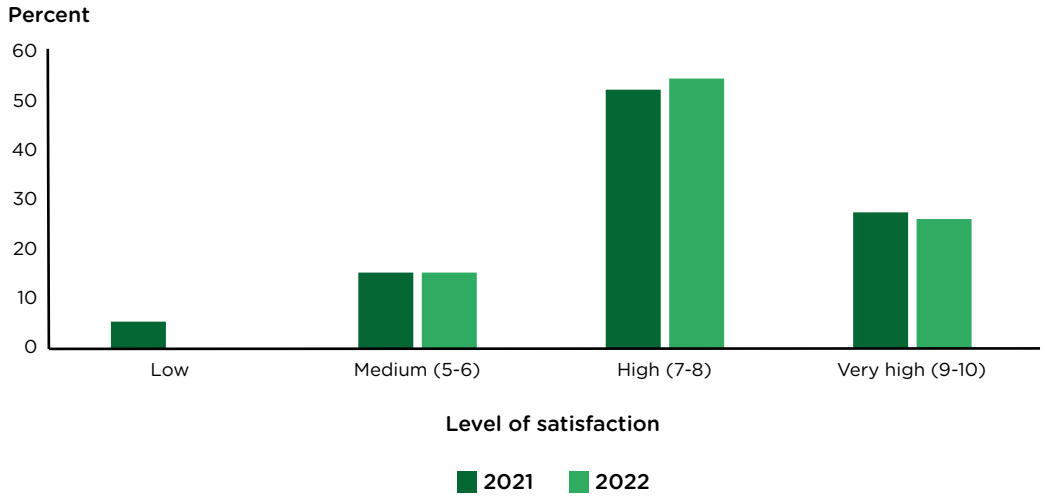
It is recommended Gwent adapt its Healthy Schools Scheme to better support schools to address the wider determinants of health, in schools with higher numbers of pupils eligible for free school meals. It is recommended outcome measures of the Healthy Schools Scheme examine the impact of their actions and not only the number of schools participating. It is recommended that Public Health Wales' evaluation includes assessment of the capacity of the scheme to reduce inequalities in the social determinants of health and to work with those delivering the programme and in schools to understand what is needed to reduce inequalities and gaps in educational attainment.

MENTAL HEALTH

Young people living in lower-income households are more likely to have poor mental health than their better-off peers (108). A study using the SAIL databank found parental depression had a significant negative impact on education attainment (109).

One in six children and young people are estimated to have a diagnosable mental health condition in Wales (110). Before the pandemic the Welsh Government increased funding to implement whole-school approaches. Since the pandemic, research has consistently shown that the mental health of children and young people has deteriorated (111). Analysis has shown that financial stress in the first year of the pandemic was associated with poorer child social and emotional wellbeing (112). Figure 3.9 shows that despite some of these findings, the majority of young people aged 16-24 report 'high' or 'very high' satisfaction with their lives.

Figure 3.9. Percent of those aged 16 to 24 by level of overall satisfaction with life, Wales, 2021-2022



Source: *National Survey for Wales (20)*

In 2018 the Children, Young People and Education Committee criticised the Welsh Government's failure to shift the outcomes in young people's mental health. Since then the Welsh Government has committed to several actions to support young people, families and schools. The whole-school approach is key, as it seeks to adopt a prevention-focus to addressing child and adolescent mental health. This has led to an increase in funding for a variety of actions. In March 2023 a workshop was held in Gwent to map mental health provision in schools. It identified duplication and concluded services needed to work better together to provide children and young people, their families and schools with a clearer and more easily understood offer, Box 7.

Box 7. Assessing duplication in whole school approaches

In March 2023 a workshop invited the Children and Mental Health services, educational psychology, the Education Achievement Service and school-based counselling services to discuss what they each offered in schools to address mental health. It was clear to attendees there was duplication of the offer for support and that young people, teachers and families were likely to be confused by the various services.

Comments included:

"Schools feel a bit overwhelmed. They want the support for mental health and emotional wellbeing but they feel a bit like 'where do we go? Who do we go to?' It's quite a busy space."

"People don't understand the interfaces between Public Health Wales, the Health Board, education, the Education Advice service, and Estyn."

"Health is doing its own thing, not in partnership. They need to ask themselves if they are the best to deliver services."

"With health and education there's no regular kind of communication. It's kind of a bit ad hoc."

"Do we need a single point of access for children's emotional health and wellbeing? With referrals going to one place and then get allocated to support rather than go into all the separate agencies?"

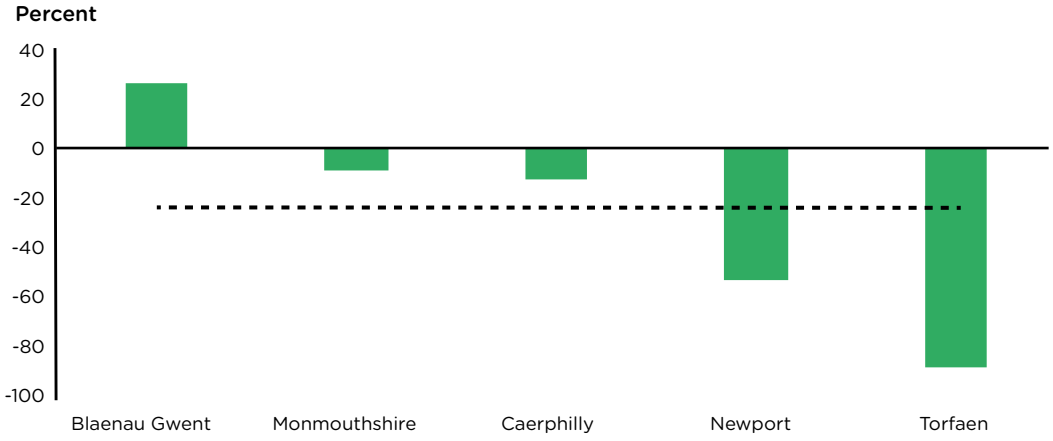
Following on from this workshop, systems agreed to meet again to discuss ways forward to reduce repetition.

YOUTH WORK

Formal support to improve mental health is important, but also important are informal support interventions, which can address lower levels of mental health problems before they become more serious (113) (114). Informal spaces outside of schools and health include places such as youth centres, sporting clubs and creative spaces where young people can support each other and build their confidence and sense of identity.

The funding for universal youth work in England changed significantly in the early 2000s with significant budget cuts within local authorities moving from a defined minimum and 'quality' expectation for youth work to the provision of only an 'adequate' offer to young people with little or no definition. In contrast, the Welsh Government has protected and supported youth work, for example, funding the annual Youth Support Grant and providing funding to reduce youth homelessness. Despite this support, funding for youth work in local authorities has decreased due to reductions in local authority funding caused by austerity policies from the UK government. Between 2010/11 and 2021/22 there has been a 23% reduction in local authority expenditure on youth work in Wales. The steepest declines were between 2010/11 and 2015/16 when funding fell from £182 to £91. Since then it has increased (115), (116). Blaenau Gwent is the only region where funding has increased since 2010/11, Figure 3.10.

Figure 3.10. Percent change in funding for youth services, Gwent local authorities and Wales, 2010-2021



Source: *YMCA (115)*

Interviewees stated cuts to youth services led police to observe they "are a de facto youth service filling the void. We need a more holistic view."

It is crucial to provide a range of opportunities for young people to positively engage both in school and in their communities to help them play a positive part in society and to help address other potential issues such as anti-social behaviour.

FURTHER EDUCATION AND APPRENTICES

Further education is an important route out of poverty for pupils eligible for free school meals, who are much less likely than other pupils to go into higher education (117). The more years spent in education, along with lifelong learning, are associated with better physical and mental health and a range of other positive outcomes (3). As such, decreases in funding for part-time and community learning will disproportionately impact learners from households with lower incomes.

Local offers of further education are key to addressing educational aspiration and reducing inequalities, as learners from deprived communities tend to attend very local institutions. In England, 70% of further education students travel less than 10km from their home and half travel less than 6km (118). Coleg Gwent is the further education provider in Gwent and has five campuses across the region. Coleg Y Cymoedd, based in Rhondda Cynon Taf, is the next closest further education provider. Despite the stated importance of further education in Wales, the number of learners at further education institutions, adult learning and work-based learning providers fell by 75,000 learners between 2012/13 and 2021/22 (119).

Whilst many reports have explored the importance of lifelong learning and adult education in Wales (120) (121), cuts to adult education have been severe. Between 2011/12 and 2016/17 the Welsh Government funding to the further education sector fell by 13% in real terms (£22 million). Most of the funding cuts fell on part-time provision. Funding for part-time further education was cut by 37.5% in 2014/15 and the remaining funding was cut again by a further 50% in 2015/16 (122). Further education is funded by finishers, which creates an incentive to fund programmes where students finish but not necessarily programmes for skills that the region needs.

"Engineering is needed but young people don't want to do this. Colleges want more full-time students as they get more funding, so they offer what students want, not what we need."

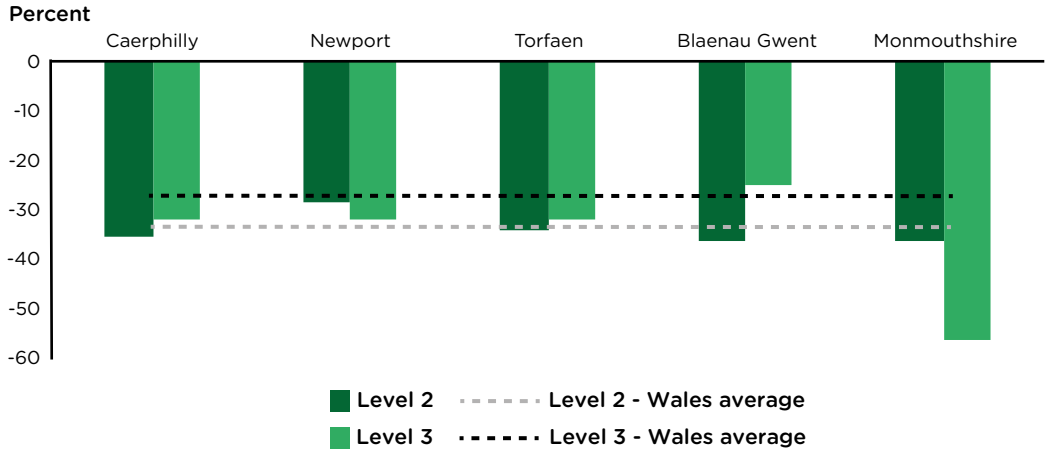
Part of increasing aspiration is helping young people understand the local job market and its potential. For some young people who want work as soon as possible on leaving school the opportunities through work-based learning providers is crucial both in terms of quality and range of work-based training and experience available. In Torfaen for example there are two main Welsh Government funded contractors with four additional subcontracted organisations providing a mix of career pathways and the need to continue to provide a greater and relevant range of employment opportunities is vital. For example, Media Cymru, part of the Cardiff Capital Region strategy, has received substantial government funding but its aim to create hundreds of jobs and start-ups in areas such as Torfaen, and Gwent is yet to be identified. Another example is the need to fulfil 'green jobs', skills needed now, yet Torfaen and other Gwent areas are not seeing large numbers of pupils interested in these areas. It is important that Cardiff Capital Region and further education providers and local businesses work better together with secondary schools and young people to provide work-based learning opportunities the region needs.

APPRENTICES

The Welsh Government has set a target to introduce 125,000 apprenticeships within the 2021-2026 Senedd term. This is part of the Welsh Government's commitment to have at least 90% of 16–24-year-olds in education, employment or training by 2050. It is important that the apprenticeships offered are part of the Welsh Government's aim to reduce child poverty.

Apprenticeships can be part of the solution to reducing health inequalities if they are targeted at learners at levels 2 and 3 (level 2 apprentices are equivalent to GCSE and level 3 is equivalent to A level). This will be difficult to achieve as at both levels the number of apprentices has fallen across Wales between 2013/14 and 2021/22, despite government policies to increase the number of apprentices, Figure 3.11. The IHE 2020 *Ten Years On* report showed similar decreases in levels 2 and 3 apprentices in England (3).

Figure 3.11. Percent change in number of level 2 and level 3 apprenticeships started, Gwent local authorities and Wales, 2013/14 and 2021/22



Source: *StatsWales (123)*

In 2021/22 there were steep declines in the success rate of apprentices due to the pandemic, but worryingly, the gap in the success rate between apprentices living in the most deprived areas in Wales and the least deprived areas widened compared to 2018/19 (124). Increasing the number of apprentices at levels 2 and 3 will require approaches to attracting new apprentices as well as increase those who complete their apprenticeships.

Additional efforts are needed to return to pre-pandemic apprentice levels, particularly at levels 2 and 3. The Bevan Foundation lobbied for increases to the EMA, which is paid to learners aged 16 to 18 years old in low-income families who are in school or further education (125). Their efforts to increase the Education Maintenance Allowance by £10/week, available to learners from low-income families, may help to improve success rates.

Anecdotal evidence suggests that once young people are on apprenticeships, employers are reluctant to let students go back to college for pastoral care or courses. Currently, further education colleges are not funded to provide pastoral support to apprentices in work placements. If the offer of support for mental health is being made to students in secondary schools and those in further education colleges doing A levels, it should be equivalent for those doing apprentices. This will mean working with young people to better identify support needed and working with small and medium enterprises to provide better support to businesses hosting apprentices.

In 2022 the ABUHB began offering a new apprentice programme with a focus on offering opportunities to young people with learning disabilities, Box 8.

Box 8. ABUHB apprenticeship scheme

The Aneurin Bevan University Health Board apprenticeship scheme saw its first cohort of 28 people start in January 2022, with another cohort of 21 starting in January 2023. Apprentices at ABUHB undertake roles across administration, healthcare and facilities. They leave with a nationally recognised modern apprenticeship qualification. The majority of applicants have all lived in Gwent. ABUHB encourages applications from ethnic minority groups and people living in more deprived areas, however it is unclear if these efforts have resulted in a more diverse cohort of apprentices. The first cohort has had success in terms of apprentices securing permanent positions or promotions but it has also had a number of young people withdrawing from the programme. To decrease the number of withdrawals, the recruitment team has improved how it communicates apprentice roles at assessment and interview stages. In addition, more pastoral care is now offered during apprenticeships, including the development of a handbook for apprentices and managers.

Another part of ABUHB's apprentice programme is offering opportunities to young people with learning disabilities. In September 2021, Independent Living Skills learners from Coleg Gwent were supported through the Engage to Change Gwent project to gain work experience in a healthcare setting whilst studying with the college (126). Based at ABUHB's Nevill Hall Hospital in Abergavenny, the students were placed with the facilities team over one academic year. Roles were on rotation, covering different work environments and skills such as housekeeping, catering and customer service. The young people had the opportunity to integrate with staff members from across the hospital as well as patients, and they reported increased levels of confidence. A particular aim of the project is to increase skills and better prepare learners with learning disabilities for employment. Some learners have reported their intention to apply for a career at the hospital after studying. Due to the success of the internship, another intake of Independent Living Skills learners from the college will be taken on this year.

YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

Between 2011 and 2017 the number of young people not in education, employment or training (NEET) declined in Wales. However, since 2017 the number of NEETs has remained the same. The pandemic has had an effect on young people both in school and those leaving – in 2021 the proportion of 16- to 18-year-olds who are NEET increased by 1.9% in a year. For 19- to 24-year-olds, the proportion who are NEET increased slightly by 0.5% (127).

A number of Welsh Government policies have sought to tackle the issue of NEETs.

- In 2011 Youth Engagement and Progression Framework supported local authorities and partners to establish systems and processes to monitor and support young people at risk of becoming NEET. Additional funding allocated through the Youth Support Grant established an Engagement and Progression Co-ordinator. The Framework increased emphasis on both monitoring and supporting young people at risk of becoming NEET, targeting support to those leaving secondary school and made the issue of NEETs everyone's responsibility - local authorities, schools, Careers Wales and the Welsh Government.

- The refreshed Youth Engagement and Progression Framework seeks to identify early potential NEETs in school up to the age of 18.

- The Jobs Growth Wales+ Youth Programme seeks to consolidate and individualise training, development and employability support to 16- to 18-year-olds who are assessed as NEET. The programme offers individualised support to build confidence, skills and experiences to progress into further learning, find a job or remain in employment and wage subsidies.

- The Young Person's Guarantee is a cross-Cabinet programme to tackle the impact of poverty on educational attainment.

In 2022 in Wales 8.3% of working age adults had no qualifications, rising to 16.3% for people with disabilities. Blaenau Gwent had the highest proportion of adults without qualifications, 15.5%, and Torfaen the third, at 12.4% (128).

In all local authorities those most at risk of becoming NEET are monitored within the schools, these projects were previously funded by European Social Funding and now use Shared Prosperity Funding, in addition to Welsh Government funding for youth services and other supportive provision. It is recommended that the Public Services Board assesses the way Shared Prosperity Funding is spent on NEETs and better coordinate the approach and offer in the region.

Whilst many national policies have sought to reduce the number of NEETs, in Blaenau Gwent a joined-up approach has resulted in good outcomes, Box 9.

Box 9. A local and coordinated approach to reducing NEETs: Blaenau Gwent

Blaenau Gwent has gone from having the worst NEET figures in Wales to having some of the best.

The local authority reflected on what led to a change in how they approached NEETs: "We said, wait a minute, we are literally spending thousands on each child and we aren't getting the outcomes. a minute, we are literally spending thousands on each child, and we weren't getting the outcomes."

They brought together a group of people from across the Council to target and focus their work. In 2011 a team was appointed, consisting of one coordinator and six Prevent youth workers. They worked with young people to address all their needs, not focusing only on their learning. They worked with partners across the council and with young people to inform the strategy's priorities.

In 2010 the number of NEETs in Blaenau Gwent was 74, in 2020 it was 9. The strategy has led to a more effective, longer lasting positive outcome for young people (129). The authority continues to use this joined-up approach.

The place-based datapacks include the following charts:

- Pupils achieving 5 GCSEs A* - C including English or Welsh, and Mathematics
- Pupils in year 11 who achieved the Level 1 threshold (a volume of qualifications equivalent to 5 GCSEs at grade A*-G) by FSM status
- Absent school sessions in maintained schools
- Total spending on youth service
- Further education numbers by age and attendance type
- Learners in apprenticeships (all levels)
- Learners in foundation apprenticeships (Level 2)
- Learners in Apprenticeships (Level 3)
- Persons aged 16 and over with no qualification
- Number of children cautioned or sentenced
- Under 18s conception rate per 1,000, time trend

RECOMMENDATION: ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.	
Related Marmot indicator	**Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above**
2023-2024	**2024-2029**
Accountable lead: Directors of Education	
• Reduce the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life. • Work with young people, business and the Third Sector to identify information needed to better access relevant further education opportunities (courses and apprenticeships and work-based learning) in Gwent with a focus on areas with higher levels of deprivation, generational poverty, and those most at risk of exclusion, levels 2 and 3. • Focus the pupil development grant to improve attainment of pupils eligible for free school meals to reduce the gap in attainment.	• Eliminate the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life. • Evaluate and improve use of pupil development grant to reduce inequalities in attainment.
Accountable lead: Local authorities	
• Assess inequalities in affordable travel to school, improve data collection. • Work with communities in areas of higher deprivation to understand education and training needs for adults in each local authority.	• Reduce inequalities in travel to school. • Education and training for adults in each local authority targeted at populations to reduce socioeconomic inequalities. Improve communication of offer.
Accountable lead: Healthy schools coordinators	
• Healthy Schools scheme in primary and secondary schools shifts to proportionate offer to schools that have higher number of students eligible for free school meals and where there are pockets of deprivation.	• Healthy Schools scheme in primary and secondary schools monitoring and improving proportionate offer to schools.
Accountable lead: Public Services Board	
• In partnership with young people, businesses and the Third Sector assess provision of career guidance and aspiration approaches in primary and secondary schools. • Work with young people to better communicate available youth services and future youth services. • Assess Shared Prosperity Funding and spend on NEETs and better coordinate the approach and offer in the region. • Work with communities in areas of higher deprivation to increase volunteering opportunities and skills building for adults in each local authority.	• Review revised provision of career guidance and aspiration approaches in primary and secondary schools to ensure aspiration for all.

2023-2024	2024-2029
Accountable lead: Regional Children and Families Transformation lead	
• Reduce duplication and provide consistent offer of mental health support in schools. Proportionate offer of support according to number of students eligible for free school meals and where there are pockets of deprivation.	• Define how to monitor inequalities impacted by mental health support in schools. • Work with students, school staff and parents to improve mental health support offer in schools and ensure tackling inequalities.
Accountable lead: Educational Achievement Service	
• Assess and reduce inequalities in school absences. • Schools and EAS share best practice and leadership in addressing inequalities in education attainment.	• Monitor inequalities in school absences and continue to work in partnership with families.
Accountable lead: Coleg Gwent and Coleg y Cymoedd	
• Increase the level 2 and level 3 apprenticeship opportunities in Gwent. • Map apprenticeship providers in Gwent. • Work with apprentices and employers to assess pastoral care offer for apprentices in Gwent. • Work with local, regional and national employers in Gwent to identify adult education upskilling needed.	• Increase apprenticeship providers in Gwent, with a focus on small and medium enterprises and public service. • Provide improved pastoral care to apprentices in Gwent. • Provide adult education needed for future jobs market.
Accountable lead: Cardiff Capital Region	
• Work with employers and education providers to ensure that further education provision and skills investment is aligned to the Cardiff Capital Region economic strategy.	• Work with employers, schools and families to build aspirations and skills in primary and secondary schools.

AREAS FOR NATIONAL ACTIONS:

- Make data available at local authority level disaggregated by eFSM.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Cease use of fixed penalty notices for school absences.
- Increase apprentice minimum wage to match real living wage.

3C. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

KEY MESSAGES

- Unemployment and poor-quality work harm health and contribute to health inequalities.
- There is a great deal that employers in the public and private sectors can do to improve the quality of work, improve health and reduce health inequalities, with benefits to them as well as their employees, including improving health, increasing sense of purpose, improving recruitment and retention, reducing sick pay and impacting on productivity.
- The percent of people unemployed has fallen, while at the same time there have been significant decreases across Gwent in people who are economically inactive and want a job.
- The percent of people with disabilities increases with age, however in Blaenau Gwent the increase is minimal, with high rates of disability in those aged under 18 and between 18-64.
- Poor bus transport is severely impacting employment in many areas in Gwent, particularly the paucity of links to Cardiff from Blaenau Gwent and from parts of Caerphilly and Torfaen.
- Local employability programmes report successes when given freedom to adopt local approaches.
- The percent earning below the Welsh Living Wage is highest in Blaenau Gwent.

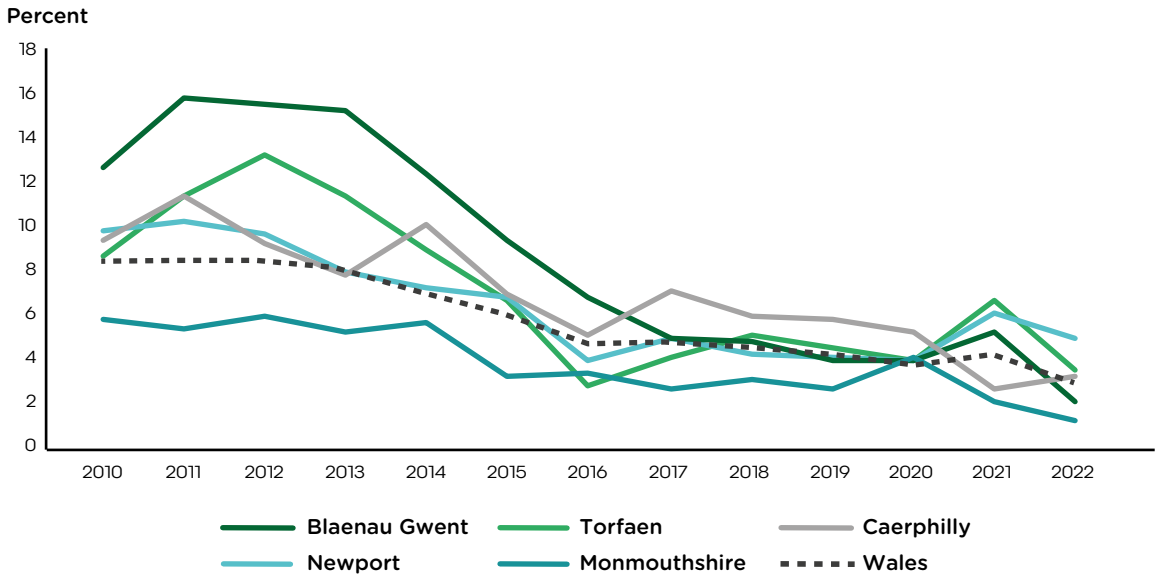
Being unemployed can have long-lasting negative effects on health and wellbeing. It increases mortality and is a significant driver of inequalities in physical and mental health (3) (4). Long-term unemployment is even more damaging to health. While unemployment is particularly damaging for health, poor quality and stressful work also undermines health.

The 2010 *Marmot Review* and the *Ten Years On* report in 2020 outlined the protective health impacts of being in a good quality job and feeling valued. The reports describe how good quality work is beneficial to the health of employees and is also beneficial to employers as it increases productivity and retention and reduces the amount of sick pay required (3) (4).

UNEMPLOYMENT AND ECONOMIC INACTIVITY

In 2022 the employment rate in Wales fell by 1.4% and rates of economic inactivity increased (48). Figure 3.12 shows that rates of unemployment fell from peaks a decade ago. Unemployment rates fluctuated during the pandemic and fell in the last year.

Figure 3.12. Percent unemployed at ages 16 to 64, Gwent local authorities and Wales, 2010–2021



Source: *Annual Population Survey – Labour Force Survey (130)*

Whilst unemployment rates have fallen, the number of people who are economically inactive and looking for work reveals a different story in each local authority. In Blaenau Gwent there has been a 58% drop in people who are economically inactive looking for work between 2010 and 2022, Table 3.3.

Table 3.3. Percent of economically inactive adults who want a job, Gwent local authorities and Wales, 2010 and 2022.

	2010	2022	Percent difference
Blaenau Gwent	24.8	11.3	-57.9%
Caerphilly	29.2	20.4	-30.1%
Monmouthshire	24.9	13.9	-44.1%
Newport	29.1	24.2	-16.8%
Torfaen	24.8	11.3	-54.4%
Wales	25	16.9	-32.4%

Source: *Annual Population Survey – Labour Force Survey (130)*

Reducing economic inactivity requires a range of interventions, based on an individual's work history and length of time away from work. Torfaen Borough Council has sought to increase employment through its Building Resilient Communities programme, outlined in Box 10.

Box 10. Holistic employment support and community resilience

Torfaen's Building Resilient Communities programme has been operating since 2018 and has recently moved to sit under the Welsh Government Communities for Work Plus programme. It provides holistic, wraparound support to reduce social isolation, improve physical and mental health, and support individual barriers towards gaining volunteering placements and employment. In partnership with the person it is supporting, the team develop a support/action plan with clearly identified goals. For example, to reduce social isolation a plan and goal might include: cleaning and maintaining a home, getting people out of their homes, talking about their fears and concerns and how to start to become physically active and joining local groups. This support provides confidence building and encourages motivation towards reaching individual goals. It also offers parenting support and help with liaising with health and education professionals.

The teams offer of a range of support, encouragement and motivation, and helping their clients to overcome their fears and achieve their goals, highlighting the importance of the team in promoting social inclusion and wellbeing. One client reflected on the help they had received and the difference it had made to their life: "Knowing I have someone who supports me, believes in me, is non-judgmental and above all, is a genuine, kind, uplifting, honest person has transformed me as a person immensely in a short space of time. I can't say in one word what you do to support me because it is far more complex and far more in depth then a title can give credit for - but 'rebuilding' and 'future' are two words that describe what you do - you are rebuilding me and providing me with a future, for this I am grateful."

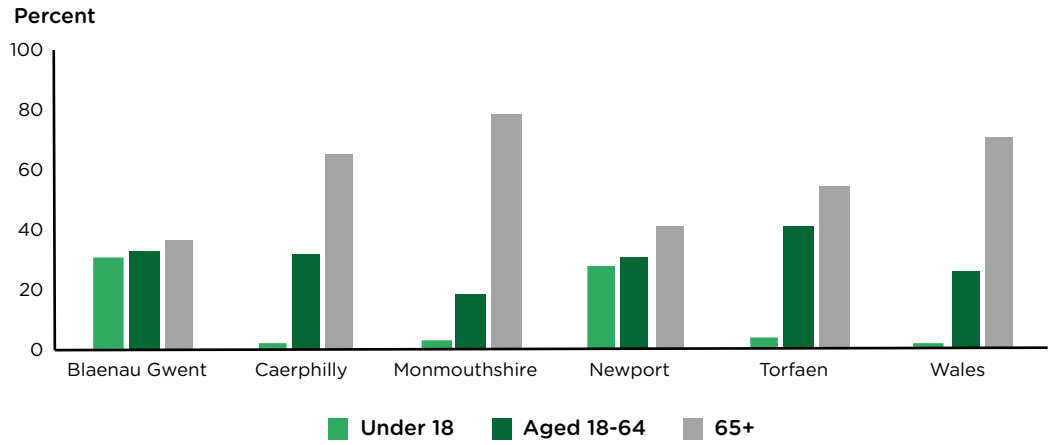
The Building Resilient Communities, Communities for Work Plus team includes:

- Three resilience officers specialising in families, adults and physical health and wellbeing.
- Two counsellors providing short-term cognitive behavioural therapy approach counselling to those with low level mental health needs.
- Ten employment mentors specialising in reducing barriers into employment. This is made up of specialist one-to-one mentoring for youth and adults, group work such as work clubs, male and female only groups and provision designed around need and the local economy.
- An employer liaison officer who links with local employers, sourcing employment opportunities for project participants including work experience and access to interviews.
- A participation and engagement officer who networks with local stakeholders and partners to source opportunities for collaborative working approaches to ensure holistic support network for those on caseloads.
- A dedicated financial inclusion team that supports to prevent financial crisis through access to grants, income and expenditure reviews and links to benefit advice through Citizen's Advice.

As Figure 3.12 and Table 3.3 show, the increase in economic inactivity is not due to rising unemployment. In the UK, rising trends in economic inactivity in some areas post-COVID is driven by older workers choosing to retire earlier and not by worse health, as seen in Monmouthshire. The proportion of workers in their fifties and sixties who have become economically inactive due to 'long-term sickness or disability' stayed relatively constant before and after the pandemic (131).

The proportion of the population with a health condition that limits their daily activity has been rising since 2017 and rose sharply from 2019 (before COVID) as have the numbers receiving disability benefits (132). The number of people in the workforce has since returned to its pre-pandemic trend in other similar countries, but in the UK increasing rates of economic inactivity continue to worsen (133). Younger populations, aged 25 to 34 with low levels of education, are more likely to be on incapacity benefits than older (55 to 64 years) higher education individuals (134). Figure 3.13 shows that Blaenau Gwent and Newport have high numbers of people with disabilities in the under 18 and aged 18 to 64 years age groups.

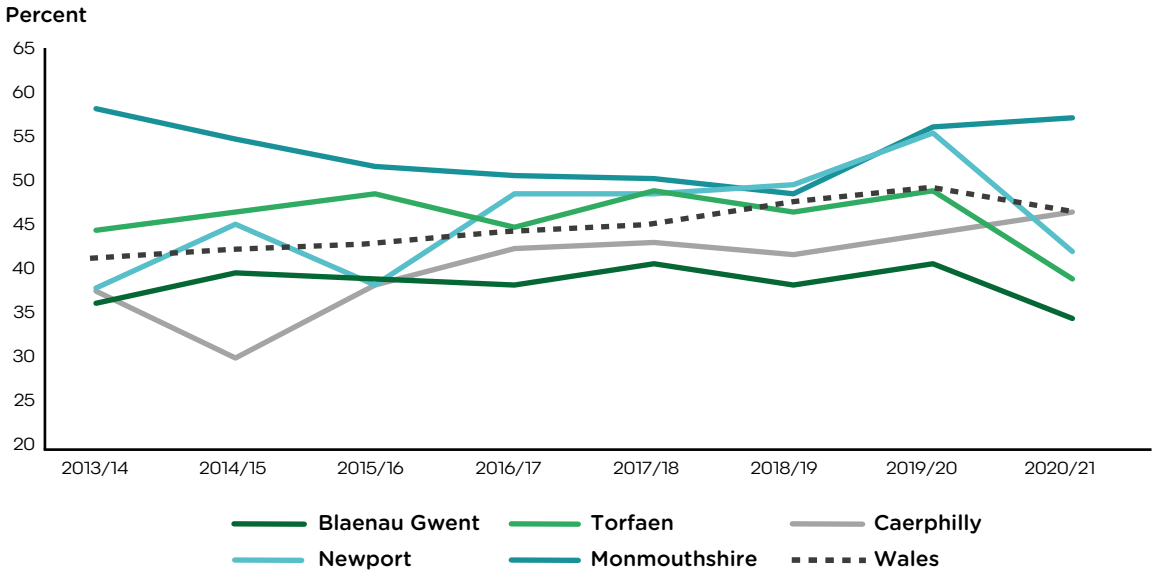
Figure 3.13. Percent of people with disabilities by age group, Gwent local authorities and Wales, 2020/21



Source: *StatsWales (135)*

The percent of people with disabilities who are employed has fluctuated in last eight years. Figure 3.14 shows that this rate has improved in Caerphilly and Monmouthshire since 2018/19. They were unsure why this improvement had taken place, though both local authorities stated they had increased their employment support capacity, it is encouraged that local authorities share experiences of the support they offer.

Figure 3.14. Percent of people with a disability in employment, Gwent local authorities, 2013/14-2020/21



Source: *Office for National Statistics. Annual Population Survey (136)*

Education improves the likelihood of people with disabilities being in employment. In the UK 74% of people with disabilities with a degree or equivalent were in work, compared to 58% with A levels and 45% with GCSE A*-C. Only 19% of people with no qualifications with disabilities worked, compared to 58% of people with no qualifications and no disabilities (137).

The availability of jobs affects employment. The most recently published statistics in 2020 showed the number of jobs available in Newport was slightly higher than the Welsh average, in Monmouth and Torfaen it was close to the Welsh average. But the number of jobs per resident was low in Blaenau Gwent and Caerphilly, meaning people there are more likely to travel for work. Interviews with the Department for Work and Pensions (DWP) and local authority employability found transport, health and childcare were (anecdotally) the main barriers to people moving into employment in Gwent.

"Valleys communities are cut off and it has got worse since the pandemic. The railway links to the capital in Blaenau Gwent are terrible, from Tredegar to Cardiff and there's no way public transport-wise you can get to work. Buses stop at 6/7 pm and it takes two bus changes and a two-hour journey. Buses to Cardiff used to run half-hourly from 6.30am to 11pm, the X4 across the Heads of the Valleys but it was cut to hourly and now it has been cut totally and people have to get a bus to Merthyr Tydfil first, then travel down to Cardiff. Locally, from Abertillery to Rassau Industrial Estate near Ebbw Vale, a journey of 9-10 miles, you can book a flexibus but the coverage is just not good enough. We've talked to Transport for Wales, Stagecoach, AMs, MPs, to explain how Valleys communities aren't connected. It's not fair, it's a massive barrier to work. When we offer work the first thing they ask is 'how am I going to get there'. It makes me angry, we're isolated and it's not fair. You've got to drive. It's a massive disadvantage for communities in Blaenau Gwent, we're like a forgotten area here. It has a massive impact on health."

The Wales Centre for Public Policy held workshops to understand the impact of the cost-of-living crisis and reported barriers to returning to work. Low-pay, high childcare and travel costs and increases in council tax meant people currently on benefits were disincentivised to seek work or increase their hours (138). Changes to Universal Credit announced in the autumn of 2022 are likely to put further pressure on these individuals. People receiving Universal Credit will be required to work 18 hours, three hours more than currently required. Sanctions will increase if people do not take 'appropriate' work.

For people who have not worked for many years, volunteering in the short-term is a way of getting them prepared for work. In July 2022 the Department for Work and Pensions introduced the Restart Scheme across the UK to tackle unemployment in people over the age of 50 who are on benefits. The 50PLUS Champion in South East Wales covers the five local authorities in Gwent and her work is described in Box 11.

Box 11. Skills and support into work: volunteering and the DWP

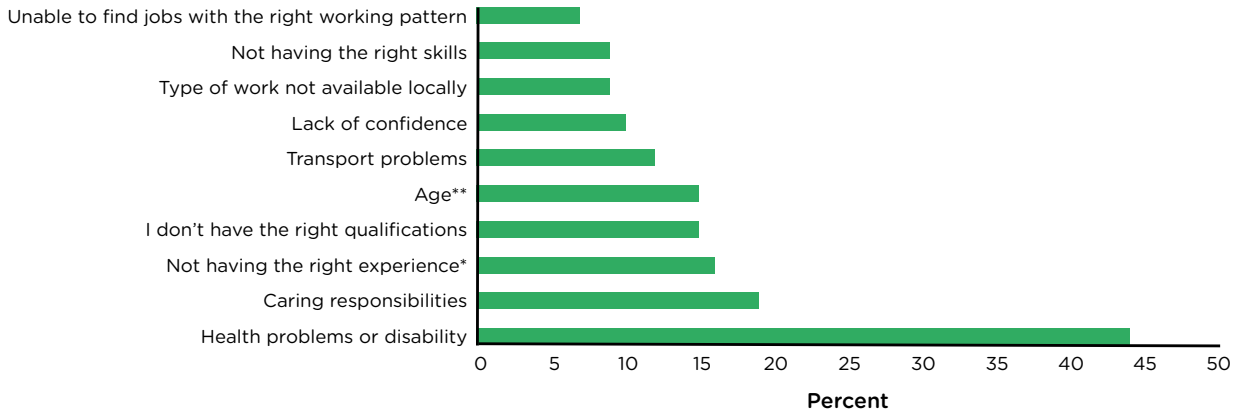
A literature review for the Royal Voluntary Service in 2020 highlighted the soft employment skills gained whilst volunteering: increased confidence, resilience and emotional intelligence, better communications and networking skills, experience in workplace settings, building references, access to training and increasing aspirations. The review also identified the difficulty for people living in areas of high deprivation, who would benefit most from volunteering opportunities yet have fewer opportunities to do so as there are fewer organisations based in these areas (139).

The DWP worked with the Centre for Ageing Better to develop actions to work with people aged over 50, providing one-to-one support at jobcentres to help them get into and progress in work, as well as discuss options for retirement, including how to increase earnings ahead of retirement. The majority of people in South East Wales aged over 50 on Universal Credit are not working due to health conditions – many of whose health worsened during the pandemic. Every new claim for Universal credit since May 2022 for people over age 50 has received additional one-to-one support from a work coach, confidence building and access to bespoke support, such as workshops (all of this is voluntary and non-mandated). They offer a mid-life MOT, in group sessions, where participants can discus employment needs and wider issues, such as preparing for retirement. They also work with employers, local authority wellbeing teams, mental health charities and the exercise referral teams.

No official statistics are available yet but the DWP reports talking to people who've not been contacted by the DWP for years and who are engaging with multiple services for the first time in many years (for example, with the Third Sector). They believe it is different from previous DWP programmes as it's a shift in how they work, not a short-term project with a time-limited amount of funding. They state the DWP wants to change the mindset of DWP work-coach teams.

The National Survey of Wales assessed reasons why it was difficult to get work. Whilst anecdotal evidence collected for this report focuses on people who are economically inactive looking for work, the national survey is not disaggregated by economic activity. In South East Wales, health problems and disability were the most common reason. For 19% of respondents, caring responsibilities were the reason they did not work, Figure 3.15. Again, this signals that national statistics, such as the National Survey, would be advised to provide disaggregated data, by income and level of deprivation to better enable local systems (primarily councils and the Third Sector) to better target local services.

Figure 3.15. Percent of people with a disability^ by reasons they find it difficult to get work, South East Wales, 2019/20



Notes: ** majority in age group 16-24 years, ** majority in age group 65+ years, ^ has a limiting long-standing illness, disability or infirmity (results unclear if denominator is all people with disability or only unemployed people with disability)*

Source: *National Survey for Wales (20)*

Employability programmes have been central to European Social Funding projects in South East Wales and a number of Welsh Government policies (for example, Communities for Work). Programmes aim to be "community-based models" and a "whole systems approach" (140). Many of the European Social Funding programmes focused on employability and have shifted to the Shared Prosperity Fund. Interviewees working in employability spoke of the possibilities to better address local employment factors, as European Social Funding had strict parameters, with stringent outputs, outcomes and targets.

The Communities for Work and Communities for Work Plus programmes suggest good practice includes colocation of different teams and employment programmes, such as what is happening in Caerphilly, Box 12 (141).

Box 12. Responding to local wider determinants when finding employment in Caerphilly

The Caerphilly Cares system is a central support system, providing residents with a one-stop-shop style of support in looking for work. A single employability mentor is allocated who carries out a needs-based assessment, going into detail about not only what they want but their skills, desired career path, barriers preventing them from accessing work e.g. childcare, transport, mental health, physical health). The mentors access support to address these barriers alongside employability support.

The team sees its role as "changing the mindset of people that wouldn't have been thinking about work".

The team uses Shared Prosperity Funding to support people who are in work, or who are not working full-time but who want to. In interviews, the DWP stated the Caerphilly Cares approach is novel as its offer is wide and helps anyone who needs help. This helps the DWP as work coaches can refer people to Caerphilly Cares, which takes the burden from their workers who have limited time that they can offer.

Currently the Community Cares team follows people until they get a job but has noted that it might have a role in providing sustainable employment. The team is looking at providing longer-term support, contacting employees at three and six months to gauge where people are. It has noted this support could help young people to stay in jobs longer as a cohort that comes through its systems cyclically.

The barriers identified in Caerphilly include poor public transport systems to Cardiff; low motivation for people who have been out of work for long periods. The team look at what people can do, not what they can't do and described the support offered. The DWP confirmed these problems, stating a number of rural Valleys communities are cut off from public transport and that public transport links have worsened since the pandemic. Whereas it could previously advise people in Tredegar, Blaenau Gwent, to travel to jobs in Cardiff, this was no longer possible due to cuts to buses, and the DWP states the 'fflecsi bus' a flexible bus service in Blaenau Gwent that began in June 2021, does not provide enough coverage for people to adequately travel to work. The DWP met with Transport for Wales, Stage Coach (the main private provider) and AMs but had no success in convincing them to provide better support for buses in areas of high deprivation.

"For us it's not about just saying 'Right, let's start job searching, have a look on Google and update your CV. It's just not that simple. They've got childcare issues, transport issues, they panic, there's no confidence there, there's no self-esteem. A lot of the work that our mentors would do is a lot of one-to-one support to get them ready."

The biggest struggle is accessing mental health support, even with mental health practitioners in GP surgeries.

The team stated what would help improve employment rates is more flexible and accommodating jobs. The team worked with a local firm to develop a production line that runs between 8am and 4pm rather than 6 am to 2pm. The firm recruited over 50 people to fill the production line and staff have stayed in these jobs. Previously staff stated they couldn't get to the earlier shift because of transport issues.

An employability team was placed in the Job Centre in Bargoed. The employability team can immediately refer to Job Centre staff and better support people in identifying the type of jobs they want and address their barriers, including anxieties, lack of confidence and isolation. The employability team and DWP staff have good relationships and both recognise the value of sharing space in job centres. As a result of staff sitting in the same building, any issues DWP staff do not know how to deal with can be immediately referred to the employability team.

QUALITY OF WORK

Fair work underpins the Welsh Government's vision for a wellbeing economy (140) (142). The Fair Work Commission pushed the Welsh Government to go further and the Government has committed to implementing its 48 recommendations. The Commission defined fair work as where "workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected". The characteristics of fair work include fair reward; employee voice and collective representation; security and flexibility; opportunity for access, growth and progression; safe, healthy and inclusive working environment, legal rights respected and given substantive effect (143). Public Health Wales' Fair Work guide, aimed at local authorities, explores each of the characteristics in the Fair Work Commission's report and puts them in a Welsh context (144).

There are suggestions that a different workplace could be emerging. In Wales, more than half, 57%, of employee jobs were covered by collective bargaining arrangements in 2021. This rate is increasing and is higher than in the other UK nations, reflecting the relatively higher share of employees who work in the public sector and in manufacturing in Wales (145).

However, there have been profound global shifts in many aspects of the labour market and employment practices since the economic crisis in 2008/09. Many of the jobs created since then have been low paid and unskilled, leading to higher rates of in-work poverty. Self-employment and short-term or zero-hours contract jobs have also increased. Insecure employment is harmful to health – the increased security and benefits offered with full-time employment and not to those on short-term or zero-hour contracts undermines their mental and physical health (146).

In 2020 Public Health Wales surveyed a representative sample of workers and found 26% of respondents stated they were in moderate or higher levels of precarity in work. It did not find statistically significant differences in precarity across deprivation quintiles but the highest prevalence of precarity was found in the most deprived quintile, Table 3.4.

Table 3.4. Prevalence of precarious employment by deprivation, Wales, 2020

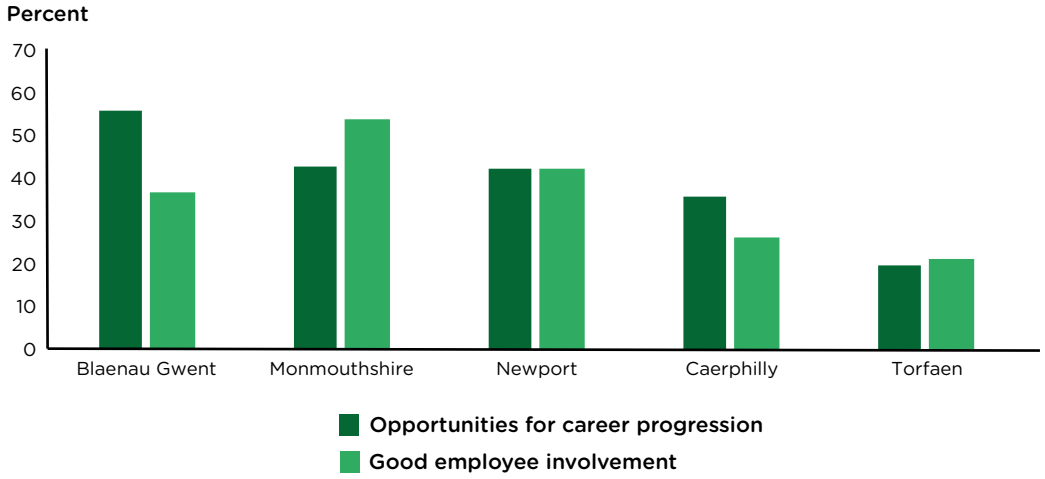
Deprivation quintile	Moderate/high/ very high precarity
WIMD 1 (Most deprived)	32%
WIMD 2	27%
WIMD 3	22%
WIMD 4	27%
WIMD 5 (Least deprived)	23%

Source: *Gray et al. (147)*

There is mixed evidence of whether levels of precarious work are changing in Gwent. Between 2010 and 2021 the number of employees on non-permanent contracts decreased in Blaenau Gwent, Newport and Monmouthshire. In Caerphilly and Torfaen the rates fluctuated and are higher in 2021 compared to 2010 (148).

The ONS' Annual Population Survey measures job quality and Figure 3.16 shows an odd mixture of findings in Gwent. In 2021 there were higher levels of feelings of opportunities for career progression and employee involvement in Blaenau Gwent compared to Caerphilly. Torfaen had the worst outcomes in both measures.

Figure 3.16. Percent of employees reporting job quality indicators, Gwent local authorities, 2021



Source: *Annual Population Survey (149)*

The voluntary and community sector is an important employer of people with disabilities. In the UK, people with disabilities account for 22% of civil society jobs, 6% points higher than in the rest of the economy (150).

WOMEN AND WORK

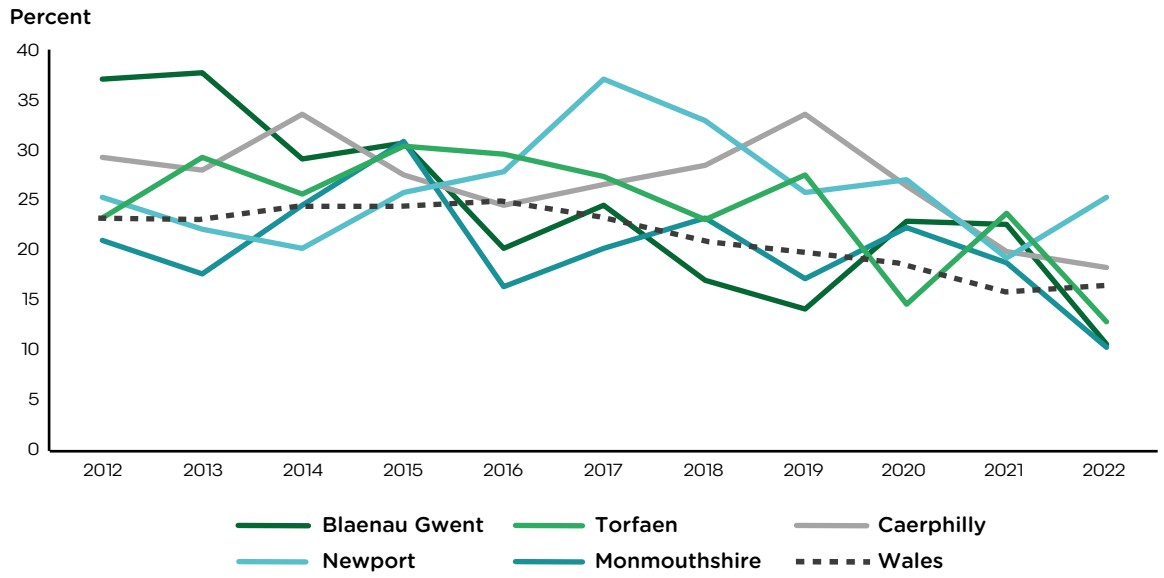
The generous childcare offer in Wales outlined in Section 3A has not led to an increase in women working. A Welsh Government evaluation of the childcare offer for three- and four-year-olds found it did not result in more mothers entering or remaining in work. Childcare needed to be improved in the first two years as "by the age of three, those decisions have already been made" (152). The expansion of Flying Start will mean parents are eligible for 12.5 hours free childcare. Whilst this is welcome, it may not be enough to encourage women into employment. Expensive childcare continues to affect women's ability to work and increase their working hours. As such, flexible working is crucial for many women caring for young children and other family members. This can result in women congregating in sectors which offer flexible jobs. The majority of workers, 67%, in the Third Sector are women, Pro Bono Economics suggests it is because the Third Sector offers flexibility not found in other sectors (150). Whilst this flexibility is attractive to women it can lock them into lower paid jobs, as staff in the charity sector in 2022 were paid, on average, 7% less per hour than other sectors (153).

The Resolution Foundation's analysis of women at work found that whilst all workers have stated work has become more intense and stressful, between 1992 and 2017 levels of tension at work have increased the most for women in lower-paid jobs (151).

Analysis from the Resolution Foundation shows that the labour force participation rate among women aged 25-54 from the lowest household income quintile is 50%, significantly lower than the participation rate among women from the highest household income quintile, 94% (151).

The number of economically inactive women looking for work in Wales has declined in the last decade. In Gwent figures have fluctuated since 2012, remaining at the same level in Gwent but declining by 71% in Blaenau Gwent, 50% in Monmouthshire, 45% in Torfaen and 38% in Caerphilly, Figure 3.17.

Figure 3.17. Percent of economically inactive females who want a job, Gwent local authorities and Wales, 2012-2022



Source: *Labour Force Survey (148)*

REAL LIVING WAGE

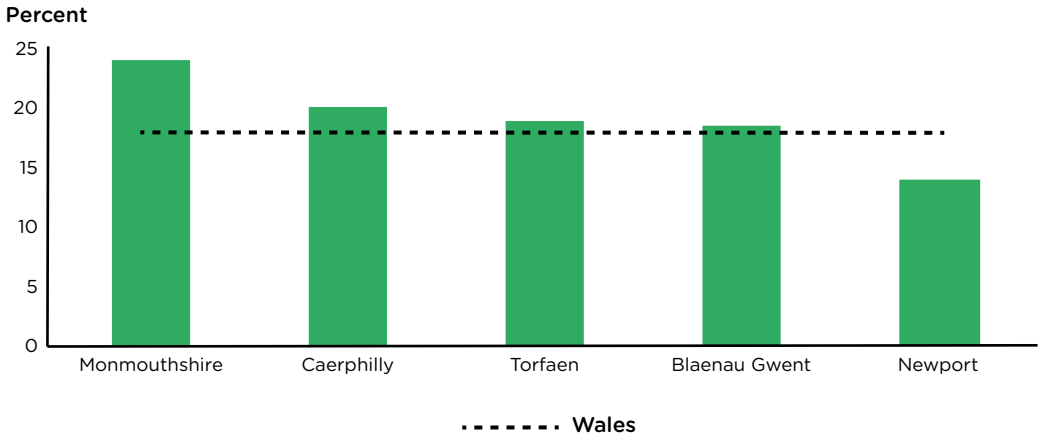
The Welsh real living wage is based on the UK real living wage. In 2023 it stands at £10.90 per hour. In 2021, the Cardiff Capital Region estimated that if a quarter of low-paid workers in the region moved up to the Welsh real living wage, in a single year the regional economy could grow by £24 million (154).

Paying a fair wage is one of the key characteristics in the Fair Work Commission and the Welsh Government "encourages all employers that can afford to do so to ensure their employees receive an hourly rate of pay that reflects the costs of living, not just the statutory minimum." (155). However, the issue of fair pay highlights the difficulties of devolution in Wales. A number of UK Government policies contradict the approaches the Welsh Government wishes to adopt. In 2022 the Welsh Government guaranteed the real living wage for all social care workers, including all workers in care homes, domiciliary care workers and personal assistants funded through a local authority direct payment (48).

The UK national living wage, set by the UK government, remains below the Welsh/UK real living wage, as such, the impact of the Welsh Governments more progressive and fair policies are limited by their ability to influence the pay of a small fraction of jobs in Wales.

In Wales in 2021, 82% of employees earned at least the real living wage but significant proportions do not, Figure 3.18. Monmouthshire, Caerphilly, Torfaen and Blaenau Gwent all have a higher percentage of employees earning below the living wage compared to the national average.

Figure 3.18. Percent of employees earning below the real living wage*, Gwent local authorities and Wales, 2021



Notes: **As defined by the Living Wage Foundation, set at £9.50 in 2021 (156)*

Source: *Office for National Statistics (157)*

In Gwent neither the Health Board nor the five local authorities are accredited real living wage employers, though many will pay the real living wage to their employees due to Welsh Government policies on pay for social care.

There are also difficulties in paying the Welsh living wage to employers procured by the Welsh Government. The housing association sector is dealing with real-term cuts due to high inflation levels and as a result, all housing support workers are likely to see a pay-freeze in 2023/4 – a real-terms pay cut due to the high levels of inflation. Housing associations state: "Staff working in these projects have not had a meaningful pay rise in the last decade," and that low wages have caused "a recruitment and retention crisis". They also say the majority, 79%, of frontline housing support workers were cutting back on heating to save money and 44% were struggling to pay rent and bills (158).

The place-based datapacks include the following charts:

- Unemployment rate (aged 16 and over)
- Claimant count as a proportion of residents
- Jobs per resident
- Economically inactive long-term sick
- Adults (16+) with certain conditions who are economically inactive
- Economically inactive who want a job by sex, age 16-64
- Economically inactive who are long-term sick by sex, age 16-64
- Type of employment
- Change in type of employment indexed to 2010
- Those in employment who work mainly from home

RECOMMENDATION: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL	
Related Marmot indicator	**Percent of all employees earning below the real living wage** **Percent unemployed (16-64 years) (females, males)**
2023-2024	**2024-2029**
Accountable lead: Local authority	
• Support work of employability staff, focus on reducing generational unemployment. Work with employers to secure more flexible working. • Assess possibility of frontline employability staff sitting in DWP offices in each local authority. • Measures of success for employability services to include entry into work and quality of work.	• Frontline employability staff sit in DWP offices in each local authority. • Continue working with employers to secure flexible working.
Accountable lead: Public services	
• Public services (NHS, local authorities) use Job Centre Plus to recruit entry level staff.	• Public services (NHS, local authorities) increase use of Job Centre Plus to recruit staff.
Accountable lead: Gwent Association of Voluntary Organisations, Torfaen Voluntary Association	
• Work with anchors, local employers and businesses to identify the number of opportunities to use volunteering as pathway to employment.	• Double the number of opportunities using volunteering as pathway to employment.
Accountable lead: Cardiff Capital Region	
• All Cardiff Capital Region-funded capital projects to support a minimum number of apprenticeships, with a fair proportion in Gwent, dependent on the size and scale of the project. Focus working with potential apprentices living in areas of higher deprivation. • Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.	• Monitor Cardiff Capital Region-funded capital projects and number of apprenticeships in Gwent, with focus on working with potential apprentices living in areas of higher deprivation. • Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.

National advocacy: Implement recommendations of Fair Work Commission.

3D. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

KEY MESSAGES

- Poverty damages health in many ways, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health.
- Children who grow up living in poverty have worse levels of mental, social, physical and behavioural development, as well as worse educational outcomes, employment prospects and earning power into adulthood.
- In Gwent, 34% of children are living in poverty after housing costs. There are opportunities to improve the support offered to children and their families by providing longer-term funding for local interventions and through meeting training needs of key staff, for training in poverty-proofing.
- Most people living in poverty live in a household where at least one member is in work.
- The benefits system is complex and a high proportion of people are not taking advantage of the benefits they are entitled to. There are opportunities in Gwent to increase incomes by increasing the take-up of many welfare benefits.
- The cost of living is increasing rapidly, pushing many more people into poverty and ill-health. Food insecurity, in the form of skipping meals and reducing fruit and vegetable consumption, is increasing.
- Cold, damp homes damage health and increase mortality. In 2022/23 fuel poverty will increase significantly as fuel costs continue to increase, damaging the health of many more people. As well as the health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food.
- Levels of fuel poverty are increasing, however recent data is only available at Wales level and not at local authority level.
- Levels of debt are increasing, even before increases in energy prices and higher inflation rates.

The IHE's 2010 and 2020 reports showed living in poverty does not only affect incomes: living in poverty affects the sense of control over one's life which is critical to health and wellbeing and the ability to lead a dignified life (3) (4). Living on an insufficient income is associated with poor long-term physical and mental health and increased mortality at all ages and lower than average life expectancy. Poverty affects the social determinants of health: it lowers access to quality housing and reduces the ability to heat one's home and to have a healthy diet, reduces access to employment and harms educational attainment. It also increases levels of debt, which are harmful to health.

For the last century Wales has had, and continues to have, the highest levels of poverty in the UK. Overall poverty rates have remained relatively stable in Wales for more than 15 years and approximately one in four people in Wales lives in poverty (159). People living with disabilities, women and people from black and minority ethnic backgrounds are more likely to be living in poverty (160).

The Bevan Foundation Snapshot of Poverty surveys provide up-to-date evidence of the impact of living in poverty in Wales. In the winter of 2023, it reports 14% of respondents stated they either sometimes, often or always do not have enough for all the basics and 33% only have income for the basics and not much else (161). The Bevan Foundation survey also outlines the way poverty is impacting on physical and mental

health. 48% of people in Wales state their mental health is negatively affected by their financial position and 30% state their physical health is negatively affected. The survey assessed the reasons why finances were impacting on health.

- 48% of people who stated their physical health has been negatively affected, and 47% of people with worse mental health reported that a lack of ability to participate in hobbies and exercise was why their health had deteriorated.

- 28% of people who stated their physical health has been negatively affected, and 30% with worse mental health, stated their inability to meet family and friends had a negative impact on their health (161).

In 2020/21 levels of poverty in the UK fell due to the financial support offered during the pandemic, including the £20 weekly increase in Universal Credit payments. The boost was stopped in October 2021 and welfare sanctions returned. These factors, in combination with high inflation, will lead to increased poverty rates for the next few years.

"We might not be able to lift people out of poverty but we can reduce vulnerabilities and increase resilience."

In Wales, the key policy levers to influence poverty, welfare benefits and fiscal and monetary policy powers have not been devolved and are still controlled by Westminster. Despite this, the Welsh Government has sought to address poverty within its legislative powers. It has provided a number of additional funds to prevent further increases in poverty, including additional funding to meet housing pressures and continued funding for the Discretionary Assistance Fund, free school meals in the school holidays and the Welsh Fuel Support Scheme. The Welsh Government introduced the Discretionary Assistance Fund in 2022 and has continued to fund it into 2023.

One-off payments to support staff and households are welcome, but the dependence on hardship grants and emergency assistance fails to tackle the 'causes of the causes' of poverty and ill-health.

As part of its approach to tackling the causes of poverty, in September 2020 the Welsh Government agreed to trial a Universal Basic Income (UBI) in Wales, Box 13.

Box 13. Basic income in Wales

The Welsh Government commissioned the report *A Future Fit for Wales* to inform its work on universal basic incomes. The report outlined findings findings from previous UBI trials around the world, the Welsh context, possible funding models for a Welsh BI and two possible levels of UBI in Wales; an introductory model and a vision to eradicate poverty (163). Based on this review of existing UBI trials, the report recommended the Welsh trial include 5,000 recipients in a 'saturation study' which would allow for analysis on the impact of a community, which has not yet been explored in great depth in previous trials. However, the Welsh UBI pilot targets approximately 500 care leavers across the country, which means it is more of a trial of Basic Income (BI) rather than UBI.

As such, the intended aim of the study has shifted away from a true trial of UBI into a study on the effects of income and support on young care leavers, a vulnerable group with poor educational achievement, work prospects, and health outcomes (162). In addition, the rates are set at nearly double the recommended level making the Welsh pilot one of the most generous trials of UBI anywhere in the world (164).

The pilot does conform to three key areas from *A Future Fit for Wales* report's recommendations, firstly that payments are made to the individual and not a head of household or carer. Secondly, payments would be paid alongside existing benefits, such as disability benefits, for those with additional needs, so that no individual is worse off. Finally, the payments have no behavioural conditions on them, recipients can spend their money on what they choose.

The Welsh BI is offered to all young people leaving care who turned 18 between the 1st of July 2022 and 30th June 2023 residing in Wales or supported by a Welsh local authority and who have been looked after by a local authority for at least 13 weeks ending after their 16th birthday. Young people receive monthly payments of £1,600 (pre-tax) per month for 24 months beginning the month after their 18th birthday with the aim of allowing them the ability to transition from care into adult life. As of January 2023 payments were being made to 294 individuals, a 92% uptake rate. The care leavers were given the option to have their payment paid directly to their landlords which 27% opted for this and 42% opted for fortnightly, rather than monthly, payments (165). All young people eligible have, or will be invited, to complete a 'better off calculation' with a qualified advisor to ensure that the trial is right for them. Additional financial planning support is also available from Citizens Advice Cymru.

The Welsh BI trial targets some of the most vulnerable young people in Welsh society with a generous offer, it is a unique opportunity to understand the challenges care leavers face upon entry into adulthood exploring the health and social impacts of increasing incomes, offering a basic income as well as the impact of offering a higher level of basic income. The Welsh Government is funding the trial for three years at a cost of £20 million and this includes a four-year evaluation (166).

The Welsh Audit Office's *A Time to Change* report outlines the level of poverty in Wales and the role of local authorities in addressing poverty (159). It acknowledges the drivers of poverty are not within the control of local authorities, but that they can play a better role in supporting residents. With the level of cuts to local authorities in the next three years it is perhaps unreasonable to expect local authorities to decrease poverty without further funding. The Audit Office also concludes that whilst much of councils' work is inherently about tackling poverty, local authorities can better coordinate their actions to deliver programmes (159). However, it also identifies a significant problem for local authorities, which is that too often national grant funding tightly defines local solutions. These strict instructions for spending grant funding issued by the Welsh Government does not allow for local authorities to develop a more local response or bottom-up approach to addressing local problems. National grants are often one-off or short-term and have limited effects on long-term problems such as poverty. Local authorities should be given the capacity to develop longer-term programmes to address poverty. Poverty will not 'go away' in a year – it requires sustained actions over many years. The over-reliance on grant funding is holding Gwent back in terms of finding local approaches to reducing poverty. Our conversations with local authority and Third Sector staff concurred with the findings of the Audit Office that "the annual cycle of bidding does not support councils to tackle the more difficult and longer standing problems. This promotes spending on easy-to-deliver initiatives, rather than on activity which can make a greater impact" (159).

"The problem we have now is we've got generational poverty and generational deprivation. What we should have done years ago and what we need to do now are two very different things. One of the things we need to do is work with those communities to identify what services they actually need."

The 2020 IHE report showed social mobility in England had stalled, partly as a result of stagnating low wages, increases in poverty, inequalities in wealth and inequalities in experiences in early years and education. The OECD stated in 2018 that social mobility in the UK was "so frozen that it would take five generations for a poorer family in the UK to reach the average income" (167). It showed that in countries such as Denmark, Finland, Norway and Sweden, people's economic status was less strongly related to their parents. In Denmark, on average, it takes two generations for individuals born to a low-income family to reach the average national income, and in other Scandinavian countries it takes three generations - in contrast to five generations in the UK (167) .

The 2021 Social Mobility Commission highlighted the lack of progress in Wales to improve mobility. The number of children in persistent poverty has not changed and employment rates remained lower than in the rest of the UK. It also found good news, with the overall trend in access to professional jobs for those from low socioeconomic backgrounds improving since 2014 (68).

"Whether it's economic activity, whether it's social, demographic issues... Blaenau Gwent is always at the bottom of the list, and there's a reason for that. It's generational. I'm part of that generation... There's a cultural issue in the Valleys, about the value of things like education and the things that come with it."

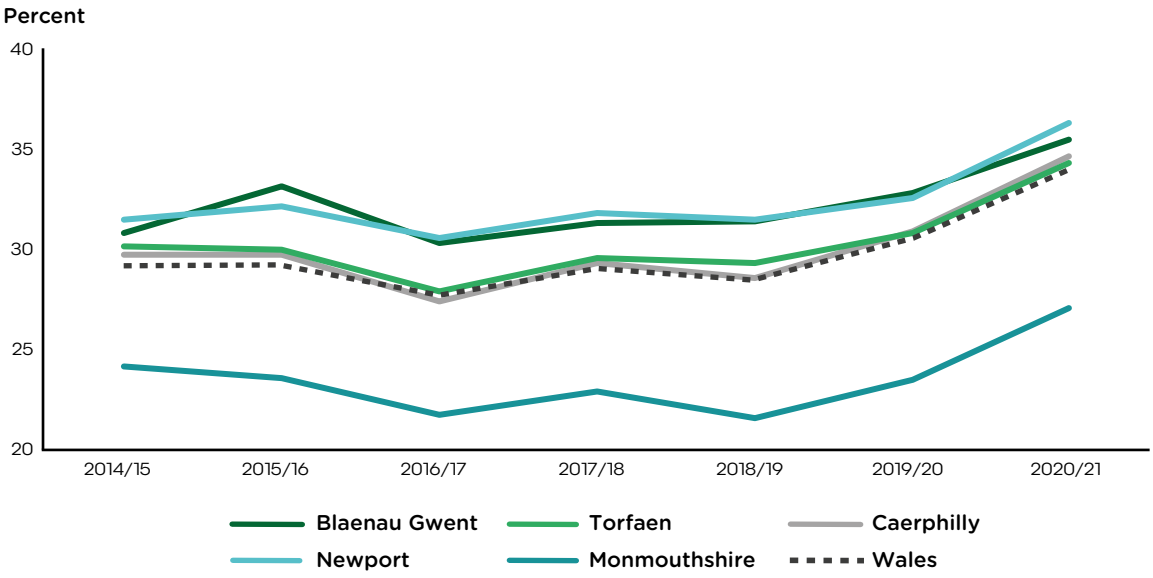
For places such as Blaenau Gwent, which has the highest levels of poverty in Wales, outcomes have not changed after decades of investment. In interviews, people working there said strategic changes were needed. One told the story of previous leaders in Blaenau Gwent wanting "to be worse off to get more funding" and in other parts of Gwent people had similar observations, "Money is thrown at these areas" and state that to shift generational poverty requires long-term work with communities and many working in these areas agreed "we never ask communities what they need, top-down solutions are never going to work."

CHILDREN LIVING IN POVERTY

There has been limited progress in reducing child poverty in Wales. Modest positive trends prior to 2015 were reversed before the pandemic due to UK government tax and welfare reforms (168). The 2011 Welsh Government national target to eradicate child poverty by 2020 was subsequently dropped. It is unclear why but as the rate of child poverty was not decreasing, it is likely that this ambitious target was not realistic to achieve in nine years, particularly when Wales does not have full powers over welfare benefits and taxes. The Social Mobility Commission concluded that the child poverty strategy in Wales needs 'a more radical approach' (68). IHE agree, the Child Poverty Plan needs to focus on reducing inequalities and better targeting of actions and programmes in areas of higher deprivation.

In 2019/20 it was estimated 34% of children were living in poverty in Wales, after housing costs (169). Figure 3.19 shows the increasing rates of children living in poverty in every local authority in Gwent. Children living in households where someone is disabled are more likely to live in poverty. 38% of children who lived in a household where there was someone who was disabled were in relative income poverty compared with 26% in households where no-one was disabled (170).

Figure 3.19. Percent of children in poverty, after housing costs, Gwent local authorities and Wales, 2014/15-2020/21



***Source**: Loughborough University (171)*

The Children in Wales 2022 annual report stated practitioners working with children and their families were "seeing a dramatic increase in the number of families that cannot meet their basic needs, such as the provision of food, electricity and clothing". It described a "desperate" situation and "more and more children" were being impacted by poverty. It notes in 2022 it had a "large percentage increase in the number of respondents commenting on physical health and development... of children being unable to attend hospital appointments as families cannot afford the cost of transport...choos(ing) between feeding their child and attending the appointments" (95).

The Children in Wales survey asked professionals if they had adequate training to support children and families living in poverty. 61% of respondents had not received any training (95). We recommend training on poverty, including poverty proofing, is offered to staff in the NHS, local authorities, the Third Sector and schools.

Persistent child poverty is associated with poorer mental, social and behavioural development in children, as well as worse educational outcomes, employment prospects and earning power into adulthood. Children living in persistent poverty had a three-times higher risk of mental ill health, a one-and-a-half times greater risk of obesity, and nearly double the risk of longstanding illness compared to children who had never been poor (174).

IN-WORK POVERTY AND SUPPORT TO CLAIM BENEFITS

The majority of people living in poverty in Wales live in a household where at least one member of the household is in work. Full-time work significantly reduces the likelihood of experiencing poverty, however part-time work does less to protect against poverty. In Wales, levels of in-work poverty have increased in the last 25 years, reflecting a rise in the rest of the UK (172). 60% of adults living in poverty live in households where one adult is working (173). The number of children living in relative income poverty with at least one adult working fell from 32% in 2010-11 to 28% in 2018-19, then increased to 31% in 2019-20.

In the UK, in-work poverty has consistently increased in the last two decades. In 2009/10, less than half, 44%, of children and working-age adults in poverty lived in families where at least one adult was working part-time, in 2019/20 this had risen to two-thirds, 66%, of people living in poverty where one adult in the household was working (175). The normality of wages not being sufficient to prevent poverty has led to organisations such as the Chartered Institute of Personnel and Development to create guidance for employers on how to tackle in-work poverty (176).

Benefits have not been uprated with inflation, adding pressures on households, leading to increasing rates of poverty and debt. In 2020 the poorest 10% of households in Britain spent 54% of their average weekly expenditure on essentials such as housing (including electricity and gas), food and transport while the richest 10% spent 42% on the same essentials (177). Housing rental prices are 12% higher in the UK than before the pandemic yet housing benefit has remained frozen since March 2020 and is based on rents from 2018–19. For low-income renters, housing benefit is not covering rents and these renters must find, on average, an additional £648 a year to rent a one-bedroom property, £1,052 for a two-bed and £1,655 for a three-bed (178). There is growing awareness that the complexity of the benefits system prevents people from receiving the benefits they are entitled to. Table 3.5 shows there are opportunities to increase incomes by increasing the take up of many welfare benefits.

Table 3.5 Most recent official take-up estimates for different benefits

Year	Benefit	Take-up rate
2016/17	Jobseekers Allowance (Income-based)	56%
2017/18	Working Tax Credit	67%
2017/18	Child Tax Credit	84%
2018/19	Income Support and income related Employment and Support Allowance	90%
2018/19	Housing Benefit (all households)	81%
2019/20	Housing Benefit (pensioner households only)	84%
2019/20	Pension Credit	64%

***Source**: Joseph Rowntree Foundation (98)*

Practitioners in the Children in Wales survey stated many parents were unaware of what they are entitled and that "the process of claiming was often too difficult for many parents to navigate" (95). Between 2019 to 2021 Care and Repair Wales helped older people access an additional £17.5 million annually in unclaimed benefits (179). For other populations, Health Justice Partnerships can provide immediate legal support and increase the uptake of welfare benefits, as well as offer other services to address the social determinants of health, Box 14.

Box 14. Health Justice Partnerships in NHS premises

Health Justice Partnerships (HJPs) are an evidence-based intervention tackling poverty in the short-term. HJPs involve the integration of free community legal services with patient care, in hospitals, mental health trusts and in primary care. These services provide advice and assistance relating to matters of social welfare law, such as welfare benefits, debt, housing and employment. Ensuring access to legal advice is not only a matter of social justice but also addresses the root causes of poor health and health inequality.

Social welfare legal issues predominantly affect low-income groups (180). People experiencing social welfare legal problems commonly suffer mental and physical health consequences due to chronic anxiety about the issue or its effects on living and working conditions (181). Community legal services such as HJPs help individuals to gain access to the support they are entitled to by law and are a key partner for the NHS in the fight against health inequality.

HJPs exist in many healthcare settings, including GP practices, hospital clinics, mental health services, hospices, maternity services and others. There are different ways in which legal advice services can be linked with healthcare, for example by integrating welfare rights advisors directly within multidisciplinary care teams or using referral systems to coordinate service delivery.

HJPs can achieve a range of positive impacts (181). Providing advice in healthcare settings facilitates timely access to assistance and reaches people who would otherwise not seek help. The legal interventions achieve significant improvements for individuals, notably with income and finances, as well as other material and social circumstances. This has been shown to have positive benefits for mental health. In-house legal services also support care teams in managing welfare-related workloads and enable a more personalised and responsive approach to patient care.

Free community legal services are diverse, and can include local authority welfare rights units, law centres, and local and national charities.

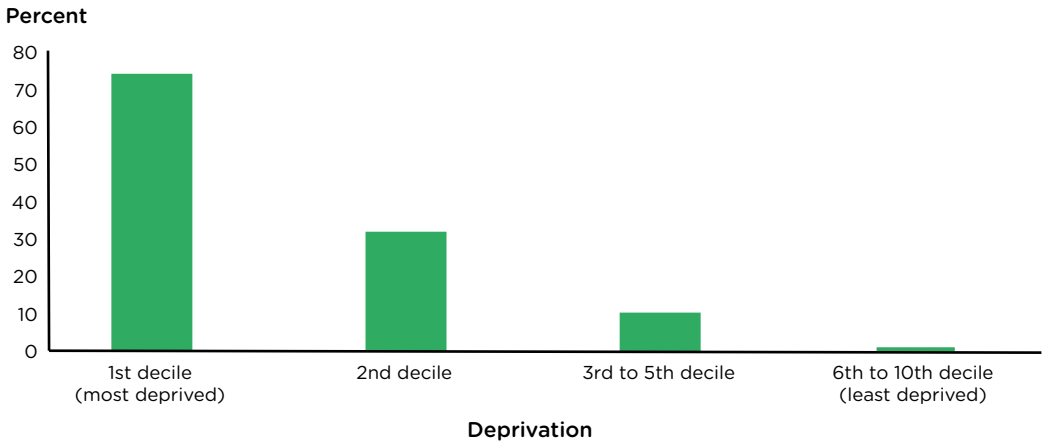
In Scotland the Healthier Wealthier Children project is an advice partnership providing advice to pregnant women and families attending services, such as midwifery or health visiting, across NHS Greater Glasgow and Clyde. About 4,000 advice referrals each year have led to around £4 million being put into the pockets of women and families. Lone parents and families with a disability have also benefited from the project (182). Many HJPs are localised and small-scale projects, such as the one in Scotland. To achieve the greatest impact, these partnerships should be scaled up to operate across regions (181).

FUEL POVERTY

Fuel poverty and cold homes have a significant impact on people's lives and health. In Wales a household is regarded as being in fuel poverty if they are unable to keep their home warm at a reasonable cost. This is measured as any household needing to pay more than 10% of their full household income to maintain a satisfactory heating regime (183).

The most recent official fuel poverty statistics for Wales are from 2018. In 2022 the Welsh Government modelled estimated fuel poverty statistics for 2021, more recent than UK statistics, but still out of date considering the significant increase in fuel costs in 2022. The Welsh Government estimates up to 45% of all households in Wales were in fuel poverty following the price cap increase of April 2022. Modelling estimates 98% of all of Wales' lower-income households were in fuel poverty in 2022 and 74% of households in the lowest income decile were living in fuel poverty, Figure 3.20. In addition, the modelling stated households in the private rented sector were more likely to be fuel poor (183).

Figure 3.20. Percent of households living in fuel poverty, by WIMD income decile groupings, Wales, 2021



***Notes**: This chart is based on ten deciles of deprivation, all other figures in this report use quintiles (where the population is divided into five categories). Estimates for the sixth to tenth decile category are based on small numbers and should be treated with caution.*

***Source:** Building Research Establishment Domestic Energy Model (BREDEM) and WHCS 2017-18 (184)*

The Energy Price Guarantee has been extended and will mean the average annual bill will be around £2,500.

Excess winter deaths measure the additional deaths in December to March compared with the average deaths in the preceding August to November and the following April to July. Most excess winter deaths are among older people and are often caused by respiratory problems, strokes and heart attacks due to cold temperatures (185). Between 2010 and 2020, before the pandemic, excess winter deaths peaked in 2017/18, then dropped, rising again in the winter of 2020/21 due to deaths from COVID-19 (186). National Energy Action estimates close to 30% of excess winter deaths are attributed to living in a cold home and that every winter in Wales 632 people die due to living in a cold home (183).

As well as the physical and mental health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food. Cold homes cause physical illness, including increases in cardiovascular and respiratory disease, chronic conditions such as rheumatism and arthritis, sleep and general health. As well as contributing to preventable deaths and physical ill-health, cold homes also impact on the mental health of both young people and adults (187). Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes (188) and there are also impacts on educational attainment. More than one in four adolescents living in cold housing are at risk of multiple mental health problems compared with a rate of one in 20 for adolescents who have always lived in warm housing (185).

Practitioners in the Children in Wales study stated families were already living and sleeping in the same room to save on energy and other families were only using electricity on alternate days and could no longer afford to run their fridges and freezers. They worried about the impacts of fuel poverty on educational attainment as they knew of parents no longer able to afford internet access for homework, or the costs of charging and powering devices (95). The Pobl Housing Group in Wales is seeking to pilot the Minimum Heat Guarantee, to reduce fuel poverty and increase housing efficiency, Box 15.

Box 15. Minimum Heat Guarantee trial

The Pobl Housing Group is seeking to pilot a Minimum Heat Guarantee trial in 2023. The principle behind the Minimum Heat Guarantee is to include the cost of heating the home to 18˚C from 6am to 10pm as part of the rent, and to 16˚C overnight (10pm to 6am). The cost of the energy to achieve this would be met by the landlord, health and/or by wider government but from a residents' perspective the basic level of heating is inclusive within the cost of their housing. The resident then pays for any optional uplifts from that minimum level of heating to whatever levels they wish to heat their home to. This division of 'basic heat' from optional uplifts is possible due to more sophisticated metering within the home, with the installation of Intelligent Energy System (IES). If revenue funding is received, Pobl Housing Group will begin a pilot of 150 homes to test the guarantee in 2023.

FOOD POVERTY

There have been widespread increases in food poverty and insecurity in Wales in recent years, and further rises are expected due to the cost-of-living crisis. In February 2023 prices for commonly purchased food and drink items rose by 18.2% compared with a year earlier (189).

In January 2023 6% of UK households reported not eating for a whole day because they couldn't afford or access food. Not only are some people going hungry, but diets are also worsening. 57% of food insecure households said they were buying less fruit, 42% buying fewer vegetables. The Food Foundation believes that these poor-quality diets are building a health crisis in the UK and their extensive surveys show 37% of UK households state they cannot afford to buy healthy food anymore, rising to 53% in lower income groups (those with income less than £20k per year) (190).

The Bevan Foundation Snapshot of Poverty in the winter of 2023 found:

- 24% of respondents stated they had cut down on the size of their own meals or had skipped a meal entirely
- 21% of respondents living in a household with a child reported that they had cut back on the size of their child's meal or that their child had been forced to skip a meal
- 44% of people on Universal Credit and 36% of people on legacy benefits cut down on the size of meals or skipped meals for themselves (97),

In 2022 the Welsh Government announced £3 million in short-term funding to support the development of cross-sector food partnerships (191).

Food banks are the most common intervention to reduce food poverty and insecurity. Their support is invaluable during times of crisis but there is a growing movement seeking to ameliorate food poverty before it happens, Box 16.

Box 16. Shifting from food banks to reducing food poverty with dignity

Since 2019, Well Fed in Flintshire, North-East Wales has been providing fresh food and meal options to those who need it. In partnership with Flintshire County Council, ClwydAlyn Housing Association and Can Cook, Well Fed focuses on three areas:

- Commercial projects such as tailored catering to nurseries, schools and older people's care schemes.
- Social projects to support children and families and reduce food poverty in the area.
- Campaigning through twice yearly Food Poverty Action Weeks, and awareness raising.

Well Fed is working with schools to create a 'good food culture', and have taught over 10,000 children and young people to cook. Additionally, the partnership has distributed over 60,000 fresh meals to vulnerable households. In 2023 their aim is to operate a farm-to-table local supply chain to reduce food miles, and by 2026 they hope to have stopped child hunger in Flintshire.

Its social programmes consist of three main projects to provide fresh, locally sourced food to people who need support. It works with Flintshire Council and different referral agencies from the local public sector to identify individuals and areas in need of food support.

After years of campaigning to try to improve the current food aid model – consisting mainly of campaigns to alter the provision of processed and non-fresh foods via food banks and food charities, of which Well Fed is critical – the partnership set up the Well-Fed Food Store in 2022. The aim of this programme is to deliver five fresh meals per week, delivered door-to-door for a period of 12 weeks, broken down into three phases. For the first four weeks food is provided for free, and in week five people pay a reduced fee for their food (stated as 30% of the value of their food), which increases at week nine. Well Fed asserts that the cost of the food, which consists of ready planned ingredients and recipe cards for people to follow, as well as staple items like milk, bread and eggs, is still much cheaper than purchasing food from a supermarket. Anyone unable to cook the prepared meals can have freshly prepared ready meals instead, which are suitable for microwave heating. The charge for food from week five covers a percentage of the cost of food provided, which allows those who have relied solely on charity in the past a chance to pay towards the service, but at a rate they can afford, and thus offering people using the service a chance to maintain dignity, control and responsibility.

Not dissimilar to the Well-Fed Food Store, the Slow Cooker Programme helps people to access and learn to cook healthy food. These four-week cookery classes provide everyone who attends with a slow cooker and ready prepared meals and recipe cards, suitable for four people. Pre-portioned ingredients help to reduce any food waste. Attendees are supported to cook the meals to encourage confidence and understanding of basic food preparation and nutrition.

In January 2022, Well Fed launched its mobile food shop to help communities across North Wales, particularly those in more rural areas, to access good quality, affordable food (ready-made and household staples). Through a community development approach, it speaks with customers about their needs, budgets and discuss food ideas. Additional locations for the mobile shop are currently being finalised (192).

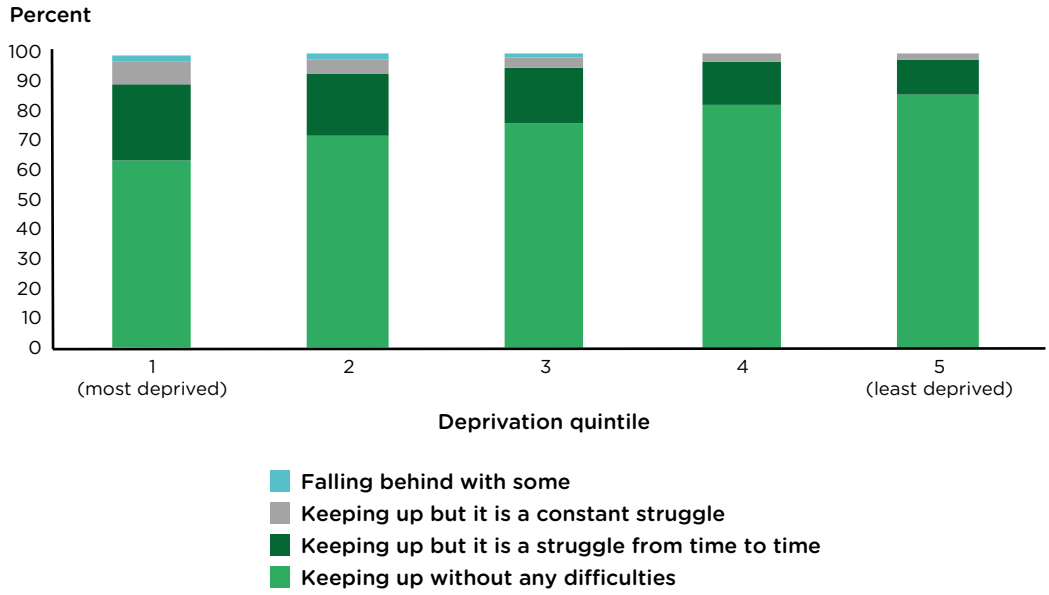
DEBT

"Families are one broken washing machine away from disaster."

Debt, like poverty, affects mental health, increasing stress and anxiety and worsens physical health (193). Household debt in the UK has been increasing since 2012 and worsened during the pandemic. In 2021 a study of 1,252 people who had been forced to use loan sharks in the UK found 62% had an income below £20,000 and 65% had a long-term health condition (194).

In Wales levels of debt are increasing. The National Survey for Wales shows the differences in people being able to keep up with bills in 2021/22 with 9% of those in the most deprived areas falling behind or constantly struggling, Figure 3.21. These figures are from before the high rates of inflation seen in 2022 and 2023.

Figure 3.21. Percent of households by difficulties keeping up with bills and other financial commitments, by WIMD quintiles, Wales, 2021/22



Source: *National Survey for Wales (20)*

The Bevan Foundation Snapshot of Poverty in the winter of 2023 found 51% of people on Universal Credit have borrowed money due to increased financial pressure over the past three months and 44% were in arrears on at least one bill (97). In 2021 Citizens Advice Cymru helped more than 18,000 people in Wales with debt issues, with one in six coming for help with rent arrears (195). In the first quarter of 2021/22 Citizens Advice offices in Wales helped more people with fuel debts and private sector rent arrears than during the same period in 2019-20 (195).

Practitioners in the Children in Wales survey stated there is a lack of capacity in debt advisory services and that there had been reductions in these services despite there being an increase in need (95).

The place-based datapacks include the following charts:

- Children living in poverty, after housing costs
- Children in absolute low-income families, before housing costs
- Children in absolute low-income families, before housing costs
- Children in Absolute Low-Income Families
- Households which are deprived in three deprivation dimensions
- Number of food parcels handed out to children and adults

RECOMMENDATION: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL	
Related Marmot indicator	Percent of children living in relative low-income families Percent of people living in households in material deprivation
2023-2024	**2024-2029**
Accountable lead: ABUHB Public Health Team	
• Develop training for primary and secondary care and local authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services. • Training on living in poverty (for example, poverty proofing) offered to public services staff.	• Primary and secondary care and local authority workforce trained and offering support to address poverty including fuel poverty.
Accountable lead: Public Services Board	
• All members of PSB to pay real living wage for all roles and all procurement contracts. • Assess hygiene poverty in Gwent, identify local indicator. • Shift to prevention approaches in delivering sustainable and healthy food security. • Define proportionate universalism in Gwent and communicate and adopt. • Assess use and value of Socioeconomic Duty within PSB members.	• All employers in Gwent paying the real living wage. • Reduce hygiene poverty. • Eliminate need for food banks, replace with actions addressing the causes of food poverty. • Improve use and value of Socioeconomic Duty within PSB members.
Accountable lead: Local authorities	
• Assess Citizen Advice offer in areas of high deprivation without offices. Work with communities in each local authority to understand their needs for social welfare, legal and debt advice wanted and in what format.	• Based on year one, colocate social welfare, legal and debate advice on-site in NHS and local authorities without need for external referral.
Accountable lead: Educational Achievement Service	
• In partnership with businesses, assess support about financial management advice in schools and workplaces.	• Improve financial management advice in schools and workplaces.

Areas for national actions:

- Focus on reducing and eliminating intergenerational poverty.
- Implement recommendations in Audit Wales Time for Change report.

3E. CREATING AND DEVELOPING HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

KEY MESSAGES

- Good mental and physical health are supported by healthy and sustainable places, which are characterised by access to safe green spaces, clean air, opportunities for active travel, good quality housing and a range of amenities and community resources.
- Housing quality and security of tenure are crucial for health.
- Public Health Wales estimates poor-quality housing costs the NHS in Wales more than £95 million per year.
- Research shows interventions to improve housing reduce GP visits, costs to social care and public services and modelled research shows better housing could reduce hospital admissions associated with circulation and lung disease by 39%.
- Housing associations are key partners in tackling health inequalities.
- The quality of the private rented sector is declining in Wales at the same time as average rents are increasing.
- Public transportation policies are ambitious but lack a health equity lens. Good quality and reliable bus travel is essential to tackle health inequalities.
- There are opportunities for public health and planning and regeneration teams to work together in Gwent.
- There is ample green space in Gwent, however there are inequalities in use of such space.

Healthy and sustainable homes and neighbourhoods support good physical and mental health by enabling and encouraging healthy, active and socially engaged lives. These places feature access to good quality, affordable housing, safe urban and green spaces, opportunities for active travel, and access to quality local amenities and a range of opportunities for social interaction (3).

HOUSING QUALITY

As discussed in Section 3D, housing, and cold homes in particular, is an important social determinant of health. Wales has the oldest housing in the UK and many of the homes in the Welsh Valleys, in Blaenau Gwent, Torfaen and Caerphilly, were built more than 130 years ago. These Valleys houses were built following legislation setting out minimum standards for sanitation, size, use of building material and width of streets (196). The thoughtfulness of health and wellbeing housing policies in the 1800s has had lasting effects, however keeping these older homes warm can be difficult and adequately maintaining older homes can be costly. In 2021, before the increase in energy prices, Shelter Cymru found in Wales:

- 16% cannot keep their home warm in winter.
- 13% were living in homes that are not structurally sound or have hazards such as faulty wiring or fire risks.
- 26% reported living in homes with significant damp, mould or condensation problems.
- 1 in 10 people said their housing situation was harming their or their family's mental health (197).

Funding good quality housing and housing repairs improves health and wellbeing, reduces inequalities and saves the NHS money in the short and long term. Public Health Wales estimates poor-quality housing costs the NHS in Wales more than £95 million per year in treatment costs and estimates upgrading homes could lead to 39% fewer hospital admissions for circulation and lung conditions (198).

The Welsh Government's Warm Homes Nest scheme provides energy-efficiency advice and improvements to vulnerable households. Evaluation showed that the

programme led to a reduced number of GP visits for respiratory conditions. The scheme improved energy efficiency, helped vulnerable households keep warm and it was estimated that for every £1 of funding distributed to vulnerable households there were £4 of health benefits (199).

The Rapid Response Adaptations programme offered by Care and Repair Cymru had similar results, finding every £1 spent generated £7.50 of cost savings for health and social care, associated with quicker hospital discharge, prevention of people going into hospital and prevention of accidents and falls in the home. The Housing Support Grant has produced similar results – for every £1 spent on the Housing Support Grant, a net saving of £1.40 was delivered to other public services in Wales (200).

Box 17 outlines how housing associations are key partners in reducing inequalities and improving health and wellbeing.

Box 17. Key partners in improving housing and addressing inequalities

Housing association staff see their residents regularly and have a vested interest in providing quality housing. In Gwent, housing associations are providing a range of support – financial, digital and health –acting and identifying problems early. The following highlights some of the support offered by housing associations in Gwent that influences health inequalities.

- **Tai Calon** community housing in Blaenau Gwent has an additional focus on food security and food networks (201). It hosts the Blaenau Gwent Food Partnership (BGFP) and employs a sustainable food coordinator to support individuals and organisations working across the Gwent food system to promote healthy, sustainable and fair food choices, providing information about local food banks, parcel or pantry services and community growing projects. The Healthy Start Scheme has been supported through the Partnership, raising awareness via Tai Calon's frontline staff and working with local greengrocers to fund a booster top-up scheme to support around 200 local families. Representatives from BGFP participated in promoting a Household Support Fund and sit on a funding panel for Blaenau Gwent Council's ongoing Food Distribution Support Grant, to oversee delivery and ensure objectives align (202) (203).

- **Melin Homes** provides homes and services to people living in South-East Wales (204). Its team of advisors helps residents apply for cost-of-living grants, payments and discounts and provides support around budgeting and saving money. It has a 'Jump2 Fund' small grants scheme, providing funding up to £250 for projects and activities that benefit residents such as transportation and education/training costs. It has a team dedicated to offering employment advice for residents, including support to get back into work, or advice around changing careers and accessing in-work benefits. In 2021/22 Melin helped to secure over £24,000 of energy vouchers for tenants to pay fuel bills and £16,000 in Tesco vouchers for residents in crisis (205).

- **Monmouthshire Housing** provides additional support for tenants through a variety of financial and health services: a hardship fund, foodbank support and food clubs, money and benefits advice via their Moneywise service, funding for home adaptations, and support with housing allocations processes. It works in partnerships and targets particular communities to help build individual and community resilience, such as community growing projects, health and wellbeing activities, support for bidding for funding and supporting tenants to move into work. It also uses its procurement processes to leverage impact on local communities through community benefit contract clauses (206).

- **Cwm Taf Health Housing Alliance** is running a data linkage pilot project combining data from seven housing associations with secondary health data, to explore differences between people living in and outside of social housing. Health data covers the period of the pandemic for residents aged 10 and over. Early findings highlight the significant differences in emergency admissions, vaccination rates and COVID-related mortality for people living in social housing, compared with the rest of the population. The next phase of work will identify households with the lowest energy efficiency ratings and overlay this onto health outcomes data, to identify those who would benefit most from retrofit measures to make homes warmer and more efficient.

- The **Pobl Group** offers mixed tenure homes – including student accommodation and care and support services across Wales. It has a range of teams and support roles: customer wellbeing teams; specialist money advice teams; and Pobl clinical practice specialists. These teams provide benefits and cost-of-living advice, link customers with their local community and services and support their most vulnerable

customers through targeted energy upgrading to the coldest homes that house the most financially vulnerable customers. Pobl Trust is the Group's registered charity and it raises funds and allocates grants (of up to £1,000) to community groups and organisations in areas where it works. Fundraising projects are small and targeted around supporting families; in 2022 it purchased 1,000 school bags for families needing support to get their children prepared for the new school year (207).

- **Bron Afon** community housing in Torfaen offers support to families in the area who have children aged between 0-18 (208). Through a team of support officers, Bron Afon works with families for up to six months to assess their needs and put together support plans, offer advice on specific projects or services, or work with other support agencies to form a team around the family. It supports residents with disabilities, linking to Care and Repair and employs its own adaptations team who offer advice for short-term disabilities, or fund and maintain equipment and adaptations for longer term disabilities.

The 2021 census showed 17% of households in Wales were renting privately, an increase from 14% in 2011 (209). A 2022 review of the private-rented sector in Wales found dwellings were older compared to other stock, the quality of housing was worse and had higher repair costs compared to housing in other tenures (210). The private-rented sector can be the most insecure form of housing, as private landlords have more freedom to refuse tenancy or evict tenants. In the UK surveys of private landlords in 2017, when the rental market was less competitive, found six in ten preferred not to rent to those on housing benefit (211). Conditions in privately rented accommodation are often poor, and due to cuts the capacity of local governments to enforce housing standards has been undermined. Rent Smart Wales aims to improve the quality of the private rented sector, however, its impact has been limited, Box 18.

Box 18. Rent Smart Wales

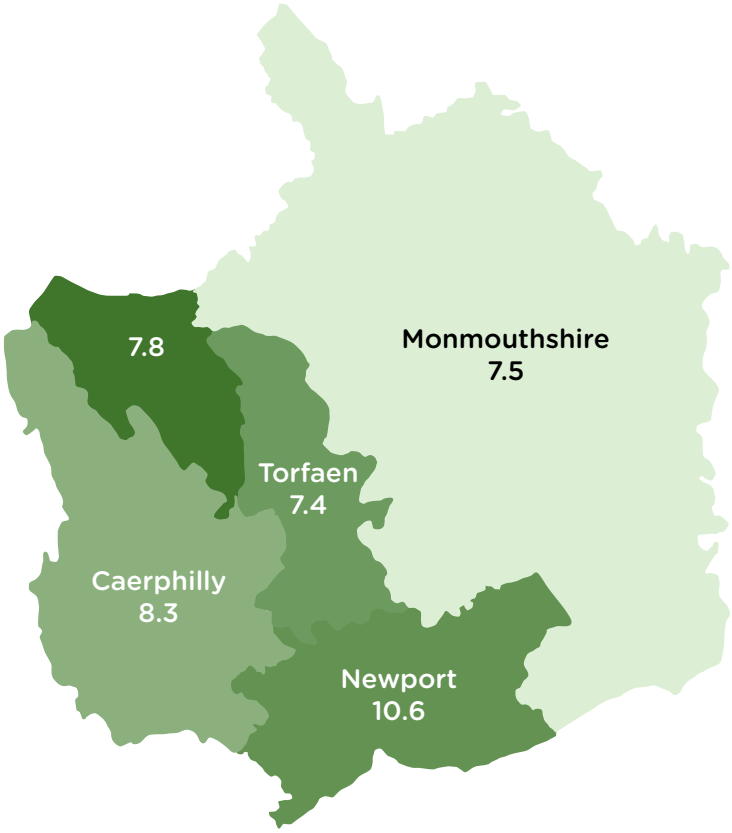
Rent Smart Wales (RSW) aims to raise standards within the private-rented sector. Created in 2014 as part of the Housing (Wales) Act, it created a national property registration and licensing scheme covering landlords and agents in the private-rented sector. By 2019 52,000 licences had been issued and 98,000+ landlords and agents were registered.

There has been no formal evaluation of Rent Smart or its impact on the private-rented sector. However, a Welsh Government analysis found RSW had resulted in "limited numbers of prosecutions, civil penalties and other forms of enforcement activity". 94% of fixed-penalty notices issued to landlords/letting agents were for failing to have a licence or be registered (212). The report stated local authorities felt there was "a lack of clarity" about "RSW's role in delivering an improved private sector housing through partnership working". RSW has been beset by problems and 83% of local authority respondents stated they were "not aware of any enforcement undertaken concerning Rent Smart Wales since November 2016" (213).

AFFORDABILITY

Unaffordable housing harms health, increasing stress and the risk of suffering from poor mental health. High housing costs lead to worse housing conditions, as owner occupiers are unable to heat homes and make essential repairs, leaving lasting legacies. Housing costs in Gwent, as in the UK, have increased in the last few years. In a single year, 2022-23, average monthly rents increased significantly in Gwent. Figure 3.22 shows average monthly rents increased by more than 7% across Gwent. For example, in Newport monthly rent rose from £626 per month (on average) to £823, a 10.6% increase in one year.

Figure 3.22. Percent monetary increase in average monthly rents for new lets, Gwent local authorities, between 2022 and 2023



Source: *Zoopla (214)*

In addition, there are concerns the size of private rented sector is declining. In 2022 Rent Smart Wales stated the number of rental properties fell by 301 in a year and the number of registered landlords fell by 328 (215).

The All Wales 2022 Tenant Survey reveals that 46% of tenants said they were struggling with their rents. Rising energy costs are the key factor for those struggling with affordability. 54% of private renters stated they struggled to afford rent and bills (216).

Increasing affordable housing is an essential action in tackling health inequalities as it contributes to reducing poverty and improves physical and mental health. The number of social housing units has increased in recent years in Wales however, in 2016, the Public Policy Institute for Wales estimated Wales needed between 3,300 and 4,200 new social housing units each year to meet estimated demands over the next decade, three times what was currently being delivered (217). In addition to new housing, currently empty homes could also provide homes in Gwent, Caerphilly Borough Council is currently addressing this problem, Box 19.

Box 19. Empty homes

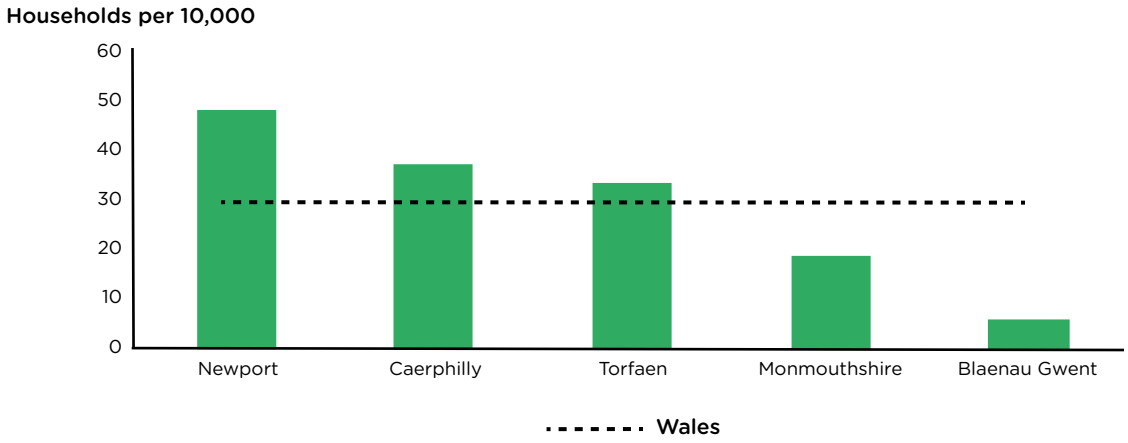
In Wales, holiday homes have received a great deal of policy attention as they have pushed up housing costs, particularly for homes on the coast. In Gwent, empty homes impact on housing availability and affordability. The most recent statistics find there are more than 22,000 long-term empty properties in Wales (218). A National Empty Homes Scheme aims to put these homes back into use and in Gwent, local teams are working with landlords to reduce empty homes. Caerphilly Borough Council estimates that, as of April 2021, over 1,300 homes have been empty for more than six months. Its five-year plan to return empty properties back into use is supported by a specialist team (219).

HOMELESSNES

A person is defined as homeless if they have no accommodation available in the UK or abroad; have a split household and accommodation is not available for the whole household; are at risk of violence from any person; are unable to secure entry to their accommodation; or live in a moveable structure but have no place to put it (220). The definition includes those living in temporary accommodation, 'sofa surfing' and other forms of insecure housing, as well as rough sleeping.

In 2021-22, 9,228 households in Wales were assessed as being threatened with homelessness, an increase of 27% on the previous year but 8% below 2019-20 (48). In 2021/22 Newport had the highest rate of households eligible for homelessness assistance in Gwent, Figure 3.23.

Figure 3.23. Rate per 10,000 of households eligible for homelessness assistance and in priority need, Gwent local authorities and Wales, 2021/22



Source: *StatsWales (221)*

Local authorities are under severe pressure to meet the high numbers in need of social housing. The length of time households are waiting is not publicly available. A freedom of information request showed the average wait for council housing in 2021:

- Torfaen: 18 months
- Newport: 25 months
- Monmouthshire: 13 months
- Blaenau Gwent: 12 months (222)

People who are homeless have a higher risk of physical and mental health problems and lower life expectancy. They have higher rates of alcohol and substance misuse and smoking. In 2020 it was estimated that the cost of NHS health care activity over six months, was £11 million more for people who are homeless than for the general population due to higher costs in emergency care (199). Public Health Wales studied people who were homeless during the pandemic and found they had greater healthcare needs compared to the rest of the population and recommended:

- improving preventative care and management of long-term health conditions in individuals with insecure housing arrangements
- reducing barriers to access healthcare for this population
- improving the recording and sharing of information on housing status between healthcare services to help identify and address wider challenges to supporting an individual's health care needs (223)

The Housing Support Grant is Wales' funding stream to prevent homelessness. It aims to support early intervention to prevent people from becoming homeless. Despite this policy, funding in Wales is not sufficient to address need. The homelessness charity The Wallich warns that local authorities in Wales are on the brink of being not being able to provide funding to meet the actual cost of delivering homelessness services. It warns that without additional funding from the Welsh Government, "providers will face the choice between delivering understaffed (and potentially unsafe) services, or choosing not to bid for contracts" (158). It also concluded linked data can help to better identify and support those who are homeless or living in insecure housing and recommended improving the recording and sharing of information on housing status between healthcare services and other sectors to improve the wider determinants of health (223). The High Intensity Nursing service at The Grange University Hospital is seeking to address these issues, Box 20.

Box 20. Reducing inequalities in the Grange: the High Impact Service

"The high-impact patients we send out one door come back in another door the same day, are literally revolving doors some days".

The High Impact service started by a nurse in urgent care provides support to individuals who frequently present at Accident and Emergency (five or more attendances in a year).

The service has developed into looking at demand reduction as a whole, assessing all patients who have vulnerabilities. It assesses pathways and access to services. Team members describe the complex needs of these patients and state "We can pretend they're not there. We talk about waiting times but these are the patients that nobody seems to want to address...people who do not get the right service, the right support and suffer for it." They work closely with the Alcohol Care Team (Box 23), meeting weekly, as there's a crossover in alcohol presentations and mental health presentations coming into the Accident and Emergency. They offer a coordinated approach that "brings teams together to say this individual has got needs, how are we going to address them as a collective instead of everyone trying to scrabble together to support them individually?"

Patients they support frequently have vulnerabilities around housing. Whereas some NHS service do not see these as relevant, the high impact service views housing as an issue the NHS "needs to address because we won't reduce contacts if we don't address those underlying psychosocial issues". Team members coordinate services for these complex patients, who might sit under the community mental health team but also have housing issues.

They also work closely with some homeless workers and organisations: "I've got strong links with the Newport Homelessness and housing teams", but they have struggled to make the same level of contact with other local authorities in Gwent. Housing associations have said they feel "they're getting left holding a lot of complex people because there's no support services for them, they don't quite meet the threshold for community mental health teams or don't meet the threshold for other services", and as such, housing associations are supporting people with complex needs and that is when the high impact service "ends up getting involved by default - to try and prevent them then becoming a problem to emergency services".

The service was set up as existing services in the Grange were not meeting the needs of patients and some were falling through the gaps. Team members describe their work as "the last kind of safety net patients fall through, we manage to hold on to them, longer than anybody else has...We are always trying to shove patients into pathways in health and processes that they just do not fit into. We need to make our service more adaptable to people. There's a lot of services that have got a three strikes and you're out, you've DNA three times you're off my list - some don't even get to three strikes. We look at the reasons why they're not attending and supporting them that way". The services sit under the emergency department but they get involved with patients in the hospital who are complex discharges.

The service funds a single full-time post and a part-time post but is not funded long-term. Team members state: "the resources aren't there at the minute for me to tackle these issues...There's so much more we could do...If I could redesign services, getting a lot more data and information from other services of how they're to looking at the individual patients' journeys and collectively of how they're, how they're hitting other services, the police and housing. The NHS is one part of their journey."

Team members state this type of service, working across specialities and outside of the hospital, needs a dedicated coordinator "if you expect everyone to do it, no one does it, you need to knit the system together, it won't knit itself". They've shown that this work saves costs to the Accident and Emergency but have still struggled to secure funding.

They note the duplication and inconsistency in the support provided to people and that "there's a lot of reliance on non-professionals to manage some of these complex patients. And whilst absolutely there is a role for them, I don't think that is the answer for some of these patients that have got real complex needs, risky behaviours, risky health needs. It needs to be a multi-professional approach to managing some of these." In addition, they state there's also duplication that goes on within the Health Board.

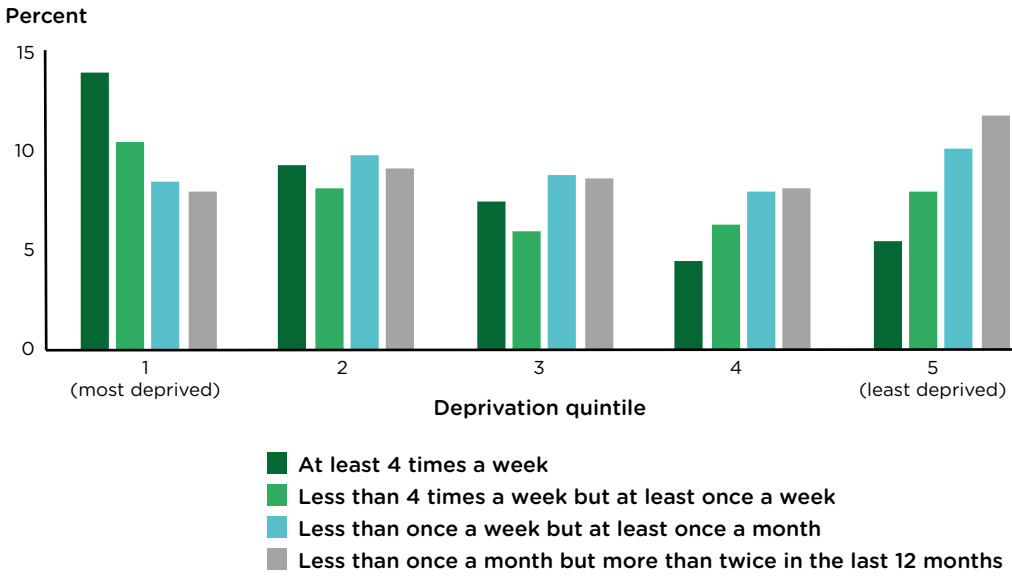
In the future they state they would like to work with more partners in ABUHB, outside of Accident and Emergency to provide earlier prevention services, "We're trying to get them at that earlier point, to prevent them becoming those entrenched patients into the system". This involves working outside of the Accident and Emergency, "we need to get more upstream before they come into us... once they get into it, it's almost too late. We should be more upstream addressing some of these issues before they get to us."

PUBLIC TRANSPORT

Transport is the biggest source of air pollution in the UK and transport accounts for 15% of Wales' greenhouse gas emissions (224). Good quality and affordable public transport networks not only address carbon emissions but promote social cohesion, facilitate access to education, services and employment and reduce social isolation – all of which have positive benefits for health and reducing health inequalities. The public wants better transport. A Public Health Wales survey found 63% of people 'strongly agreed' public transport should improve, 44% strongly agreed to subsidies for electric cars and more charging facilities and 10% strongly agreed fuel prices should increase to reduce dependence on cars (225).

There are signs that a comprehensive and equitable public transport system is possible. In Gwent the South East Wales Metro system is a long-term plan to improve the local public transport system. Numerous documents make bold statements and claims about the Metro system and its capacity to reduce inequalities in the region, but it is unclear how inequalities will reduce and there are concerns the plan could exacerbate inequalities. The *Future of Roads report in Wales* recognises the interconnectedness of climate change, economic development and transport and states there should be "joined-up thinking between departments" and that the impact of "public health should be considered and reported" (226). The emphasis on rail travel is to the detriment of many areas of high deprivation that do not have direct access to rail services. Figure 3.24 shows that those living in areas of higher deprivation are more likely to take buses as they are more affordable.

Figure 3.24. Percent using buses in the last 12 months*, by WIMD quintile, Wales, 2019/20



Notes: *Question asked: 'In the last 12 months, how often have you used bus services in Wales?'.*

Source: *National Survey for Wales (20)*

Future transport decisions are emphasising rail travel but there are also immediate transport decisions impacting current public transportation. There are real concerns that the bus system is in serious difficulty in Wales. The Bus Emergency Scheme has provided funding to keep services running since the pandemic. In February 2023 a three-month extension was announced but the chief executive of Confederation of Passenger Transport has warned 15-20% of the bus network in Wales might be lost once this funding ends (227). This led to a letter from Wales' 22 council leaders who stated bus services are a 'life-line' for older people, young people, people with disabilities and low-income households and that losing bus services "is potentially devastating for these groups, impacting on their wellbeing by restricting access to educational, economic, health and leisure services and to family and social contacts" (228).

If communities in more deprived areas, that depend on buses, are left out of current and future public transport investment, then inequalities are likely to increase in the short and long term. There is a risk communities will become deserts, with access to buses so infrequent, there's little point in taking them. In February 2023 a nationally representative survey of 15-minute amenities asked adults what they valued most to be within 15 minutes of their home. In Wales, 86% of adults wanted to have a bus stop within a 15-minute walk, the highest amenity requested, more people wanted to be closer to a bus stop than to their GP (229).

Despite the funding pressures on local authorities in Gwent, many continue to improve use of their public transport. Newport and Monmouthshire have offered a month of free bus journeys in the past. In March 2023 Rhondda Cynon Taf introduced free bus travel across the local authority, with all local bus operators offering all journeys within the Borough free. The pilot was funded by Shared Prosperity Fund. The main aim was to reduce Rhondda Cynon Taf's carbon footprint and make services accessible, fair and inclusive.

HEALTHY HIGH STREETS, TOWN CENTRES AND REGENERATION

Healthy town centres and high streets support good health. Conversely, unhealthy town centres and high streets undermine health. Direct influences on physical and mental health arise from a lack of diversity in products and services on high streets, litter, high levels of traffic, crime and fear of crime and inaccessible design. Areas of higher deprivation are less likely to have healthy town centres and high streets and this can worsen inequalities indirectly through rundown or inadequate communal areas, shelters, seating and focal points, deterring people from visiting or spending time there. All these factors can potentially prevent community activities, increase the risk of social isolation and reduce the likelihood of community cohesion (230).

Interviews with local authority staff found they had tricky relationships with large-scale housing developers and struggled to keep green spaces and parks as public goods in agreements.

"There's a tendency to erode public goods in developers' agreements, for example reducing the number of affordable housing units. The Section 106 agreement is a legal requirement for developers to, for example, ensure bus services. We have pushed for the (local area) to be sustainable but it's been chipped away because the developer saying they can't afford."

"Developers are paying lip service to sustainability."

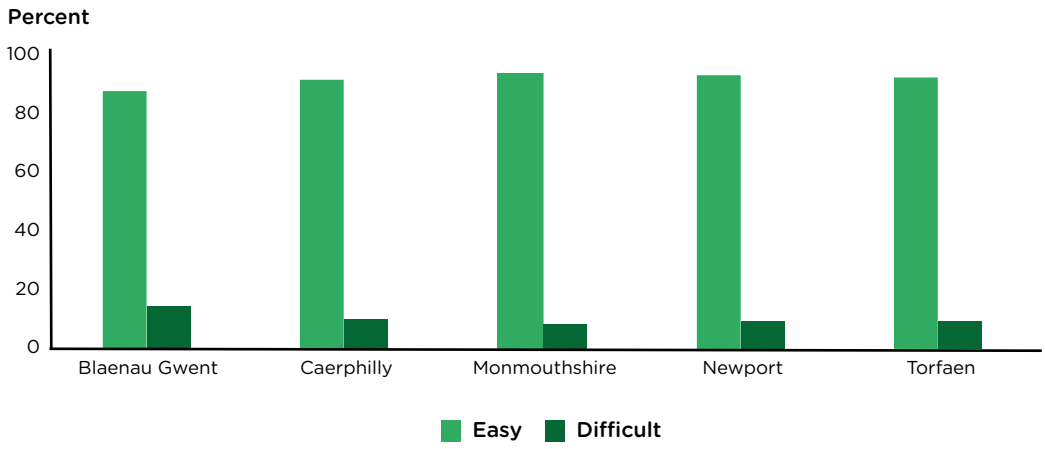
In Gwent, Caerphilly has taken action to improve its high street and its Caerphilly Town 2035 plan includes aims to reduce inequalities. The plan includes a number of large regeneration projects with multiple stakeholders. It aims to "ensure that local deprived areas directly benefit" and one of the core ambitions is to have "inclusive and engaging public places that...provide space for outdoor activity and are safe and accessible" (231)

Interviewees stated they wanted help to see their work through a health inequalities lens. For example, they stated regeneration of smaller shop areas often involves painting shopfronts – but stated this was not enough: "We need more inclusive and radical plans to redevelop small communities to make them more than vape shops." And others stated that health impact assessments had become 'a tick-box exercise'. Some interviewees were unaware of the useful guidance from Public Health Wales on planning and health (232). It is recommended Public Health Wales, the local public health team and planning and regeneration teams work together and share their expertise to better address inequalities in current and future regeneration strategies and delivery plans.

GREEN SPACES

Access to good-quality green space improves mental and physical health, improves community cohesion and also supports actions to mitigate the effects of climate change and protect biodiversity (233) (234). Green spaces have been shown to improve cognitive and immune functions and to reduce health inequalities (235). Access and use of good-quality green spaces tends to reduce as the level of deprivation increases, which was highlighted during the pandemic. Each local authority in Gwent has access to ample green spaces. Figure 3.25 shows most Gwent citizens feel it is easy to walk to a local green space.

Figure 3.25. Percent of people who report finding it easy to walk to local green space, Gwent local authorities, 2018/19



Source: *National Survey for Wales (20)*

Parks and green spaces are powerful tools to improve health and wellbeing, it is estimated they save the NHS £111 million per year in the UK, because of reduced GP visits (236). A review of factors affecting use of green spaces found income levels and levels of deprivation were linked with levels of physical activity (237). Another analysis of use of green spaces found low incomes, fewer qualifications, living in a more deprived area and being in bad health were associated with a greater likelihood of low engagement with and access to nature and the outdoors (238). We recommend actions to improve use of green spaces for those living in areas of higher deprivation. Simply having the spaces there will not automatically lead to use. Work with communities is needed to help them understand how to better use these free resources. It is important to question and understand who does not feel it is easy to access good quality green space, when so many do.

The place-based datapacks include the following charts:

- Households eligible for homelessness assistance and in priority need
- Likelihood of poor-quality housing
- Affordable homes delivered by all providers
- Excess winter mortality index
- Method of travel to the workplace
- Average distance to nearest park, public garden, or playing field
- People who feel lonely
- Life satisfaction among older adults
- People who agree that there is good community cohesion in their local area
- People who feel able to influence decisions affecting their local areas
- Police recorded violent crime

RECOMMENDATION: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES	
Related Marmot indicator	**Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households** **Rate of households in temporary accommodation** **Percent of people satisfied with local area as a place to live** **Percent of people satisfied with their ability to get to/ access the facilities and services they need**
2023-2024	**2024-2029**
Accountable lead: Local authorities	
• Work with local communities, across all ages, to support longer-term revival of local high streets in areas of higher deprivation. • Put health equity and sustainability at the centre of planning decisions. • Develop linked or shared data to better identify and support those who are homeless or living in insecure housing.	• Each local authority creates a healthy high street or town centre plan in partnership with residents. • Identify further areas to develop linked or shared data to address social determinants of health.

2023-2024	2024-2029
Accountable lead: ABUHB Public Health Team	
• Assess impact of Rent Smart Wales on quality of private rental sector in Gwent. • Health inequalities assessment of regeneration plans in partnership with local authorities. • Assess provision of social determinants approaches in social housing associations and Caerphilly Housing. • Public health and primary care work with residents to identify information and approaches needed to reduce risks of housing causing poor physical and mental health.	• Improve quality of private rented sector in Gwent, using Rent Smart Wales or other approach. • Closer working between ABUHB public health team and local authority planners to health equity assess future planning and regeneration strategies. • In partnership with social housing associations and Caerphilly Housing, build on work to address social determinants approaches, share best practice. • Provide support to social housing associations and Caerphilly Housing to reduce risks of housing causing poor physical and mental health.
Accountable lead: Local authorities	
• Assess possibility of free bus travel offer in Gwent. • Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.	• Implement findings of free bus travel assessment. • Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.
Accountable lead: Public Services Board	
• Work with communities to develop actions to improve use of green spaces and local heritage sites for those living in areas of higher deprivation.	• Monitor use of green spaces and local heritage sites by residents in areas of higher deprivation.

Areas for national actions:

- Improve data available to local authorities on the private rented sector.
- Enforce and implement Rent Smart Wales.
- Ensure public interest is not compromised in Section 106 planning decisions.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Increase revenue and long-term funding for retrofitting homes and active travel. Allow local areas to determine what is needed.

3F. STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION

KEY MESSAGES

- Preventing ill health is beneficial for the population and the economy and vital for reducing demand for NHS services.
- Much of the ill health in Gwent is avoidable and action on social determinants would improve health, reduce inequalities, improve employment and productivity and reduce the burden on NHS and other services, reducing costs in the long run.
- Efforts at disease prevention need to ensure that they are universal but particularly targeted at those living in the highest levels of deprivation, who stand to benefit the most, rather than those living in the areas of less deprivation, who may be 'easy wins'. At the same time, these programmes need to engage with the reality of the lives of those living on low incomes.
- There are wide inequalities in smoking, with much higher rates for women living in areas of high deprivation.
- Inequalities in obesity are less stark but remain, with higher rates of obesity in the most deprived areas.

"Everything in health focuses on the acute side."

"Senior managers in local authorities and health still see prevention as woolly work but we need to do woolly work. There are enormous benefits to early interventions and supporting community work. This is where illness starts – in people's houses – people who don't cook, think they can't exercise and stop talking to their neighbours. If you just concentrate on health you miss half the story."

Taking a preventative approach to illness often focuses on individual behaviour and the impact that can have on health. Taking a social determinants view of health involves thinking about 'the causes of the causes' – understanding why people make, what may appear from the outside, as poor decisions about their lives and their health. There are many avoidable risk factors that contribute to the development of ill health, including poor diet, lack of exercise, smoking, alcohol and drug misuse. Too often a preventative approach to illness focuses on individual behaviours and seeks to educate people to make better choices to improve their health.

There are clear socioeconomic inequalities in health behaviours such as eating, exercising and drinking. Sometimes it is simply a question of resources – for example, a healthy diet can be more expensive than an unhealthy one. Families with the lowest 10% of household income would have to spend nearly three-quarters of their entire income (after housing costs) to afford the recommended healthy NHS Eatwell plate (239). People living on low incomes are often time-poor as well as cash-poor, and while it can be cheap to make healthy meals at home, it is also demanding on time and energy. The stress of poverty can narrow the 'mental bandwidth' available for other tasks. The ability to cook meals also requires a reasonable kitchen space in your home, and equipment. Buying in bulk, which is cheaper, is often out of reach for those with less control over their cash flow and no savings, especially if they want some variation in diet, or have dietary restrictions of any kind. Rising fuel and housing costs are further reducing the available funds for a healthy diet. Similarly, it can be much easier to exercise regularly if you have access to, and feel confident to use, green spaces, a workplace that supports cycling, or can afford a gym membership. Other factors are related to the stresses of economic and social deprivation. Quitting smoking or cutting down on alcohol may simply not be a priority when you already have multiple sources of stress in your life.

Changing the economic, environmental and social conditions in which people live that make them unhealthy does not absolve the need for healthcare to provide equitable treatment for non-communicable diseases caused by smoking or obesity. The role of the healthcare sector in adopting prevention actions is central to *A Healthier Wales* which seeks to shift from behavioural change and individual approaches, such as smoking cessation clinics to "a greater focus on prevention and early intervention which we continue to support through universal, as well as more targeted support" (240).

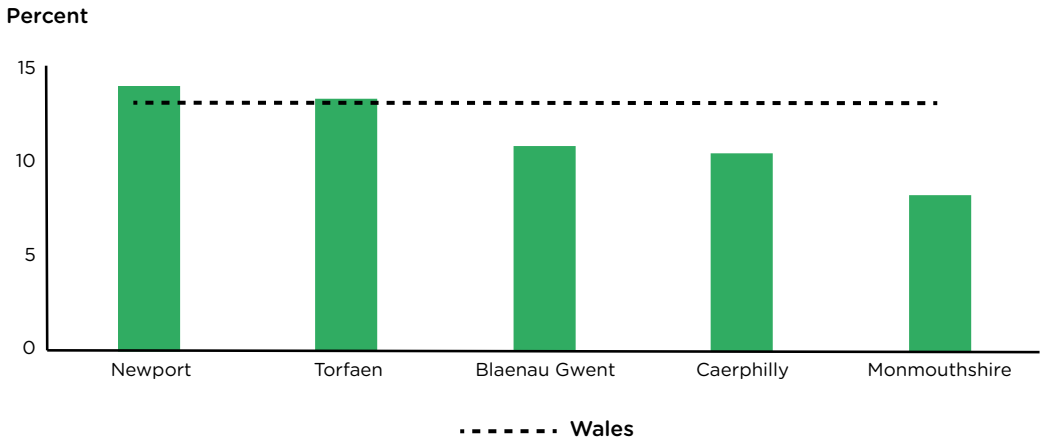
An inequalities informed prevention agenda must be about more than addressing unhealthy behaviours and focus far more on the causes of those behaviours – the social determinants of health. A social determinants of health approach to health behaviours involves working with, and funding partners beyond the NHS – with, for example, the Third Sector, local authorities or housing associations delivering services in places where people live and communities interact.

Focusing solely on reducing inequalities in access to care is not sufficient: reducing health inequalities requires implementing actions to prevent inequalities, addressing the causes of the causes. For example, inequalities in deaths from cancer will not be addressed by improving access to cancer services alone. Reducing inequalities in cancer care requires the NHS taking actions to reduce the upstream causes of these inequalities – better diets, reduced alcohol consumption and more exercise.

SMOKING

There is a clear relationship between socioeconomic status and smoking, with smoking rates much higher among those working in routine and manual occupations. The National Survey for Wales found 13% of adults living in Wales smoked in 2022 and 6% smoke e-cigarettes (20). Smoking rates in Wales are decreasing but inequalities in smoking remain and are worsening. Figure 3.26 shows higher rates of smoking in Caerphilly, Blaenau Gwent and Torfaen.

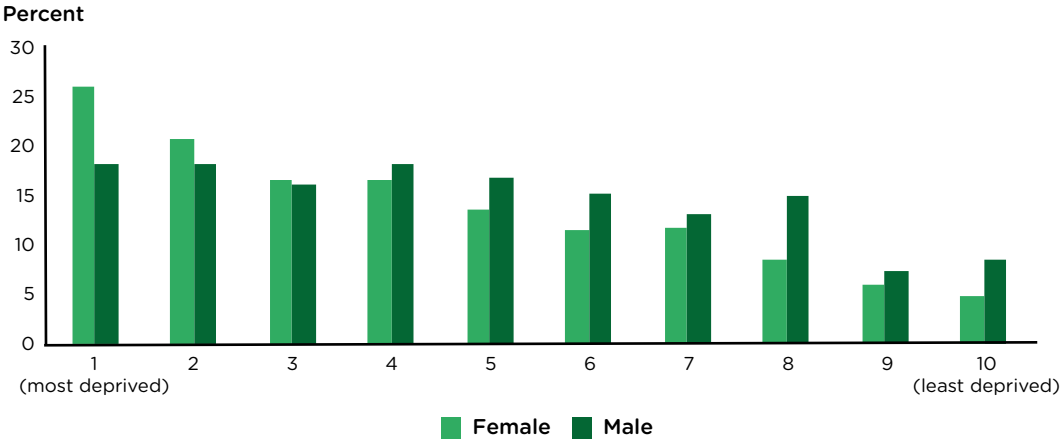
Figure 3.26. Smoking prevalence among adults, Gwent local authorities and Wales, 2021-22



Source: *Welsh Government (241)*

The smoking rates in the most deprived quintile is more than double the rate of the least deprived quintile and mortality attributable to smoking is approximately 3.5 times higher in the most deprived quintile than the least deprived quintile for females, and around 2.5 times higher for males (242). Figure 3.27 shows 26% of women in the most deprived decile smoke, compared to 5% in the least deprived, for men higher rates persist across less deprived deciles. Smoking statistics by deprivation are not currently available at local authority level, which would allow local system to better plan their approaches.

Figure 3.27. Percent of current smokers by sex and WIMD deciles of area deprivation, Wales, 2021



Source: *Annual Population Survey (243)*

Wales' long-term plan aims for a smoke-free Wales. It seeks to reduce inequalities by working with people who smoke and address the causes of smoking (244). It is important to ensure smoking cessation interventions are proportionate to where need is highest, and to target improving the social determinants of health which affect smoking prevalence.

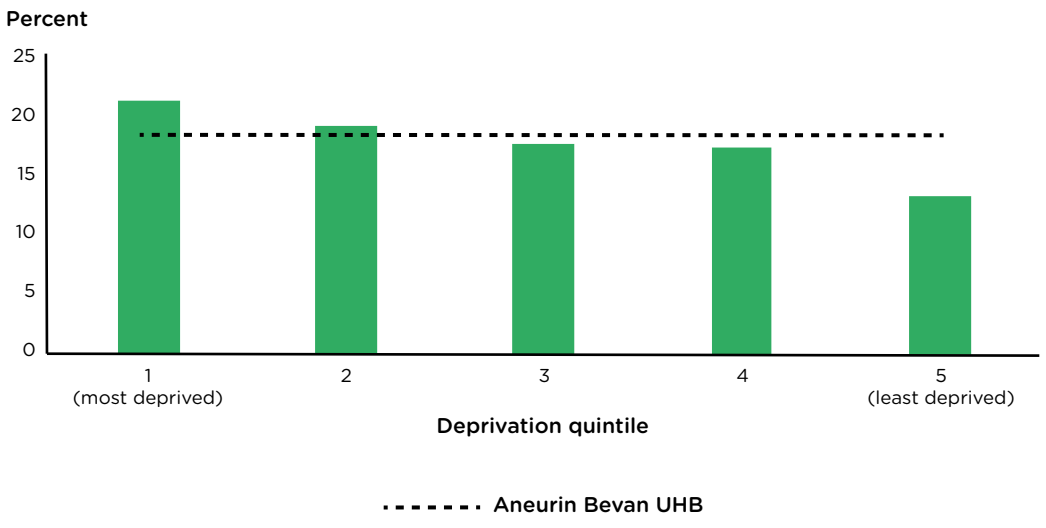
OBESITY

Levels of overweight and obesity in adults and children are higher in local authorities with higher levels of deprivation. Societal and environmental factors, which lie outside of an individual's control, significantly influence levels of obesity and overweight.

A Nuffield Trust report in 2022 found there is no single individual or household behaviour associated with high levels of obesity and overweight amongst children. Its analysis showed local authorities with higher percentages of overweight or obese children in reception children had: higher rates of under-fives living in areas with poor access to passive green spaces; lower rates of adults walking for leisure; lower rates of physically active adults and lower breastfeeding rates. These environmental factors, which children and young people cannot choose, have an important role in childhood obesity and overweight levels (245).

Overweight is defined as having a body mass index (BMI) between 25 and 30, obesity is having a BMI of 30 or above. Figure 3.28 shows the inequalities in obesity in young children in Gwent. By age 4 to 5 21% of children in the most deprived quintile in Gwent are obese, 19% in the second quintile compared to 13% of children in the least deprived quintile.

Figure 3.28. Percent of children aged four or five who are obese, by WIMD quintile, Gwent local authorities and Wales, 2020/21



Source: *Child Measurement Programme (246)*

It is essential that interventions to address issues such as smoking and obesity adopt an inequalities lens. Workers supporting young families spoke of initiatives trying to improve healthy eating and reported it wasn't landing well in some local communities.

*"The healthy weight people... talked to parents in **. You can't just parachute in and talk to these people and tell them what to do. You haven't done anything in this area to upskill them or bring up their confidence. Particularly up in **, there's almost a resistance now to get involved because they've been told what to do without any engagement for so long. Now they're actually like we don't want to talk to you now, you know. Things are being done to people constantly. It's done to people."*

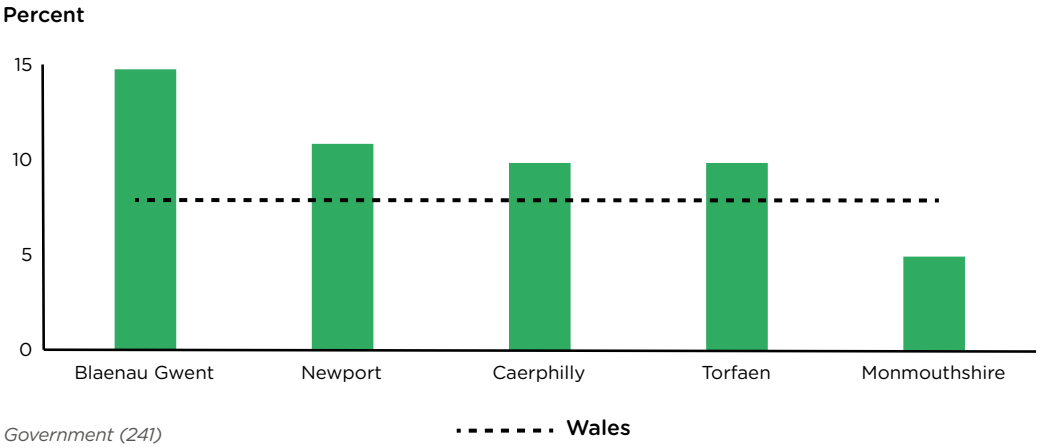
Other workers reflected on the complexity of improving health for those living on the lowest incomes:

"There are so many factors that are responsible for people's lives and health. We say this to the Health Board all the time - you could come up with as many programmes to encourage people to eat five a day, or whatever it is you want to do. But if you're living in a house with damp and you can't afford to put food on the table for your children and you're living in a chaotic lifestyle as a consequence of the fact that you haven't got a job. Then, with all due respect, you can give as many messages as you like around, for example, diets, but no one is going to take the slightest bit of interest in it...you are never going to encourage people to give up smoking and drinking when their lives are so stressful. It's the last thing on their mind and that's the reality."

Some current prevention policies are not adequately focused on reducing inequalities, as these programmes focus on wellbeing. We recommend actions on prevention and reducing inequalities should be at the centre of NHS policies. For example, the Healthy Schools programme is expected to "build insights about healthy and active life choices, mental resilience and other life management skills into young people's education" (47) but we would recommend Healthy Schools do this but with an inequalities lens, so that the schools with higher numbers of pupils eligible for free school meals are offered additional support, proportionate to need.

By adulthood, rates of obesity climb, as they do in the UK and in other western nations. Blaenau Gwent continues to have the highest rates of overweight and obesity and Newport, Caerphilly and Torfaen all have rates higher than the Welsh average. There are inequalities in the consumption of fruit and vegetables. Monmouthshire, with the lowest rates of obesity and overweight, has the highest consumption of fruit and vegetables, and in Blaenau Gwent, Newport, Caerphilly and Torfaen more than one in ten adults did not eat any fruit and vegetables (in the previous day), Figure 3.29.

Figure 3.29. Percent of adults who ate no fruit and vegetables the previous day, Gwent local authorities and Wales, 2018-20



Source: *Welsh Government (241)*

Food prices have increased significantly in the last few years. Between 2019 and 2022, for example, apple prices rose by 38% and for carrots by 35% (249). Food costs then soared between March 2022 and March 2023: cheddar cheese prices rose by 49%, milk by 40% and chicken by 25% (250). In addition, products labelled 'budget' also had price increases. *Which?* analysed food costs and found average prices of own-label budget items rose by 25% between March 2022 and March 2023 (251). Healthy Weight: Healthy Wales is NHS Wales' strategy to help children, young people, and adults to achieve and maintain a healthy weight. Interviewees from local authorities stated they did a great deal of work in this area, in their work in Families First, Flying Start, cooking classes, food banks, Healthy Schools Scheme, Healthy Schools Meals, free school-meals deliveries. It is recommended that ABUHB healthy weight teams work in partnership with local authorities to ensure their work streams complement each other and there is no duplication.

Levels of deprivation also impact physical activity levels. Young people from high-income families are more likely to be physically active compared to young people from families on lower incomes (247). In addition, gender is a factor, boys are more likely to be physically active compared to girls.

There are also worrying signs of increasing sedentariness in young people; 23% of young people in Blaenau Gwent and 22% in Caerphilly stated they sat for more than seven hours on a weekday (252).

Crowdfunder, a Sport Wales funding initiative introduced in 2021 aims to reduce inequalities in sport and targets funding at clubs in the most deprived areas in Wales, Box 21. We recommend this targeted funding continues and analysis is undertaken of the participants attending clubs, age, sex and residence.

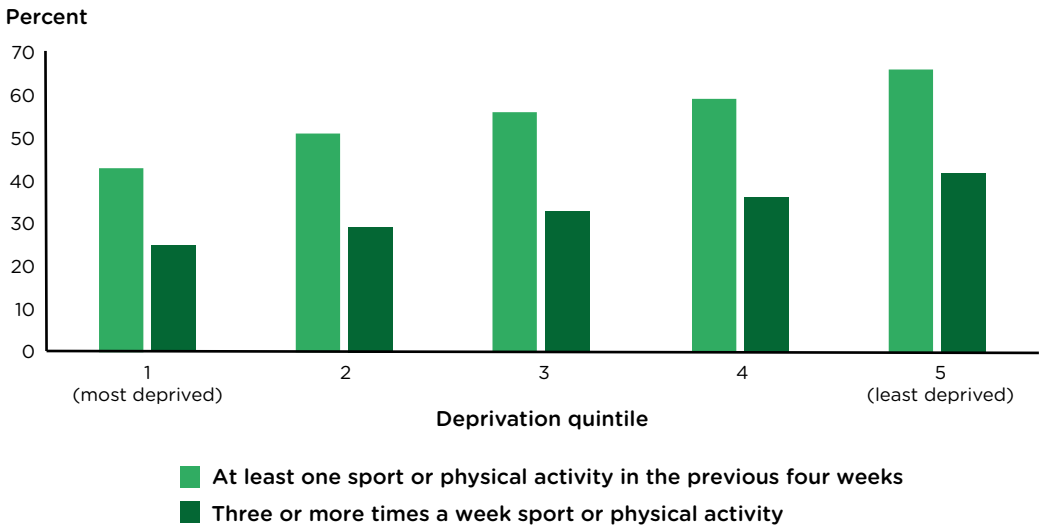
The National Survey for Wales found 44% of Welsh adults met the 150 minutes of weekly exercise in 2021/22, 62% of men and 51% of women. Current levels of physical activity are not available below national levels. Figure 3.30 shows the inequalities in physical activity, with people living in areas of highest deprivation stating they are least likely to be participating in any physical activity and regularly exercising.

Box 21. Improving sporting opportunities in areas of higher deprivation

Crowdfunder, a Sport Wales funding initiative introduced in 2021, aims to reduce inequalities in sport and targets funding at clubs in the most deprived areas in Wales. Sport Wales aims to promote and develop sports in Wales. One of the challenges faced by Sport Wales is the limited funding available for sports initiatives. To address this challenge, Sport Wales has explored various funding options, including crowdfunding. The aim of the crowdfunding initiative is to support community resilience, infuse transparency and help maintain the longevity of sports clubs across Wales. Six projects in Gwent have successfully raised funds that Sport Wales have match funded.

In September 2021 Sports Wales partnered with Crowdfunder to launch a crowdfunding campaign to raise funds for various sports-related projects, including the development of sports facilities, the provision of sports equipment, and the support of sports events. Sport Wales pledge to match fund between 30% and 50% has contributed £159,000 and helped 34 projects across Wales. Each project is measured by the Welsh Index of Multiple Deprivation, with the most deprived communities automatically receiving the highest percent of funding available. The campaign was promoted through various channels, including social media, email, and traditional media, and to date these projects have received £522,000 from the public donations (248).

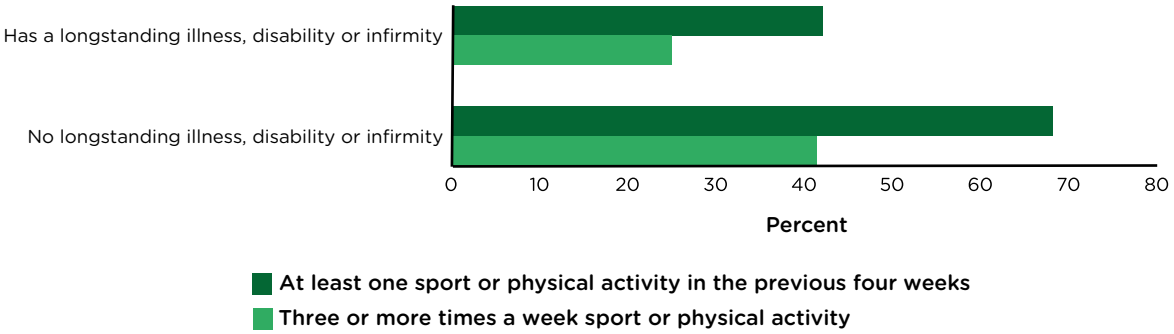
Figure 3.30. Percent of adults whose participation in sport or physical activity amounted to a) at least once in the previous four weeks b) three or more times a week, by WIMD quintile, Wales, 2021/22



Source: *National Survey for Wales (20)*

People with disabilities are also less likely to be regularly participating in sporting activities, Figure 3.31.

Figure 3.31. Percent of adults whose participation in sport or physical activity amounted to a) at least once in the previous four weeks b) three or more times a week, by illness/disability and infirmity, Wales, 2021/22



Source: *National Survey for Wales (20)*

The National Exercise Referral Scheme has sought to increase levels of physical activity and in recent years has been working with the Department for Work and Pensions to help bring people with disabilities back into the labour market, Box 22.

Box 22. National Exercise Referral Scheme

The National Exercise Referral Scheme (NERS) in Wales is a programme that encourages physical activity and exercise through referrals from primary care clinicians and various health professionals.

The aim of NERS is to reduce the inequalities in ill health by providing access to tailored and supervised physical activity. The target population is those aged 16+ who are at risk of or are currently experiencing a long-term or chronic health condition. Once referred, clients are offered a suitable session pathway which is aligned to their diagnosed condition. The scheme was initially tested in a randomised controlled trial (RCT) in 2010 and was later scaled up across Wales (253).

The NERS encourages physical activity by providing sessions delivered in local leisure or community centres or green spaces to allow ease of access for referred clients and introduce clients into an activity environment. The NERS provides a varied programme which works with clients to choose sessions that are adaptable, enjoyable, and suited to their needs. By addressing the clients' specific needs, NERS seeks to reduce the need for further health interventions within primary and secondary care.

Evaluation of the NERS found it improved autonomous motivation, self-efficacy and social support, the psychosocial mediators of change in physical activity. Health professionals have reported positive experiences with the NERS, stating they believe the scheme is an effective way to promote physical activity (254).

There is an absence of long-term effectiveness of the NERS – it increases physical activity levels in the short term but evidence on the long-term effectiveness is limited (253). Another challenge is the issue of targeting, NERS is an end-user service which is reliant on referrals once clients have accessed primary or secondary care for a diagnosis; it does not allow self-referral so its ability to establish a 'prevention is better than cure' strategy is limited.

Some NERS staff in Gwent anecdotally report that the cost of sessions is a significant barrier to participation. The fee of £2.50 per session is a nationally set price. Observations from local Gwent NERS coordinators state some clients, particularly those not eligible for DWP support, do not access the service due to session and transport costs. As such, it is unclear if the NERS is decreasing or exacerbating inequalities.

To improve attendance, a joint NERS DWP project offers free attendance, bus pass funding and support to buy suitable clothing. However, this intervention has led to a limited increase in attendance. There is currently a fragmented referral process in place where potential users of the NERS service are asked when attending their local Job Centre if they would like to join the scheme. They must then self-refer to their local GP and seek a referral. Due to the unprecedented pressure currently facing GPs, the ability of clients to obtain timely referrals has become a barrier to participation.

Better data and analysis are needed to fully understand the impact of inequalities on the services offered and take-up of the NERS offer. Research into NERS in the UK found higher levels of deprivation reduced the likelihood of people adhering to the scheme, and recommend better triaging and more intensive support (255).

In addition, the pandemic and cost-of-living crisis have had detrimental impacts on leisure services and community centres in Gwent and across Wales. Cuts to local authority funding has resulted in reduced opening times and closures, both of which impacted the NERS. Despite the long-standing funding for the programme, much of it is short-term and year-on-year grant funding. NERS grant funding did not change between 2012/13 and 2022/23 and had a slight increase in 2023/24 (1.5%). With inflation, this had meant a real-terms cut and had a significant impact on service delivery in some areas in Gwent. In 2023/24 there was a £20-25,000 funding shortfall for Caerphilly's NERS, and as a result, this scheme is expected to cut NERS staff in the next 6-12 months to meet its lower budget.

ALCOHOL AND DRUG MISUSE

Public Health Wales reports 45% of men and 34% of women drink above the recommended guidelines and reports alcohol-related deaths are higher in the most deprived areas of Wales (256). StatsWales and the National Survey for Wales do not provide alcohol or drugs misuse statistics below national levels, nor by deprivation. It is recommended these statistics are made public and shared with primary and secondary care teams, public and mental health teams and the voluntary and community sector.

In March 2020 Wales introduced a minimum price for alcohol, 50p per unit. After an immediate reduction in alcohol sales (by 8.6%) from households who generally purchased the most alcohol, within the first two years of the policy, the minimum price "has had little impact on the drinking patterns of the drinkers" (257). An evaluation in February 2023 stated most drinkers in Wales reported little change whilst 'dependent drinkers' were spending more money on alcohol due to the price increase (64). In Scotland, a minimum price for alcohol was introduced in 2018 and there has been a "net reduction of 3% in total per-adult sales" (61). Both the Wales and Scotland minimum pricing has yet to be assessed in terms of impact on health. Future evaluations of the policy should assess inequalities and the impact on drinkers with different levels of income.

The minimum price for alcohol is welcome but shows single policies are not adequate to improve the causes of health inequalities. Local actions are also needed, as the work of the alcohol care team in The Grange is working together with teams in the NHS and beyond to better support those in need of alcohol drug support in Gwent. This intervention is an exemplar case of secondary prevention – which involves detecting disease in its early stages and intervening before full symptoms develop, Box 23.

Box 23. Early prevention in the Grange University Hospital

The alcohol care team at the Gwent Liver Unit has set up a local collaborative involving public health, GPs, substance-misuse professionals and key stakeholders from Third Sector alcohol and drug support providers. Previously there was a group that was "a bit of a talking shop" and in 2015, with the introduction of the national liver strategy, ABUHB became the clinical lead in Wales. The alcohol care team believed that better alcohol support services were needed in Wales as it did not have comprehensive overarching alcohol support services for people admitted to hospital.

Previous projects in the community failed to capture patients in hospital either directly or indirectly due to their alcohol problems. The team could see that many people were not self-referring to these community services but were attending Accident and Emergency or other hospital appointments with complications from their alcohol consumption. It saw this as missed opportunity. With an initial round of funding the team appointed two nurses – not to run a liver service but to become the Gwent alcohol care team and provide support for any patient who was in the Grange with an alcohol problem. The team members focus work "very, very assertively" with front door staff and provide services every day of the year. They liaise with ambulance staff every morning and periodically throughout the day to assess whether there's a potential for their alcohol intervention.

In addition to hospital-based services the team responds to needs in communities themselves. Outpatient clinics are held weekly in Ebbw Vale, Caerphilly, Torfaen and Newport. The team also employs two assistant practitioners who hold a caseload of 20 patients covering all of Gwent. The patients treated in the community often have repeatedly attended hospital or declined support from Third Sector agencies. They are typically very complex, may not meet the criteria of Third Sector agencies or need a more intensive programme of support (weekly appointments) which Third Sector services are currently not able to offer.

The team also runs a recovery group, and offers this group as either a 'step down' from the assistant practitioner support or as an alternative for those who are less complex but need that additional support.

The recovery group is held in the county hospital and the team is in the process of sourcing funding for transport to enable people to attend. The team has noted that patients have had difficulties travelling to the county hospital. The geographical distance of getting from one valley to the other in Gwent is quite hard unless patients have a car. "Patients just can't get to us. They say, 'I can't, I haven't got the money or I haven't got the resources to be able to do it.'" The team decided "we need to think differently" and is considering subsidising travels to clinics.

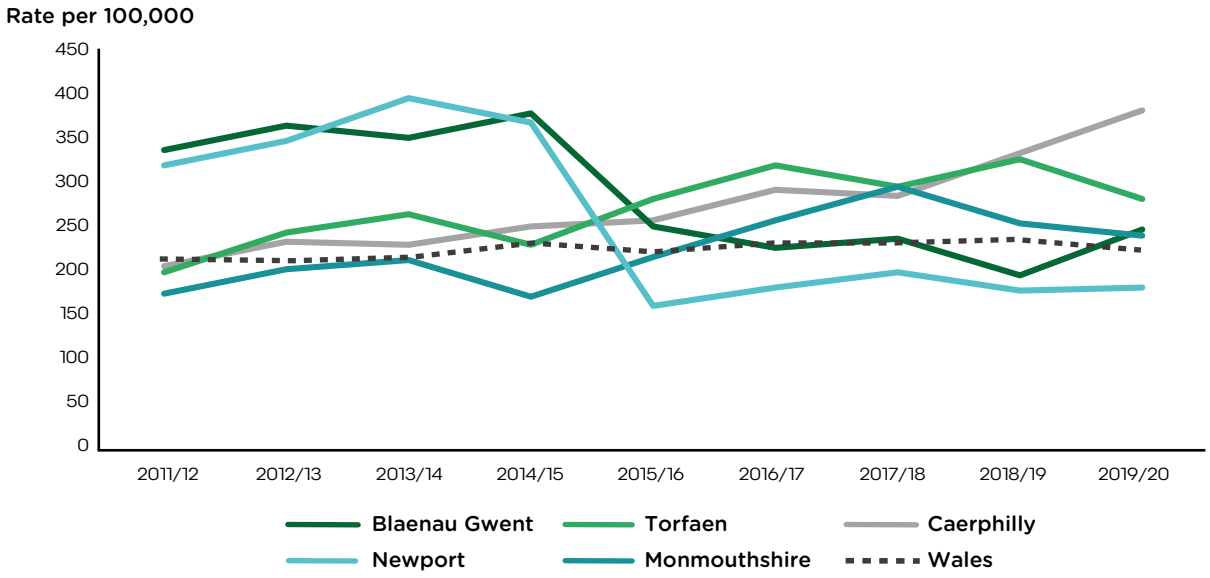
The team is keen to understand why people do not attend. "We've never tackled DNAs in health. We should be calling up every single DNA, 'you didn't come'. Can we find out why it might be that they're not bothered?

That's an opportunity to explore about why they're not bothered or it might just be, they just logistically can't get there." 40% of patients with advanced liver disease live in the Caerphilly borough area but the team has struggled to access clinic rooms. It wants to move into the localities where communities are located but struggles with NHS logistics and they have asked for clinic rooms in the places where their patients live but have so far faced barriers. The team states: "We should be offering outpatient activity as close to their doorsteps as possible to reduce that that inequity of access."

The team keeps the referral threshold as low as possible to ensure that alcohol problems do not escalate. In 2023 the team is aiming to set up in primary care clinics, to go out into primary care clusters and is considering groups in leisure and community centres. In future years it aims to carry out an analysis of their service by deprivation.

In Wales rates of drug use have been static in the last few years, though the pandemic may have affected these statistics. Approximately 9% of adults (aged 16 to 59 years) reported drug used in the year ending June 2022, rising to 19% in adults aged 16 to 24 years (258), Figure 3.32. However, in Gwent, the rate of drug misuse in Caerphilly and Blaenau Gwent has increased since 2018/19 while remaining static in the other three local authorities.

Figure 3.32. Rate of drug misuse per 100,000 population, Gwent local authorities and Wales 2011/12-2019/2020



Source: *InfoBase Cymru (259)*

SOCIAL CARE, PREVENTION AND INEQUALITIES

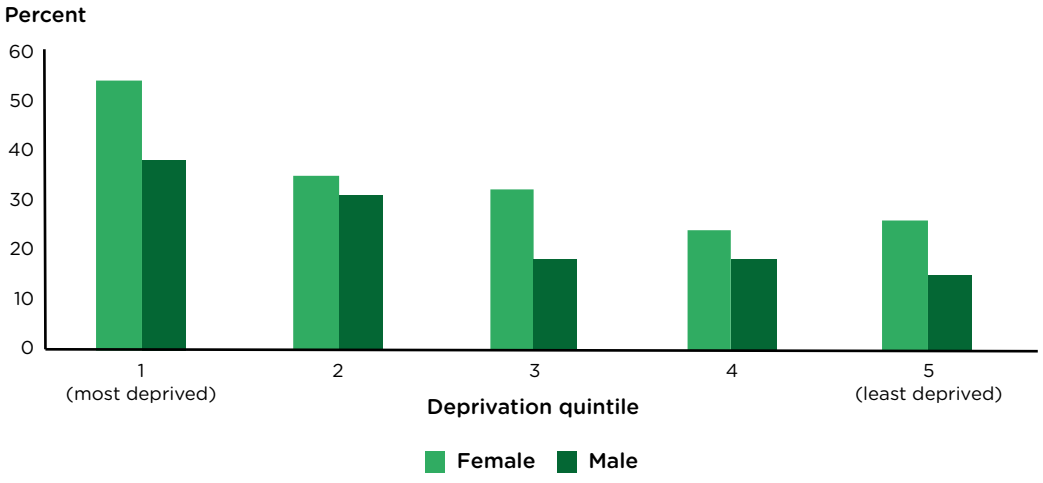
A Healthier Wales seeks to adopt a whole-systems approach to improving health and social care and emphasises the importance of prevention, "Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and wellbeing service focused on prevention and early intervention" (47).

However, at local levels, the conversations are dominated by demands to reduce delays in hospital discharges and prevention focuses on preventing older populations' 'unnecessary' hospital admissions. Many of the assessments of health and social care working together to prevent people becoming ill concentrate on the savings to acute hospitals and reductions in acute care. One interviewee stated: "The whole system approach cannot just be about reducing pressures on hospitals or the NHS." This disconnect between legislation and operational reality has been acknowledged by the Welsh Government. The evaluation of the Social Services and Wellbeing Act stated statutory services such as the NHS continued to be reactive, unable to offer early interventions as "thresholds for support are too high". The evaluation identified numerous challenges to the delivery of preventative services by the NHS and local authorities:

- access criteria for statutory services may be inhibiting early intervention (that is, thresholds are too high)
- lack of direct funds for prevention
- Third Sector involvement is often tick-box and not integrated
- low public and community awareness of preventative services and how to take advantage of them
- the lack of development of preventative services which respond to complex structural issues faced by communities (260).

Activities for Daily Living is a way of understanding if 'frail' people can be transferred from acute hospitals to the community sector. Social care makes these assessments and whilst evidence is sparse, there are inequalities in this area. In 2018 *The Health Survey for England* found people living in the most deprived quintiles were more likely to need help with Activities for Daily Living, and as incomes increased, so too did the need for help with these daily activities, Figure 3.33.

Figure 3.33. Percent of population who needed help* with Activities of Daily Living in the last month, by Index of Multiple Deprivation (IMD) and sex, England, 2018**

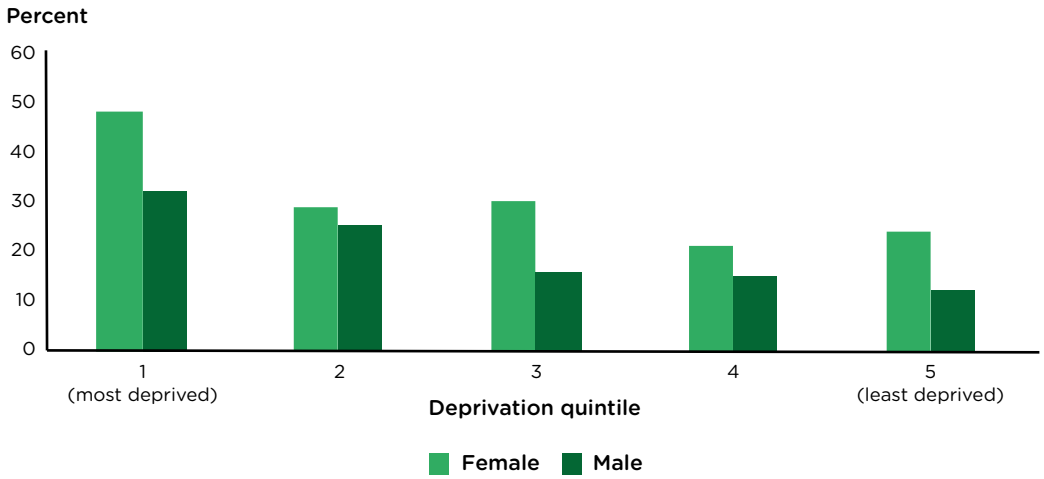


Notes: **Age-standardised, ** Activities of Daily Living (ADL), are all the essential, basic self-care tasks that people need to do every day to keep themselves safe, healthy, clean and feeling good: from getting up in the morning, showering, grooming, preparing and cooking meals, shopping and travelling to maintaining the house, garden and taking care of pets." (261)*

Source: *Health Survey for England (262)*

In 2018 24% of adults in England had some unmet need with regards to help with activities for daily living, Figure 3.34. However, looking at unmet need by deprivation reveals deep inequalities. 48% of women in the most deprived areas have unmet need, double the number of women with unmet need in the least deprived areas. In men there are similar inequalities, 32% in the most deprived areas report unmet need in activities of daily living, compared to 12% in the least deprived areas.

Figure 3.34. Percent of population with unmet need* for help with Activities of Daily Living in the last month, by Index of Multiple Deprivation (IMD) and sex, England, 2018



Notes: *Age-standardised.*
Source: *Health Survey for England (262)*

A Healthier Wales aims to keep people healthy and independent for as long as possible, and prevention is one of the five main ways the Welsh Government is seeking to deliver this aim: "We want to shift services out of hospital to communities, and we want more services which stop people getting ill by detecting things earlier or preventing them altogether" (47).

In December 2022 the Welsh Government issued guidance that patients may be discharged while waiting for a social care assessment or without a care package being in place. The chief medical and nursing officers stated: "There will be a need for everyone to consider discharge arrangements that may not be perfect, a care package may not yet be in place, and social care assessments may need to happen at home rather than in hospital." In light of the additional needs identified in Figures 3.34 and 3.35 it is likely that there will be inequalities in patients sent home without care packages, with those in the more deprived areas likely to have higher needs. Directors of social care in Gwent stated their views about reducing current hospital discharges were welcome however, they were rarely included in discussions about early intervention and prevention, despite their expertise and knowledge of the capacity of the sector.

The evaluation of the Social Services Act concluded stronger commissioning frameworks were needed to better allocate for preventative purposes (260). For example, Care and Repair Cymru is regarded as a key partner in providing housing repairs for older people and keeping them out of hospital. Referral rates to Care and Repair Cymru increased in the last few years and it described its teams as "stretched to the limit to fill the gaps left by public services" and that they are seeing "increasingly complex cases involving mental health, hoarding and wider societal issues" (179). Despite the importance of the organisation in keeping people out of hospital, its core revenue funding has not changed for six years and prior to that, funding was reduced by nearly 22% between 2010 and 2016. Capital funding has remained the same for 10 years. The organisation states: "Funding is not sufficient to meet need...we see thousands of older people in desperate need of help to make their homes safe to live in that we cannot help" (179).

The place-based datapacks include the following charts:

- Overweight or obese adults
- Adults (16+) who meet the physical activity guidelines
- Pupils who did no frequent sporting activity
- Percent drinking more than 14 units of alcohol in the usual week
- Drug deaths, rate per 100,000

RECOMMENDATION: STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION	
Related Marmot indicator	Inactivity rate excluding students (males, females) Percent walking for 10 minutes every day or several times a week to get somewhere Percent of people who are lonely (age 16+)
2023-2024	**2024-2029**
Accountable lead: ABUHB Public Health Team	
• Assess Gwent's current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and the social determinants of health approach and a whole systems working approach in Gwent. • Assess the steep decline in life expectancy for women in Gwent. • In partnership with local authorities provide inequalities-informed behaviour change approaches to e.g. public transportation and active travel. • Develop approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation. • Adopt equivalent of equity informed approach (for example, Deep End or equivalent) in all primary care practices in areas of higher deprivation.	• Behavioural prevention policies and actions all have equity and social determinants of health approach and a whole systems approach. • Implement actions to reduce the steep decline in life expectancy for women in Gwent. • Support work with communities in areas of higher deprivation to provide the activities, support, spaces and opportunities they want. Monitor use and work with communities to increase uptake.
Accountable lead: ABUHB	
• Maximise secondary prevention opportunities in acute and primary care in Gwent through health promoting hospitals and health services and supporting clinicians to identify and act on these inequalities. • Review exercise on referral and social prescribing offers to ensure they are addressing the social determinants of health and offered to citizens living on lower incomes.	• Monitor secondary prevention opportunities in acute and primary care in Gwent, ensure it is addressing inequalities. • Exercise on referral and social prescribing offers have equity and social determinants of health approach.

Areas for national actions:

- SportsWales to analyse funding available for areas of higher deprivation and amend funding proportionate to need to reduce health inequalities.
- Examine the impact of the minimum alcohol price on household income.
- Make statistics on alcohol and drug misuse available at local authority disaggregation and by deprivation status.

3G. TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES

KEY MESSAGES

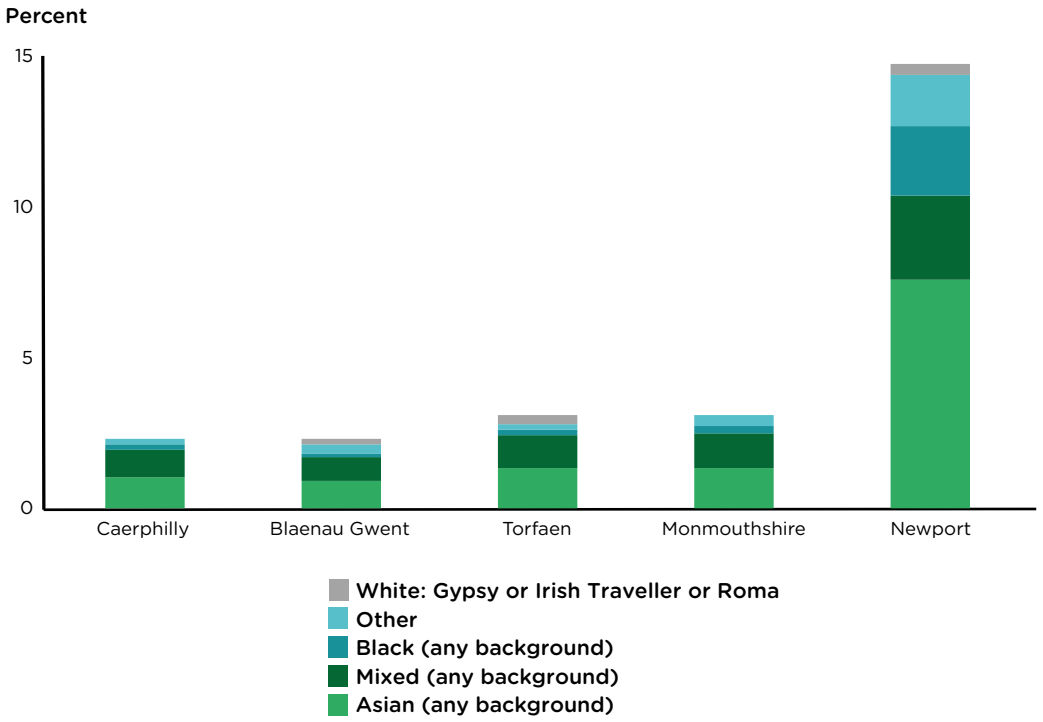
- Structural and systemic racism contributes to perpetuating health inequalities, as one of the 'causes of the causes of the causes' of ill-health, and lies behind ethnic inequalities in the social determinants.
- While most ethnic populations in the UK have longer life expectancies than White Britons, some ethnic populations appear more likely to be in poor health.
- Data on ethnicity is lacking in many health outcomes and in key social determinants of health. It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services, to enable employers and providers of services to reduce discrimination and inequalities.
- In Gwent, Newport has the highest proportion of people from ethnic minority backgrounds. It is a relatively young population with impacts on public services such as schools.

Compared with the White population, disability-free life expectancy is estimated to be lower amongst several ethnic minority populations and rates of infant and maternal mortality, cardiovascular disease and diabetes are higher amongst Black and South Asian ethnic populations and people from ethnic minority groups are more likely to report being in poorer health and report poorer experiences of using health services than the White British population (263).

In the UK, people from many ethnic minority populations are more likely to live in more deprived communities compared to White populations (264). The Runnymede Trust states that in the UK, in 2018-2020, 37% of ethnic minority populations lived in relative poverty, compared with 19% of the White population. Ethnic minority populations are currently 2.2 times more likely to be in deep poverty, experiencing extreme levels of hardship, meaning they struggle to afford everyday basics such as food and energy, than White populations. Bangladeshi populations are more than three times as likely to do so (265).

In the 2021 Census 82% of the Welsh residents stated they were white, a decrease from 86% in 2011. Figure 3.35 shows Newport is the most ethnically diverse area in Gwent, 8% of the city's population are from an Asian ethnic background, 2% from an Asian ethnicity and 1% each from a mixed Black or 'other' ethnicity (266).

Figure 3.35. Percent of population from broad minority ethnic groups, Gwent local authorities, 2020



Source: *Office for National Statistics Census (266)*

The IHE report *Building Back Fairer* showed the pandemic revealed stark inequalities in health and economic and social inequalities in many of the UK's ethnic minority communities. At the height of the pandemic the diagnosis rate of COVID-19 per 100,000 population for Black males was nearly three times that of White males. People of Chinese, Indian, Pakistani, Other Asian, Black Caribbean, and other Black ethnicity had between 10 and 50 percent higher risk of death from COVID-19 compared to the White population (5). The pandemic exacerbated existing inequalities and exposed the degree to which ethnic minority groups were affected by health inequities.

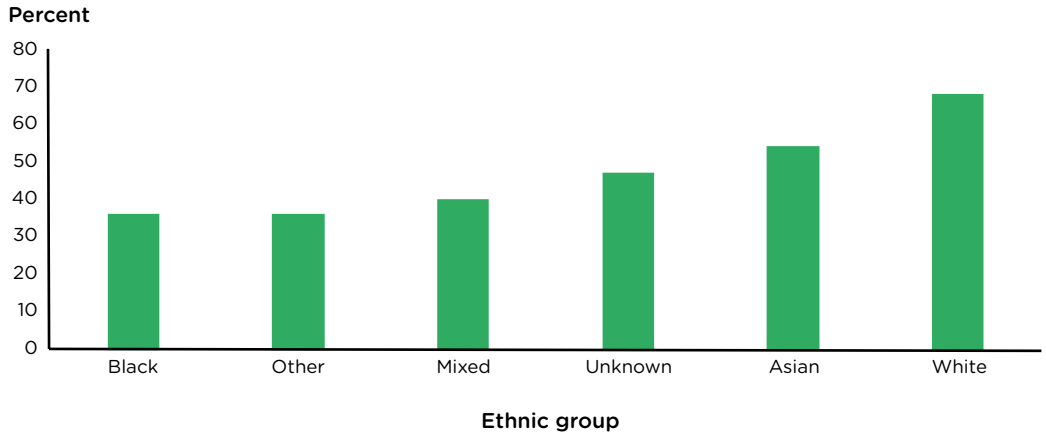
In January 2023 the Welsh Government published its *Anti-Racist Wales Action Plan* (267). The ambitious plan focuses on "six ways in which racism impacts on the lives of ethnic minority people", in:

- experience of racism in everyday life
- experience of racism when experiencing service delivery
- experience of racism in being part of the workforce
- experience of racism in gaining jobs and opportunities
- experience when they lack visible role models in position of power
- experience of racism as a refugee or asylum seeker

One of their priority action areas is health inequalities. The health inequalities working group, yet to be established, will be required to "work alongside and coproduce with Black, Asian and minority ethnic people to identify to identify barriers faced by these communities in accessing services and (b)y 2023... make recommendations on how barriers can be removed to ensure equality of access to services." (267)

One of the goals of the Anti-Racist Action plan is to improve data to understand health inequalities related to ethnicity. Figure 3.36 shows the COVID-19 vaccination uptake by ethnicity and there are clear inequalities, with 32% of Black population groups having the 2022 autumn booster compared to 63% of the White population. In this statistic, 10% of responses stated ethnicity was 'unknown'. This poor data compromises the ability of systems to best address inequalities and the recording of ethnicity in the NHS must improve.

Figure 3.36. Percent of people vaccinated with the COVID-19 autumn booster, Wales by broad ethnic groups, at 14 March 2023

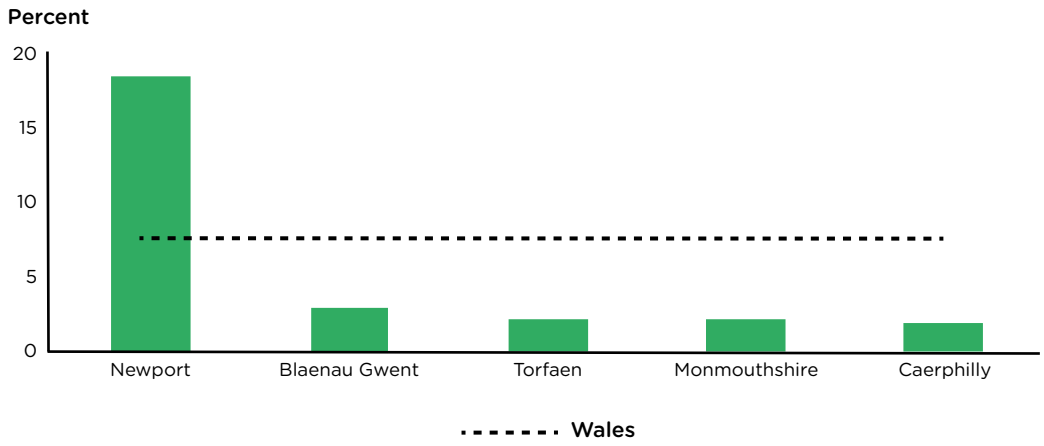


Source: *NHS Wales (268)*

As well as having the most ethnically mixed population in Gwent, Newport also has the highest percent of pupils whose language is not English or Welsh, more than twice the Welsh average. Figure 3.37 also shows the make-up of Newport's ethnic minority population, which is young.

With education budgets under pressure in 2023/24 and in subsequent years, it will be important to monitor the provision of additional support and the outcomes of students with English/Welsh as a second language.

Figure 3.37. Percent of pupils aged over five whose first language is not Welsh or English, Gwent local authorities and Wales, 2020/21



Source: *Pupil Level Annual School Census (269)*

The place-based datapacks include the following charts:

- Population by ethnic group
- Pupils who are Black, Asian or from an ethnic minority group, primary and secondary schools

RECOMMENDATION: TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES	
2023-2024	**2024-2029**
Accountable lead: Public Services Board	
• All PSB partner organisations to gather data on their workforce by ethnicity, pay and grade.	• Based on findings in year one, PSB statutory partner organisations set actions to reduce structural racism and its outcomes in the NHS, local authorities and public sector. • Work with businesses to improve collection of workforce data about ethnicity and actions to reduce structural racism.

Areas for national actions:

- Implement the Anti-racist Wales Action Plan.

3H. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

KEY MESSAGES

- Tackling climate change and health inequalities in unison is vital so that efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage health equity.
- Harm to health from climate change will affect communities living in the most deprived areas the most.
- Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst-off who also bear the costs of remedying the problem.
- The Welsh Government has made significant commitments to improving air pollution emissions. Air quality in Gwent is at or slightly above Welsh averages.
- The Welsh Government has also made significant commitments to improving active travel however data at local authority levels is insufficient and applying an understanding of inequalities of active travel policies is advised.

The IHE *Ten Years On and Achieving Net Zero* reports outlined the direct and indirect impacts of climate change to mental and physical health and unequal impacts that deepen health inequalities (3) (6).

As the climate warms and the incidence of extreme weather events such as intense rainfall increases, harm to health from climate change will also increase and, in the future, will affect people who live in the most deprived areas the most (6). In 2022 extreme weather, in the form of heat waves, hit Gwent in July and August. The highest recorded temperature in Wales was recorded in July 2022. These high temperatures had significant impacts in Gwent: the Welsh Ambulance Service reported increased calls; the Gwent Fire Service had its busiest day since World War Two; roads were damaged and water levels in the River Wye were extremely low, measuring at two centimetres at points (270). These high temperatures impacted on health.

Between June and August 2022, 3,271 excess deaths were recorded in England and Wales, a 6.2% increase above the five-year average. In the 2022 summer heat-waves deaths due to dementia and Alzheimer's disease were the leading cause of excess deaths in England and Wales (271).

Many of the actions to reduce greenhouse gas emissions will also improve health as a co-benefit and reduce existing health inequalities, for example, by improving local air quality. However, there is potential for interventions such as phasing out petrol and diesel cars that would widen inequalities (6). The IHE *Sustainable Health Equity: Achieving a Net-Zero UK* report recommends an overarching health equity in all climate change policies approach, and that these policies must ensure the costs of measures to mitigate climate change are distributed progressively and that the benefits reach those who have the most potential to benefit (6). Adaptation and mitigation actions both require systematic cross-departmental working across the same areas of government, including housing, transport, health and fiscal policies among others. The report identifies the key policy levers to address health equity and climate change, Table 3.

Table 3. Adaptation and mitigation measures to reduce inequalities and meet net zero (6)

Minimising air pollution	• Reduce dependence on fossil fuels and accelerate transition to clean energy. • Set target date to eliminate home installation of wood burning and gas stoves in urban areas. • Upgrade domestic heating systems to electric and/or heat pump technology. • Invest in retraining and diversify affected economies as fossil fuel industry sites are closed.
Building energy efficient homes	• Establish target to retrofit and upgrade existing homes to be energy efficient. • Revise building standards to become near-zero or zero-carbon with flexibility to adapt to local environment needs. • Ensure all homes are designed to reduce exposure to extreme heat without using refrigerants.
Promoting sustainable and healthy food	• Enable powers to transition to healthier and more sustainable diets, to be reflected in UK dietary guidelines. • Develop labelling system to inform consumers about health and environmental impacts of purchases. • Support interventions such as changing marketing of food, VAT structures and waste reduction duties.
Prioritising active and safe transport	• Support replacement of old polluting vehicles, expand electric charging network for vehicles and e-bikes and invest in walking/cycling infrastructure. • Increase availability of affordable and reliable public transport, promote ride-sharing and e-delivery services. • Optimise flexible speed restrictions/traffic control measures to protect cyclists and pedestrians, reduce air pollution and GHGs, and increase monitoring and enforcement.

Wales' *Net Zero Strategic Plan* outlines actions taken by the Welsh Government to achieve net zero emissions by 2030 (272). The ambitious plan includes actions for staff and it is important that the delivery of the plan has an equity focus as well as a harm reduction and mitigation focus in interventions and policies to reduce the effects of climate change. For example, two commitments state they will provide "an enabling environment for low carbon travel'" and "advice and support to Welsh householders to retrofit their homes towards net zero standards". An equity-focused offer would be proportionate, such as offering proportionately more support for employees on lower wages.

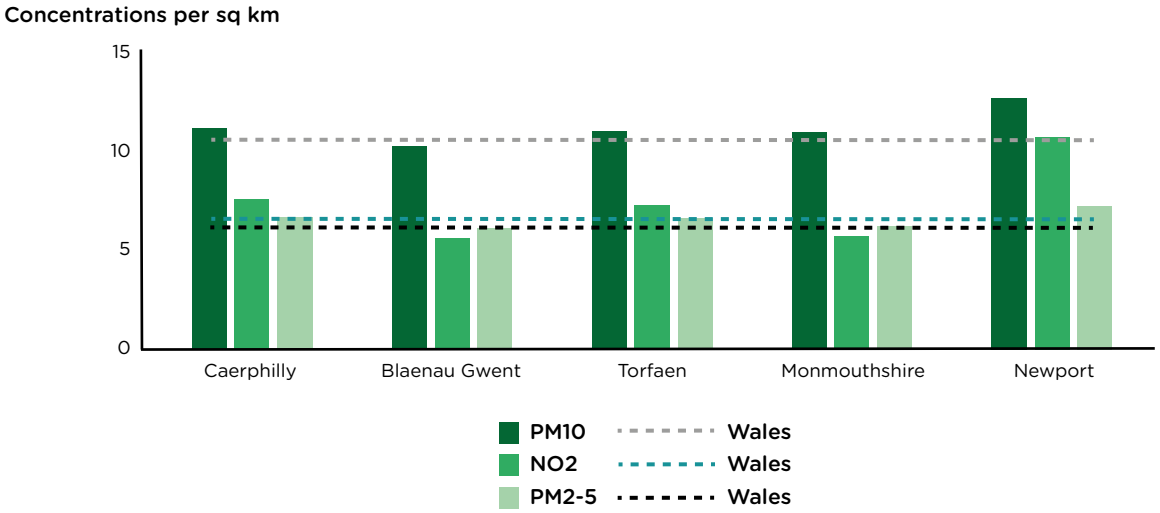
The *South East Area Statement* is Natural Resources Wales' strategic approach in Gwent (273). Its Healthy, Active, Connected statement acknowledges the inequalities in green space, and we would encourage these approaches, such as increasing food growing spaces, improving the quality of green spaces and active travel infrastructures, to adopt a health inequalities lens and to take actions in areas of higher deprivation first, to reduce inequalities.

AIR POLLUTION

Air pollution has a significant effect on public health and the Welsh Government has taken a number of actions to improve air quality, including reducing speed limits on motorways and, from September 2023, a 20mph default speed limit on restricted roads (residential roads) across Wales (274). Another significant policy to improve air pollution is the Roads Review decision to cancel new road schemes in February 2023. Whilst this is promising, the Senedd later voted to criticise this review and it is unclear if the decision to cancel new road schemes will stand (275).

Public Health Wales estimates the long-term exposure to air pollution is related to 1,000 to 1,400 deaths each year in Wales (276). It also estimates the cost to Welsh society (impacts on the health service and lost work days) from air pollution is around £1 billion per year (277). Pollution concentrations in Blaenau Gwent are all below Welsh averages but in the other four local authorities, air quality is equal to or slightly worse than the Welsh average, Figure 3.38.

Figure 3.38. Average pollutant concentrations for each square kilometre, Gwent local authorities and Wales, 2020



Source: *Air Concentration, Department for Environment, Food and Rural Affairs*

RETROFITTING

There are co-benefits/positive side-effects from addressing climate change (6). The most effective policies focus on whole-house approaches, improving insulation, heating and ventilation as well as influencing behaviours and lifestyles (279). The IHE report *Fuel Poverty, Cold Homes and Health Inequalities in the UK* showed retrofitting existing houses (for example, improving insulation, fitting double-glazing, etc) will improve housing standards and reduce greenhouse gas emissions as well as improve health outcomes and reduce inequalities (188).

In Wales, energy use in homes accounts for 10% of Wales' greenhouse gas emissions (including from electricity consumption) (280). The UK Climate Change Committee states greenhouse gas emissions from existing homes are not falling fast enough to meet net zero as policies are not adequately supporting homeowners to retrofit homes with low-carbon heating options (281). Locally, areas stated a proportion of housing grants for retrofitting were not spent due to the undersupply of contractors who can carry out the work. Local authorities reported: "Companies are not confident that there will be a steady supply of long-term work through retrofitting schemes to justify developing skills and resources needed to deliver retrofitting, a problem that gets worse every time a new scheme comes around due to past history of failed schemes."

The public wants better access to renewable energy. 63% of respondents to a Public Health Wales survey stated they 'strongly supported' cheaper and more accessible renewable energy from solar, wind and sea power (225). There have been programmes to support households to make their homes more energy efficient, Box 24 outlines the Energy Company Obligation.

Box 24. Improving efficiency in low-income homes

The Energy Company Obligation (ECO4), introduced in 2013, is a government energy efficiency scheme for Great Britain that aims to provide long-term reductions in fuel poverty and energy bills and reduce carbon emissions. The current ECO4 order began in July 2022 and runs until March 2026, with an investment of £4 billion. The scheme supports low-income and fuel-poor households through installation of insulation and heating measures, especially in the least energy-efficient homes. The scheme places a legal obligation on suppliers to support these households. Homes with an Energy Performance Certificate (EPC), band of D-G may be eligible for the scheme. There is a minimum delivery requirement of improving band F or G homes to at least band D, and band D or E homes to at least a band C.

Detailed guidance outlines how local authorities can identify and refer households, who must be in private tenure. There are four separate routes to identify low income and vulnerable households under ECO4 Flex. All four routes can be used by a single local authority and each route should be used independently of each other. These are:

1. Household income – households with gross income less than £31,000.
2. Proxy targeting – households living in Band E, F, and G who meet two out of seven proxy criteria, based on deprivation, vulnerability and financial security.
3. NHS referrals – households with a low income and vulnerable, with an occupant whose health conditions may be impacted further by living in a cold home.
4. Bespoke targeting – suppliers and local authorities can submit a proposal for a new route to identify low income and vulnerable households (282).

Local authorities have experience of referring households to the scheme but the NHS referral element is relatively new and less well known, particularly by health professionals. There is an opportunity to help promote this referral route to ABUHB staff and offer training through the PSB with those local authority partners who are experienced in the scheme.

In Blaenau Gwent they have had success funding retrofitting schemes through the Energy Company Obligation and registered social landlords retrofit efforts as they targeted geographic areas (local community or even street level). This achieves economies of scale for contractors, and householders are not left to act in isolation with little or no support for what is a novel and potentially high-risk undertaking. Blaenau Gwent Council is seeking to take part in a study with Warwick University based on engaging with communities at a very local scale because of the local low uptake of retrofit options. The aim is to address knowledge gaps and encourage a 'social contagion' type of approach, with solar panels going up in clusters on streets.

Local authorities and housing associations reported short-term funding lasting two to three years is not sufficient to improve uptake of retrofitting interventions in housing. In conversations with us and in the workshop described in Box 25 they requested core revenue funding to develop and deliver what is locally needed, instead of short-term, one-off funding pots. Current UK and Welsh Government funding requirements are too restrictive and conditionality dictates the type of activity that should take place which does not allow local places to deliver the actions they believe are locally needed.

Box 25. Decarbonisation of social housing

In March 2023 a workshop with key social housing providers and Caerphilly Homes discussed the possibility of acting collectively to decarbonise its stock in Gwent. A critical mass in Gwent would be a strong economic case and increase the number of green jobs in the local economy. Housing providers discussed how to achieve economies of scale and create a supply chain of small contractors in Gwent. The New Economics Foundation estimates £5.5 billion is needed to retrofit social housing in Wales (283).

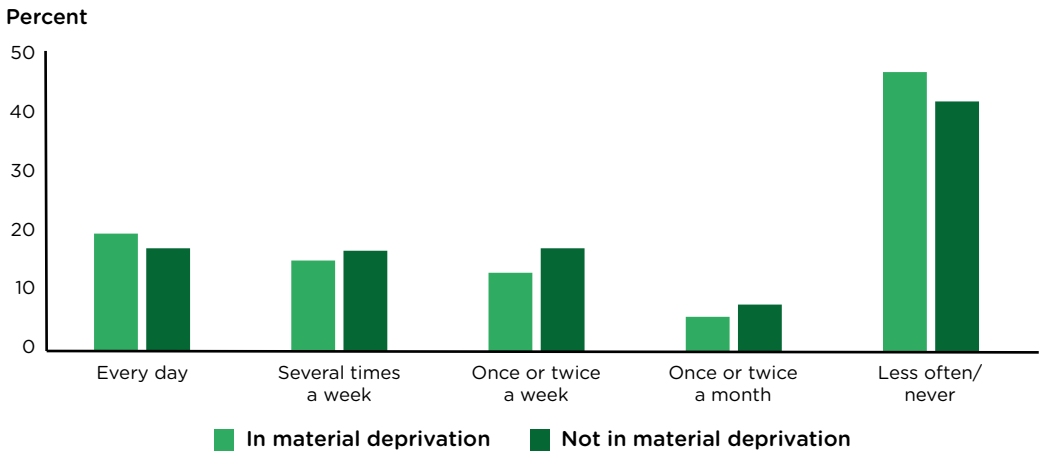
Workshop participants also discussed the inadequacies of the current EPC system. The Climate Change Committee agree that EPC ratings should be revised to better define standards reduce emissions from homes. It is accepted that the current EPC rating system does not incentivise the energy efficiency and heating solutions needed to deliver net zero homes. In addition, EPC ratings should be improved to compare actual and not expected performance and thus enable policies to be better targeted (284).

ACTIVE TRAVEL

There have been long-standing plans to increase active travel in Wales, however, cycling rates remain low and the latest statistics show a drop in walking. In 2021/22 6% of people in Wales cycled at least once a week for active travel purposes and 51% walked, a drop of 9% in one year. Walking rates to primary school are increasing slowly but rates of walking to secondary school have not changed since 2016/17 (20). None of these statistics are available below national level and are not disaggregated by deprivation/income. When asked for active travel statistics, one local authority referred to the number of students who put up their hands in an assembly.

In 2021/22 91% of adults in Wales cycled 'less often' or 'never' and 4% cycled 'once or twice a month' (20). The only active travel question in the National Survey for Wales with an inequalities disaggregation is shown in Figure 3.39. Adults in material deprivation are slightly more likely to walk every day but they are also more likely to walk 'less often' or 'never', compared to people not in material deprivation. To design interventions to increase active travel and reduce inequalities, disaggregated and local statistics are needed.

Figure 3.39. Percent of adults who walked for more than 10 minutes as a means of transport in previous three months, by material deprivation, Wales, 2021/22



Source: *National Survey for Wales (20)*

Public Health Wales has modelled the benefits of active travel and estimates that for shorter journeys (for example, trips to shops or schools) walking and cycling has a return of £8 for £1 invested (277).

Since 2013, local authorities in Wales have had a legal duty to promote walking and cycling with the introduction of the Active Travel (Wales) Act. The Welsh Government has funded active travel but local authorities reported funding for active travel was too often in the form of grants and again, too specific, and conditionality dictates the type of activity that should take place. Funding was not, for example, available for ongoing maintenance or public engagement to encourage active travel. A survey for Public Health Wales found 49% of respondents stated they 'strongly agreed' there should be more cycle routes and safe walking routes and 33% agreed (225).

The place-based datapacks include the following charts:

- Greenhouse gas emissions per capita, 2020
- Greenhouse gas emissions per capita, 2010-2020

RECOMMENDATION: PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER	
Related Marmot indicator	**Average level of nitrogen dioxide**
2023-2024	**2024-2029**
Accountable lead: Natural Resources Wales	
• Adopt a health inequalities approach to the South East Wales Area Statement and related actions. • Health equity assessment of adaptation and mitigation approaches in Gwent.	
Accountable lead: Transport for Wales	
• Map bus transport links between areas of higher deprivation and areas of employment opportunity and access to primary and acute health services. • Map rail transport links between areas of higher deprivation and areas of employment opportunity. • Health equity assessment of school and further education transport (including bus journeys and active travel).	• Reduce inequalities in bus transport in each local authority in Gwent. • Reduce inequalities in rail transport in each local authority in Gwent. • Reduce inequalities in transport to schools and further education colleges in each local authority in Gwent.
Accountable lead: Housing associations	
• Housing associations assess possibilities for retrofitting homes in Gwent to improve their thermal efficiency and reduce reliance on fossil fuels, energy costs.	• Social housing associations implement plans to retrofit homes in Gwent.

Areas for national actions:

- Revise EPC rating metrics to make them easier for the public to understand. Compare with actual performance of dwellings and enable policies to be better targeted.
- Undertake health equity assessment of national bus funding decisions.
- Undertake health equity assessment of South East Wales metro system and active travel plans.

CHAPTER 4

SYSTEMS CHANGE IN GWENT FOR HEALTH EQUITY

KEY MESSAGES

LEADERSHIP FOR HEALTH EQUITY

- Strong leadership on health equity is essential for action on health inequalities and needs to be strengthened in Gwent, in each local authority and within the NHS.

PARTNERSHIPS FOR HEALTH EQUITY

- Reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health.
- The Public Services Board includes local government, public services, the police and the Third Sector. It has the capacity to reduce health inequalities if it shifts its focus. The education sector (early years, primary, secondary and further education) and communities should be better incorporated into current partnerships.
- Strengthening partnership working with businesses and the economic sector will support health equity.

CO-CREATING FOR HEALTH EQUITY

- Involving communities, the Third Sector and people with lived experience should be at the heart of Gwent's approach to tackling health inequalities.
- The Third Sector is vital to the success of actions on the social determinants of health. Whilst Third Sector organisations are included in the PSB and the RPB, they are still not regarded as equal partners nor adequately resourced.
- Third Sector partners should be involved at the highest level, to harness their energy, knowledge and skills.
- Funding for the Third Sector should become more sustainable and not small 'one-off' pots of money, as these degrade the capacity of the sector to have sustainable and lasting impact.

FUNDING FOR HEALTH EQUITY

- Over the last 13 years, cuts to local authorities' spending and public services have harmed health and widened inequalities.
- An increase in long-term funding is urgently needed to reduce health inequalities and to take action on the social determinants of health; it should be proportionate to need and more equitably distributed,
- Government policies and strategies emphasise the importance of prevention, but spending continues to prioritise acute crises. Prevention funding and activities should be better identified and increased.
- The social determinants of health are central to the three priority areas of Shared Prosperity Funding. It is essential that both this funding and Levelling Up funding are monitored and analysed for their impact on health inequalities.

DATA FOR HEALTH EQUITY

- Robust, timely, reliable and appropriately disaggregated data is needed to address health inequalities and improve the social determinants of health.
- Wales has abundant data on health outcomes, but there are limits in the availability of data at sufficiently small geographical level or disaggregation, that can capture within-local authority inequalities.
- A monitoring system is needed that reports on health inequalities and inequalities in the social determinants of health.
- The use of linked and shared datasets needs to improve.

STAKEHOLDERS

Public sector

- Health equity is not just a concern for public health and for healthcare: all public services can play a role and bring their expertise to bear.
- Education, and the police are significant public services in health equity and need to be seen as such.

Businesses

- Businesses affect the health of their workforce and are a major factor in health and health inequalities.
- Businesses and public sector employers can help reduce health inequalities by providing good-quality employment and equitable recruitment; providing healthy products, services and investments; and influencing and partnering with communities.
- The private sector, particularly micro and small enterprises, can be key partners in working to improve health equity. In addition to the moral case, businesses will benefit from a healthier and more productive workforce, and increased attractiveness to potential employees, customers and investors.
- The anchor institution approach, developed in healthcare organisations, provides a good model for public services to support greater equity in the social determinants of health and reduce deprivation in local areas.

NHS

- Health equity and the social determinants of health should be a central concern for healthcare providers and the whole healthcare system.
- There is a financial as well as moral case for the NHS to reduce health inequalities. Areas with greater deprivation have greater healthcare needs, and as a result, higher healthcare costs.
- Primary care can support their population's health and reduce inequalities by working to improve local living and working conditions, being a strong advocate and working with individual patients to improve the social determinants of health. This can include access to services for better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment.
- There are a number of vacancies in GP practices in areas of higher deprivation. Actions to increase GPs in these areas should be prioritised. Funding for GPs should be weighted and adjusted to reflect need – GPs in areas of the highest deprivation in England receive around 7% less funding per patient than those serving more affluent populations.

Reducing health inequalities requires effective prioritisation, policies, resources and actions. In this section we outline the actions the Gwent system should adopt to enable local stakeholders to tackle health inequalities more effectively, even in the context of austerity. The second part of the section outlines the actions that stakeholders in Gwent can take – public services, businesses and the economic sector and healthcare organisations.

The recommendations that follow require a systems approach – both in collaboration and leadership. These recommendations challenge previous policies that treat the symptoms of poverty and challenge Gwent to implement policies and approaches to address the drivers of inequalities – and to deliver. In setting out how a health equity system can function in Gwent and in each local authority, we outline how to develop and sustain a health equity system to ensure effective leadership, partnerships and collaborations with communities.

4A. LEADERSHIP FOR HEALTH EQUITY

At the beginning of this report, we quote Raymond Williams' challenge to "make hope possible, rather than despair convincing". Strong leadership, focused on addressing health equity across organisations, is essential to making it possible to better tackle health inequalities and give Gwent's residents and the staff working in public services, the Third Sector and businesses, a sense of hope that their work is helping to make lives better.

It is up to leaders in Gwent to take this hope and provide the tools to help staff create services in Gwent that will reduce health inequalities. We heard a sense of urgency amongst many – who wanted more than words, they wanted to see actions and results. Many, many people believe local services and approaches should be, and can be, better and more equitable.

In Gwent the Aneurin Bevan University Health Board (ABUHB) public health team commissioned this work and is the lead organisation tackling health inequalities. But as this report has shown, it cannot deliver all the actions needed to tackle health inequalities. We propose that the Public Services Board oversees the implementation of a plan based on the findings and recommendations in this report and appoints a lead to improve accountability. When introducing new policies and approaches, such as an enhanced focus on inequalities, leadership is "essential for creating an organisational context conducive to change" (285). Chief executives in all organisations should encourage senior leads to deliver policies to reduce inequalities and this involves adopting longer-term approaches to reducing inequalities.

The Welsh NHS Confederation has also identified that better leadership is needed that focuses on tackling the causes of health inequalities. It recommends a national and cross-government group. However, many of the policies already exist (286). We recommend better leadership at the regional and local levels to tackle health inequalities. This involves staff in senior positions within each local authority taking risks, as we saw in each local authority and in the NHS, such as the alcohol care team in Section 3F, and early years providers combining funding to reduce bureaucracy.

Whilst the Public Services Board and ABUHB documents have stated health inequalities are a focus, health equity has not been taken forward as a priority across the system – improving wellbeing is the focus instead. We recommend a shift towards delivering polices that will reduce inequalities and strengthen organisational and system-wide leadership to improve health equity in Gwent.

A Gwent approach to tackling health inequalities will:

- shift policies from improving wellbeing to focus on reducing inequalities
- give staff the time to deliver policies without letting processes overshadow delivery
- work with Welsh Government to secure longer-term funding for NHS, local authorities and the Third Sector
- Consistently assess if proportionate universalism is needed to reduce inequalities
- Scale-up policies and strategies that reduce inequalities
- Build commitment, not compliance.

NATIONAL POLICY FOCUS AND PACE

Whilst a number of national strategies and policies to improve wellbeing in Wales have sought to reduce health inequalities, outcomes are still not shifting. Aiming at improving wellbeing is different from reducing inequalities. Often policies that have the goal of improving wellbeing will improve outcomes by meeting the easy targets, the so-called 'low hanging fruit' – and once these easier outcomes are achieved, actions are not then taken to reduce inequalities (or shift generational poverty). The national policy focus needs a more acute focus on inequalities, so that every resident in Wales has the opportunity to have the best start in life and a fair and prosperous life.

Reducing health inequalities requires effective national policies, actions and resources but to deliver these polices and actions requires trusting local systems, who know their communities best. Systems were yearning to be given the capacity and control funding to better reduce inequalities in their local areas.

In 2020 a senior civil servant in the Welsh Government stated: "We keep talking about poverty. We keep talking about low skills. We keep talking about poor housing. And we keep coming up with programmes to fix it, but we never do." (287) Three years later, in 2023, our work in Gwent echoed this sentiment. The plethora of well-meaning but overwhelming policies is not allowing systems the time and capacity to deliver policies. An NHS interviewee stated: "Our intentions to improve are lost in the constant mire of new policies." And a Third Sector leader working with local authorities echoed this sentiment, stating those developing policy, "keep trying to get perfect. There is a deflection of rolling up our sleeves and doing the hard work. We need to get in there and turn words into action."

The pace of new national policies in Wales means there is a risk that the good legislation is deemed ineffective, but perhaps it is more that policies have not yet had a chance to succeed. Locally, professionals have responded differently to the abundance of Welsh policies. In workshops some participants spoke of being held back by the plethora of policies and processes, hesitant to implement policies as newer policies would eventually be introduced. Local systems – councils, the voluntary sector, public services – need time to deliver policies and adapt to local needs. One local policy lead in a Gwent local authority said: "We have the Cardiff University social sciences park but I don't have time to use it." Introducing new national strategies and policies, particularly without additional funding, are not a current priority, particularly in this difficult financial period.

Delivering policies and shifting how systems deliver is needed along with a more realistic approach that accepts the difficulty of reducing inequalities. There is a tendency to be over-optimistic in policy development. The National Audit Office in England stated this tendency, "leads public bodies to underestimate the delivery challenges of what are often complex projects". Complexity in projects is defined as: having multiple stakeholders, being interlinked or related to other major projects, and dependent on organisational or citizen behavioural changes (288) – all factors relevant to reducing health inequalities. Despite the number of reports and research that find addressing health inequalities to be a complex problem, too often policies fail to reflect this complexity, which affects the ability of local systems to deliver and achieve policy outcomes (289). The 2022 ABUHB Director of Public Health's annual report agreed: "Translating the strategic intent into action on the ground in communities will require system transformation, not just minor adjustments. Doing more of the same will see the level of inequity continue to widen." (290).

RECOMMENDATION: LEADERSHIP FOR HEALTH EQUITY	
2023-2024	**2024-2029**
Accountable lead: Public Services Board	
• The Gwent PSB Marmot Programme Leadership Group becomes an Implementation Board and oversees development of an implementation plan, based on this report.	• Public Services Board annual review of implementation of recommendations.
Accountable lead: ABUHB Public Health Team and Public Health Wales	
• Actively work with partners outside of the NHS to address social determinants of health. • Public Health Wales to work with Gwent public health team to support this work and provide tools and intelligence as requested.	

4B. STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY

"The public don't care what uniform is worn. They want action."

Strong partnerships between different regional stakeholders are essential to reducing health inequalities. These stakeholders include the Third Sector, businesses, public services, local governments, the NHS and local residents. All of these, except residents, are either members of the PSB or the RPB – so why aren't these partnerships leading to reduced health inequalities or better outcomes?

Forging partnerships requires more than simply meeting, it involves shifting priorities and cultures. The central focus of partnerships should be achieving equity and improving the social determinants of health. More broadly, other public services, including schools, transport, housing and regeneration, have enormous impacts on health and the social determinants of health, and need to be more centrally involved in efforts to improve health and reduce health inequalities. Such actions will also support better outcomes in each sector, such as reducing inequalities in education.

Engaging with employers, particularly small and medium enterprises, is essential for tackling health inequalities, see Section 4F. The Cardiff Capital Region has responsibility for the region, but businesses and the economic sector do not sit on the Public Services Board and have not yet been involved in plans for improving health equity, despite having a vital role in shaping health. This needs to change.

The Public Services Board and the Regional Partnership Board have so many statutory requirements to fulfil that they have little time to discuss local issues. In interviews these partnerships were described by many as "talking shops" "where little gets done", where everyone is "working in partnership but no one is" and where "regional partnerships have become large and unwieldy, focused too much on governance". As a result, people have come to regard some partnerships as "a nice add-on, they aren't integral".

Partnerships in Wales take up capacity and resources for all involved. Audit Wales found: "Public bodies find it challenging to resource delivery of the requirements of Welsh Government guidance in respect of partnership working" and in 2020, at a time when local authorities, public bodies and the NHS were better resourced, it found attendance from senior staff was "challenging for public bodies working regionally where capacity is stretched" (31). In 2023, with resources further stretched, this attendance may suffer even more. People stated they sometimes depended on other partnerships or individual relationships instead of the PSB or RPB.

In workshops people stated they wanted to "shift the relationship of public services working with each other"; "think about what the system needs to do and change relationships with other agencies". People told us they see the value of partnerships, but in workshops and interviews individuals told us current partnership structures aren't working. They all stated they want to work in partnership and achieve greater health equity. They could see the value of the PSB, if partners were able to genuinely hold each other to account: "In the PSB there's an opportunity to hold partners to account… you have to be sat around the table. (For instance) the Health Board could pick up the phone today and say 'Gwent Police, I need to have a quick chat to you about (this) policy that is having a massive impact on our Accident and Emergency'…with the PSB you have a forum to raise as an issue and then you have an opportunity to challenge someone…and hold each other to account. Whereas if you didn't have it, it would rely on relationships".

The Gwent Strategic Wellbeing Assessment Group (GSWAG) is responsible for developing strategies to address health needs, improve wellbeing and narrow inequalities across the region. However, it was described by some who attend this meeting as "not decision making, with no leadership, it's five local authorities sitting together in a room but not working together".

The Public Service Board and the structures to support them, such as GSWAG, should be supporting the work of the Future Generations Act. Instead, in interviews we were told the PSB has largely become a bureaucratic burden with a great deal of time and effort spent writing reports with little or no assessment as to whether they have any impact.

Many comments referred to Welsh Government expectations for local areas to work in partnerships and collaboration, while being firmly rooted in departmental siloes: "The Welsh Government is still working in siloes but expects (local authorities) not to"; "locally we are trying to collaborate, but this doesn't happen nationally". People also spoke of the NHS as being at times reluctant to work in partnerships or only on 'their own terms' and that the "NHS is unwilling to give up money or responsibility or power. Health is really hanging on." A representative from the voluntary sector working in early years said there were "very few opportunities where we could work together with health. We've been really keen to explore partnership working but it just hasn't been accepted, it's been really frustrating". One individual in the NHS agreed: "The learning from the pandemic, some of those ways of working together, I think we've probably retrenched back into our siloes again."

The Third Sector was pleased to be included as a statutory partner in the PSB and RPB: "Normally the voluntary sector isn't sitting on these (kind of partnerships)" but there was also a concern that it had yet to be regarded as true partners: "In three years we've been in these partnerships… there's been nothing that's come into the funding landscape that has allowed us to do anything with health" – more in-depth partnership arrangements in England have resulted in "resources that can really make an impact".

The two key partnerships in Gwent, the PSB and RPB, will soon be joined by the South East Wales Corporate Joint Committees, responsible for: strategic development planning; regional transport planning and promoting the economic wellbeing. These partnerships will again bring together key stakeholders in South East Wales and again focus on wellbeing. Partnerships are necessary to reducing health inequalities but are not the answer to everything. Rather than holding full partnership board meetings there are smarter ways of working which rely on time-limited working groups and task and finish groups with clear timelines.

In other Marmot regions, partnerships have been created to address inequalities. Coventry has a "Marmot' working and delivery group (291) and in Cheshire and Merseyside 'All Together Fairer' leads from each local authority meet regularly to analyse progress against recommendations, share problems and good practice.

RECOMMENDATION: STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY	
2023-2024	**2024-2029**
Accountable lead: Regional Partnership Board	
• Regional Partnership Board chair and vice chair positions rotate between local authorities and health board.	

4C. CO-CREATE FOR HEALTH EQUITY

The 2010 and 2020 IHE reports stated communities can have positive effects on health through the resources they have. Communities can have a positive influence through supporting the development of social capital and cohesion and feelings of safety, low levels of which are associated with higher stress and worse physical and mental health (230). The success of interventions and policies designed to improve health and the social determinants of health depends on the success of building relationships and coalitions with the local Third Sector and local residents/communities.

Wales was the first UK nation to create a legislative framework for the Third Sector. The Third Sector scheme seeks to better integrate the Sector into Welsh policies, aiming to "to support and promote, in the exercise of their functions as Welsh Ministers, the interests of relevant voluntary organisations" and ultimately, to lead to "stronger, more resilient, communities" (292). Interviews with over 100 Third Sector organisations in 2019 concluded that core funding and longer-term funding was needed to better support groups to deliver and plan for the future (293). Per capita funding for the Third Sector in Wales is below both England and Scotland. Between 2010/11 and 2016/17, funding from the Welsh Government to the Third Sector fell by 18%, though this is still higher than the UK average (294). Supportive policies are not enough: the Third Sector needs adequate funding to support and empower communities.

Despite increased partnership working with the NHS, the Third Sector has not received significant increases in funding from the NHS. The Integrated Care Fund drives integrated working between social services, health, housing and the Third Sector and independent providers. Analysis from the Audit Office for Wales found the fund was not increasing funding to the Third Sector and that the Third Sector felt it had "insufficient access to the fund and benefits predominantly when spending on other projects slip" (295). As we heard from the Third Sector itself, it "has always been the sector which has been able to plug those gaps". But the Sector warned that without adequate funding in 2023/24 and future years, it may not be able to provide the services it has in the past:

"What we are seeing now is that there's this huge demand on the public service budget, everyone's contracting in and thinking the Third Sector will pick this up. The sector can't afford it, there's no capacity out there."

The make-up of the Third Sector in Wales differs from other parts of the UK. Many Third Sector organisations in Wales are small, operate at neighbourhood level

and employ few workers. 53% of charities have annual funding of less than £10,000 (296). The majority of Third Sector organisations in Wales support health and social care, communities, religion and sport and recreation. Assessments of the Welsh Third Sector argue this means the Third Sector is 'less likely to deal with poverty issues' howevver, these topics either directly or indirectly tackle the social determinants of health (294). Nonetheless, there are still concerns about the state of the Third Sector in Gwent, this research also found 'the poorest and most urbanised areas of Wales record the lowest number' of Third Sector organisations per capita (294).

Involving communities, the Third Sector and people with lived experience should be at the heart of any approach to tackling health inequalities. This involves the NHS better integrating communities into the design and delivery of strategies and interventions addressing poverty and inequalities. Healthcare organisations have traditionally relied on patient groups for community involvement, but cocreating with the public involves listening to a range of voices in local communities, not only those who have engaged with health systems in the past, or speak the loudest. It involves working with and listening to those most in need, who may need additional support to communicate their needs and opinions.

There are indications that individual staff are working with communities to adapt services. In 2022 families were central to the redesign of the Children and Families Neurodevelopmental Pathway, Box 26.

Box 26. Nurturing change in neurodevelopmental services: coproducing with parents and carers

In March 2022 the Children and Families Neurodevelopmental Pathway was redesigned by parents and carers, in partnership with NHS staff. The Gwent Regional Children and Families Transformation lead worked with the parents' group Parents with Voices and the assistant director for the Family and Therapies Division in ABUHB.

The group created a supportive space offering an opportunity for honesty (on all sides) to develop a 'doing with' approach as opposed to 'doing to' or 'doing for'. This process involved listening to the experience of parents and carers and sharing equal power when making and taking any decisions. They started by establishing trust within the group to ensure that parents and carers felt comfortable and equal partners. To support the collaboration, they reached out to a representative from Parents with Voices to act as a direct link to parents and carers.

The group decided to focus on improving signposting for families, communication and guidance. The parent group said the system was difficult to navigate and they didn't know how to initiate a neurodevelopmental assessment and or where they were in the system. When parents asked services for this information, they were unable to help.

Parents set the agenda in the process. After listening to their concerns, NHS staff designed a digital version of the pathway, including a pathway animation target at children to explain in a child-friendly way what to expect. They gave parents a single point of access for support and provided a 'frequently asked questions' document around the process.

Additional changes to the service included:

- A different approach to funding received from Welsh Government. The group piloted a Third Sector approach to support 'while people wait' and build local community support.
- Creation of a video to share parents' and carers' lived experience and the importance of codesign of services.

Parents also expressed concern that there was little to no support until they have a diagnosis. Parents had gone to their GPs for advice but felt unsupported. The group provided support for parents who wanted to talk to other parents going through similar experiences and there was also an opportunity to share with the NHS that they felt they had to fight for support instead of access it.

The group continues to meet monthly and now includes a task and finish group that meets the week after the main group to complete any actions that need a collaborative approach. NHS staff reflected that whilst this type of coproduction can be uncomfortable, it is necessary to make the changes needed to improve services. They said it was essential to sit and listen and acknowledge systems weren't working, that this was the most important way to overcome barriers and that increased transparency has improved their relationships with families using their services.

WORKING WITH OR DOING TO?

A number of Welsh Government policies have prioritised improving community cohesion and resilience. Communities First was the key community-focused initiative to tackle poverty which concentrated its work in the most deprived communities in Wales. The programme closed in 2018 but left lasting legacies for many of those interviewed. They described some of the problems with Communities First:

"I worked on Communities First for years... there was a lot of money. But what's changed? ... You need money, but you need everything else with it. You can't just take money somewhere and expect miracles, you need to bring the community in and get them on board."

"All the anti-poverty programmes, Communities First, whatever they happen to be, they are a top-down approach to what should be done to a community and an individual. And then they wonder why they don't work."

Asset-based approaches, place-based partnerships and systems working are all approaches used to reduce inequalities and inequities. A citizen-led asset-based approach to health care and inequalities works collaboratively across different sectors and disciplines to create solutions to tackle inequities and inequalities. It promotes community capacity building and community empowerment by building the strengths and assets of local communities rather than simply providing services to address their needs. In Monmouthshire a community development worker stated their approach is "asset-based and building on what is there (in communities)" and they are "doing with not doing to" and they aren't "just going into communities and telling them what to do".

Gwent, reflecting what is happening in the Third Sector across the UK, stated it was working "much further upstream... more in the preventative field". ABUHB has funded health and social care coordinators in each local authority. Box 27 outlines the type of work they do, much of it addressing the social determinants of health.

Box 27. Health inequalities and communities

Five health and social care coordinators in Gwent describe themselves as "the glue that glues the Third Sector to others". They provide information on the Third Sector and look for opportunities and emerging developments to bring communities together and work better with the public services sector.

They work differently in each local authority, depending on the needs of each community and the relationships and partnerships in each area. In Blaenau Gwent, the coordinator works closely with GP surgeries. She meets with GP surgeries, noting it wasn't effective to refer patients to groups, as they weren't going, so provided advice and help to get patients involved in local community groups.

Some of the coordinators attend multidisciplinary team meetings in GP surgeries. Others have access to the GP and social services systems and can pull information and services altogether.

More recent place-based schemes have sought to address socioeconomic challenges in more targeted ways. As a result of the pandemic, Caerphilly Council reviewed and adapted its community development offer, seeking to work with communities, rather than 'doing to' communities and in Blaenau Gwent they have used ABUHB funding to work with communities. Both see these approaches as part of a longer-term coproduction approaches, Box 28.

Box 28. Building community development from the bottom up

In Caerphilly community development is offered borough-wide to all individuals in need, a shift from previous approaches that were based on deprivation statistics. **Caerphilly Cares** sits under the Director of Social Services but is clear that it differs from social services: "Every local authority will have an information, advice and assistance offer that is an entry point into statutory support from social services - we are not that. We are pre-social services, we're not social workers. It's a similar type of support role but for people who are not at that threshold."

This shift in approach resulted from the support Caerphilly Cares offered during the pandemic. In 2020 its community development work focused on supporting people who were shielding and during this period it uncovered a number of people who needed support but had never been in contact with any services and were falling through the support net.

Previously it had used the Welsh Index of Multiple Deprivation to identify areas in need but described this as "a postcode lottery, you have people in deprived communities who aren't deprived...We have very small pockets of deprivation that are hidden within our more affluent wards."

Caerphilly Cares takes calls, emails and referrals from services, individuals and partners who have identified people who need support. It meets with the individual and has a "what matters conversation, what's your barriers and what outcomes you would like?" This ensures there is no duplication with other services. Caerphilly's community connectors then link people with health issues or concerns with activities within Caerphilly to reduce isolation and loneliness and help with confidence building and travel training to make sure those people are getting the right support.

The Compassionate Community approach seeks to transform the way people access and rely on health and care by integrating community development initiatives with established services. The approach emerged as a public health response to support people and their loved ones at the end of their lives, but the benefits extend to whole communities by prioritising the value of social connectedness alongside health (286).

In Blaenau Gwent, it was reported that the **Compassionate Communities** approach was working well: 'until about two years ago'. Some GP surgeries had funding for a Compassionate Communities worker, the Integrated Care Fund (ICF) paid for a link worker who provided information, advice and assistance. Another Third Sector worker provided support for mental health, housing and substance misuse. The ICF also funded two unpaid carer officers to be employed by the Third Sector, managed by the council and based in the GP surgeries and the hospital. They described this as a "big change in how Blaenau Gwent worked. The link workers and carers officers spent time every week in waiting rooms, engaging with patients directly, as well as having a consultancy room and holding appointments... Although set up originally to help prevent hospital admissions, it evolved into an arena where GPs could discuss patients that they were not able to help medically and vice versa... Between the workers thousands of patients were supported, as well as staff supporting each other across the sectors and building relationships. The local knowledge in the room was really important – one of us always knew of a group or something to help."

However, cuts in funding have meant many of these posts no longer exist and the Compassionate Communities model is under threat. All except 2 GP surgeries in Blaenau Gwent have stopped working with Compassionate Communities. The local team still working in the area said: 'This not only wasted the time and money that was invested, but also reduced the trust that the surgeries will have in future projects as well as the patients no longer receiving the high standard of care that was being provided. All of the GPs said that it had reduced pressure on them and their teams. For the Third Sector it meant that we were involved in sectors that are hard to break into and could evidence the need for the services, as well as helping the patients. The reason this worked so well, not only as prevention but also at later stages, was that everyone was working together and had formed relationships – we also included receptionists as they know the majority of the patients. It's a shame when something is working that there isn't more investment in continuing it, rather than trying new initiatives."

THE POTENTIAL OF THE THIRD SECTOR

The role of the Third Sector in providing services and support across a range of key social determinant areas should be extended; including employment support, support for housing, and guidance in navigating the healthcare, criminal justice and welfare and benefits systems and supporting uptake of benefits, reducing social isolation, improving community cohesion, supporting mental health and physical activity, providing financial advice, guiding service design and delivery and more. All of these support key social determinants of health and make significant contributions to reducing health inequality.

In Gwent, Third Sector services are offered in larger towns and we heard that this can prevent support being available where it is needed most. Many of the Third Sector services in Blaenau Gwent are offered out of offices in Caerphilly, and one interviewee felt they "were tagged on the end of their services... there's very, very little locally". Even within Caerphilly borough, there are similar problems, with support offered in Caerphilly town but not in areas of higher deprivation, such as in Rumney or Bargoed.

Letting community development processes embed is important, as well as engaging with local areas to see what is working. The perpetual policy evolution and culture of new initiatives is frustrating for those working in local communities, developing relationships. A more constant policy environment is needed, as well as longer-term funding.

Volunteering is one aspect of building community assets. The pandemic saw the role of community-led action as key partners improving the ability of public services to meet the needs of their community. Public Health Wales studied the use of volunteers during the pandemic and found, when compared to the less deprived quintiles, volunteers living in more deprived areas were more likely to report they would continue volunteering because of the positive impact it was having on their own health and wellbeing, and the improving skills and experiences they gained. However, volunteers living in these areas also said the barriers to them volunteering in the future was due to distance and lack of transport and health problems (298). As Box 11 explored, volunteering in the Third Sector can itself help build skills and knowledge and help people who have not been in the workforce find a way into, or back into, full-time employment, as well as reducing social isolation and providing a fulfilling experience of working for the community. The Third Sector can offer direct support to residents, help shape the design and delivery of statutory services and train community leaders – an important part of building community resilience and ensuring that communities' voices are heard.

RECOMMENDATION: CO-CREATE HEALTH EQUITY	
2023-2024	**2024-2029**
Accountable lead: Public Services Board	
• NHS and local authorities to place local residents in areas of higher deprivation at the centre of identifying actions to reduce inequalities in their local communities. • Work with Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance to identify how to increase direct commissioning of Third Sector by local authorities and the NHS by identifying where the Third Sector is better placed to provide services currently offered by the NHS or local authorities.	• Implement asset-based community development and provide sustainable and longer-term funding. • At least double the number of Third Sector contracts commissioned by local authorities and the NHS.

4D. FUNDING FOR HEALTH EQUITY

In the last 13 years funding for public services in the UK has significantly declined, though the Welsh Government has sought to provide increased funding in the NHS and education, the extensive cuts to local authorities have had significant and critical impacts on the social determinants of health. Further austerity measures and high inflation are further undermining the capacity of public services to tackle the social determinants of health.

"Health inequalities will never be addressed with three to four months of funding."

The quote above is a theme we heard repeatedly in Gwent. Current funding mechanisms and use of short-term and grant funding is impeding the intentions of many who wish to have a more sustainable and effective approach to tackling health inequalities. The Wellbeing of Future Generations (Wales) Act (WBFGA) states Wales should be working to longer-term planning cycles, yet after eight years, this is still not the norm. Funding from the Welsh Government and the NHS is still primarily for one, two or three years and pots of funding are offered near the end of the financial year, often to be spent in a short-term. Until these funding cycles change, longer-term planning is impossible. Despite the ambitions of this work and Gwent's PSB plans and other approaches seeking to reduce inequalities, efforts are likely to fail as they do not have the right tools to plan in the long-term.

The use of short-term funding is in contradiction to the copious evidence demonstrating long-term approaches with longer-term funding is needed to reduce inequalities (3). Governments cannot fund in the short-term and expect long-term changes. As one interviewee stated: "We need to move away from discrete projects funded by short-term pots of money which almost always fail to become scalable and sustainable."

The Welsh Audit Office reported that between 2017 and 2020 short-term funding and late notifications remain the norm in Welsh policies. They recommended longer-term funding. They showed that Integrated Care Fund projects concerning prevention and early intervention could not be mainstreamed into core budgets because funding was too short-term (299).

Local authorities and the Third Sector repeatedly stated it wanted longer-term funding that would enable them to shift from project-based interventions to funding core infrastructure which would better address inequalities.

"Nothing should be just two years if it is going to be meaningful. Systems have to be challenged and work practices shifted."

In addition to the short-term funding culture is the level of bureaucracy involved in applying for relatively small sums of money. In 2019, the Wales Centre for Public Policy reported on 15-page grant conditions related to grants of less than £20,000 (41). We heard similar pleas from the Third Sector, asking for simplified funding processes, from the Welsh Government and other funders, to enable smaller Third Sector organisations to apply.

One of the ways local authorities have sought to increase funding for the Third Sector is through participatory budgeting, Box 29.

Box 29. Participatory budgeting

In Gwent, the use of participatory budgeting is enabling communities to seek funding to carry out the actions they want. In 2021 ABUHB provided £100,000 funding to support communities affected by the pandemic. It had 81 bids totalling more than £422,000. A voting process led to 24 projects being supported. Swansea University evaluated Newport's participatory budgeting process and found wide support, and that this process made it easier for some smaller groups to apply for funding, but others still felt the funding application process difficult. They found one of the most common criticisms of the process was digital exclusion – people who were not online could not participate. Depending on this type of format is likely to increase inequalities, though the evaluation does not include recommendations to reduce digital inequalities (297).

The Gwent PSB has supported participatory budgets, particularly to support recovery of community-led developments promoting wellbeing as a result of the pandemic. The PSB have supported participatory budgets in Newport, Torfaen, Blaenau Gwent and Caerphilly since 2019/20.

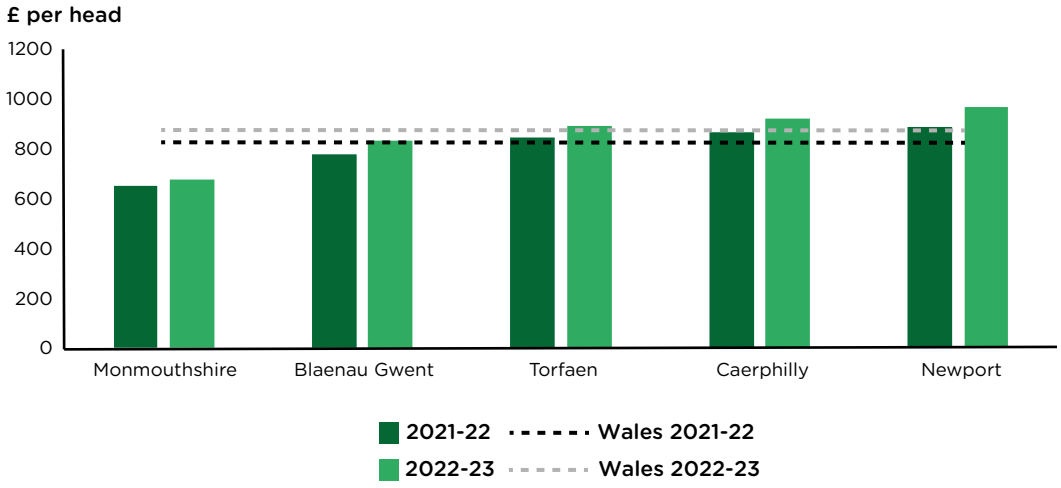
PROPORTIONATE UNIVERSALISM

"I have had difficult conversation with the Health Board - what about, for example, looking at Caerphilly differently than the rest of the region? How can Caerphilly possibly be comparable to Monmouthshire as an example? Why are we offering the same services regionally?"

As discussed in Section 1, a proportionate universal approach adopts both universal policies and targets interventions more intensely where need is higher with the aim of raising overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace. Public services and the NHS are facing enormous demand pressures and this report shows there is a great need for population health measures and actions to reduce health inequalities. One approach for all of Gwent, or all of Wales, will not reduce inequalities. The First Minister has written of his support for "progressive universalism", where "good quality services are provided for all, with specific additional services for the most marginalised groups...It is characterised by early intervention, thereby minimising the cost of providing specialist services for those with acute needs in the longer term" (300). Whilst the First Minister has shown his support for this approach, current Welsh Government policies emphasise universalist approaches, such as free school meals to all children. This approach removes stigma, which is admirable but, unless accompanied by other interventions to reduce inequalities, making a targeted service universal is likely to exacerbate inequalities.

Figures 4.1 and 4.2 show the funding per capita for schools and transport in Gwent local authorities. Despite having a higher number of pupils on free school meals, Blaenau Gwent's expenditure is the second lowest in Gwent and at the Welsh average, Figure 4.1, using a proportionate universalist approach would see Blaenau Gwent's schools expenditure higher than the Welsh average, to reflect the larger pressures on schools.

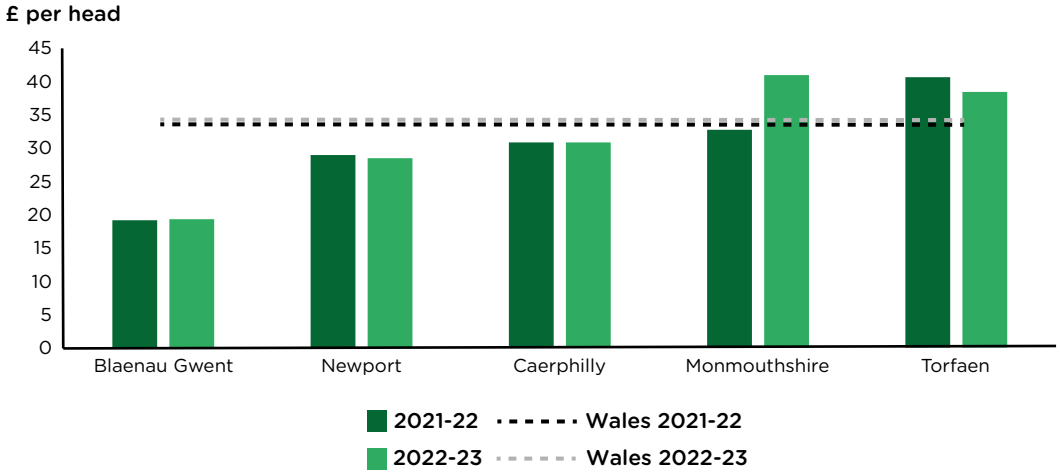
Figure 4.1. Budgeted revenue expenditure schools, pounds (£) per head, Gwent local authorities and Wales, 2021/22 and 2022/23



Source: *Welsh Government (301)*

Similarly, for transport Blaenau Gwent has the lowest per capita spend on public transport, half of Torfaen's expenditure. Whilst each local authority determines its own budget, it's unclear why spending varies so widely yet need in both of these local authorities is similar.

Figure 4.2. Budgeted revenue expenditure, public transport, pounds (£) per head, Gwent local authorities and Wales, 2021/22 and 2022/23



Source: *Welsh Government (301)*

We propose the public sector and NHS increase their investments weighted to need. There are existing weighted resource allocation formulae that adopt a proportionate universal approach. The Lancashire and South Cumbria weighted funding formula, described in Box 30, is leading by example, designed to ensure that funding is allocated according to level of need – to be proportionate and equitable.

Box 30. Lancashire and South Cumbria weighted funding formula

The Lancashire and Cumbria weighted funding formula is helping to lead efforts in England to ensure funding for primary care is more equitable. The weighted funding formula was locally developed in an attempt to allocate resources to better reflect the inequalities faced by local communities and to allocate resources to the areas that need it the most.

The formula is based 50% on the Carr-Hill formula and 50% on the proportion of the population living in the 20% most deprived areas. The purpose of the Carr-Hill formula is to create fair funding allocations in England based on the cost of providing services for a given population and their respective needs. The formula has a number of variables including: patient age and sex; additional needs of patients; and rurality. Research shows the formula is 'very unlikely' to benefit areas with worse levels of deprivation (302).

The 50/50 formula is designed to reflect geographical differences in local deprivation and to acknowledge the impact that COVID-19 has had on communities. Morecambe Bay Clinical Commissioning Group (CCG) studied its own general practices serving atypical populations (for example, those that have higher levels of deprivation than the average) and looked at how other CCGs were supporting atypical populations across England. It found a number of CCGs were commissioning services for these atypical populations that had a greater need for improved access to local primary and community services in their local areas.

Currently 27% of the population health budget in Morecambe Bay is funded in this way and Morecambe Bay CCG is looking at other areas to apply the weighted funding formula, such as applying it to more of the population health budget or to other funding streams in their local Integrated Care System, in order to better address inequalities.

While there is not yet evidence the weighted formula is having an impact, current funding models have not had a beneficial effect on health inequalities. The weighted funding formula will be evaluated with academic partners to measure the short-, medium- and long-term impacts on health inequalities.

SHIFTING FROM TALKING ABOUT TO FUNDING PREVENTION

"We've got no money...when it's all already invested in everything, it's a really bold step to reorganise your money, especially at a local authority level."

While there has been some focus on increasing the level of spending on prevention within the NHS and public health, this 'prevention spend' is often not the same as spending on the social determinants of health. Prevention is often conceived as a clinical or behavioural intervention, which evidence shows will not reduce inequalities in health on anything like the scale required. The spending on prevention and on reducing inequalities needs to be mapped and its relationship to deprivation identified. A significant proportion of funding should be allocated to organisations that are working to achieve improved and more equitable outcomes in the social determinants of health, including investments for communities and the Third Sector. As Audit Wales concluded, prevention is "not the responsibility of one service or organisation and may require innovative thinking that connects different parts of the system" (299).

The Welsh Government states prevention spending is happening as a result of the WBFGA, and states: "It is often not possible to disaggregate budget which is specifically allocated to tackling health inequalities from the totality of government spending." (48) The Welsh Government states other policies will increase prevention approaches. For example, A *Healthier Wales* integrates health and social care and prevention is one of its core values. A *Healthier* Wales claims NHS Wales has adopted a whole system approach to health and social care where "services are only one element of supporting people to have better health and wellbeing throughout their whole lives" (47).

Whilst government policies emphasise the importance of prevention, actual spending on prevention activities is unclear and funding continues to prioritise acute crises. As one interviewee stated:

"Life expectancy does not drive ministerial action. It's ambulances outside hospitals. We need a true system of early intervention. Acute care always trumps (prevention)."

Other interviewees agreed that the NHS and Welsh Government are paying more attention to short-term success instead of addressing the longer term, more difficult issues:

"We seem to be constantly firefighting against issues or problems, another crisis on top of another crisis. This kind of constant firefighting by the Health Board doesn't give anyone any chance to sit down or really plan and work out how we're going to change things, that time to think."

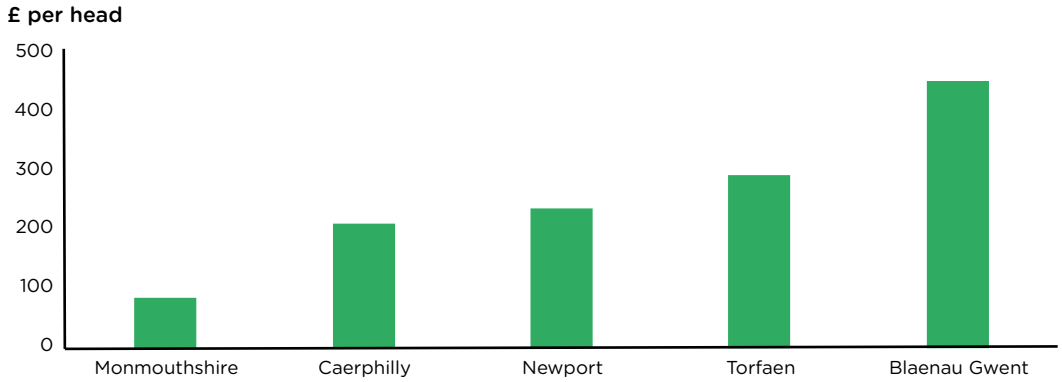
The Welsh NHS Confederation has similarly concluded that, "Prevention and early intervention also are central themes across Welsh public policy, but too great a proportion of funding is still directed towards tackling crises." (286).

SHARED PROSPERITY AND LEVELLING UP FUNDING

In the 2014-20 EU funding period Wales received 20% of the UK's total structural funds, with only 5% of the population. Though EU funding levels were high, it did not have long-term substantial impacts – GDP "has barely changed for Wales and a Welsh majority voted to leave the EU in the Brexit referendum" (287).

Shared Prosperity Funding (SPF) replaced EU Structural Funds. In contrast to EU funding, local authorities rather than the Welsh Government, are responsible for delivering the funding. A health impact assessment of Brexit in Wales warned that communities in higher levels of deprivation could be "disproportionally disadvantaged by the ending of the EU Structural Funds, which could lead to further inequalities" (303). This has become true in the sense that the SPF allocation in Wales is far below the EU funding allocations. Wales received £1.1. billion less in SPF funding compared to EU funds (304). Figure 4.3 outlines SPF per capita in Gwent covering 2022 to 2025.

Figure 4.3. Shared Prosperity Funding and Multiply funding per head of population, Gwent Local Authorities, 2022-2025



Source: *Department for Levelling Up, Housing & Communities (305).*

The social determinants of health are central to the three priority areas of the SPF:

- Community and place,
- Creating jobs and boosting community cohesion,
- People and skills and the Multiply programme (306).

The Institute for Fiscal Policy stated the Multiply fund - which aims to improve adult numeracy - is unnecessarily large in Wales. The level of Multiply funding is seven times as much per person compared to England despite numeracy levels in Wales and England being almost identical (305). This restricts how local places, such as Gwent, are able to decide how to spend SPF, increasing the likelihood of central funding, once again, failing to meet local needs.

Gwent received no funding during the first found of Levelling Up funds. In the second round three areas in Gwent received funding:

- Blaenau Gwent County Borough Council: HiVE - £9 million to build a new engineering campus for 600 young people, offering local apprenticeships and industry placements.
- Caerphilly County Borough Council: Caerphilly Leisure and Wellbeing Hub - £20 million to build a leisure centre, including a new gym and swimming pool.
- Torfaen County Borough Council: Pontypool Cultural Hub and Cafe Quarter – £7.6 million to renovate derelict buildings into a cultural centre and boost the local night-time economy (307).

For both SPF and Levelling Up funding, it is essential that the funding is monitored and analysed for its impact on health inequalities, with impacts communicated to local residents.

RECOMMENDATION: FUNDING FOR HEALTH EQUITY	
2023-2024	**2024-2029**
Accountable lead: Public Services Board	
• Assess resource allocations and shift to proportionate universalist funding based on levels of socioeconomic deprivation. • Benchmark NHS and local government funding for social determinants of health. • NHS and local government funding to Third Sector to shift from grant to revenue and for longer time-frames funding to reduce poverty. • Local authorities to assess where it may be possible to consolidate Welsh Government funding to reduce bureaucracy. • Assess possibility of increasing participatory budgeting projects. • Link Shared Prosperity Funding to Marmot indicators.	• Increased proportion of local authority and NHS funding is proportionate universalist funding. • Increase NHS and local government funding for social determinants of health by agreed amount per year for the next 10 years. • NHS and local authorities offering larger proportion of funding that is longer-term and revenue to Third Sector. • Local authorities consolidating Welsh Government funding to reduce bureaucracy. • Participatory budgeting projects led by local authorities, not outsourced. • Monitoring Shared Prosperity Funding and links to Marmot indicators and recommendations.

4E. DATA FOR HEALTH EQUITY

To adequately assess and take actions on health inequalities, robust, timely, reliable and appropriately disaggregated data that covers key health outcomes and social determinants based on data is necessary.

Such data is also essential to help evaluate and track the impact of policies and interventions, to identify new and emerging issues and to ensure there is accountability for health inequalities.

Whilst Wales has abundant data on health outcomes, there are limitations to the availability of data at sufficiently small geographical level or disaggregation that can capture within-local authority inequalities. There is also a lack of data disaggregated by ethnicity and by socioeconomic position such as income, occupation or education. One interviewee who works with data in a local authority said most of the data provided by StatsWales is based on national outcomes and "doesn't allow us to target". Others stated that in the absence of local data they turned to packages such as Mosaic to understand local inequalities.

In addition, there is data that is available to some stakeholders, but not others. For example, Flying Start data is not publicly shared with staff in local authorities who said they didn't have access to data based on their own population:

"We don't have the data...That's one of our issues. They've got a separate data team, we don't get to see the detail of our data."

One interviewee stated:

"Digital Health Wales is a barrier, they are sitting on a gold mine of information."

Non-data professionals stated they wanted better support from data teams to translate data into practice and provide evidence to address inequalities. In 2013 the Bevan Commission found similar shortcomings in Welsh data, saying there was "significant room for improvement with the current emphasis on quantity of data rather than quality or usage... there appears to be limited central analysis or evaluation, including population health and inequality data" (308). Since 2013, there appears to have been little improvement in data available to measure health inequalities at local and national levels in Wales.

QUALITY AND EQUITABLE PERFORMANCE MEASURES

In Wales there is a "complex and everchanging landscape with hundreds of targets and performance measures, national wellbeing indicators and national milestones" (309). The policy context in Wales, such as the WBFGA and *A Healthier Wales*, should enable local systems to take actions to address health inequalities however the bureaucratic processes associated with these policies dominates local systems' time, leaving little capacity for delivery. An interviewee pleaded for data collection to be meaningful:

"There's an absolute industry in health around performance measures, performance targets - thousands and thousands and thousands of pounds worth of people's time being invested in reporting on stuff that nobody does anything about."

Process should not overwhelm systems or be prioritised at the expense of delivery.

Addressing inequalities and improving prevention approaches are core in NHS policies, national targets continue to dominate. As long as local organisations, such as local health boards, focus on national targets/outcomes, reducing local inequalities will not be prioritised and risk being ignored completely. Accountability measures should measure achievements on reduction of local inequalities, not only whether or not national targets are met. An analysis of health inequalities policies in 10 European countries recommended "clear targets and a system of impact assessment to demonstrate the quality and results of the actions and interventions are often missing" (310).

LINKED AND SHARED DATASETS

In interviews and workshops, people gave multiple references to examples of quality of partnership working and data-sharing between health and public services and national bodies during the pandemic. For example, council tax data was shared, which allowed local authorities to share who was eligible for welfare benefits, which helped them to offer assistance to those in need. However, it was reported that the data sharing which occurred in 2020 and 2021 has not lasted:

"We genuinely thought we would harness (data sharing) and carry on with it that because that was our one of our main learnings – people were apparently impressed and happy with it, it was showing them things there and then. But we've all gone back (to not sharing)."

"All of a sudden...we had (shared data) in an instant, and we used that in an instant to target the right people...everybody (has gone) back to where they were, it's crazy."

In addition to not continuing with sharing data, interviewees lamented the lack of use of linked datasets and using it to empower systems to act. As discussed in Section 3A, local systems pointed out the missed opportunity to use the SAIL databank, based at Swansea University, to understand inequalities in early years. The 2013 Bevan Commission also concluded that there were opportunities to better use data linkages but stated whilst the technology was available there are "risk aversion, capacity and cost issues" (308). Shared and linked data are crucial to identifying and tackling inequalities. The Health Foundation argues better data linkages and new ways of analysing data can "can help NHS commissioners and providers measure inequalities, understand their causes and allocate resources more equitably" (311).

There are basic improvements that could be made to StatsWales and the National Survey for Wales to better understand inequalities: for example, by providing disaggregation by level of deprivation or socioeconomic status at local authority level for more indicators and the ability to compare trends more easily across a number of years.

RECOMMENDATION: DATA AND MONITORING FOR HEALTH EQUITY	
2023-2024	**2024-2029**
Accountable lead: Gwent public health team	
• Digital Health Wales and SAIL databank to work with local authorities to provide data on social determinants. • In early years adopt shared system records between health and social care. • Create Gwent Marmot indicators public website. • Assess possibility of lower-level data to better assess inequalities.	• Digital Health Wales and SAIL databank provide data on social determinants. • Create a central integrated customer account as a gateway to services. • Assess further areas where shared record systems can reduce health inequalities. • Review and renew Marmot indicators every five years.

4F. STAKEHOLDERS FOR HEALTH EQUITY

Rising inflation and costs and increased demand have led to NHS Wales going into its largest budget deficit in 2023/24 and local authorities are facing increased pressures to do more with less money. Even in these difficult economic times, change is possible, in local services as well as in the private sector, to improve approaches and develop a fairer and healthier Gwent.

PUBLIC SERVICES

This report reiterates other IHE reports on the central importance of local authorities in improving the social determinants of health. In this difficult financial period, the local authorities in Gwent have chosen to adapt their corporate plans and place reducing inequalities and improving the social determinants of health central to their work. The Gwent wellbeing plan, the five-year plan of its Public Services Board, has also placed reducing inequalities as its central function, alongside improving wellbeing and adapting to mitigate climate change.

A fair and equitable Gwent requires an equitable offer in the region. Interviewees spoke of the variable offer from public services in Gwent, for example, early years services. They stated the need for a consistent minimum public service guarantee and one that also is proportionate to need – as deprivation increases, so should the offer of support.

Public services also have a role in adopting an 'anchor institution' approach. Anchor institutions are institutions such as hospitals, universities and councils that are physically rooted in communities and can directly and indirectly shape the health and wellbeing of the local population. They can leverage their position as employers, purchasers of goods and services, providers of services, owners of local buildings, land and other assets and as leaders in the community to effect change. For example, they can ensure that they are providing good, health-supporting work to the local community, including to underrepresented and groups living in high deprivation, and pay a real living wage that enables a healthy lifestyle. In local authorities, moving from crisis management to a prevention-focused model, tackling the causes of health inequalities and improving the social determinants has the potential to relieve pressure on overburdened services. This requires all organisations to consider what they can do, in partnership, to improve social conditions, beyond their core operations, including as employers, as contractors of services, and as anchor institutions for their communities.

The impact of procurement is increasingly better understood (312). The Social Partnership and Public Procurement Bill, another innovative piece of legislation from the Welsh Government, will aim to make better use of NHS spending in Welsh local economies. The Act places a statutory responsibility on a number of public bodies to consider socially responsible public procurement to help meet wellbeing goals from the WBFGA. A public procurement strategy aims to ensure there are socially responsible outcomes that result from a fairer and more socially responsible supply chain (2). In addition, Public Health Wales has created a vision for public sector procurement in Wales and outlines 10 principles the public sector should follow for procuring wellbeing for Wales based on the seven wellbeing goals identified in the WBFGA and key Welsh Government policies (313).

Whilst the concept of anchor institution approaches has attracted a great deal of policy attention in England, in Wales the concept of the Foundational economy has received more attention. Foundational economy sectors are vital to the functioning of daily life such as health, education, energy and food and are key to a country's future prosperity and wellbeing (314). There is an opportunity for the Foundational Economy approach in Wales to engage with improving health more specifically and influencing the social determinants of health, particularly the health of communities in the most deprived areas, for example by being good employers and providing fair work. Local authorities, as well as the NHS should be offering the real living wage; all contracts with minimum hours and minimal use of zero-hour contracts (that is, unless in agreement with employees) and all employees offered training and development opportunities. An example of the Foundational Economy is how Caerphilly Borough Council shifted its catering services during the pandemic. When schools closed in March 2020, the borough council considered how it could provide a service to pupils eligible for free school meals, over 6,000 pupils. The catering team implemented a home delivery service for these pupils that involved partnership working with local suppliers in the private sector and over 20 service areas within the authority.

Other public services have important roles in tackling inequalities. The police in Wales, who sit as members

of each PSB, are expected to adopt a public health approach to policing. The local wellbeing assessments for many areas in Gwent referred to the problem of anti-social behaviour amongst younger people and this was raised as a problem in workshops. Preventing youth crime requires work in a range of areas. West Midlands Combined Authority and the West Midlands Police and Crime Commissioner examined 80 children in the criminal justice system and found:

- Nine in 10 children were known or suspected to have been abused
- Eight in 10 were known or suspected to have a health issue
- Eight in 10 had been excluded from school or attended multiple secondary schools
- Seven in 10 were known or suspected to have lived with domestic violence while growing up
- Seven in 10 were known or suspected to have been a victim of violence
- Seven in 10 were living in poverty (315).

Tackling the socioeconomic and household circumstances of children and young people – the social determinants of health – would reduce youth crime and anti-social behaviour. Adopting a public health approach to policing involves investigating the causes of crime and working at the most fundamental level of prevention including collaborations with schools, employers the community and local authorities to improve conditions locally.

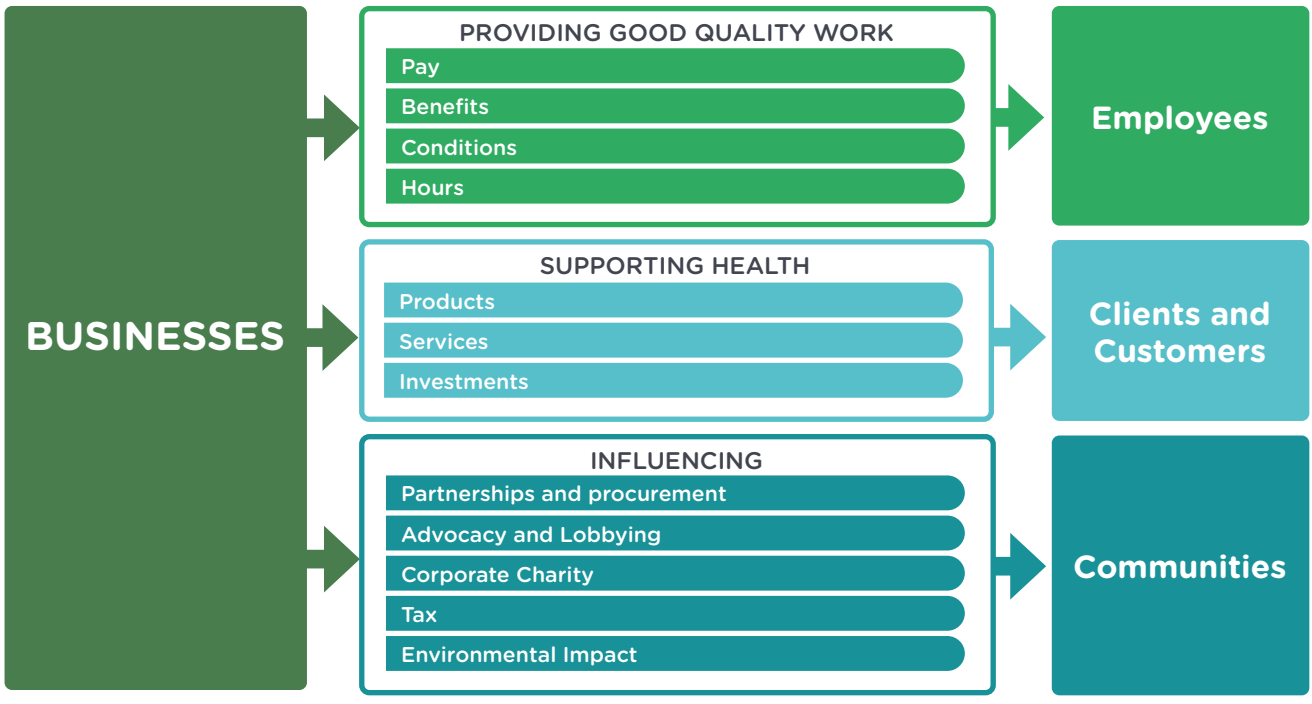
The important role of education was discussed in detail in Section 3B. It can improve health equity by mitigating the effects of deprivation, supporting families, providing flexible, good quality jobs for parents and being good employers. Educational institutions can further their partnerships with the Third Sector and private and public employers by helping children and young people to achieve their potential and creating good, health-supporting careers guidance and work-based learning opportunities.

BUSINESS AND THE ECONOMIC SECTOR

The IHE report *The Business of Health Equity: The Marmot Review for Industry,* examines the ways in which businesses shape the conditions in which people live and work and, through these, their health (316). Businesses affect the health of their employees and suppliers through the pay and benefits they offer – hours worked, job security and conditions of work. They affect the health of their clients, customers and shareholders through the products and services they provide and how their investments are held.

Businesses can also affect the health of individuals in the communities in which they operate and in wider society, through local partnerships, procurement and supply networks, and in the way they use their influence through advocacy and lobbying. Reducing the harmful impact of business and enhancing the positive contribution is vital for health and wellbeing and reducing inequalities. Figure 4.4 outlines the key ways businesses shape health and inequalities.

Figure 4.4. How businesses shape health: the IHE framework



Source: *Institute of Health Equity (316)*

Improving housing is an example of how partnerships between business and local authorities can help to improve housing conditions for local communities, tackle the social determinants of health and meet net zero commitments, Box 31.

Box 31. Setting the standard for low energy social housing in Caerphilly

The Welsh Government has committed to deliver 20,000 new low carbon homes for rent within the social sector during this government term (317).

Caerphilly County Borough Council is working in partnership with local developers to provide affordable homes for residents, and is also seeking to provide affordable homes that will contribute to its net zero goals. It is completing work on ultra-energy efficient homes as part of a partnership with a local construction company and steel manufacturer to explore innovative ways to provide low-carbon homes, utilising local supply chains to boost the economy (319) (320). As well as helping to lower carbon emissions, the high-quality homes will result in low energy costs for tenants, helping to tackle fuel poverty whilst meeting the housing needs of the county borough (319).

The project was supported by funding of £3.1 million from the Welsh Government's Innovative Housing Programme. In Caerphilly 12 one-bedroom apartments in Trethomas and six homes in Trecenydd were built (320). Homes on the sites will be owned and managed by Caerphilly County Borough Council. The developments are the first homes to be built by the council in almost 20 years (319). The council has more than 4,000 people registered for social housing and has a particular demand for one-bedroom homes (320).

The building developments have been constructed to Passivhaus standards, consisting of high levels of insulation, high-performance windows with insulated frames, airtight building fabric and a mechanical heat ventilation system (319). The high levels of insulation within the homes mean that heat stays within the building, and can be recovered and circulated, re-using up to 95% of the warmth that would have otherwise been lost and making fuel costs for residents considerably lower than average, with the scheme seeking to achieve at least 75% less than a standard house (321). The internal air quality measures also help to improve tenant health by eliminating damp and mould.

The programme aims to meet the need for low-energy affordable housing in Wales, whilst ensuring those who can least afford to pay high energy bills are living in warm, quality homes. The project sets a precedent for new low-carbon housing provision in the area (321), and Caerphilly Borough Council hopes to use the pilot and partnerships it has developed as a blueprint for future home building plans (322).

The new energy efficient developments are a vital step in meeting the climate change agenda, utilising local partnerships to fulfil the county's housing needs, whilst meeting the needs of residents amidst rising energy costs and the cost-of-living crisis.

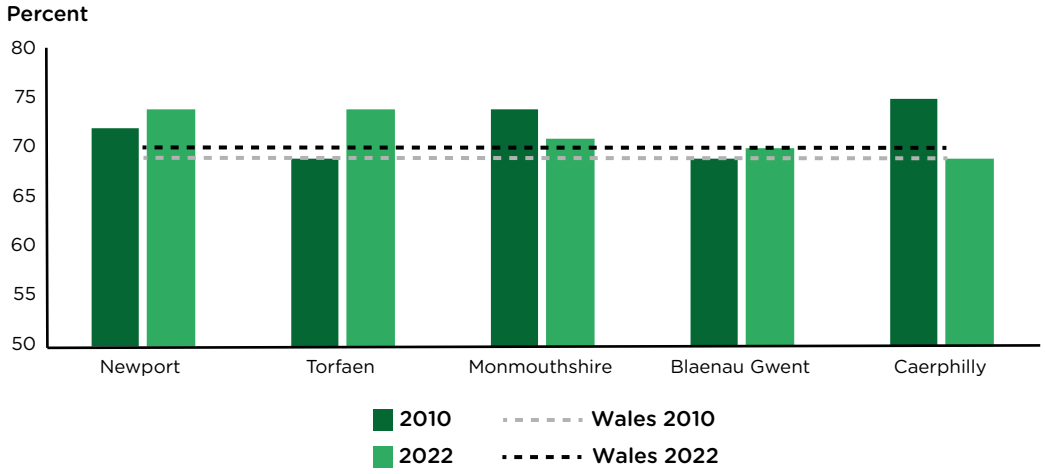
The costs of ill-health are well-known to businesses, which find that productivity and staff retention are linked to the health of the working age population. The social justice case for reducing health inequalities is clear and is also a motivation for many businesses to contribute to achieving better health and reducing inequality. There is also a strong economic case for businesses to help improve health. The economic costs of poor health are high: the IPPR Commission on Health and Prosperity estimated loss of earnings related to long-term sickness cost the UK economy £43 billion in 2021, equivalent to around 2% of GDP (323). In its assessment of a 10% reduction in illness, IPPR estimate in Wales this would increase average earnings by an average of 1.8%, the highest increase in the UK (323).

As set out in Section 3C, good health requires good quality employment and pay and terms and conditions sufficient to provide a minimum income for healthy living. Recruitment should benefit local and excluded communities and provide opportunities for progression and on-the-job training, with links to community and voluntary sector organisations and schools and colleges to support training and skills development.

Wales' Prosperity for All: An Economic Action Plan sets out the nation's vision for inclusive growth, built on strong foundations, 'supercharged' industries of the future and productive regions (324). The Plan supports the twin goals of growing the economy and reducing inequality. It is essential that Wales works with the private sector

to improve working conditions. Figure 4.5 shows most people are employed in the private sector in Gwent. A number of the national indicators include improving the work environment in Wales: an elimination of the pay gap for gender, disability and ethnicity by 2050; reducing the number of 16 to 24-year-olds not in education, employment, or training; increasing both the percent of people earning at least the real living wage and the proportion of employees whose pay is set by collective bargaining. Meeting these national indicators in Gwent by developing better relationships and opportunities with businesses in Gwent has the potential to create a great impact on the social determinants of health from the business and economic sector.

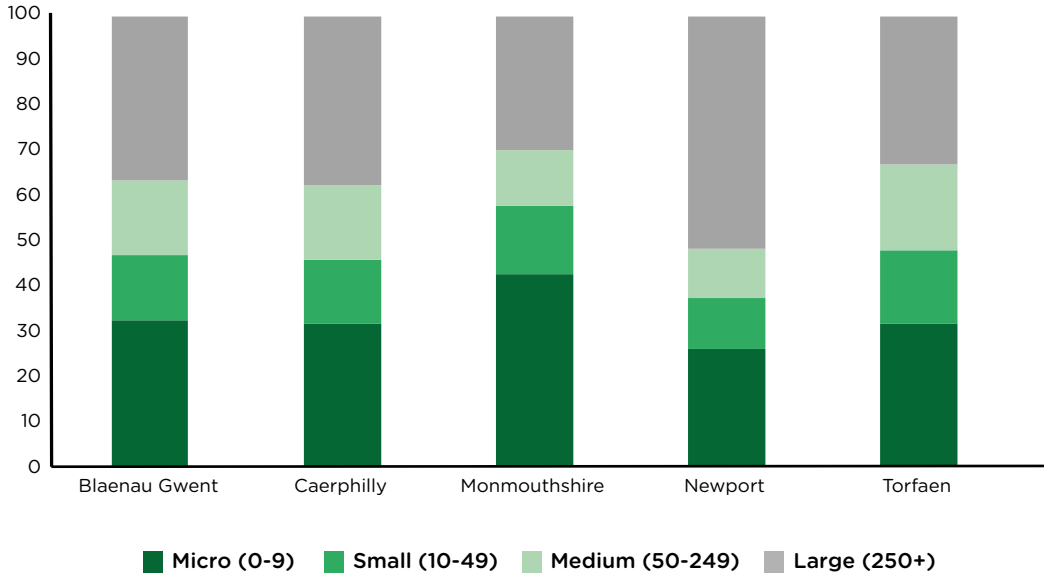
Figure 4.5. Percent of all employed people who work in the private sector, Gwent local authorities and Wales, 2010 and 2022



Source: *Office for National Statistics (325)*

Micro and small businesses are a vital part of Gwent's economy – as a percent of business, these small enterprises employ close to 50% of people in each local authority except Newport, where large businesses, with more than 250 employees, are the most common employer, Figure 4.6.

Figure 4.6. Percent distribution of those in employment by size of business, Gwent local authorities, 2021



Source: *StatsWales (326)*

There is great potential for businesses, including SMEs, to take further action to support health and advance positive social as well as economic impacts. This involves meeting the recommendations of the Fair Work Commission and there is an opportunity for Public Health Wales to more proactively work with businesses to help them identify ways to improve the social determinants of health.

The Cardiff Capital Region (CCR) is regarded as the key vehicle through which to improve the economy and business landscape in Gwent through an inclusive prosperity strategy. The region includes 10 local authority areas in South Wales including the five local authorities in Gwent. Thus far the bulk of the CCR's work has been below the M4 corridor, and Gwent has yet to see any impact from it.

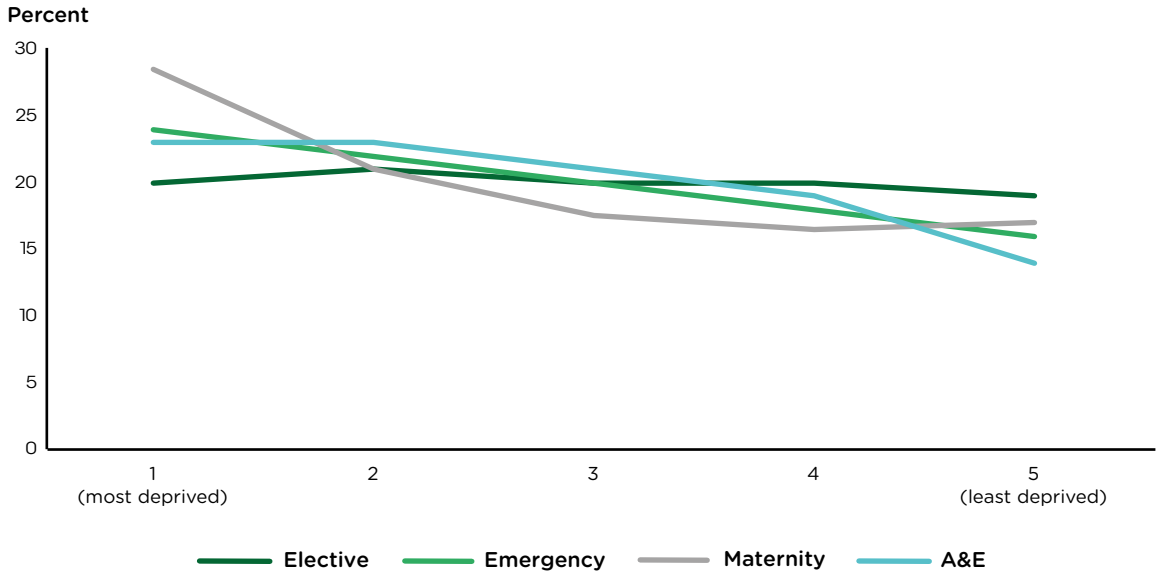
It is promising that the CCR plan has tackling inequality and inclusive growth as central tenets of its work and has acknowledged its role in contributing to reducing child poverty. The CCR has committed to including a child poverty assessment process in future projects and programmes and in existing programmes to assess if there is more it can do to support the reduction in child poverty within the CCR (327).

NHS

There is far more that healthcare services and those who work in them can do to reduce health inequalities and support action on the social determinants of health. However, one of the main obstacles to action on the social determinants of health in the NHS is that it is currently overstretched and under-resourced. Tackling long waiting lists has become the priority across the system and actions on prevention less of a priority.

The NHS spends considerably more on populations living on the lowest incomes than wealthier populations, due to the effects of social and economic inequalities (3). Figure 4.7 shows in Wales, as levels of deprivation increase, health worsens and as a result, hospital service use increases.

Figure 4.7. Estimated hospital service use*, by WIMD, Wales, 2018/19



Notes: *See paper for methodology.*
Source: *Public Health Wales (25)*

We heard anecdotally that shortages of GPs in Gwent are highest in areas of higher deprivation, but figures are not listed so we cannot evidence of the shortages of GPs. One of the most famous public health tenets finds that areas of highest need for medical care tend to have the worst provision. The 'Inverse Care Law' was identified by Dr Julian Tudor Hart, a Neath Valley GP. In 1971 he stated: "The availability of good medical care tends to vary inversely with the need for the population served" and labelled this the inverse care law (330). These shortages in primary care affect hospital usage. In areas where people have difficulties accessing a GP there are higher rates of hospital admissions (elective and emergency) (331). These shortages of GPs in Gwent are likely to increase health inequalities and contribute to the high use of Accident and Emergency. Not only is it unjust that these inequalities exist, that people in areas of high deprivation are less able to use local health services – but this increased dependence on hospitals is also more expensive.

There are a number of initiatives to improve recruitment and support to GPs based in areas of high deprivation. In England, Trailblazer rotations aim to improve GP recruitment in areas of high deprivation. A Health Equity-focused trainee is provided with enhanced training. (328). The Deep End approach, currently under review in Wales, is another programme that aims to provide additional support to GPs that are situated in areas with a high proportion of patients living in deprivation. Deep End GPs is a network of GP practices, aiming to address the social determinants of health through cooperation and the sharing of best practice. Populations living in Deep End practice areas, such as in parts of Gwent, have lower life expectancy and spend far more of their lives in poor health, physical and mental, than people living in more affluent areas. Deep End practices focus on working collaboratively to create the best outcomes for practices, patients and communities, addressing health inequalities. Deep End GPs recognise the additional demands that come with working in practices with high levels of its population living in deprived areas. Being part of the network gives practitioners a sense of identity and recognition of the additional challenges (329).

The costs of treating ill health, driven by deprivation and exclusion, fall heavily on the NHS; if the NHS were able to extend action on the social determinants of health it would reduce costs and demand as well as improving health. The British Red Cross analysed frequent attendance at Accident and Emergency departments and found people who live in the most deprived areas were more likely to attend frequently (five or more times a year). These people account for less than 1% of England's population yet account for more than 16% of Accident and Emergency attendances and 29% of ambulance journeys (332). The study suggests three areas of action to reduce demand on Accident and Emergency services: providing non-clinical, specialist support (for example, support for people experiencing homelessness and substance abuse); improving access to community-based support so that people do not need to reach Accident and Emergency; taking action on the social determinants of health, to address the causes of high intensity use, such as poor housing and low income. The High Impact Services at the Grange hospital, outlined in Box 20, provides many of these services yet its future remains uncertain.

IHE has previously set out potential routes for the NHS and healthcare staff to take action on the social determinants, Box 32. These opportunities have become more important as health inequalities widen and as the development of place-based health care systems provides further opportunities for the NHS to act on the social determinants of health.

Box 32. The NHS, health inequalities and the social determinants of health

The NHS and health care staff have many routes to improving the social determinants of health – including through:

- **Workforce education and training:** Communication, partnership and advocacy skills are all general areas that will help professionals to tackle the social determinants of health. There are also specific practice-based skills, such as taking a social history and referring patients to non-medical services, which should be embedded in teaching in undergraduate and postgraduate courses. Student placements in a range of health and non-health organisations, particularly in deprived areas, should be a core part of every course. This will help to improve students' knowledge and skills related to the social determinants of health.

- **Working with individuals and communities:** Health professionals should be taking a social history of their patients alongside medical information. This should then be used at an individual level to enable the practitioner to provide the best care for that patient, including referral where necessary; and at aggregate level to help organisations understand their local population and plan services and care. Health professionals should refer their patients to a range of services – medical, social services, other welfare agencies and organisations, so that the root causes of ill health are tackled as well as the symptoms being medicated.

- **NHS organisations:** Health professionals should utilise their roles as managers and employers to ensure that:
  - staff have good quality work, which increases control, respects and rewards effort, and provides services such as occupational health
  - their purchasing power, in employment and commissioning, is used to the advantage of the local population, using employment to improve health and reduce inequalities in the local area
  - strategies on health inequalities are given status at all levels of the organisation, so the culture of the institution is one of equality and fairness, and the strategies outlined elsewhere in this document are introduced and supported.

- **Working in partnership:** In order to take effective action to reduce inequalities, working in partnership is essential. Evidence shows that effective action often depends on how things are delivered, as much as what is delivered (2). A key element of this is collaborative, cooperative work that is either delivered jointly by more than one sector or draws on information and expertise from other sectors. Since many of the causes of ill health lie in social and economic conditions, actions to improve health should be taken collaboratively by a range of stakeholders that have the potential to affect social and economic conditions, including local government, business and the Third Sector (333).

Primary care is well placed to take action to improve health and reduce health inequalities through action on the social determinants to improve the conditions in which people are living, to prevent ill-health occurring in the first place. This can include creating access to services supporting better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment. In Wales strategies to address the social determinants in the NHS include Neighbourhood Care Networks (NCNs) in Gwent (known as Primary Care Clusters in the rest of Wales), and Integrated Wellbeing Networks (IWNs).

NCNs bring together all local services involved in health and care to provide place-based care, typically serving a population between 40,000 and 60,000. NCNs work in partnership with the Third Sector and communities to identify solutions and exist in each of Gwent's boroughs. In interviewees both those in and outside of the NHS agreed NCNs deliver a medical model. A number of local authority respondents emphasised that IWNs were more focused on working with communities in a way NCNs are not currently doing. IWNs were described as doing "a fantastic job because they find what's out there for people to access... and link up the partners."

NCNs are in the process of training 'Care navigators' who will direct patients to different pathways to care –most of these pathways are medical – pharmacies, dentists, optometrists. There are no referrals to the Third Sector and some in the Third Sector reported they had little to no contact with their local NCNs. Local authorities also stated that one of the problems with the delivery the aims of NCNS is that no funding was provided to address local priorities. In 2019 the Wales Audit Office recommended ABUHB assess the activities of NCNs. They found 'variation' in what was delivered across NCNs in Gwent and recommended ABUHB strengthen support to NCNs, "(r)eview the membership of the NCNs and attendance at NCN meetings to assess whether there is a need to increase representation from local authorities, Third Sector, lay representatives and other stakeholder groups" (334).

In 2019, 12 place-based collaboratives were established in Gwent. IWNs seek to coproduce solutions with local residents and build on their strengths and abilities with the aim of building resilience in the wider community and adopt an asset-based approach. This involves: increasing confidence and social connections, connecting people to existing social networks, and improving collective agency and the sense of pride for communities. The service hasn't started 'something new' but looks at what already exists in each of Gwent's local authorities, as such, each IWN looks different in Gwent. In Monmouthshire the IWN team employs wellbeing links coordinators, employed by the Gwent Association of Voluntary Organisations and Monmouthshire County Council. Residents access the IWN through local groups, community hubs, health and social care referrals and other places where people go for information (for example, libraries). As in other IWNs, they promote preventative opportunities to improve health and wellbeing. They work alongside people, listen and engage with the ways people can focus on their existing assets and help to build their strengths. There are no assessments, no pathways and no referrals, the team help to address problems until they are solved.

In Caerphilly the IWN is responding to community needs. For example, it is supporting a menopause support group after direct requests from women in the local community and conversations with health professionals looking to better support women. The group is run in Abertysswg, the Upper Rhymney Valley, one of the highest areas of deprivation in Caerphilly County. They had 25 at their first meeting. The women run the group themselves and do not currently require funding but rely on the use of free spaces in the library to hold their meetings. As such, they can only hold daytime meetings despite women wanting to meet in the evening, after work. The IWN is supporting the group to find other premises to meet. Providing a room to local groups such as this menopause support group is an opportunity for public services to be 'anchors' and provide free space in the evenings in local premises. In Torfaen they have supported the work of Healthy Blaenavon, Box 33.

Box 33. Place-based approaches to health and wellbeing: Healthy Blaenavon

The Healthy Blaenavon Network is a group of partners consisting of public services including police, social services, early years, housing and primary care. Alongside statutory and Third Sector partners, the community is represented by the school, churches and youth club.

Healthy Blaenavon emerged as a framework for the coordination of wellbeing resources and community activities across Blaenavon in 2019 and has become the identity for Aneurin Bevan University Health Board's Integrated Wellbeing Networks Programme (335). A successful pilot period with part funding from Torfaen County Borough Council, led to a Community Wellbeing Development Officer being fully funded and employed by Blaenavon Town Council to offer health and wellbeing support to residents of Blaenavon. This partnership project provides a framework for health and wellbeing in the community and has an ethos of 'connections and conversations' rather than 'referrals and assessments', generating wide acceptance across the community and partnership spaces (336).

As part of this partnership, the Community Wellbeing Development Officer helps local people connect with agencies for tenancy, employment and mental health support or to activities to improve health and wellbeing. The project uses a place-based approach to addressing inequities through collaboration and a focus on community hubs and spaces, helping to build resilience within the local community. Various initiatives have been developed to break down barriers to good health and wellbeing including healthy eating on a budget, intergenerational projects, and free exercise sessions. These activities are shaped by the people that attend them, including the over 60s exercise class who opted for light weights and circuit training over the suggested chair yoga and gentle exercise.

In January 2020, Healthy Blaenavon began 'Family Club' as part of the Welsh Government funded StreetGames Family Engagement Project. This partnership offers flexible, drop-in sessions for local families to get active, including basketball, tennis, street golf and dance. Healthy Blaenavon codesigned the sessions with families, asking them what they wanted to do and how, the result being to get active together as families. Project members build relationships with those attending, get to know their needs and any barriers to getting active and adapt the sessions accordingly. During the pandemic, some sessions were held online alongside creative ways to get families involved in remote team challenges. Since its inception over two years ago, Family Club sessions have increased in popularity and are now fully subscribed, with some families still attending since the start. However, despite its popularity the project is primarily attended by mothers and children and a pilot project to try and get dads involved was not successful. The challenge ahead is to find activities that also attract and retain men.

Further barriers to getting active in Blaenavon include the town's lack of leisure resources. The local swimming pool was closed in 2012 and although gym and classes are available in Blaenavon Active Living Centre, it is part of Blaenavon Heritage VC School and is only open to the public in evenings and weekends. Other leisure centres can be found in Pontypool or Abergavenny in Monmouthshire but at roughly £25 for a return ticket, travel via bus is unaffordable for many families.

Attempts to regenerate the town have focused on the heritage and tourism offer – Blaenavon is a UNESCO World Heritage Site - and the popular mining attraction, Big Pit is just outside of the town. The levels of community engagement in Healthy Blaenavon now offer an opportunity for local people to shape local developments to meet their needs (337).

Whilst the IWNs are responding to local needs, they only operate in selected areas in Gwent's five local authorities. For example, in Newport, the IWN works only in Pill and Ringland, whilst Newport has 10 areas of high deprivation. There was concern amongst some in local authorities that the IWNs duplicated what they, or the Third Sector are already offering. Some local authorities were unclear how areas were selected to have IWNs:

"I don't even know how the areas for IWN in Caerphilly were identified".

Currently policies, such as the Transformation Fund, part of *Healthier Wales*, aims to provide a "whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives" (47). As is evident, a whole system approach was not visible in Gwent, instead, the system continued to rely on pockets of good practice and lack of cohesion.

In 2023 it is expected the Welsh Government will publish its National Framework for social prescribing. It is unclear how IWNs would fit into this policy. With NCNs, IWNs and link workers/social prescribers, there is a risk of 'duplication in non-GP roles' as highlighted by some interviewees.

NHS AS AN ANCHOR

In addition to the services they provide to improve health directly, hospitals and other healthcare organisations can also act on the social determinants of health by being anchor institutions. For healthcare organisations in particular, this represents a form of disease prevention, and an investment in the future of the community that they serve. The Council for Economic Renewal assessed the role of the NHS as an anchor in Wales. NHS Wales is the largest employer in Wales and has a significant economic impact on the Welsh economy. They show the process of improving health and social care impacts economic impacts through improving the health of populations and increasing economic activity, improving social capital and a reducing the impacts and effects of poverty (338).

At the Gwent level, the NHS can improve its role as an anchor. Section 3B outlined the new apprentice programme ABUHB offers, including its bespoke programme to support young people with learning difficulties. However, employability leads in local authorities and the DWP spoke of difficulties in improving recruitment to the NHS. One employability lead spoke of a previous ringfenced contract with ABUHB, enabling people to go into the health sector in entry level jobs (porters and cleaners). They did a placement, a work trial and had a good success rate. But the programme no longer exists. They stated mandated opportunities are "absolutely needed. You need guaranteed placements, guaranteed interviews." Whilst they have tried to make inroads for years after the ringfenced contract ended they have had little success. Yet at the beginning of the pandemic ABUHB approached them for employees:

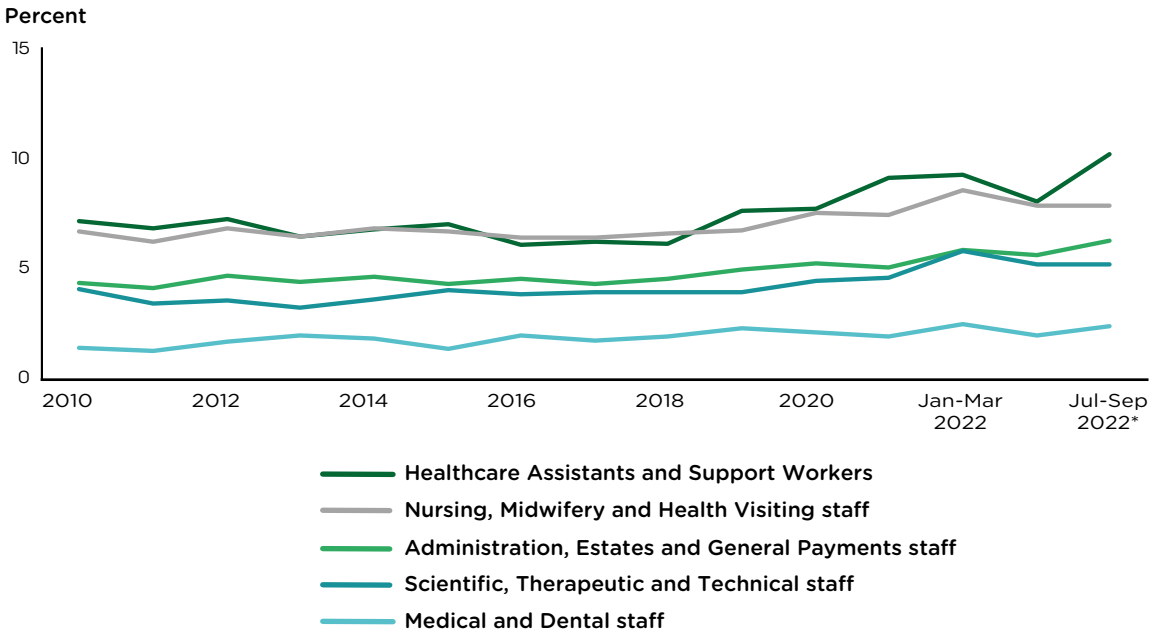
"When the pandemic came, I had an email that there's over 300 vacancies in the Health Board. We've been trying to broker this relationship for years and now you're coming to me saying there's all these vacancies? They were trying to sign up people who were absolutely petrified to leave their homes, were long-term unemployed, with health conditions – they wanted them to go and work in a hospital and port it and clean it."

The DWP reported that the ABUHB could make more use of local Job Centre teams. Currently the DWP has no links to the ABUHB despite attempts to improve the relationship and improve the number of applications to their jobs. The DWP reports that in other areas, it works with health boards and hospital trusts to simplify online application forms, and provides advice on how to increase the number of job applications.

Being better employers is one aspect of being an anchor. Post-pandemic, staff in public services report feeling burnt-out and there are low levels of moral. Surveys of staff at ABUHB found 47% said they "often" or "always" felt worn out at the end of their working day/shift; 34% said they feel burnt out because of their work; 2% do not have enough energy for family and friends during leisure time and 31% feel exhausted at the thought of another day/shift at work (339). A survey of staff in Nevill Hall Hospital in August 2020 found high levels of burn out, highest in those on the lowest pay - operating department practitioners and non-ICU nurses (340).

There are inequalities in staff absences. Staff most likely to be absent are those on the lowest pay. Figure 4.8 shows healthcare assistance and support workers had the highest absence rates and these had shot up in the latter stages of the pandemic.

Figure 4.8. Percent absent by staff group and year/quarter, Aneurin Bevan UHB, 2010-2022



Notes: *Provisional results for Jul-Sept 2022*
Source: *NHS electronic staff record (341)*

SECTOR RECOMMENDATIONS	
2023-2024	**2024-2029**
Public services for health equity	
Accountable lead: Public Services Board	
• All public services, including ABUHB and primary care and local authorities to outline anchor organisation place-based approach.	• Gwent-wide anchor approach implemented. • Develop bespoke training, aspiration and offering mentorships for children and young people eligible for free school meals.
Accountable lead: ABUHB Public Health Team	
• Work with police in Gwent to define and implement a public health approach to violence prevention.	• Monitoring inequalities in public health approach to violence.
Businesses and economics for health equity	
Accountable lead: Cardiff Capital Region	
• Work with businesses of different sizes in Gwent to improve links to primary and secondary schools in areas of higher deprivation for training, aspiration and offering mentorships. • Businesses to implement the Fair Work Commission recommendations.	• Increase work in all local authorities in Gwent, providing opportunities for people with varying levels of skills throughout the region.

2023-2024	2024-2029
NHS for health equity	
Accountable lead: ABUHB Public Health Team	
• Work alongside local authorities (including staff working in local authorities) to encourage a broader remit to address social determinants of health and better coordinate actions on the social determinants of health and act as a bridge between health and non-health stakeholders.	• Public health and local authorities working in partnership to improve social determinants of health.
Accountable lead: ABUHB	
• Integrated Wellbeing Networks – assess actions of each local authority in reducing inequalities, in all areas of higher (not highest) deprivation. • Assess inequalities in hospital patients sent home without care packages and in patients waiting to be discharged from hospitals. • Welsh GP trainee programme to include rotation in areas of high deprivation beyond where universities are based. • Identify health inequalities lead at board level in ABUHB and in primary care clusters. • Fund expansion of High Impact Service in Grange University Hospital. • Marmot Trust approach discussed in all ABUHB hospitals.	• IWN implemented at scale in each local authority in all areas of deprivation. • Hospital discharge includes inequalities assessment and reducing inequalities in patients waiting to be discharged in hospitals. • High Impact Service in Grange University Hospital continues to be funded. • Marmot Trust approach implemented in all ABUHB hospitals.

Areas for national actions:

Public services

- Shift from grant to revenue funding for local authorities. Provide over a longer timescale to allow multi-year allocations. Streamline processes and grant conditions and reporting to reduce the administrative burden.
- Assess universal targets and whether they are impeding reductions of inequalities (for example, Well-being of Future Generations Act milestones).
- Amend universal targets to include reductions of inequalities.
- National bodies – such as Natural Resources Wales, Public Health Wales, Office of the Future Generations Commissioner – to be more responsive to local organisations to help them address inequalities and improve the social determinants of health, respond to their requests and be more active partners with local systems.
- Academics in Welsh universities to research Welsh Government policies independent of Welsh Government evaluations.

Businesses and economics

- Implement the recommendations in the Cardiff Capital Region Growth and Competitiveness Commission.

CHAPTER 5
RECOMMENDATIONS

IHE proposes the following Marmot Eight and system-wide recommendations for action across the Gwent system. The system-wide recommendations enable and support actions in the Marmot Eight thematic areas and cover the critical social determinants of health and are tailored to the circumstances across Gwent.

They are the building blocks for building a healthier and more equitable society in Gwent. Recognising the financial pressures on local authorities and the NHS, the recommendations highlight the importance of good health to the economy and businesses and the reduced demand and costs to services that will result from better health and reduced inequalities. Some recommendations will require additional funding, but many recommended actions can be done without additional investment and require better partnerships and leadership and shifting ways of working – all of which will bring enormous benefits to health equity.

These recommendations were created in partnership with stakeholders in Gwent, with drafts first created within the Leadership group, then shared more widely for comments.

The recommendations are classified in two categories: Year 1 (2023-24) and Years 2-5 (2024-2029). A lead organisation is suggested for each recommendation though most, if not all, should be developed and implemented in partnership.

In making the recommendations we have considered the pressures on local authority and NHS budgets. There is a role for the ABUHB Public Health Team or Gwent Strategic Wellbeing Action Group to monitor the status, implementation and best practice of the recommendations in each local authority and for the PSB leadership to amend or refine actions in subsequent years.

1. GIVE EVERY CHILD THE BEST START IN LIFE	
Related Marmot indicator	**Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator**
2023-2024	**2024-2029**
Accountable lead: ABUHB Public Health Team	
• Define best start and school readiness in Gwent in partnership with parents, early years staff and health. • Assess impact of staff shortages on the delivery of Flying Start in areas of higher deprivation. • Healthy and Sustainable Pre-school scheme identifies actions across seven health topics and shift aim to reduce inequalities in every nursey. • Assess and recommend improving maternity and parental leave policies and support for childcare in PBS members.	• Monitor best start and school readiness in Gwent in partnership and reduce inequalities. • Healthy and Sustainable Pre-school scheme actively implements actions to address inequalities across seven health topics in every nursery. • Recommendations for improving maternity and parental leave policies implemented in PSB members. • Extend improved parental leave policies to private employers, including improved flexible working offer.
Accountable lead: Local authorities	
• Identify areas of low childcare provision and map to deprivation and assess quality of provision.	• Intensive recruitment for early years staff in areas of higher deprivation. • Increase childcare provision and quality in areas of higher deprivation with aim of reducing inequalities.

AREAS FOR NATIONAL ACTIONS:

- Provide data to enable local authorities to assess inequalities by income and free school meal eligibility in Foundation Phase.
- Shift more of early years funding from grants to revenue funding and longer-term funding.
- Implement findings from evaluation of the Early Years Integration Transformation Programme.
- Increase funding for further education colleges to focus on creating and expanding sustainable, high quality local childcare workforce.

2. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.	
Related Marmot indicator	**Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above**
2023-2024	**2024-2029**
Accountable lead: Directors of Education	
• Reduce the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life. • Work with young people, business and the Third Sector to identify information needed to better access relevant further education opportunities (courses and apprenticeships and work-based learning) in Gwent with a focus on areas with higher levels of deprivation, generational poverty, and those most at risk of exclusion, levels 2 and 3. • Focus the pupil development grant to improve attainment of pupils eligible for free school meals to reduce the gap in attainment.	• Eliminate the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life. • Evaluate and improve use of pupil development grant to reduce inequalities in attainment.
Accountable lead: Local authorities	
• Assess inequalities in affordable travel to school, improve data collection. • Work with communities in areas of higher deprivation to understand education and training needs for adults in each local authority.	• Reduce inequalities in travel to school. • Education and training for adults in each local authority targeted at populations to reduce socioeconomic inequalities. Improve communication of offer.
Accountable lead: Healthy schools coordinators	
• Healthy Schools scheme in primary and secondary schools shifts to proportionate offer to schools that have higher number of students eligible for free school meals and where there are pockets of deprivation.	• Healthy Schools scheme in primary and secondary schools monitoring and improving proportionate offer to schools.

2023-2024	2024-2029
Accountable lead: Public Services Board	
• In partnership with young people, businesses and the Third Sector assess provision of career guidance and aspiration approaches in primary and secondary schools. • Work with young people to better communicate available youth services and future youth services. • Assess Shared Prosperity Funding and spend on NEETs and better coordinate the approach and offer in the region. • Work with communities in areas of higher deprivation to increase volunteering opportunities and skills building for adults in each local authority.	• Review revised provision of career guidance and aspiration approaches in primary and secondary schools to ensure aspiration for all.
Accountable lead: Regional Children and Families Transformation lead	
• Reduce duplication and provide consistent offer of mental health support in schools. Proportionate offer of support according to number of students eligible for free school meals and where there are pockets of deprivation.	• Define how to monitor inequalities impacted by mental health support in schools. • Work with students, school staff and parents to improve mental health support offer in schools and ensure tackling inequalities.
Accountable lead: Educational Achievement Service	
• Assess and reduce inequalities in school absences. • Schools and EAS share best practice and leadership in addressing inequalities in education attainment.	• Monitor inequalities in school absences and continue to work in partnership with families.
Accountable lead: Coleg Gwent and Coleg y Cymoedd	
• Increase the level 2 and level 3 apprenticeship opportunities in Gwent. • Map apprenticeship providers in Gwent. • Work with apprentices and employers to assess pastoral care offer for apprentices in Gwent. • Work with local, regional and national employers in Gwent to identify adult education upskilling needed.	• Increase apprenticeship providers in Gwent, with a focus on small and medium enterprises and public service. • Provide improved pastoral care to apprentices in Gwent. • Provide adult education needed for future jobs market.
Accountable lead: Cardiff Capital Region	
• Work with employers and education providers to ensure that further education provision and skills investment is aligned to the Cardiff Capital Region economic strategy.	• Work with employers, schools and families to build aspirations and skills in primary and secondary schools.

AREAS FOR NATIONAL ACTIONS:

- Make data available at local authority level disaggregated by eFSM.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Cease use of fixed penalty notices for school absences.
- Increase apprentice minimum wage to match real living wage.

3. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL	
Related Marmot indicator	**Percent of all employees earning below the real living wage** **Percent unemployed (16-64 years) (females, males)**
2023-2024	**2024-2029**
Accountable lead: Local authority	
• Support work of employability staff, focus on reducing generational unemployment. Work with employers to secure more flexible working. • Assess possibility of frontline employability staff sitting in DWP offices in each local authority. • Measures of success for employability services to include entry into work and quality of work.	• Frontline employability staff sit in DWP offices in each local authority. • Continue working with employers to secure flexible working.
Accountable lead: Public services	
• Public services (NHS, local authorities) use Job Centre Plus to recruit entry level staff.	• Public services (NHS, local authorities) increase use of Job Centre Plus to recruit staff.
Accountable lead: Gwent Association of Voluntary Organisations, Torfaen Voluntary Association	
• Work with anchors, local employers and businesses to identify the number of opportunities to use volunteering as pathway to employment.	• Double the number of opportunities using volunteering as pathway to employment.
Accountable lead: Cardiff Capital Region	
• All Cardiff Capital Region-funded capital projects to support a minimum number of apprenticeships, with a fair proportion in Gwent, dependent on the size and scale of the project. Focus working with potential apprentices living in areas of higher deprivation. • Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.	• Monitor Cardiff Capital Region-funded capital projects and number of apprenticeships in Gwent, with focus on working with potential apprentices living in areas of higher deprivation. • Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.

National advocacy: Implement recommendations of Fair Work Commission.

4. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL	
Related Marmot indicator	**Percent of children living in relative low-income families** **Percent of people living in households in material deprivation**
2023-2024	**2024-2029**
Accountable lead: ABUHB Public Health Team	
• Develop training for primary and secondary care and local authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services. • Training on living in poverty (for example, poverty proofing) offered to public services staff.	• Primary and secondary care and local authority workforce trained and offering support to address poverty including fuel poverty.
Accountable lead: Public Services Board	
• All members of PSB to pay real living wage for all roles and all procurement contracts. • Assess hygiene poverty in Gwent, identify local indicator. • Shift to prevention approaches in delivering sustainable and healthy food security. • Define proportionate universalism in Gwent and communicate and adopt. • Assess use and value of Socioeconomic Duty within PSB members.	• All employers in Gwent paying the real living wage. • Reduce hygiene poverty. • Eliminate need for food banks, replace with actions addressing the causes of food poverty. • Improve use and value of Socioeconomic Duty within PSB members.
Accountable lead: Local authorities	
• Assess Citizen Advice offer in areas of high deprivation without offices. Work with communities in each local authority to understand their needs for social welfare, legal and debt advice wanted and in what format.	• Based on year one, colocate social welfare, legal and debate advice on-site in NHS and local authorities without need for external referral.
Accountable lead: Educational Achievement Service	
• In partnership with businesses, assess support about financial management advice in schools and workplaces.	• Improve financial management advice in schools and workplaces.

Areas for national actions:

- Focus on reducing and eliminating intergenerational poverty.
- Implement recommendations in Audit Wales Time for Change report.

5. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES	
Related Marmot indicator	Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households Rate of households in temporary accommodation Percent of people satisfied with local area as a place to live Percent of people satisfied with their ability to get to/ access the facilities and services they need
2023-2024	**2024-2029**
Accountable lead: Local authorities	
• Work with local communities, across all ages, to support longer-term revival of local high streets in areas of higher deprivation. • Put health equity and sustainability at the centre of planning decisions. • Develop linked or shared data to better identify and support those who are homeless or living in insecure housing.	• Each local authority creates a healthy high street or town centre plan in partnership with residents. • Identify further areas to develop linked or shared data to address social determinants of health.
Accountable lead: ABUHB Public Health Team	
• Assess impact of Rent Smart Wales on quality of private rental sector in Gwent. • Health inequalities assessment of regeneration plans in partnership with local authorities. • Assess provision of social determinants approaches in social housing associations and Caerphilly Housing. • Public health and primary care work with residents to identify information and approaches needed to reduce risks of housing causing poor physical and mental health.	• Improve quality of private rented sector in Gwent, using Rent Smart Wales or other approach. • Closer working between ABUHB public health team and local authority planners to health equity assess future planning and regeneration strategies. • In partnership with social housing associations and Caerphilly Housing, build on work to address social determinants approaches, share best practice. • Provide support to social housing associations and Caerphilly Housing to reduce risks of housing causing poor physical and mental health.
Accountable lead: Local authorities	
• Assess possibility of free bus travel offer in Gwent. • Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.	• Implement findings of free bus travel assessment. • Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.
Accountable lead: Public Services Board	
• Work with communities to develop actions to improve use of green spaces and local heritage sites for those living in areas of higher deprivation.	• Monitor use of green spaces and local heritage sites by residents in areas of higher deprivation.

Areas for national actions:

- Improve data available to local authorities on the private rented sector.
- Enforce and implement Rent Smart Wales.
- Ensure public interest is not compromised in Section 106 planning decisions.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Increase revenue and long-term funding for retrofitting homes and active travel. Allow local areas to determine what is needed.

6. STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION	
Related Marmot indicator	**Inactivity rate excluding students (males, females)** **Percent walking for 10 minutes every day or several times a week to get somewhere** **Percent of people who are lonely (age 16+)**
2023-2024	**2024-2029**
Accountable lead: ABUHB Public Health Team	
• Assess Gwent's current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and the social determinants of health approach and a whole systems working approach in Gwent. • Assess the steep decline in life expectancy for women in Gwent. • In partnership with local authorities provide inequalities-informed behaviour change approaches to e.g. public transportation and active travel. • Develop approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation. • Adopt equivalent of equity informed approach (for example, Deep End or equivalent) in all primary care practices in areas of higher deprivation.	• Behavioural prevention policies and actions all have equity and social determinants of health approach and a whole systems approach. • Implement actions to reduce the steep decline in life expectancy for women in Gwent. • Support work with communities in areas of higher deprivation to provide the activities, support, spaces and opportunities they want. Monitor use and work with communities to increase uptake.
Accountable lead: ABUHB	
• Maximise secondary prevention opportunities in acute and primary care in Gwent through health promoting hospitals and health services and supporting clinicians to identify and act on these inequalities. • Review exercise on referral and social prescribing offers to ensure they are addressing the social determinants of health and offered to citizens living on lower incomes.	• Monitor secondary prevention opportunities in acute and primary care in Gwent, ensure it is addressing inequalities. • Exercise on referral and social prescribing offers have equity and social determinants of health approach.

Areas for national actions:

- SportsWales to analyse funding available for areas of higher deprivation and amend funding proportionate to need to reduce health inequalities.
- Examine the impact of the minimum alcohol price on household income.
- Make statistics on alcohol and drug misuse available at local authority disaggregation and by deprivation status.

7. TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES	
2023-2024	**2024-2029**
Accountable lead: Public Services Board	
• All PSB partner organisations to gather data on their workforce by ethnicity, pay and grade.	• Based on findings in year one, PSB statutory partner organisations set actions to reduce structural racism and its outcomes in the NHS, local authorities and public sector. • Work with businesses to improve collection of workforce data about ethnicity and actions to reduce structural racism.

Areas for national actions:

- Implement the Anti-racist Wales Action Plan.

8. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER	
Related Marmot indicator	**Average level of nitrogen dioxide**
2023-2024	**2024-2029**
Accountable lead: Natural Resources Wales	
• Adopt a health inequalities approach to the South East Wales Area Statement and related actions. • Health equity assessment of adaptation and mitigation approaches in Gwent.	
Accountable lead: Transport for Wales	
• Map bus transport links between areas of higher deprivation and areas of employment opportunity and access to primary and acute health services. • Map rail transport links between areas of higher deprivation and areas of employment opportunity. • Health equity assessment of school and further education transport (including bus journeys and active travel).	• Reduce inequalities in bus transport in each local authority in Gwent. • Reduce inequalities in rail transport in each local authority in Gwent. • Reduce inequalities in transport to schools and further education colleges in each local authority in Gwent.
Accountable lead: Housing associations	
• Housing associations assess possibilities for retrofitting homes in Gwent to improve their thermal efficiency and reduce reliance on fossil fuels, energy costs.	• Social housing associations implement plans to retrofit homes in Gwent.

Areas for national actions:

- Revise EPC rating metrics to make them easier for the public to understand. Compare with actual performance of dwellings and enable policies to be better targeted.
- Undertake health equity assessment of national bus funding decisions.
- Undertake health equity assessment of South East Wales metro system and active travel plans.

SYSTEM CHANGE RECOMMENDATIONS	
2023-2024	**2024-2029**
LEADERSHIP FOR HEALTH EQUITY	
Accountable lead: Public Services Board	
• The Gwent PSB Marmot Programme Leadership Group becomes an Implementation Board and oversees development of an implementation plan, based on this report.	• Public Services Board annual review of implementation of recommendations.
Accountable lead: ABUHB Public Health Team and Public Health Wales	
• Actively work with partners outside of the NHS to address social determinants of health. • Public Health Wales to work with Gwent public health team to support this work and provide tools and intelligence as requested.	
RECOMMENDATION: STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY	
Accountable lead: Regional Partnership Board	
• Regional Partnership Board chair and vice chair positions rotate between local authorities and health board.	
RECOMMENDATION: CO-CREATE HEALTH EQUITY	
Accountable lead: Public Services Board	
• NHS and local authorities to place local residents in areas of higher deprivation at the centre of identifying actions to reduce inequalities in their local communities. • Work with Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance to identify how to increase direct commissioning of Third Sector by local authorities and the NHS by identifying where the Third Sector is better placed to provide services currently offered by the NHS or local authorities.	• Implement asset-based community development and provide sustainable and longer-term funding. • At least double the number of Third Sector contracts commissioned by local authorities and the NHS.

2023-2024	2024-2029
RECOMMENDATION: FUNDING FOR HEALTH EQUITY	
Accountable lead: Public Services Board	
• Assess resource allocations and shift to proportionate universalist funding based on levels of socioeconomic deprivation. • Benchmark NHS and local government funding for social determinants of health. • NHS and local government funding to Third Sector to shift from grant to revenue and for longer time-frames funding to reduce poverty. • Local authorities to assess where it may be possible to consolidate Welsh Government funding to reduce bureaucracy. • Assess possibility of increasing participatory budgeting projects. • Link Shared Prosperity Funding to Marmot indicators.	• Increased proportion of local authority and NHS funding is proportionate universalist funding. • Increase NHS and local government funding for social determinants of health by agreed amount per year for the next 10 years. • NHS and local authorities offering larger proportion of funding that is longer-term and revenue to Third Sector. • Local authorities consolidating Welsh Government funding to reduce bureaucracy. • Participatory budgeting projects led by local authorities, not outsourced. • Monitoring Shared Prosperity Funding and links to Marmot indicators and recommendations.
RECOMMENDATION: DATA AND MONITORING FOR HEALTH EQUITY	
Accountable lead: Gwent public health team	
• Digital Health Wales and SAIL databank to work with local authorities to provide data on social determinants. • In early years adopt shared system records between health and social care. • Create Gwent Marmot indicators public website. • Assess possibility of lower-level data to better assess inequalities.	• Digital Health Wales and SAIL databank provide data on social determinants. • Create a central integrated customer account as a gateway to services. • Assess further areas where shared record systems can reduce health inequalities. • Review and renew Marmot indicators every five years.
SECTOR RECOMMENDATIONS	
Public services for health equity	
Accountable lead: Public Services Board	
• All public services, including ABUHB and primary care and local authorities to outline anchor organisation place-based approach.	• Gwent-wide anchor approach implemented. • Develop bespoke training, aspiration and offering mentorships for children and young people eligible for free school meals.
Accountable lead: ABUHB Public Health Team	
• Work with police in Gwent to define and implement a public health approach to violence prevention.	• Monitoring inequalities in public health approach to violence.

2023-2024	2024-2029
Businesses and economics for health equity	
Accountable lead: Cardiff Capital Region	
• Work with businesses of different sizes in Gwent to improve links to primary and secondary schools in areas of higher deprivation for training, aspiration and offering mentorships. • Businesses to implement the Fair Work Commission recommendations.	• Increase work in all local authorities in Gwent, providing opportunities for people with varying levels of skills throughout the region.
NHS for health equity	
Accountable lead: ABUHB Public Health Team	
• Work alongside local authorities (including staff working in local authorities) to encourage a broader remit to address social determinants of health and better coordinate actions on the social determinants of health and act as a bridge between health and non-health stakeholders.	• Public health and local authorities working in partnership to improve social determinants of health.
Accountable lead: ABUHB	
• Integrated Wellbeing Networks – assess actions of each local authority in reducing inequalities, in all areas of higher (not highest) deprivation. • Assess inequalities in hospital patients sent home without care packages and in patients waiting to be discharged from hospitals. • Welsh GP trainee programme to include rotation in areas of high deprivation beyond where universities are based. • Identify health inequalities lead at board level in ABUHB and in primary care clusters. • Fund expansion of High Impact Service in Grange University Hospital. • Marmot Trust approach discussed in all ABUHB hospitals.	• IWN implemented at scale in each local authority in all areas of deprivation. • Hospital discharge includes inequalities assessment and reducing inequalities in patients waiting to be discharged in hospitals. • High Impact Service in Grange University Hospital continues to be funded. • Marmot Trust approach implemented in all ABUHB hospitals.

Areas for national actions:

Public services

- Shift from grant to revenue funding for local authorities. Provide over a longer timescale to allow multi-year allocations. Streamline processes and grant conditions and reporting to reduce the administrative burden.
- Assess universal targets and whether they are impeding reductions of inequalities (for example, Well-being of Future Generations Act milestones).
- Amend universal targets to include reductions of inequalities.
- National bodies – such as Natural Resources Wales, Public Health Wales, Office of the Future Generations Commissioner – to be more responsive to local organisations to help them address inequalities and improve the social determinants of health, respond to their requests and be more active partners with local systems.
- Academics in Welsh universities to research Welsh Government policies independent of Welsh Government evaluations.

Businesses and economics

- Implement the recommendations in the Cardiff Capital Region Growth and Competitiveness Commission.

CHAPTER 6

GWENT MARMOT INDICATORS

The Gwent Marmot indicators provide the region with tools to establish a baseline and monitor progress of system-wide actions to address health inequalities and improving the social determinants of health in Gwent.

The Gwent region asked for a set of local health inequalities indicators relevant to the communities themselves. The Gwent Marmot indicators are aimed at bringing local systems together to address the causes of health inequalities more effectively. The responsibility does not lie only with the NHS or local authorities, it is the responsibility of many to plan, implement and deliver. Whilst Gwent is a region and covers five local authorities, stakeholders stated they did not want regional measures as the planning and delivery of actions would mostly be at the local authority level. As such, the system sought to have indicators that would measure factors influenced by local actions to reduce health inequalities.

The indicators selected are not a comprehensive set, instead the Gwent Marmot indicators seek to measure performance improvement in the short, medium and long term based on improvements being sought by the recommendations in this report.

The process for developing the indicators followed these steps:

STAGE 1

We met with local partners and analysed existing indicator sets in Wales including the: the WBFGA indicators and milestones; Public Health Outcomes Framework; Child Poverty Strategy; Early Years Outcomes Framework and the recently announced Outcomes Framework for Health and Social Care (342) (343) (344) (345). Many of these indicators sets focus on all of Wales. To reduce inequalities and give everyone the best start in life and bring opportunities to all of Wales, it is essential to have data to understand where additional efforts are needed.

We also looked at the Marmot indicators published in Cheshire and Merseyside and Greater Manchester (346) (347).

These initial meetings were with representatives from local authorities.

The first draft of Gwent indicators led to over 90 potential indicators. As many of the existing indicator sets in Wales include more than 40 indicators, the aim was to create a Marmot dataset of no more than 15 indicators.

STAGE 2

After identifying the long list of indicators, further discussions were had with local authority data specialists. Based on these discussions, the long list of potential indicators was reduced to 13 indicators, aligning to social determinants of health categories.

STAGE 3

The proposed indicators were sent to members of GSWAG and wider for consultation. As a result of this feedback, the indicators were further refined by IHE and the Marmot Leadership Board.

NEXT STEPS

All the proposed indicators are available at local authority level however this does not capture the level of granularity needed to monitor inequalities within local authorities. Ideally, each indicator would be disaggregated by income or deprivation level as well as by sex and ethnicity. Regardless, the Gwent Marmot indicators can be used to compare local authorities with national and regional outcomes.

The Public Health team is asked to provide a baseline set of indicators in Q3 of 2023/24 and report the indicators annually, agree improvement targets, provide ongoing analysis and communication of indicator outcomes to the Gwent system and its residents.

The following are the Gwent Marmot indicators.

#	Indicator	Level	Frequency	Disaggregation	Related source	Devolution power
1	Healthy life expectancy at birth (females, males)	LA	Annual	IMD	PHOF, PHW	Wales
Early years, children and young people						
2	Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator*	LA	Annual	FSM status	Welsh Govt	Wales
3	Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above	LA	Annual	FSM status	Welsh Govt NI-08	Wales
Work and employment						
4	Percent of all employees earning below the real living wage	LA	Annual	NA	ONS	Combination
5	Percent unemployed (16-64 years) (females, males)	LA	Annual	None	Welsh Govt NI-21	Combination
6	Inactivity rate excluding students (males, females)	LA	Quarterly	NA	APS	Wales
Income, poverty and debt						
7	Percent of children living in relative low-income families	Ward, LA	Annual	NA	DWP	UK
8	Percent of people living in households in material deprivation	LA	Annual	NA	Welsh Govt NI-19	UK
Housing and the environment						
9	Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households	LA	Annual	NA	Welsh Govt NI-34	Wales
10	Rate of households in temporary accommodation**	LA	Annual	NA	Welsh Govt	Wales
11	Average level of nitrogen dioxide	LA	Annual	NA	Welsh Govt NI-04	Wales
Public health						
12	Percent of people satisfied with local area as a place to live	LA	Annual	None	Welsh Govt NI-26	Wales
13	Percent of people satisfied with their ability to get to/access the facilities and services they need	LA	Annual	None	Welsh Govt NI-24	Wales
14	Percent walking for 10 minutes every day or several times a week to get somewhere***	LA	Annual	Household in material deprivation	National Survey for Wales	Wales
15	Percent of people who are lonely (age 16+)	LA	2-3 years	None	Welsh Govt NI-30	Wales
In development						
Early years						
	Percent of 0–7-year-olds living in households in receipt of income-related benefits, or tax credits with income less than 60% of the Wales median^^					
Tackle climate change and health equity in unison						
	Percent (£) spent in local supply chain through contracts^^	-	-	-	NHS, local government	Wales

** This data is no longer publicly published and will require a freedom on information request.*

***To be calculated per 10,000 households by local authorities*

**** To be sourced at local authority level from National Survey for Wales.*

In development indicators

^^ These indicators are currently under development. The 0-4-year-olds living in receipt of income-related benefits has been under development for many years. This would help to better understand poverty in families with babies and young children.

Welsh Government (2019) Early Years Outcomes Framework. Available from: https://www.gov.wales/sites/default/files/publications/2019-07/early-years-outcomes-framework.pdf

The local supply chain indicator is related to the Social Partnership and Public Procurement (Wales) Bill, under development at the time of writing. Depending on indicators created to support the Bill, we recommend Gwent select an associated indicator to monitor outcomes related to the Bill.

CHAPTER 7
APPENDIX

Members of the Gwent Leadership Board:

- **Paul Matthews** – Monmouthshire Council CEO
- **Stephen Vickers** – Torfaen Council CEO
- **Tammy Boyce** – Institute of Health Equity
- **Owen Callaghan** – Institute of Health Equity
- **Stephen Tiley** – GAVO CEO
- **Howard Toplis** – Tai Calon CEO
- **Maureen Howells and Claire Germain** – Welsh Government
- **Tracy Daszkiewicz** – ABUHB Director of Public Health
- **Stuart Bourne** – ABUHB Consultant in Public Health
- **Anna Pennington** – Gwent Marmot Region Programme Manager
- **Caroline McDonnell** – Senior Public Health Practitioner
- **James Adamson** – SpR ABUHB Local Public Health Team
- **Scott Wilson-Evans** – ABUHB Strategic Head of Communications
- **Liam Williams** – Public Health Practitioner

REFERENCES

1. Heley J (2013) Soft spaces, fuzzy boundaries and spatial governance in post-devolution Wales. International Journal of Urban and Regional Research. 37(4): 1325–48.

2. Welsh Government (2023) Social Partnership and Public Procurement (Wales) Bill. Available from: https://www.gov.wales/social-partnership-and-public-procurement-wales-bill.

3. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020) Health Equity in England: The Marmot Review ten years on. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on.

4. Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M. (2010) Fair Society, Healthy Lives: The Marmot Review. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review.

5. Marmot M, Allen J, Goldblatt P, Herd E, Morrison J (2020) Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity.

6. Munro A, Boyce B, Marmot M (2020) Sustainable Health Equity: Achieving a Net-Zero UK. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/sustainable-health-equity-achieving-a-net-zero-uk.

7. Frossell S, Ryder C (2019) Making a difference in Coventry – the Marmot approach. National Housing Federation. Available from: https://greatplaces.housing.org.uk/blog/making-a-difference-in-coventry-the-marmot-approach.

8. Welsh Government (2019) Welsh Index of Multiple Deprivation. Available from: https://gov.wales/welsh-index-multiple-deprivation-full-index-update-ranks-2019.

9. Welsh Government (2021) Age friendly Wales: our strategy for an ageing society. Available from: https://www.gov.wales/age-friendly-wales-our-strategy-ageing-society-html.

10. ONS (2021) Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland.

11. ONS (2021) Life expectancy estimates, all ages, UK. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk.

12. Institute of Fiscal Studies (2020) The idiosyncratic impact of an aggregate shock: the distributional consequences of COVID-19. Available from: https://www.ifs.org.uk/publications/14870.

13. ONS (2021) Deaths due to COVID-19 by local area and deprivation. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.

14. Centre for Mental Health (2023) Counting the cost of health inequality: new data on premature mortality among people with a mental illness in England. Available from: https://www.centreformentalhealth.org.uk/blogs/counting-cost-health-inequality-new-data-premature-mortality-among-people-mental-illness-england.

15. OHID (2022) Research and analysis: Premature mortality in adults with severe mental illness (SMI). Available from: https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi.

16. ONS (2022) Suicides in England and Wales by local authority. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority.

17. Malcolm M, Frost H, Cowie J (2019) Loneliness and social isolation causal association with health-related lifestyle risk in older adults: a systematic review and meta-analysis protocol. Systematic Reviews. 8:48 doi.org/10.1186/s13643-019-0968-x.

18. Welsh Government (2017) Well-being of Future Generations (Wales) Act 2015. Available from: https://www.futuregenerations.wales/wp-content/uploads/2017/01/WFGAct-English.pdf.

19. Welsh Government (2020) Connected communities: a strategy for tackling loneliness and social isolation and building stronger social connections. Available from: https://www.gov.wales/loneliness-and-social-isolation-connected-communities.

20. Welsh Government (2022) National Survey for Wales: results viewer. Available from: https://www.gov.wales/national-survey-wales-results-viewer.

21. Melo (ND) PHPs & Support from your GP surgery. Available from: https://www.melo.cymru/psychological-health-practitioners/.

22. Public Health England (2019) PHE Strategy 2020-25. PHE. Available from: https://www.gov.uk/government/publications/phe-strategy-2020-to-2025.

23. BMA (2018) Prevention before cure: securing the long term sustainability of the NHS. Available from: https://www.bma.org.uk/media/2107/bma-securingthe-long-term-sustainability-of-the-nhs.pdf.

24. Meier P, Katikireddi S V, Smith K (2023) Bold action is needed to strengthen primary prevention BMJ. 380:595.

25. Public Health Wales (2021) Cost of Health Inequality to the NHS in Wales Report 1 Cost Associated with Inequality in Hospital Service Utilisation to the NHS in Wales. Available from: https://phwwhocc.co.uk/wp-content/uploads/2021/12/costofhealthinequalitytothenhsreport1_december2021_eng.pdf.

26. Bordass B (2020) Metrics for energy performance in operation: the fallacy of single indicators. Buildings and Cities. 1:1(260-276.

27. Wilson Smith E, Garcia Rodriguez D, Brawner J (2021) Evaluating the socio-economic duty in Scotland and Wales. Equality and Human Rights Commission. Available from: https://www.equalityhumanrights.com/en/publication-download/evaluating-socio-economic-duty-scotland-and-wales.

28. Welsh Government (2022) Wellbeing of Wales: 2022. Available from: https://www.gov.wales/wellbeing-wales-2022 .

29. UK Legislation (2015) Well-being of Future Generations (Wales) Act 2015. Available from: https://www.legislation.gov.uk/anaw/2015/2/section/36?view=plain.

30. Gwent Public Services Board (2023) Gwent Well-being Assessment. Available from: https://www.gwentpsb.org/en/well-being-plan/well-being-assessment/.

31. Audit Wales (2020) Better law making: the implementation challenge. Available from: https://www.audit.wales/sites/default/files/Think%20piece_better_law_making_10.pdf.

32. Local Government Assocation (2021) Survey: Health and Wellbeing Boards in Integrated Care Systems. Available from: https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems/research.

33. Perkins N, Hunter DJ, Visram S et al (2020) Partnership or insanity: why do health partnerships do the same thing over and over again and expect a different result? Journal of Health Services Research & Policy. 25(1):41–48.

34. Hunter D, Perkins N (2012) Partnership working in public health: the implications for governance of a systems approach. J Health Serv Res Policy. 17(2).

35. Public Health Wales (2023) Local Public Health Team transfer. Available from: https://phw.nhs.wales/news/local-public-health-team-transfer/.

36. Local Government Association (2023) Public health in local government: Celebrating 10 years of transformation. Available from: https://www.local.gov.uk/publications/public-health-local-government-celebrating-10-years-transformation.

37. Buck D (2020) The English local government public health reforms. Available from: https://www.kingsfund.org.uk/publications/local-government-public-health-reforms.

38. Gadsby EW, Peckham S, Coleman A et al (2017) Commissioning for health improvement following the 2012 health and social care reforms in England: what has changed? BMC Public Health. 17;17(1):211.

39. Goldblatt P (2021) Contribution of inequalities in mortality to total numbers of deaths in England in the years 2009 to. Available from: https://www.instituteofhealthequity.org/resources-reports/contributionof-inequalities-in-mortality-to-total-numbers-of-deaths-in-england-in-the-years-2009-to-2020.

40. Alexiou A, Fahy K, Mason K et al (2021) Local government funding and life expectancy in England: a longitudinal ecological study. The Lancet Public Health. 6(9): e641-e647.

41. Downe J, Taylor-Collins E (2019) At the tipping point? Welsh local government and austerity. Wales Centre for Public Policy.

42. Welsh Local Government Association (2021) Resourcing local services 2020-21. Available from: https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=2476.

43. Audit Wales (2021) At Your Discretion Local Government Discretionary Services. Available from: https://www.audit.wales/publication/your-discretion-local-government-discretionary-services.

44. Welsh Local Government Association (2023) "Hopeful of continuation of Welsh Government's commitment to local services". Available from: https://www.wlga.wales/hopeful-of-continuation-of-welsh-government%e2%80%99s-commitment-to-local-services.

45. Welsh Government (2022) Finance Committee: Scrutiny of Welsh Government's Draft. Available from: https://business.senedd.wales/documents/s500009396/FIN6-02-23%20P3%20-%20Cymdeithas%20Llywodraeth%20Leol%20Cymru.pdf#page=7.

46. Newport City Council (2023) Annual budget 2023/24. Available from: https://www.newport.gov.uk/en/Council-Democracy/About-the-council/Budget.aspx.

47. Welsh Government (2021) A Healthier Wales: our plan for health and social care. Available from: https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf.

48. Welsh Government (2022) Draft Budget 2023-24. Available from: https://www.gov.wales/sites/default/files/publications/2022-12/2023-2024-draft-budget-narrative-v1.pdf#page=4.

49. StatsWales (2023) Budgeted revenue expenditure by authority and service. Available from: https://statswales.gov.wales/Catalogue/Local-Government/Finance/Revenue/Budgets/budgetedrevenueexpenditure-by-authority-service.

50. ONS (2023) Cost of living insights: Energy. Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costoflivinginsights/energy.

51. Public Health Wales (2023) Time to Talk Public Health: Panel Recruitment Survey. Available from: https://phw.nhs.wales/topics/time-to-talk-public-health-panel/time-to-talk-public-health-panel-publications/publications/time-to-talk-public-health-panel-recr.

52. Public Health Wales (2022) Cost of living crisis in Wales: A public health lens. Available from: https://phwwhocc.co.uk/wp-content/uploads/2022/11/PHW-Cost-of-Living-Executive-Summary-ENG-1.pdf.

53. University of York (2023) Survey of elected councillors highlights significant concern about local capacity to cope with the ongoing impacts of the cost living crisis. Available from: https://uoy-cost-of-living-research.shorthandstories.com/ff3165db-8028-4907-a66b-33b8f72a5dc5/index.html.

54. Munro S, Allen J, Marmot M (2021) The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-london/click-here-to-read-the-report.pdf.

55. Early Intervention Foundation (2016) The cost of late intervention: EIF analysis 2016. Available from: https://www.eif.org.uk/files/pdf/cost-oflate-intervention-2016.pdf.

56. Franklin C, Kim JS, Beretvas TS et al. The effectiveness of psychosocial interventions delivered by teachers in schools: a systematic review and meta-analysis. Clin Child Fam Psychol Rev 2017; 20: 333–50.

57. Welsh Government (2022) Wellbeing of Wales, 2022. Available from: https://www.gov.wales/wellbeing-wales-2022-healthier-wales-html#103943.

58. StatsWales (2023) Singleton live births with low birth weight by area. Available from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-Child-Health/singletonlivebirthswithlowbirthweight-by-area.

59. Reader M (2023) The infant health effects of starting universal child benefits in pregnancy: Evidence from England and Wales. Available from: https://www.sciencedirect.com/science/article/pii/S0167629623000280?mc_cid=e6e50b1ec9&mc_eid=776377a6bd.

60. Welsh Government (2022) Flying Start: April 2021 to March 2022. Available from: https://www.gov.wales/sites/default/files/pdf-versions/2022/11/3/1669195818/flying-start-april-2021-march-2022.pdf.

61. RCLST (2022) Briefing ahead of the statement on Early Years Provision. Available from: https://www.rcslt.org/wp-content/uploads/2022/10/RCSLT-wales-briefing-ahead-of-the-statement-on-early-years-provision.pdf.

62. StatsWales (2023) CIW Services and Places by Local Authority and Year. . Available from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Services-for-Social-Care-and-Childrens-Day-Care/care-services-and-places-regulated-by-the-care-inspectorate-wales/cssiwservicesandplaces-by-localauthority-financialyear-measure.

63. Melhuish E, Gardiner J (2020) Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years. Department for Education. .

64. Campbell-Barr, V. Georgeson, J. Gulliver, K. Hohmann, U (2020) Childminder Sustainability in England and Wales. Available from: https://www.plymouth.ac.uk/uploads/production/document/path/18/18074/Childminder_Sustainability_in_England_and_Wales.pdf.

65. Harries S, Lane J, Lewis S (2022) Evaluation of Year Five of the Childcare Offer. Cardiff: Welsh Government, GSR report number 20/2023. Available from: https://www.gov.wales/evaluation-childcare-offer-wales-year-5.

66. Parent Network of Caerphilly County Borough (2023) Homepage. Available from: http://www.parentcaer.org.uk/.

67. Welsh Government (2019) Achievement and entitlement to free school meals: 2019. Available from: https://www.gov.wales/achievement-and-entitlement-free-school-meals-2019.

68. Social Mobility Commission (2021) State of the nation 2021: Social mobility and the pandemic. Available from: https://www.gov.uk/government/publications/state-of-the-nation-2021-social-mobility-and-the-pandemic.

69. InfoBaseCymru (2017) Pupil attainment. Available from: https://www.infobasecymru.net/IAS/themes/children,youngpeopleandeducation/compulsoryeducation/tabular?viewId=29&geoId=1&subsetId=.

70. Welsh Government (2015) Foundation Phase Framework. Available from: https://hwb.gov.wales/storage/d5d8e39c-b534-40cb-a3f5-7e2e126d8077/foundation-phase-framework.pdf.

71. Allen M (2014) Building children and young people's resilience in schools. Institute of Health Equity and Public Health England. . Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355770/Briefing2_Resilience_in_schools_health_inequalities.pdf.

72. Sibeta L (2019) School spending in Wales. Available from: https://sibietaeconed.files.wordpress.com/2019/04/school-spending-in-wales-090419-2.pdf.

73. IFS (2023) How does school spending per pupil differ across the UK? Available from: https://ifs.org.uk/publications/how-does-school-spending-pupil-differ-across-uk.

74. StatsWales (2023) Pupils aged 5-15 eligible for free school meals by local authority, region and year. Available from: https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Provision-of-Meals-and-Milk/pupilsaged5to15eligibleforfreeschoolmeals-by-localauthorityregion-year.

75. Newport City Council (2023) WIMD analysis. Available from: https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2019.

76. Farquharson C (2022) Education inequalities. Available from: https://ifs.org.uk/inequality/education-inequalities/.

77. StatsWales (2023) Results by Free School Meal entitlement and gender. Available from: https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Examinations-and-Assessments/Key-Stage-2/results-by-freeschoolmealentitlement-gender.

78. NESTA (2022) Children on free school meals have poorer educational outcomes in more affluent areas, new research finds. Available from: https://www.nesta.org.uk/press-release/children-on-free-school-meals-have-poorer-educational-outcomes-in-more-affluent-areas-new-research-finds/.

79. StatsWales (2023) Key Stage 4 core indicators by Free School Meal entitlement and area (legacy data). Available from: https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Examinations-and-Assessments/Key-Stage-4/ks4coreindicators-by-freeschoolmealentitlement-area.

80. Cardim-Dias J (2022) Inequalities in GCSE results across England and Wales.

81. Estyn (2020). Available from: https://www.estyn.gov.wales/system/files/2022-01/Effective%2520school%2520support%2520for%2520disadvantaged%2520and%2520vulnerable%2520pupils%2520en_0.pdf.

82. Welsh Government (2023) Pilot projects to tackle the impact of poverty on educational achievement. Available from: https://www.gov.wales/pilot-projects-tackle-impact-poverty-educational-achievement.

83. EAS (ND) Regional Business Plan. Available from: https://sewaleseas.org.uk/wp-content/uploads/2022/04/EAS-Regional-Business-Plan-2022-25.pdf.

84. Challenging Education (ND) Homepage. Available from: https://challengingeducation.co.uk/.

85. Franklin J (ND) How does a child's wellbeing vary with risk of school exclusion?. Pro Bono Economics. Available from: https://www.probonoeconomics.com/how-does-a-childs-wellbeing-vary-with-risk-of-school-exclusion.

86. Tselou F (2021) School exclusions in Wales on the rise. Wiserd. Available from: https://wiserd.ac.uk/blog/school-exclusions-in-wales-on-the-rise/.

87. Excluded Lives (2021) Area level variations of school exclusions across Wales. Available from: https://excludedlives.education.ox.ac.uk/area-level-variations-of-school-exclusions-across-wales/.

88. Tseliou F (2022) Reasons for school exclusions in Wales. Wiserd. Available from: https://wiserd.ac.uk/blog/reasons-for-school-exclusions-in-wales/.

89. Welsh Government (2022) Summary of absenteeism at school before and during the coronavirus (COVID-19) pandemic: September 2014 to August 2022. Available from: https://www.gov.wales/summary-absenteeism-school-and-during-coronavirus-covid-19-pandemic-september-2014-august-2022-html#108032.

90. Rowlands M (2022) Attendance review – implications of the COVID-19 pandemic. Education Wales. Available from: https://www.gov.wales/sites/default/files/publications/2022-04/attendance-review-implications-of-the-covid-19-pandemic-for-school-attendance.pdf.

91. Welsh Government (2023) Attendance of pupils in maintained schools. Available from: https://www.gov.wales/attendance-pupils-maintained-schools.

92. Education Endowment Foundation (2022) Attendance Interventions, Rapid Evidence Assessment. Available from: https://d2tic4wvo1iusb.cloudfront.net/documents/pages/Attendance-REA-report.pdf?v=1680204852 .

93. Sivers S, Wendland S, Baggley L, et al (2020) Pupil views on their education in the context of the COVID-19 pandemic: A joint report by Southend and Nottingham City Educational Psychology Services. Available from: https://www.aep.org.uk/system/files/2022-02/Pupil%20views%20on%20their%20education%20in%20the%20context%20of%20COVID-19%20pandemic_July2020.pdf.

94. BBC News (2022) Cost of living: Schools wash uniforms and let pupils shower. Available from: https://www.bbc.co.uk/news/uk-wales-63986299.

95. Children in Wales (2022) Child and Family Poverty Survey. Available from: https://www.childreninwales.org.uk/news/children-wales-launches-its-6th-annual-child-family-poverty-survey-findings-report/.

96. Hygiene Bank (2022) Hygiene Poverty 2022. Available from: https://thehygienebank.com/wp-content/uploads/2022/10/Hygiene_Poverty_2022_Full_Report.pdf.

97. Bevan Foundation (2023) A Snapshot of Poverty in Winter 2023. Available from: https://www.bevanfoundation.org/wp-content/uploads/2023/02/Snapshot-of-poverty-in-winter-2023.pdf.

98. Schmuecker K, Elliott J (2022) On a low income, but not claiming means-tested benefits. Joseph Rowntree Foundation. Available from: https://www.jrf.org.uk/report/low-income-not-claiming-means-tested-benefits.

99. Wales Online (2022) Parents at Welsh high school 'choosing between paying bills and sending kids to school'. Available from: https://www.walesonline.co.uk/news/education/parents-welsh-high-school-choosing-24291399.

100. Welsh Government (2022) Learner Travel (Wales) Measure (2008) review 2021 (2022). Available from: https://www.gov.wales/learner-travel-wales-measure-2008-review-2021-html#93890 .

101. Gwent Public Services Board (2022) Gwent Well-being Assessment: Economic Well-Being. Available from: https://www.gwentpsb.org/wp-content/uploads/2022/03/GWBA-Economic-Section-V10-FINAL.pdf .

102. Chillón P, Panter J, Corder K et al (2015) A longitudinal study of the distance that young people walk to school. Health and Place. 31. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4315806/.

103. Safe Routes Partnership (2018) Too far to walk? Available from: https://www.saferoutespartnership.org/blog/too-far-walk.

104. Monmouthshire County Council (2022) Post 16 Transport. Available from: https://www.monmouthshire.gov.uk/school-transport/post-16-transport/?preview=true .

105. Welsh Government (ND) Education Maintenance Allowance. Available from: https://www.gov.wales/education-maintenance-allowance.

106. Welsh Government (ND) Student finance: further education. Available from: https://www.gov.wales/student-finance-further-education.

107. School Health Research Network (2023) National Data. Available from: https://www.shrn.org.uk/.

108. Reiss F (2013) Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review.Social Sciences of Medicein 90:24–31.

109. Brophy S et al. (2022) Timing of parental depression on risk of child depression and poor educational outcomes: A population based routine data cohort study from Born in Wales, UK. PLOS One. https://doi.org/10.1371/journal.pone.0258966.

110. Health and Care Research Wales (ND) Research in Wales making a difference to the mental health of Welsh children and young people. Available from: https://healthandcareresearchwales.org/about/news/research-wales-making-difference-mental-health-welsh-children-and-young-people.

111. Theberath M, Bauer D, Chen W et al (2022) Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. SAGE Open Med. 2022 Mar 30;10:20503121221086712.

112. McGill MG, Purkey E, Davison CM, Watson A, Bayoumi I. Financial stress during COVID-19: implications for parenting behaviour and child well-being. BMJ Paediatr Open. 2022 Sep;6(1):e001569.

113. Lynch L, Moorhead A, Long M et al. (2022) The Role of Informal Sources of Help In Young People's Access To, Engagement With, And Maintenance In Professional Mental Health Care—A Scoping Review. J Child Fam Stud.

114. Fledderjohann J, Erlam J, Knowles B et al. (20021) Mental health and care needs of British children and young people aged 6–17. Children and Youth Services Review. 126(106033).

115. YMCA (2023) Generation cut. Available from: https://ymca.e-activist.com/page/100775/action/2?chain.

116. Welsh Government (2022) Youth work in Wales, 2021-22. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2022-11/youth-work-april-2021-march-2022.pdf.

117. Bolton P, Lewis J (2023) Equality of access and outcomes in higher education in England. House of Commons Library. Available from: https://researchbriefings.files.parliament.uk/documents/CBP-9195/CBP-9195.pdf.

118. Snelson, S., and Deyes, K. (2016), 'Understanding the Further Education Market in England', Department for Business, Innovation and Skills, Research Paper 296.

119. Welsh Government (2023) Further Education, Work-based Learning and Adult Learning in Wales, 2021/22. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2023-02/further-education-work-based-learning-and-community-learning-august-2021-july-2022-670.pdf.

120. Bevan Foundation (2022) Finding hope in the cost-of living crisis: How adult education became about much more than learning. Available from: https://www.bevanfoundation.org/views/adult-education-more-than-learning/.

121. WCPP (2022) Supporting the Welsh Lifelong Learning system. Available from: https://www.wcpp.org.uk/publication/supporting-the-welsh-lifelong-learning-system/.

122. Welsh Government (2022) Analysis of the effects of funding cuts to part-time learners in further education in Wales: 2014 to 2017. Available from: https://www.gov.wales/analysis-effects-funding-cuts-part-time-learners-further-education-wales-2014-2017-summary-html.

123. StatsWales (2023) Further Education, Work-based Learning and Adult Learning in Wales, 2021/22. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2023-02/further-education-work-based-learning-and-community-learning-august-2021-july-2022-670.pdf.

124. Welsh Government (2023) Learner outcome measures for work-based learning and adult learning: August 2021 to July 2022. Available from: https://www.gov.wales/learner-outcome-measures-work-based-learning-and-adult-learning-august-2021-july-2022.

125. Bevan Foundation (2023) Bevan Foundation wins EMA uplift. Available from: https://www.bevanfoundation.org/views/ema-uplift-success/.

126. Engage to Change (ND) Homepage. Available from: https://www.engagetochange.org.uk/.

127. Welsh Government (2023) Welsh Government Response To The Recommendations From The Children, Young People And Education Committee Report: The Welsh Government's Draft Budget 2023-24. Available from: https://business.senedd.wales/documents/s134606/Written%20response%20by%20the%20Welsh%20Government%20to%20the%20report%20of%20the%20Children%20Young%20People%20and%20Education%20C.pdf.

128. Welsh Government (2023) Available from: https://www.gov.wales/levels-highest-qualification-held-working-age-adults-2022-html.

129. Blaenau Gwent County Borough Council (2011) Blaenau Gwent NEET reduction strategy. Available from: https://www.blaenau-gwent.gov.uk/media/ddyd5ltl/bg_neets_strategy_-_final_version__dec_2011.pdf.

130. ONS (2023) Annual Population Survey. Available from: https://www.nomisweb.co.uk/.

131. Boileau B, Cribb J (2022) The rise in economic inactivity among people in their 50s and 60s. Institute of Fiscal Studies. . Available from: https://ifs.org.uk/publications/rise-economic-inactivity-among-people-their-50s-and-60s.

132. Joyce R, Ray-Chaudhuri S, Waters T (2022) The number of new disability benefit claimants has doubled in a year. Institute of Fiscal Studies. Available from: https://ifs.org.uk/news/number-new-disability-benefit-claimants-has-doubled-year.

133. McKee M, Hiam L (2022) Britain's not working BMJ. 378 :o1883.

134. Johnson P (2023) Inequalities: what's been happening and what should we do. Institute of Fiscal Studies. Available from: https://ifs.org.uk/sites/default/files/2023-03/Inequalities-whats-been-happening-and-what-should-we-do.pdf.

135. StatsWales (2023) Physically/sensory disabled persons by local authority, disability and age range. . Available from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Disability-Registers/physicallysensorydisabledpersons-by-localauthority-agerange-disability.

136. ONS (2021) The Employment of Disabled People 2021. Available from: https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2021/the-employment-of-disabled-people-2021.

137. Department for Work and Pensions (2022) The employment of disabled people 2021. Available from: https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2021/the-employment-of-disabled-people-2021.

138. Roberts M (2022) Lived experience of poverty and social exclusion in Wales. Wales Centre for Public Policy. Available from:https://www.wcpp.org.uk/wp-content/uploads/2022/09/WCPP-Lived-experience-of-poverty-and-social-exclusion-in-Wales-September-2022-English-final.pdf.

139. Donahue K (2020) Literature Review: Volunteering as an Intervention to Increase Life Chances. Royal Voluntary Service. Available from: https://www.royalvoluntaryservice.org.uk/media/g41hgcge/literature_review_volunteering_as_an_intervention_to_increase_life_chances.pdf.

140. Welsh Government (2022) Stronger, fairer, greener Wales: a plan for employability and skills: summary. Available from: https://www.gov.wales/stronger-fairer-greener-wales-plan-employability-and-skills-summary-html.

141. Welsh Government (2023) Evaluation of Communities for Work and Communities for Work Plus: Stage 1 (process evaluation and theory of change). Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2023-03/evaluation-of-communities-for-work-and-communities-for-work-plus-stage-1-process-evaluation-and-theory-of-change-summary.pdf.

142. Welsh Government (2021) Economic resilience and reconstruction mission. Available from: https://gov.wales/economic-resilience-and-reconstruction-mission-html.

143. Fair Work Commission (2019) Fair Work Wales. Report of the Fair Work Commission. Available from: https://www.gov.wales/sites/default/files/publications/2019-05/fair-work-wales.pdf.

144. Humphreys C, Heathcote-Elliott C, Winding C (2022) Delivering fair work for health, well-being and equity - what it is, why it matters and what you can do. Public Health Wales. Available from: https://phw.nhs.wales/services-and-teams/wider-determinants-of-health-unit/fair-work-for-health-well-being-and-equity/.

145. Welsh Government (2022) Wellbeing of Wales, 2022. Available from: https://www.gov.wales/wellbeing-wales-2022-prosperous-wales-html.

146. Keely T. (2021). Zeroed Down: The Effects of Zero Hours Contracts on Mental Health and The Mechanisms Behind Them. Discussion Papers in Economics and Finance; 21(3). Available from: https://abdn.pure.elsevier.com/en/publications/zeroed-down-the-effects-of-zero-hours-contracts-on-mental-health-.

147. Gray BJ, Kyle RG, Isherwood KR et al (pre-published) Precarious employment and associations with health during COVID-19: a nationally representative survey in Wales, UK. Available from: https://www.medrxiv.org/content/10.1101/2022.06.07.22275493v1.full.p.

148. ONS (2023) Annual Population Survey. Available from: https://www.nomisweb.co.uk.

149. ONS (2022) Job quality in the UK – analysis of job quality indicators: 2021. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/jobqualityindicatorsintheukhourspayandcontracts/2021.

150. Pro Bono Economics (ND) Want to tackle UK inactivity? Ask charities how. Available from: https://www.probonoeconomics.com/want-to-tackle-uk-inactivity-ask-charities-how.

151. Murphy L, Thwaites G (2023) Post-pandemic. Available from: https://www.resolutionfoundation.org/app/uploads/2023/02/Post-pandemic-participation.pdf.

152. Welsh Government (2021) Evaluation of the Childcare Offer: Year 3. . Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2021-03/evaluation-of-the-childcare-offer-year-3.pdf.

153. Pro Bono Economics (2022) Charity staff paid 7% less per hour on average than workers in the rest of the economy. Available from: https://www.probonoeconomics.com/news/charity-sectors-ability-to-attract-talent-under-threat-from-pay-gap.

154. Cardiff Capital Region (2021) State of the Region. Part 3: Resilient. Available from: https://www.cardiffcapitalregion.wales/wp-content/uploads/2020/12/ccr-state-of-the-region-part-3-resilient-con-1-3-compressed.pdf.

155. Welsh Government (2023) National Living Wage and National Minimum Wage rates for 2023. Available from: https://businesswales.gov.wales/news-and-blogs/news/national-living-wage-and-national-minimum-wage-rates-2023.

156. Living Wage Foundation (2022) Homepage. Available from: https://www.livingwage.org.uk/what-real-living-wage.

157. ONS (2023) Estimates of the number and proportion of employee jobs with hourly pay below the living wage. Available from. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/numberandproportionofemployeejobswithhourlypaybelowthelivingwage.

158. Wallich (2022) R.E. Draft Welsh Government Budget – Housing Support Grant. Available from: https://business.senedd.wales/documents/s133268/Letter%20from%20the%20Wallich%20Housing%20Support%20Grant%20-%2023%20Janaury%202023.pdf.

159. Audit Wales/Archwilio Cymru (2022) 'Time for Change' – Poverty in Wales: Report of the Auditor General for Wales. Available from: https://www.audit.wales/publication/time-change-poverty-wales .

160. Welsh Government (2022) Wellbeing of Wales, 2022. Available from: https://www.gov.wales/wellbeing-wales-2022-more-equal-wales-html.

161. The Bevan Foundation (2023) Snapshot of Poverty. A snapshot of poverty in winter 2023. AVailable from: https://www.bevanfoundation.org/wp-content/uploads/2023/02/Snapshot-of-poverty-in-winter-2023.pdf.

162. Sanders R. (2021) Care experience and employment. Available from:. https://www.iriss.org.uk/resources/outlines/care-experience-and-employment.

163. Freyne et al (2021) A Future Fit for Wales. Available from:. https://www.futuregenerations.wales/resources_posts/a-future-fit-for-wales-a-basic-income-for-all/.

164. CASCADE (ND) The Welsh Basic Income Evaluation. Available from:. https://cascadewales.org/research/the-welsh-basic-income-evaluation/.

165. Welsh Government (2023) Basic Income for Care Leavers in Wales pilot statistics: August 2022 to January 2023. Available from:. https://www.gov.wales/basic-income-care-leavers-wales-pilot-statistics-august-2022-january-2023.

166. Welsh Government (2023) Basic income pilot for care leavers: overview of the scheme. Available from:. https://www.gov.wales/basic-income-pilot-care-leavers-overview-scheme.

167. OECD (2018) A Broken Social Elevator? How to Promote Social Mobility. Available from http://www.oecd.org/social/broken-elevator-how-to-promote-social-mobility- 9789264301085-en.htm.

168. Equalities and Human Rights Commission (2018) Is Wales fairer 2018? Available from: https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.

169. Stone J (2022) Local indicators of child poverty after housing costs, 2020/21. Centre for Research in Social Policy.

170. Welsh Government (2022) Wellbeing of Wales, 2022. Available from: https://www.gov.wales/wellbeing-wales-2022-more-equal-wales-html.

171. End Child Poverty (2023) Available from: https://endchildpoverty.org.uk/child-poverty/.

172. IPPR (2021) No Longer Managing. Available from: https://www.ippr.org/files/2021-05/no-longer-managing-may21.pdf.

173. Bevan Foundation (2018) Making work a route out of poverty. Available from: https://www.bevanfoundation.org/views/making-work-a-route-out-of-poverty/.

174. Lai ETC, Wickham S, Law C et al. (2019) Poverty dynamics and health in late childhood in the UK: evidence from the Millennium Cohort Study. Archives of Disease in Childhood.104:1049-1055.

175. The Health Foundation (2022) In-work poverty trends. https://www.health.org.uk/evidence-hub/money-and-resources/poverty/in-work-poverty-trends.

176. CIPD (2023) Tackling in-work poverty: guidance for employers. Available from: https://www.cipd.org/uk/knowledge/guides/in-work-poverty/.

177. Living Wage Foundation (2022) Rising cost of living hitting workers even harder than pandemic. Available from: https://www.livingwage.org.uk/news/rising-cost-living-hitting-workers-even-harder-pandemic.

178. Crisis and Zoopla (2022) Falling short: Housing benefit and the rising cost of renting in England. Available from: https://www.crisis.org.uk/get-involved/corporate-partnerships/crisis-and-zoopla-partnership/.

179. Care and Repair Cymru (ND) Welsh Government Draft Budget 2022-23. Available from: https://business.senedd.wales/documents/s120227/WGDB_22-23%2024%20Care%20Repair%20Cymru.pdf.

180. Genn H (2019) When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice. Current Legal Problems. 72(1):159–202.

181. Beardon S, Woodhead C, Cooper S et al. (2021) International Evidence on the Impact of Health-Justice Partnerships: A Systematic ScopingReview. Public Health Rev. .

182. GCPH (2023) Cost-of-living crisis: Working together is right on the money. Available from: https://www.gcph.co.uk/latest/news/1079_cost_of_living_crisis_working_together_is_right_on_the_money.

183. NEA (2023) Fuel Poverty in Wales. Available from: https://www.nea.org.uk/fuel-poverty-map/fuel-poverty-in-wales/.

184. Bowen R (2022) Fuel poverty modelled estimates for Wales: as at October 20211. Statistics for Wales. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2022-11/fuel-poverty-modelled-estimates-for-wales-as-at-october-2021-648.pdf.

185. Marmot Review Team (2015) The Health Impacts of Cold Homes and Fuel Poverty. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf.

186. ONS (2021) Excess winter mortality in England and Wales. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2020to2021provisionaland2019to2020final.

187. Janssen H, Gascoyne B, Ford K et al (2022) Cold homes and their association with health and well-being: a systematic literature review. Public Health Wales. Available from: https://phwwhocc.co.uk/wp-content/uploads/2022/11/PHW-Cold-homes-lit-review-28_11_22.pdf .

188. Lee A, Sinha I , Boyce T et al. (2022) Fuel poverty,cold homes and health inequalities. London: Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk.

189. ONS (2023) Consumer price inflation, UK: February 2023. Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/february2023.

190. The Food Foundation (2023) Food Insecurity Tracking. Available from: https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-12.

191. Sustain (ND) Welsh Government announces £3m funding for food partnerships. Available from: https://www.sustainweb.org/news/jul22-fund-wales-food-partnerships/#:~:text=Food%20Sense%20Wales%20supports%20Wales,Sir%20G%C3%A2r%20Food%20in%20Carmarthenshire.

192. Well-Fed (ND) Available from: https://www.cancook.co.uk/about-well-fed/.

193. Guan N, Guariglia A, Moore P et al. (2022) Financial stress and depression in adults: A systematic review. PLoS One. 22:17(2).

194. Holt A, Melley J, Burns J (2022) Loan sharks trap poorest as cost of living crisis bites. 21 March. BBC News. Available from: https://www.bbc.co.uk/news/uk-60766810.

195. Citizens Advice (2022) Citizens Advice Cymru submission to the Equality and Social Justice Committee: Levels of indebtedness during the pandemic. Available from: https://www.citizensadvice.org.uk/Global/CitizensAdvice/Wales/Wales%20Policy%20and%20Campaigns/Citizens%20Advice%20Cymru%20-%20ESJC%20Evidence%20(1).pdf.

196. Wales Online (2006) Terraces in line to be Valleys gold. Available from: https://www.walesonline.co.uk/news/local-news/terraces-line-valleys-gold-2316580.

197. ITV News (2021) 'Shocking' new figures demonstrate scale of housing crisis in Wales amidst calls for immediate Welsh Government action. Available from: https://www.itv.com/news/wales/2021-05-26/shocking-new-figures-demonstrate-scale-of-housing-crisis-in-wales-amidst-calls-for-immediate-welsh-government-action.

198. Watson I, MacKenzie F, Woodfine L, Azam S (2019). Making a Difference. Housing and Health: A Case for Investment.Public Health Wales. Available from: https://phw.nhs.wales/files/housing-and-health-reports/a-case-for-investment-report/.

199. Community Housing Cymru (2022) Demonstrating the value of housing: health & care toolkit. . Available from: https://chcymru.org.uk/cms-assets/documents/Demonstrating-the-value-of-housing_-health-care-evidence-toolkit-_-ENG-_-Feb-2022_2022-02-23-092306_tiuc.pdf.

200. Fury M, Montes GL, Taylor H (2020) Evidencing the Impact of the Housing Support Grant in Wales. Cymorth Cymru. . Available from: https://www.cymorthcymru.org.uk/files/3316/0090/3743/Evidencing_the_Impact_of_HSG_in_Wales_2020.pdf.

201. Tai Calon (ND) Homepage. Available from: https://www.taicalon.org/.

202. Blaenau Gwent Food Partnership (ND) Homepage. Available from: www.bgfoodpartnership.co.uk.

203. Blaenau Gwent County Borough Council (2023) . Available from: https://www.blaenau-gwent.gov.uk/en/resident/cost-of-living-advice-and-support/.

204. Melin Homes (ND) Homepage. Available from: https://www.melinhomes.co.uk/.

205. Melin Homes (ND) Annual Report 2021-22. Available from: https://www.melinhomes.co.uk/annual-report-2021-22.

206. Monmouthshire Housing (ND) Homepage. Available from: https://www.monmouthshirehousing.co.uk/.

207. Pobl Group (ND) Pobl Trust. Available from: https://www.poblgroup.co.uk/pobl-trust/.

208. Bron Afon (2023) Available from: https://www.bronafon.org.uk/.

209. Welsh Government (2023) Housing in Wales (Census 2021). Available from: https://www.gov.wales/housing-wales-census-2021-html.

210. Welsh Government (2002) Review of the Private Rented Sector in Wales. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2019-06/020201-review-private-rented-sector-en.pdf.

211. Shelter and National Housing Federation (2017) Stop DSS Discrimination. Ending prejudice against renters on housing benefit. Shelter. . Available from: https://assets.ctfassets.net/6sxvmndnpn0s/5ta6BCI8NPeWv2I8VSdFET/b20f1e444c28a0c380f712767e720984/Stop_DSS_Discrimination_-_Ending_prejudice_against_renters_on_housing_benefit.pdf.

212. Rent Smart Wales (2023) Rent Smart Wales Enforcement Statistics Dashboard - Up to 01/03/2023. Available from: https://rentsmart.gov.wales/Uploads/Downloads/00/00/01/06/DownloadFileEN_FILE/Enforcement-Dashboard-February-2023.pdf.

213. Welsh Government (2018) Evaluation of Rent Smart Wales. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2019-05/evaluation-of-rent-smart-wales-implementation-and-delivery-final-report.pdf.

214. BBC News (2023) Rent prices: How much have they gone up in your area? Available from: https://www.bbc.co.uk/news/business-65103937 .

215. South Wales Argus (ND) Concern over Renting Homes Wales Act impact in Torfaen. Available from: https://www.southwalesargus.co.uk/news/23373111.concern-renting-homes-wales-act-impact-torfaen/.

216. TPAS (2023) Second all Wales Annual Tenant Survey. Available from: https://www.tpas.cymru/ckfinder/userfiles/files/2nd%20National%20Tenant%20Survey%202022%20pdf.pdf.

217. Wales Centre for Public Policy (2015) Future Need and Demand for Housing in Wales. . Available from: https://sites.cardiff.ac.uk/ppiw/files/2015/10/Future-Need-and-Demand-for-Housing-in-Wales.pdf.

218. Welsh Government (2023) £50m to bring empty homes back to life. Available from: https://www.gov.wales/50m-bring-empty-homes-back-life.

219. Caerphilly County Borough Council (ND) Sector Empty Homes Strategy 2023-2028. Available from: https://www.caerphilly.gov.uk/caerphillydocs/consultations/private-sector-empty-property-strategy23-28.aspx.

220. Welsh Government (2023) Homelessness. Available from: https://law.gov.wales/homelessness#:~:text=A%20person%20is%20also%20homeless,in%20order%20to%20provide%20accommodation.

221. StatsWales (2023) Households eligible for homelessness assistance and in priority need by Area and Measure (Section 75). Available from: https://statswales.gov.wales/Catalogue/Housing/Homelessness/householdseligibleforhomelessnessassistanceandinpriorityneed-by-area-measure-section77.

222. Monmouthshire Beacon (2022) Residents on council's waiting list for over a year. Available from: https://www.monmouthshirebeacon.co.uk/news/residents-on-councils-waiting-list-for-over-a-year-565965.

223. Public Health Wales (2021) Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic. Available from: https://phw.nhs.wales/publications/publications1/health-of-individuals-with-lived-experience-of-homelessness-in-wales-during-the-covid-19-pandemic-report/#:~:text=The%20cost%20of%20NHS%20health,was%20contributed%20by%20emergency%20care.

224. Welsh Government (2022) 2020 Wales Greenhouse Gas Emissions. Available from: https://www.gov.wales/sites/default/files/publications/2023-02/greenhouse-gas-emissions-infographic-2020.pdf.

225. Wood S, Hughes K, Hill R et al (2022) Climate Change and Health in Wales: Views from the public. Public Health Wales. Available from: https://phwwhocc.co.uk/wp-content/uploads/2022/09/Climate-Change-and-Health-report-Eng-FINAL.pdf.

226. Welsh Government (2022) The Future of Road Investment in Wales. Available from: https://www.gov.wales/sites/default/files/publications/2023-02/the-future-road-investment-wales.pdf.

227. BBC News (2023) Bus services in Wales face cliff edge cuts, industry warns. Available from: https://www.bbc.co.uk/news/uk-wales-politics-64798117.

228. BBC (2023) Bus cuts could be devastating, say Labour council leaders. Available from: https://www.bbc.co.uk/news/uk-wales-politics-65054549.

229. YouGov (2023) Most Britons would like their area to become a '15-minute neighbourhood'. Available from: https://yougov.co.uk/topics/society/articles-reports/2023/03/06/most-britons-would-their-area-become-15-minute-nei.

230. Daly S, Allen J. (2018) Healthy High Streets Good place-making in an urban setting. Public Health England and Institute of Health Equity.

231. Caerphilly County Borough Council (2023) Caerphlly Town 2035. Available from: https://www.caerphillytown2035.co.uk/.

232. Public Health Wales (2021) Planning and Enabling Healthy Environments Incorporating a template for planning policy. Available from: https://phw.nhs.wales/publications/publications1/planning-and-enabling-healthy-environments-incorporating-a-template-for-pl.

233. James P, Banay R, Hart J, Laden F. (2015) A review of the health benefits of greenness. Current Epidemiology Reports. 2(2):131-42.

234. Alexiou A, Barr B, Mason K et al. (2021) What did local government ever do for us? Available from: https://pldr.org/2021/09/30/what-did-local-government-ever-do-for-us/.

235. Allen J, Balfour R (2014) Natural solutions for tackling health inequalities. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/natural-solutions-to-tackling-health-inequalities.

236. Fields in Trust (2018) Revaluing parks and green spaces. Available from: http://www.fieldsintrust.org/Upload/file/research/Revaluing-Parks-and-Green-Spaces-Report.pdf .

237. Spencer LH, Lynch M, Lawrence CL et al (2020) A Scoping Review of How Income Affects Accessing Local Green Space to Engage in Outdoor Physical Activity to Improve Well-Being: Implications for Post-COVID-19. Int J Environ Res Public Health. 12;17(24):9313.

238. Natural England (2021) The People and Nature Survey for England: Data and publications from Adults survey year 1 (April 2020 - March 2021) . Available from: https://www.gov.uk/government/statistics/the-people-and-nature-survey-for-england-data-and-publications-from-adults-survey-year-1-april-2020-march-2021-official-statistics/.

239. Scott C, Sutherland J, Taylor A (2018) Affordability of the UK's Eatwell Guide. The Food Foundation. Available from: https://foodfoundation.org.uk/sites/default/files/2021-10/Affordability-of-the-Eatwell-Guide_Final_Web-Version.pdf.

240. Welsh Government (2022) A healthier Wales: long term plan for health and social care. Available from: https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care.

241. Welsh Government (2020) Adult lifestyles by local authority and health board, 2016-17 to 2019-20. Available from: https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-localauthority-healthboard.

242. Public Health Wales (2023) Updated "Smoking in Wales" online tool reveals both good news and continuing concerns around smoking. Available from: https://phw.nhs.wales/news/updated-smoking-in-wales-online-tool-reveals-both-good-news-and-continuing-concerns-around-smoking/.

243. ONS (2023) Deprivation and the impact on smoking prevalence, England and Wales. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/deprivationandtheimpactonsmokingprevalenceenglandandwales.

244. Welsh Government (2022) A smoke-free Wales: Our long-term tobacco control strategy. Available from: https://www.gov.wales/tobacco-control-strategy-wales-html#102147.

245. Cheung R, Fisher E, Hargreaves D et al (2022) Childhood obesity: is where you live important? Nuffield Trust. Available from: https://www.nuffieldtrust.org.uk/research/childhood-obesity-is-where-you-live-important#key-findings.

246. Swansea Bay University Health Board, Aneurin Bevan University Health Board (2022) Child Measurement Programme 2020-2021. Available from: https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2020-21/child-measurement-programme-report-2020-2021/.

247. Welsh Government (2022) Wellbeing of Wales, 2022: children and young people's wellbeing. Available from: https://www.gov.wales/wellbeing-wales-2022-children-and-young-peoples-wellbeing-healthier-wales-html.

248. Welsh Government (2023) Welsh Government's evidence to the Committee's inquiry into participation in sport in disadvantaged areas. Available from: https://business.senedd.wales/documents/s126287/Written%20evidence%20from%20the%20Welsh%20Government.pdf.

249. Morning Advertiser (2022) Fruit & veg prices soar by 35%. Available from: https://www.morningadvertiser.co.uk/Article/2022/09/30/Inflation-How-much-have-fruit-and-veg-prices-risen-by.

250. ONS (2023) Consumer price inflation, UK: March 2023. Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/march2023.

251. Simmonds E (2023) What's happening to supermarket food prices? Which? Available from: https://www.which.co.uk/reviews/supermarkets/article/whats-happening-to-supermarket-food-prices-aU2oV0A46tu3.

252. Welsh Government (2023) Student Health and Wellbeing Survey: September 2021 to January 2022. Available from: https://www.gov.wales/student-health-and-wellbeing-survey-september-2021-january-2022.

253. Morgan K, Muhammad R, Moore G (2020) Patterning in patient referral to and uptake of a national exercise referral scheme (NERS) in Wales from 2008 to 2017: A data linkage study. International Journal of Environmental Research and Public Health. 17(11):394.

254. Nafees D Moore G, Murphy S et al (2015) Health professionals' perspectives on exercise referral and physical activity promotion in primary care: Findings from a process evaluation of the National Exercise Referral Scheme in Wales. Health Education. 74(6): 743-75.

255. Oliver EJ, Dodd-Reynolds C, Kasim A et al (2021) Inequalities and Inclusion in Exercise Referral Schemes: A Mixed-Method Multi-Scheme Analysis. Int J Environ Res Public Health.18(6):3033.

256. Public Health Wales (ND) Alcohol. Available from: https://phw.nhs.wales/topics/alcohol/.

257. Anderson P, O'Donnell A, Kaner E et al. (2021) Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses. The Lancet. 6(8):E557-E565.

258. ONS (2022) Drug misuse in England and Wales: year ending June 2022. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingjune2022.

259. InfoBase Cymru (ND) Substance Misuse. Available from: https://www.infobasecymru.net/IAS/themes/healthandsocialcare/generalhealth/tabular?viewId=52&geoId=1&subsetId=.

260. Llewellyn M, Verity F, Wallace S et al (2021) Evaluation of the Social Services and Well-being (Wales) Act 2014: Process Evaluation. Welsh Government. Available from: https://www.gov.wales/sites/default/files/statistics-and-research/2021-01/evaluation-of-the-implementation-of-the-social-services-and-well-being-wales-act-process-evaluation_1.pdf.

261. NHS Lanarkshire (ND) What are Activities of Daily Living? Available from: https://www.nhslanarkshire.scot.nhs.uk/services/occupational-therapy/learning-disability/activities-of-daily-living/#:~:text=Activities%20of%20Daily%20Living%20(ADL,the%20house%2C%20garden%20and%20taking.

262. NHS Digital (2019) Health Survey for England 2018: Social care in older adults data tables. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/health-survey-for-england-2018-data-tables.

263. Raleigh V, Holmes J (2021) The health of people from ethnic minority groups in England. The King's Fund. Available from: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#cancer.

264. Ministry of Housing, Communities and Local Government (2020) People living in deprived neighbourhoods. Available from: https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/people-living-in-deprived-neighbourhoods/latest.

265. Edmiston D et al.(2022) Falling faster amidst a cost-of-living crisis. Runnymede Trust. Available from: https://www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk.

266. ONS (2023) Ethnic group, England and Wales: Census 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021.

267. Welsh Government (2023) Anti-racist Wales Action Plan. Available from: https://www.gov.wales/anti-racist-wales-action-plan.

268. NHS Wales (2022) Wales COVID-19 Vaccination Enhanced Surveillance. Available from: https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/e61c928e715ece3180258680003449c3/$FILE/Wales%20COVID-19%20vaccination%20enhanced%20surveillance%20-%20equality%20report.pdf.

269. Pupil Level Annual School Census (2021) Pupils aged 5 and over with a first language other than English or Welsh. Available from:. https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Ethnicity-National-Identity-and-Language/pupilsaged5andoverfirstlanguageotherthanenglishwelsh-by-localauthorityregion-year.

270. BBC (2022) River Wye at Hereford Bridge now 2cm deep amid dry spell. Available from: https://www.bbc.co.uk/news/uk-england-hereford-worcester-62488986.

271. ONS (2022) Excess mortality during heat-periods: 1 June to 31 August 2022. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/excessmortalityduringheatperiods/englandandwales1juneto31august2022.

272. Welsh Government (2022) Welsh Government Net Zero strategic plan. Available from: https://www.gov.wales/welsh-government-net-zero-strategic-plan.

273. Natural Resources Wales (ND) South East Wales Area Statement. Available from: https://naturalresources.wales/about-us/what-we-do/strategies-and-plans/area-statements/south-east-wales-area-statement/?lang=en.

274. Welsh Government (2023) Introducing default 20mph speed limits. Available from: https://www.gov.wales/introducing-default-20mph-speed-limits.

275. BBC News (2023) Labour back Senedd vote criticising own Welsh roads review. Available from: https://www.bbc.co.uk/news/uk-wales-politics-64896796.

276. Public Health Wales (2020) Air pollution and health in Wales. Available from: https://phw.nhs.wales/services-and-teams/environmental-public-health/air-quality/air-pollution-and-health-fact-sheet/.

277. Public Health Wales (2018) Making a Difference: Reducing health risks associated with road traffic air pollution in Wales. Available from: https://phwwhocc.co.uk/wp-content/uploads/2020/08/PHW-Air-pollution-report-final-English.pdf.

278. StatsWales (2023) Air Quality Indicators, by Local Authority. Available from: https://statswales.gov.wales/Catalogue/Environment-and-Countryside/Air-Quality/airqualityindicators-by-localauthority.

279. Jennings N, Fecht D, De Matteis S (2019) Co-benefits of climate change mitigation in the UK: What issues are the UK public concerned about and how can action on climate change help to address them? Grantham Institute, Imperial College London. Available from: https://www.imperial.ac.uk/media/imperial-college/grantham-institute/public/publications/briefing-papers/Co-benefits-of-climate-change-mitigation-in-the-UK.pdf.

280. Climate Change Committee (2018) Reducing UK emissions – 2018 Progress Report to Parliament. Available from: https://www.theccc.org.uk/publication/reducing-uk-emissions-2018-progress-report-to-parliament/.

281. Committee on Climate Change (2019) UK housing: Fit for the future? Available from: https://www.theccc.org.uk/publication/uk-housing-fit-for-the-future/.

282. Ofgem (2022) Energy Company Obligation (ECO4) Guidance: Delivery. Available from: https://www.ofgem.gov.uk/publications/energy-company-obligation-eco4-guidance-delivery.

283. New Economics Foundation (2021) Homes fit for the future. Available from: https://www.futuregenerations.wales/wp-content/uploads/2021/07/ENG-Exec-Summary-Financing-the-decarbonisation-of-housing-in-Wales.pdf.

284. Climate Change Committee (2023) Reform of domestic EPC rating metrics to support delivery of Net Zero. Available from: https://www.theccc.org.uk/wp-content/uploads/2023/02/Annex-Reform-of-domestic-EPC-rating-metrics-to-support-delivery-of-Net-Zero.pdf.

285. Li SA, Jeffs L, Barwick M (2018) Organizational contextual features that influence the implementation of evidence-based practices across healthcare settings: a systematic integrative review. Systematic Reviews. 7: 72.

286. Welsh NHS Confederation (2021) Making the difference: Tackling health inequalities in Wales. Available from: https://www.nhsconfed.org/system/files/2021-05/Making%20the%20difference%20-%20April%202021.pdf.

287. Jones R, Goodwin-Hawkins B, Woods B (2020) From territorial cohesion to regional spatial justice: The Well-being of Future Generations Act in Wales. International Journal of Urban and Regional Research. 44(5): 894-912.

288. National Audit Office (2013) Over-optimism in government projects. Available from: https://www.nao.org.uk/insights/optimism-bias-paper/.

289. Havers SM, Martin E, Wilson A et al (2019) Implementation of government-directed policy in the hospital setting: a modified Delphi study. Health Research Policy and Systems (2019) 17:91.

290. ABUHB (2022) Public Health annual report.

291. Munro A (2020) Coventry - A Marmot City. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020.

292. Welsh Government (2023) Third sector scheme annual report 2020 to 2021. Available from: https://www.gov.wales/third-sector-scheme-annual-report-2020-2021-html.

293. Community Foundation Wales (ND) Welsh third sector send out a Loud and Clear message. Available from: https://communityfoundationwales.org.uk/welsh-third-sector-send-out-a-loud-and-clear-message/.

294. Kapitsinis, N (2021) Welsh voluntary sector funding in the post-2010 austerity period. Welsh Economic Review. 28: 33-41.

295. Wales Audit Office (2019) Integrated Care Fund – Greater Gwent Regional Partnership Board. .

296. WCVA (2020) Our future Wales – WCVA's response. Available from: https://wcva.cymru/wp-content/uploads/2020/08/Our-Future-Wales-WCVA-response.pdf.

297. Calder G, Phillips R (2022) Fairness and the Newport Participatory Budgeting Process of 2021. Swansea University.

298. Grey CNB, Homolova L, Maggio V et al (2022). Sustaining community-led action in recovery: Learning lessons from the community response to COVID-19 in Wales. Public Health Wales. Available from: https://phw.nhs.wales/publications/publications1/sustaining-community-led-action-in-recovery-technical-report/.

299. Audit Wales (2020) So, what's different? Available from: https://www.audit.wales/publication/findings-auditor-generals-sustainable-development-principle-examinations.

300. Hatherley S (2011) Sustainable public spending: The choice between universalism and targeting. National Assembly for Wales. Available from: https://senedd.wales/NAfW%20Documents/ki-024.pdf%20-%2003112011/ki-024-English.pdf.

301. Welsh Government (2022) Budgeted revenue expenditure by service detail. Available from:. https://statswales.gov.wales/Catalogue/Local-Government/Finance/Revenue/Budgets/budgetedrevenueexpenditure-by-servicedetail.

302. Levene LS, Baker R, Bankart J et al. (2019) Socioeconomic deprivation scores as predictors of variations in NHS practice payments: a longitudinal study of English general practices 2013–2017. British Journal of General Practice. 69 (685): e546-e554.

303. Public Health Wales World Health Organization (WHO) Collaborating Centre (CC) on Investment for Health and Well-being (2022) Regional Funding in Wales. Available from: https://phwwhocc.co.uk/wp-content/uploads/2022/04/EU-Structural-Funds-Infographic-EN.pdf.

304. Welsh Government (2022) Written Statement: Delivery of the UK Shared Prosperity Fund. Available from: https://www.gov.wales/written-statement-delivery-uk-shared-prosperity-fund.

305. Department for Levelling Up, Housing & Communities (2022) UKSPF allocations. Available from: https://www.gov.uk/government/publications/uk-shared-prosperity-fund-prospectus/ukspf-allocations#wales.

306. Cardiff Capital Region (2023) UK Shared Prosperity Fund. Available from: https://www.cardiffcapitalregion.wales/wp-content/uploads/2023/02/ukspf-regional-investment-plan.pdf.

307. Department for Levelling Up, Housing and Communities (2023) Levelling Up Fund Round 2: successful bidders. Available from: https://www.gov.uk/government/publications/levelling-up-fund-round-2-successful-bidders.

308. Bevan Commission (2018) Measuring healthcare outcomes – a complex system. Available from: https://www.bevancommission.org/app/uploads/2021/11/Measuring-healthcare-outcomes-a-complex-system.pdf.

309. NHS Confederation Health and Wellbeing Alliance (2022) Mind the gap: what's stopping change? Available from: https://www.nhsconfed.org/Mindthegap.

310. Barsanti S, Salmi LR, Bourgueil Y et al. (2017) Strategies and governance to reduce health inequalities: evidences from a cross-European survey Glob Health Res Policy.2: 18.

311. Keith J, Grimm F, Steventon A (2022) How better use of data can help address key challenges facing the NHS. The Health Foundation. Available from: https://www.health.org.uk/publications/long-reads/how-better-use-of-data-can-help-address-key-challenges-facing-the-nhs.

312. Lloyd-Jones N (2021) Health, wealth and wellbeing: The NHS' role in economic and social recovery. Wales NHS Confederation . Available from: Wales NHS Confederation (2021) https://www.nhsconfed.org/publications/health-wealth-and-wellbeing-nhs-role-economic-and-social-recovery.

313. Public Health Wales (2022) The Sustainable Step Series. Available from: https://phwwhocc.co.uk/wp-content/uploads/2022/12/BTCG_Sustainable_Procurement_E-guide.pdf.

314. Bevan Commission (2022) People, Place, Health. Available from: https://www.bevancommission.org/app/uploads/2022/10/People-Place-Health-Final-1.pdf.

315. West Midlands Combined Authority (2021) Punishing Abuse. Available from: https://www.westmidlands-pcc.gov.uk/wpcontent/.

316. Marmot M, Alexander M, Allen J, Munro A (2022) The Business of Health Equity: The Marmot Review for Industry. Available from: https://www.instituteofhealthequity.org/resources-reports/the-business-of-health-equity-the-marmot-review-for-industry/read-report.pdf.

317. James J (2021) Written statement: Social Housing in Wales. Welsh Government. Available from: https://www.gov.wales/written-statement-social-housing-wales.

318. Welsh Government (2023) Affordable housing provision: April 2021 to March 2022. Available from: https://www.gov.wales/affordable-housing-provision-april-2021-march-2022-html#115913 .

319. Caerphilly Borough Council (2022) First new innovative Caerphilly Council homes completed. Available from: https://www.caerphilly.gov.uk/news/news-bulletin/june-2022/first-new-innovative-caerphilly-council-homes-comp.

320. Willmott Dixon (ND) Trethomas and Trecenydd Passivhaus residential scheme. Available from: https://www.willmottdixon.co.uk/projects/trethomas-and-trecenydd-passivhaus-residential-scheme.

321. Childs Sulzmann Architects (ND) Caerphilly passivhaus. Available from: https://www.cs-architects.co.uk/our-work/residential/caerphilly-passivhaus/.

322. Passivhaus Trust (2022) Caerphilly does it! Available from: https://www.passivhaustrust.org.uk/news/detail/?nId=1173.

323. IPPR (2023) Healthy people, prosperous lives. IPPR. Available from: https://www.ippr.org/research/publications/healthy-people-prosperous-lives.

324. Welsh Government (2019) Prosperity for all, economic action plan. Available from: https://www.gov.wales/sites/default/files/publications/2019-02/prosperity-for-all-economic-action-plan.pdf.

325. ONS (2022) Private Sector Employment as % of Total Employment;UK;HC;SA;Percentage. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/g9c2/lms.

326. StatsWales (2023) Business structure in Wales by size-band and measure. Available from: https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/Businesses/Business-Structure/Headline-Data/latestbusinessstructureinwales-by-sizeband-measure.

327. SEW Corporate Joint Committee (2022) Towards a Framework for Addressing Child Poverty in in the Cardiff Capital Region. Available from: https://www.cardiffcapitalregion.wales/wp-content/uploads/2023/03/sewcjc-towards-a-framework-for-addressing-child-poverty-in-the-cardiff-capital-region.pdf.

328. Fair Health (2023) Health Equity GP Curriculum. Available from: https://www.fairhealth.org.uk/curriculum.

329. University of Glasgow (ND) The Scottish Deep End Project. Available from: https://www.gla.ac.uk/schools/healthwellbeing/research/generalpractice/deepend/.

330. The Lancet (2021) 50 years of the inverse care law. The Lancet. 397(10276).

331. Deeny S, Gardner T, Al-Zaidy S et al. (2017) Reducing hospital admissions by improving continuity of care in general practice. The Health Foundation. Available from: https://www.health.org.uk/publications/reducing-hospital-admissions-by-improving-continuity-of-care-in-general-practice.

332. British Red Cross (2021) No where else to turn. Available from: https://www.redcross.org.uk/about-us/what-we-do/wespeak-up-for-change/exploring-the-high-intensity-use-of-accident-and-emergency-services.

333. Thomas S (2016) Doctors for Health Equity. Institute of Health Equity. .

334. Wales Audit Office (2019) Primary care services – Aneurin Bevan University Health Board. Available from: https://www.audit.wales/publication/aneurin-bevan-university-health-board-primary-care-services.

335. ABUHB (ND) Integrated Well-being Networks in Gwent. Available from: https://abuhb.nhs.wales/healthcare-services/staying-well-and-healthy/integrated-well-being-networks-in-gwent/.

336. Older People's Commisioner for Wales (2022) Guest Blog: Connections and conversations, not assessments and referrals. Available from: https://olderpeople.wales/news/guest-blog-connections-and-conversations-not-assessments-and-referrals/.

337. Healthy Blaenavon (ND) Homepage. Available from: https://www.healthyblaenavon.co.uk/.

338. Council for Economic Renewal (2014) An update on the role of the NHS as an anchor business. . Available from: https://www.gov.wales/sites/default/files/publications/2018-10/council-for-economic-renewal-october-14-an-update-on-the-role-of-the-nhs-as-an-anchor-business.pdf.

339. Welsh Government (2023) Sickness absence in the NHS: July to September 2022. Available from: https://www.gov.wales/sickness-absence-nhs-july-september-2022-html#:~:text=The%20sickness%20absence%20rate%20among%20administration%20and%20estates%20staff%20for,to%206.3%25%20in%20Aneurin%20Bevan.

340. Srinivas GC, Whitham A, Rouse R et al (2022) Occupational burnout following the first wave of coronavirus disease at a Welsh district general hospital. J Intensive Care Soc. 23(3):369-371.

341. Welsh Government (2022) Sickness absence in the NHS. Available from: https://gov.wales/sickness-absence-nhs.

342. Welsh Government (2022) National indicators and national milestones for Wales. Available from: https://www.gov.wales/well-being-future-generations-national-indicators-2021-html.

343. Welsh Government (2019) Early Years Outcomes Framework. Available from: https://www.gov.wales/sites/default/files/publications/2019-07/early-years-outcomes-framework.pdf.

344. Welsh Government (2015) Child Poverty Strategy for Wales. Available from: https://www.gov.wales/sites/default/files/publications/2019-06/child-poverty-strategy-for-wales-report.pdf.

345. Public Health Wales (2022) Public Health Outcomes Framework. Available from: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/public-health-outcomes-framework-2022/ .

346. Marmot M, Allen J, Boyce T, Goldblatt P, Callaghan O (2022) All Together Fairer: health equity and social determinants of health in Cheshire and Merseyside. Available from: https://www.instituteofhealthequity.org/resources-reports/all-together-fairer-health-equity-and-the-social-determinants-of-health-in-cheshire-and-merseyside/main-report.

347. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2021) Building Back Fairer in Greater Manchester: Health Equity and Dignified Lives. London: Institute of Health Equity .

Designed by UCL Educational Media

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	12 July 2023
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Assistant Director of Partnership and Integration

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report is intended to provide the Committee with assurance in relation to the work of the Regional Partnership Board. End of year reporting has recently concluded; therefore, this report focusses on delivery in 2022/2023.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

2022-23 has been a year of transition for Gwent Regional Partnership Board (RPB), both in relation to the membership of the RPB and the evolving Welsh Government and Ministerial policy directive provided throughout the financial year. RPB programmes provide significant capacity within the health and social care system to support vulnerable population groups in line with the requirements set out in the Social Services and Wellbeing Act. The RPB is required to focus on core population groups as identified in the statute and drawn out from the Population Needs Assessment; older adults, children and young people, carers, autism and people with mental health and learning disabilities.

The Regional Partnership Board have recently developed and agreed a new Area Plan following the publication of the Gwent Population Needs Assessment (PNA) April 2022. The Area Plan sets out how the RPB will deliver the regional priorities identified in the PNA and forms the work programme for the strategic partnerships supporting the RPB.

To support the work of the RPB capital and revenue funding is provided by Welsh Government to enable joint working to meet the needs to specific population groups. In 2022/23 the RPB utilised £27.5m of revenue funding and £12m of capital.

Regional Partnership Boards are required to provide an annual report to Welsh Government as a formal requirement of the Social Services and Wellbeing Act. RPBs must submit annual reports to Welsh Ministers. The RPB annual report summarises the key headlines of the partnership to showcase the work delivered in partnership, whilst also providing assurance as to the statutory requirements of the Board, the full report is provided as an Annex to this paper.

Cefndir / Background

To deliver RPB priorities and the objectives of the Area Plan, the RPB have established 6 strategic integrated partnerships, which also have oversight of the relevant programmes of work and projects within the new Regional Integration Fund. These sub partnerships report to the RPB and update on progress against Area Plan priorities and challenges:

- Carers Strategic Partnership.
- Children and Families Strategic Partnership.
- Dementia Board.
- Gwent Adult Strategic Partnership.
- Health, Housing and Social Care Strategic Partnership.
- Mental Health and Learning Disability Strategic Partnership.

The thematic partnerships each deliver sections of the Area Plan as part of a strategic work programme, which is also translated at a local level via the Integrated Partnership Boards and Neighbourhood Care Networks

Key successes include:

- **Adult Strategic Partnership** has continued to support the coordinated effort to deliver a Winter Plan programme with regards to admission avoidance and discharge to assess and community resourcing. The partnership has been key to the development, monitoring, evaluation and delivering the national '1000 beds' aim; and has continued to work very closely with local care home and domiciliary care providers to support sustainable services through a regional commissioning programme.
- **Carers Strategic Partnership** has started to develop support for carers and enabling effective hospital discharge in line with national priorities; as well as delivering other Welsh Government national priorities for carers of all ages. Providing information and support to carers during national carers week and carers rights day as well as administering the Carer's small grant scheme has continued as well as the commitment to supporting young/young adult carers in education.
- **Children and Families Board** are continuing to deliver the NEST Framework planning tool to ensure a 'whole system' approach for developing mental health, well-being and support services for children and young people as well as developing residential solutions to reduce the number of out of county placements.
- **Dementia Board** have continued to implement the All-Wales Dementia Care Pathway of Standards with dedicated subgroups and workstream leads. People living with dementia, their carers, and families play a key role in supporting this work and engagement continues with our communities to help coproduce services. We have continued to lead and coordinate the Dementia Friendly

Community programme of work in Gwent, to further build on dementia aware, inclusive and connected communities.

- **Heath & Housing Strategic Partnership** has focused on the development of the rapid rehousing requirements. Members have continued to implement capital projects and improve existing resources especially using digital technology. Key priorities have been identified through the area plan, and members will continue to deliver on these as well as developing a Strategic Capital Plan for the region.
- **Mental Health and Learning Disability Partnership** have continued to support and improve access to, and awareness of, approved mental wellbeing self-help information, resources, and workforce training programme (Gwent Connect 5). The Coproduction steering group continues to work with people with lived experience in the coproduction of future support provision, The Foundation Tier programme continues as well as planning through our self-harm and suicide subgroup.

The majority of work developed and delivered in partnership is enabled via a number of Welsh Government policy funding guidance, providing both revenue and capital as funding enablers.

Welsh Government provided a 5 year commitment of partnership revenue funding at the outset of 2022-23 within the Regional Integration Fund. The policy funding guidance introduces the concept of 6 National Models of Care as an output of the 5 year programme, with regional learning and best practice intended to shape a national specification for the following national models:

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and well-being
- Supporting families to stay together safely and therapeutic support for care experienced children
- Home from hospital
- Accommodation based solutions

Whilst the Regional Integrated Fund guidance targets the models of care as the intended out puts, it acknowledges that funding is historic and existing allocations are in place, as well as the statutory requirements to meet the needs of specific population groups. As a region, the RPB have continued to deliver the strategic programmes identified within the RIF strategic outline plan during 2022-23 alongside seeking to describe the contributions and learning against the national models of care. Continued conversations with Welsh Government are taking place to manage the transition and ensure local ownership and oversight of Regional Integrated Funds with the development of the models of care.

Complementary to the Regional Integration Fund, Welsh Government provided significant growth in partnership capital funding at the outset of the 2022-23 financial year, building on the successes and learning from the ICF Capital programme. Welsh Government have therefore introduced two sources of capital funding for the region as the Housing with Care Fund (the successor to the ICF Capital programme), and the new Integration and Rebalancing Capital Fund. Both funding streams support key programme for government commitments and are intended to develop new models of preventative care.

With the inception of additional capital policy guidance and associated funding provided to Regional Partnership Boards, there is a requirement to develop a 10-year strategic capital plan in 2023. With the current investment levels available on a proportionate basis of at least £20million per financial year, it can be assumed the value of a 10-year strategic capital plan could reach £200million in capital infrastructure investment for Gwent.

Asesiad / Assessment

This section sets out progress on the utilisation on Regional Integrated Funding in 2022/23. This is allocated through a series of programmes of work agreed by each of the strategic partnerships.

RPB Strategic Programme Delivery

In 2022-23 the Regional Partnership Board fully utilised £27.5m in revenue allocations, with the following achievements made (the following headlines do not reflect specific activity within the RPB winter plan):

- 19,310 unpaid carers have accessed services, with 2083 feeling less isolated and 2479 achieving personal outcomes.
- 2597 children at risk of entering care have been supported, to date 600 have achieved personal outcomes.
- We have provided intensive support to 267 care leavers to develop coping strategies and achieve personal outcomes.
- 611 neurodivergent children and their families have been supported, with 515 reporting good experiences.
- Additional capacity within Memory Assessment Services has enabled a total of 3644 people with cognitive impairment, living with dementia and young onset dementia to be supported and assessed.
- 12,462 contacts have been provided to support people to live well with Dementia, and an additional in-year referral acceptance of 2,577 people.
- The connected communities programme has assisted 25,276 adults via a range of prevention and wellbeing services to remain well within the community. Of which, 4968 report maintaining or improving their emotional health and wellbeing and 4396 are more aware of the support available to them.
- 12,498 individuals have received intermediate care in the community via the Place Based Graduated Care programme. 45% of stroke survivors have been supported to rehabilitate within the community, and 53% of individuals receiving intermediate care were prevented from hospital admission/crisis.
- Improving System Flow programme capacity supported 8824 individuals to leave hospital, with 1689 of these individuals receiving aids and adaptations to return home as independent as possible, and 2007 individuals achieved personal outcomes.
- 2505 people with learning disabilities achieved personal outcomes via the LD independence and wellbeing programme, with 1195 new individuals identified during 2022-23.
- 25,000 individuals have accessed information and advice via the Enhanced Foundation Tier programme, along with 169 training sessions provided across the partnership to support awareness and recognition of emotional wellbeing in self and others.

- The CVC led Third Sector Grants fund has supported 3107 individuals within the community, with 2511 reporting maintaining or improving their emotional health and wellbeing.

The following dashboard is representative of all 2022-23 activity delivered via the RIF portfolio mapped to the draft set of 21 core national measures. Regional strategic programmes supported over 75,000 vulnerable individuals, accounting for approximately 12.5% of the total population of Gwent receiving a form of support.

The prevention continuum is often referenced by Welsh Government in policy guidance, and is a useful tool to aid demonstration of the RPB statutory requirement to focus on prevention and wellbeing. As part of the pilot performance framework test, the RIF portfolio activity has been mapped by the Partnership PMO to the prevention continuum to demonstrate the type and range of support enabled by regional partnership programmes. This highlights a significant focus on universal support to enable wellbeing and delaying of needs, with a fair amount of specialist support provided for both children and adults with complex needs in line with the requirements of the Social Services Act.

A core focus for 2023/2024 will be robust evaluation of partnership programmes. With potential reduction of Regional Integrated Funding in future years, essential to decision making will be an evidence based assessment of the impact of programmes.

RPB Capital Programme Delivery

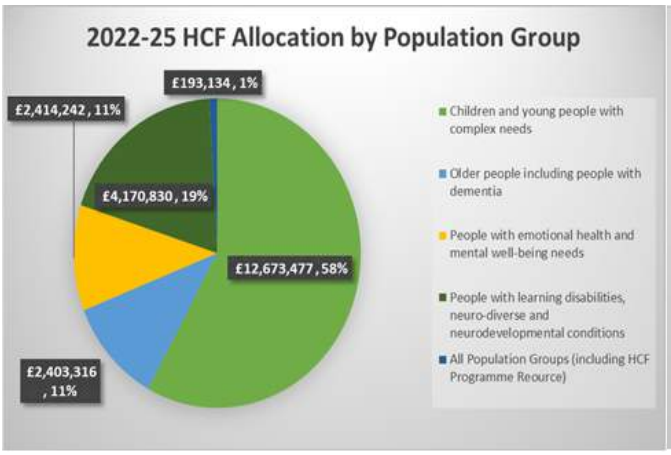
With 2022-23 being the first year of a refreshed capital programme for Regional Partnership Boards, significant focus has been on fund utilisation against policy funding guidance in the early years of the programme, pending the development of a regional Strategic Capital Plan.

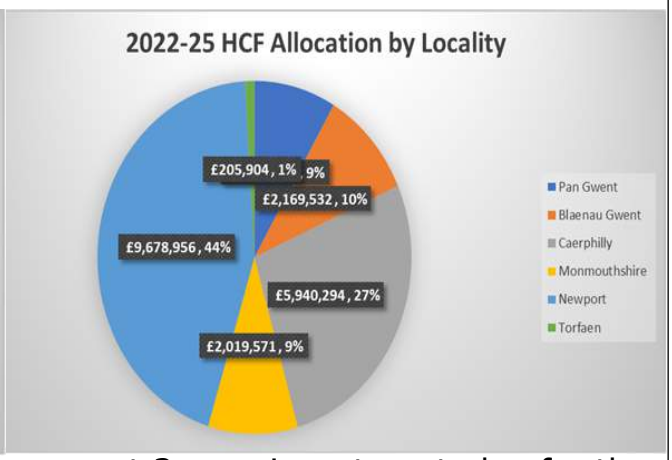
With significant collaborative effort between the Partnership PMO and partnership delivery organisations, the RPB were able to optimise the funding available to the region, utilising £9.7million of the £11.2million allocation.

The table below provides a summary overview of the total capital utilisation in 2022-23, in addition to the profiling of the capital programme for delivery during the current and future financial years.

RPB Objective	Minimum Annual funding Allocation £'000	2022-23 Funding Issued £'000	2023-24 Forecast £'000	2024-25 Forecast £'000	2022-25 Total Forecast £'000	Minimum Annual funding Allocation Over 3 Years 2022-25 (£'000)	Funding Utlisation Over 3 Years 2022-25 £'000	2022-25 Under/(Over Committed) Over 3 Years 2022-25 £'000
HCF								
Objective 1 - Housing with Care	5,604	920	2,102	63	3,085	16,812	3,085	13,727
Objective 2a - Intermediate Care and Accommodation	2,242	7,404	8,066	207	15,678	6,725	15,678	(8,953)
Objective 4 - Minor Projects	1,121	1,196	1,361	350	2,907	3,362	2,907	455
HCF Programme Resource	184	184	0	0	184	553	184	369
Unallocated HCF Funding	2,058	0	0	0	0	6,171	0	6,171
HCF Total	11,208	9,705	11,530	620	21,855	33,624	21,855	11,769
IRCF								
Objective 2b - Rebalancing the residential care market		0	0	0	0	0	0	0
Objective 3 - Development of Integrated Health and Social Care Hubs and Centres		3,300	5,929	0	9,229	9,229	9,229	0
IRCF Total	9,229	3,300	5,929	0	9,229	9,229	9,229	0

Notably, Year 3 of the capital programme remains underutilised pending the Strategic Capital Plan development. The priorities identified through this process will shape the remaining term of current funding, and a 10-year capital programme for the region. The graphs below provide an illustration of the

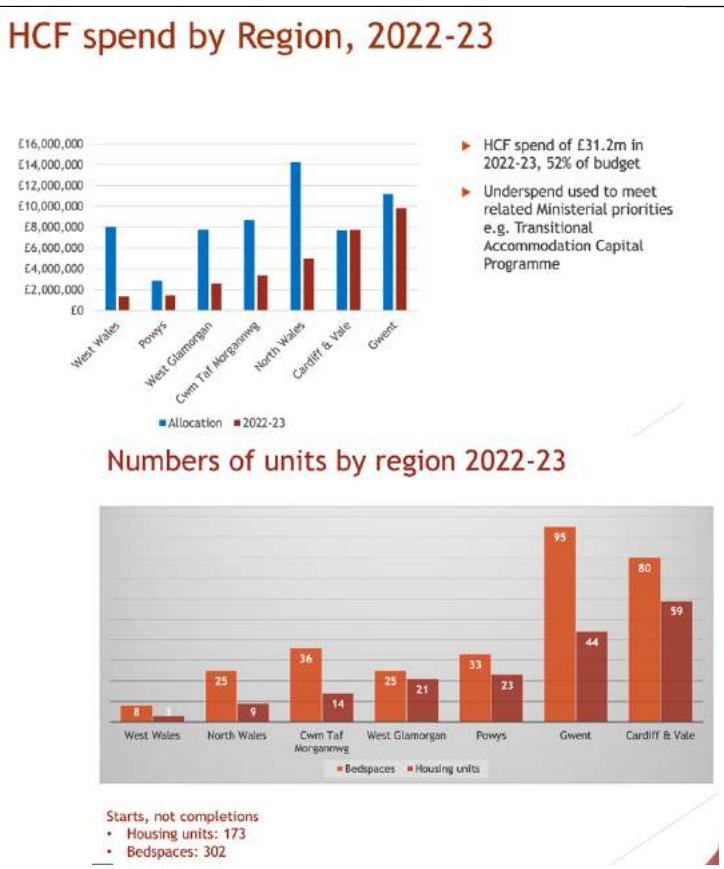




current 3-year investment plan for the Housing with Care Fund investment by population group and by geographical area.

<u>Benchmarking Performance</u>

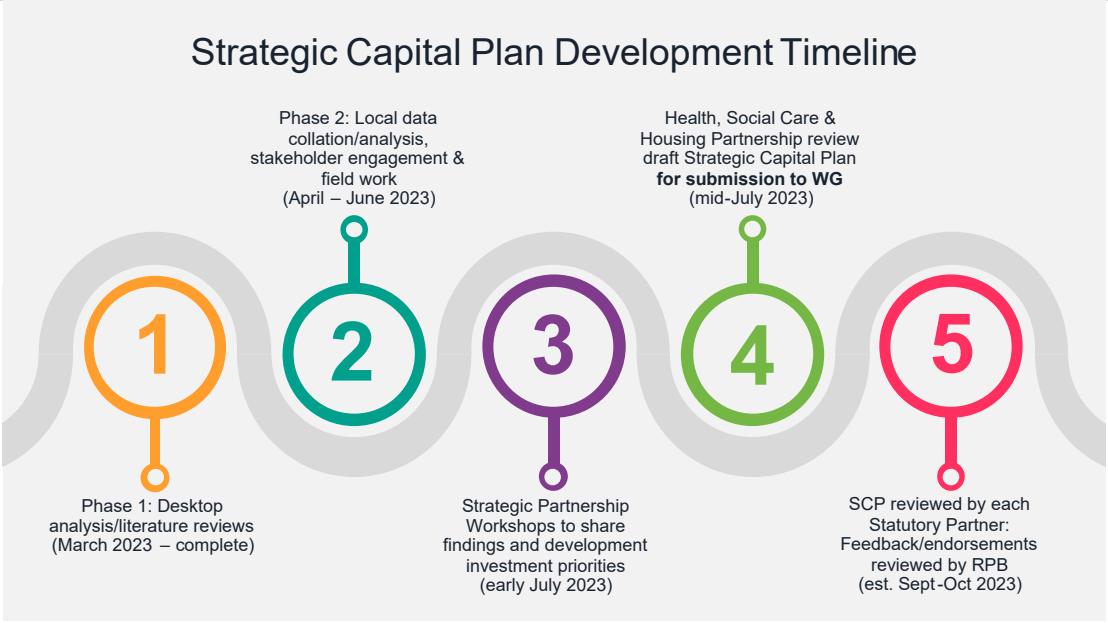
Within Wales, only 52% of the overall HCF programme was utilised with a spend of £31.2m nationally, compared to an 87% utilisation within the Gwent HCF programme. Additionally, the RPB also achieved the highest number of committed accommodation bedspaces within Wales, with a pipeline of 44 units and 95 bedspaces being funded. The table below illustrates the fund utilisation across Wales.



Strategic Capital Plan Development

To support a rigorous and evidence informed approach to the development of a 10-year regional Strategic Capital Plan, with approval from the partnership, the commissioned support of four specialist Consultancy delivery partners has been implemented to aid SCP preparations.

The approach and development timeline is summarised within the visual shown below. This identifies a phased approach to the development, with the delegated authority for the Health, Social Care and Housing Strategic Partnership to ratify the final draft plan for submission to Welsh Government and consideration by each Statutory Partner to enable the Regional Partnership Board to formally consider the status of the plan. A draft plan will be completed by the RPB in July which will then be taken through the governance of individual partners organisations and therefore will be shared with the committee at its next meeting.



Phase 1 of the programme of work has included literature review and quantitative analysis specific to the Gwent Region and within the wider Welsh context, to produce comprehensive strategic needs assessments across the eight population groups. This process has included quantitative data gathering and analysis, using Social Care, Housing and Health data throughout Gwent, including estimates of unidentified demand. In addition, desktop qualitative analysis is being undertaken, including a review of current and potential future direction of national and regional strategies to assist with regional integration and collaboration.

Phase 2, currently underway, will build on this work to collect local data where it will add value and address any gaps in data provision, alongside in-depth interviews with Local Authorities, Health and Social Care professionals across the Gwent partnership landscape, to understand and assess the current and future need for integration and collaboration.

A wide range of stakeholders across health, local government, Registered Social Landlords and third sector organisations will be involved in this engagement process. In addition, formal engagement will take place within our partnership forums as outlined in the visual above.

Argymhelliad / Recommendation

The Committee is asked to note the report and supporting Annex in relation to RPB activity in 2022/23.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Application of RIF to specific programmes and projects aligns to the successful delivery of the Health Board IMTP. Therefore many corporate risks could be referenced.

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	Getting it right for children and young adults
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
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 Improve the wellbeing and engagement of our staff Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	RPB = Regional Partnership Board PNA = Population Needs Assessment IPB = Integrated Partnership Board NCN = Neighbourhood Care Networks NEST = Nurturing, Empowered, Safe and Trusted RIF = Regional Integrated Fund ICF = Integrated Care Fund CVC = Community Voluntary Council PMO = Portfolio Management Office HCF = Housing with Care Fund SCP = Strategic Capital Plan
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Respective committees of the Board have considered risks contained within the Corporate Risk Register

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

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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 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

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Regional Partnership Board

Annual Report

2022/23

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

CONTENTS

Foreword

The Regional Partnership Board Annual Report provides RPB partners with the opportunity to highlight progress over the last year and to set out case studies where innovation and good practice have been developed through partnership working. The progress highlighted in this annual report is significant when considering the challenges and unprecedented demands placed on partners following the Covid-19 pandemic, the workforce challenges and difficulties in recruitment, as well as recent cost of living increases and cuts to budgets. We are moving on from one of the toughest winter periods ever experienced with 27th Dec 2022 the busiest day for the NHS in its 70-year history; an increase in demand replicated across the whole of health and social care services.

The challenges highlighted set out the need for partners to come together to collaborate more than ever, to create synergy across services and reduce duplication. The RPB is central to creating the partnership environment to tackle these challenges and has recently develop a new Area Plan

for 2023/24 which sets out how we intend to work together, pool resources and transform services. This annual report sets out progress made through the previous Area Plan and also how we made steps to deliver the 'Further, Faster' ambition set by Welsh Government.

We are passionate about improving and creating the best health and wellbeing outcomes for the people of Gwent and put people at the heart of everything we do. We work closely with our communities to co-produce care and support services and enable people and their families to feel supported and listened to; and I am pleased to include perspectives from our citizen panel, third sector and provider partners within this annual report

As RPB Chair I feel it is important to ensure the RPB recognises the hard work of all partners and identifies innovation and good practice to develop further. However, we cannot be complacent as there are significant challenge ahead, but this annual report is an opportunity to recognise the efforts of all staff, volunteers, providers and unpaid carers for their huge efforts over the last year. This report belongs to them as well as the RPB and partners.

Ann Lloyd, CBE – Gwent Regional Partnership Board Chair

Perspective from Partners

Lorraine Morgan, Citizen Panel Chair

This had been my last year as Chair, but I have now been re-elected, so will continue to focus on the voices of citizens around the table and how their well-being and quality of life concerns are responded to by the RPB, and services transformed for the better. I am so pleased that we also now have two vice chairs, which shares the voluntary work well. We are now holding blended meetings – virtual and face to face and so we will hope to see some old friends return. It has been a very difficult few years for many people, but many of us have also learned new communication skills.

Our meetings remain topical, but we do continue to monitor whether any issues have been acted on and changed for the better. I have enjoyed my involvement in the Engagement and Voice Task and Finish groups with Welsh Government which have concentrated on RPB guidelines and stronger evidence on co-production within RPBs and citizens.

We continue to include Hospital Discharge experiences as one of our standing items on the agenda and we now have joining us, the new Llais Cymru local body who were the previous Community Health Council but now include social care in their monitoring and citizen support role.

As we emerge out of a pandemic but into uncertain territory around serious social care workforce issues and long NHS waiting lists, we remained concerned about difficulties in accessing GPs for citizens. So, our focus must be more on how our well-being affects our ability to live our lives – and how citizens are really involved in measuring their own outcomes. To this end we had a very informative session from Dr Sally Lewis on Value Based Healthcare and how citizens can share their own reported outcomes to practitioners. We plan to work further with VBHC.

The speed of change is slow but still encouraging if we see some clear co-production within that change. The admin team and our support team from the RPB have been and continue to be so engaged with us – and show their understanding as citizens themselves. So, I would like to, on behalf of the whole Citizen Panel thank them for their real dedication in keeping us informed and engaged.

Jason O'Brien, Strategic Director for Children and Family Services Torfaen

As we continue to recover post pandemic, we are faced with the increasing cost of living crisis and subsequent economic downturn, which has impacted on all parts of our communities and public services. This, combined with a shrinking workforce across health and social care, has continued to present challenges and has further confirmed the need for services to work collaboratively across all sectors. The Regional Partnership Board is an example of shared priorities and joint ownership of resolution, where sectors and agencies can support one another, challenge one another, and reach collective solutions in order to meet the needs of those who present as being the most vulnerable. Our challenge going forward is to ensure that our work is increasingly effective and transparent, whilst drawing on and creating community resilience to enable people to live the lives they want to live independently and safely

Tracy Daszkiewicz, Executive Director of Public Health & Strategic Partnerships, Aneurin Bevan University Health Board
Over the past year strategic partners working together have established Gwent as the first Marmot region in Wales. What this means is a shared commitment to improving and protecting the health of our communities, through greater efforts around prevention and tackling health inequalities and assuring equity. We will work together to better understand the social, environmental and economic determinants and how they contribute to health inequalities. We want our residents to live long lives in good health, living in safe communities, have opportunities for education and employment and live in good quality homes. Working to the Marmot principles enables us to put in place programmes which enable a focus on those who are disproportionally impacted by poor health and do more faster for those who need it most.
Melanie Minty, Policy Adviser for South West and South East Wales, Care Forum Wales.
In the last annual report, I reflected on the genuine partnership approach emerging in Gwent and I am pleased to say that the relationship has continued to mature. I have been able to contribute as provider representative to debate within the RPB and its subgroups, for instance feeding into the regional response to Welsh Government's challenge to provide additional winter capacity. In the coming months, we will be reviewing regional provider structures with a view to establishing a clearer purpose and distinction between the various provider groups in Gwent and a process for them to feed into a new, more strategic provider forum. I hope that this will strengthen the voice of regulated care services across third and private sectors whilst enabling closer working with third sector representatives on key priorities for the coming year.
Stephen Tiley, Chief Executive Officer, GAVO
2022/2023 continues to be challenging with the fallout of the COVID 19 pandemic still impacting on the way we work and the cost-of-living crisis hitting much of the Third Sector and its services. The cost-of-living crisis in particular is also having a heavy impact on our Public Service partners, so more than ever it's been vital that we have worked together for the benefit of the residents of the Region. Our County Voluntary Council Health and Social Care Teams across the GAVO regions of Blaenau Gwent, Caerphilly, Monmouthshire and Newport and Education Programme for Patients Project have been actively ensuring services have continued during challenging times, providing support and strategic links to the sector. We are very fortunate that we have built strong relationships with partners around the Regional Partnership Board whereby we can raise the issues affecting the sector across the Aneurin Bevan University Health Board footprint and have the opportunity to address those issues for resolution. Collaboration is at the heart of our work at the partnership, and this continues to progress for the benefit of our communities. Moving from Integrated Care Fund money to Regional Integrated Fund money has brought elements of change and will continue to change through the coming years but having partners that want to work together have ensured these are worked through together. I am enthused to be a part of the positive work of the partnership moving forward on behalf of the Third Sector.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Executive Summary

The Regional Partnership Board have recently developed and agreed a new Area Plan following the publication of the Gwent Population Needs Assessment (PNA) April 2022. The Area Plan sets out how the RPB will deliver the regional priorities identified in the PNA and forms the work programme for the strategic partnerships supporting the RPB.

All partners are still experiencing issues and challenges following the COVID-19 pandemic and this has been exacerbated with the busiest winter period in NHS history, cost-of-living increases and significant workforce recruitment and retention across health and social care.

Working in partnership and creating synergy across our services are fundamental to meeting the challenges and the RPB provides a forum to develop the solutions required whilst ensuring the focus is on outcomes. The continued focus on coproduction with citizens is key as well as working side by side with our third sector and independent providers.

We have the opportunity through the recent 'Further, Faster' announcement from Welsh Government to further invest in our community services as the pressure on hospitals is not just a health board challenge. The RPB and partners need to ensure we help people to remain at home, but also return home quickly and safely, following treatment. Winter planning is still proving to be a continuous all year process and the strain on front line workers will require close monitoring, given the pressures they have worked under over the previous years. Yet again it is testament to the passion and commitment of all RPB partners and their staff that we have been able to continue with the delivery of priorities in the Area Plan and key successes include:

- **Adult Strategic Partnership** has continued to support the coordinated effort to deliver a Winter Plan programme with regards to admission avoidance and discharge to assess and community resourcing. The partnership has been key to the development, monitoring, evaluation and delivering the national '1000 beds' aim; and has continued to work very closely with local care home and domiciliary care providers to support sustainable services through a regional commissioning programme.
- **Carers Strategic Partnership** has started to develop support for carers and enabling effective hospital discharge in line with national priorities; as well as delivering other Welsh government national priorities for carers of all ages. Providing information and support to carers during national carers week and carers rights day as well as administering the Carer's small grant scheme has continued as well as the commitment to supporting young/young adult carers in education.
- **Children and Families Board** are continuing to deliver the NEST Framework planning tool to ensure a 'whole system' approach for developing mental health, well-being and support services for children and young people as well as developing residential solutions to reduce the number of out of county placements.
- **Dementia Board** have continued to implement the All Wales Dementia Care Pathway of Standards with dedicated sub groups and workstream leads. People

living with dementia, their carers and families play a key role in supporting this work and engagement continues with our communities to help coproduce services. We have continued to lead and coordinate the Dementia Friendly Community programme of work in Gwent, to further build on dementia aware, inclusive and connected communities.

- **Heath & Housing Strategic Partnership** has focused on the development of the rapid rehousing requirements. Members have continued to implement capital projects and improve existing resources especially using digital technology. Key priorities have been identified through the area plan, and members will continue to deliver on these as well as developing a Strategic Capital Plan for the region
- **Mental Health and Learning Disability Partnership** have continued to support and improve access to, and awareness of, approved mental wellbeing self-help information, resources, and workforce training programme (Gwent Connect 5). The Coproduction steering group continues to work with people with lived experience in the coproduction of future support provision, The Foundation Tier programme continues as well as planning through our self-harm and suicide sub group.
- **Regional Autism Group** – The regional group organised have developed an implementation plan to deliver against the new Welsh Government Autism Code of Practice and launched the code at a conference during Autumn 2023 – the event was attended by over 150 partners and families and Gwent RPB were only area in Wales to launch the code.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

PART 1: PARTNERSHIP GOVERNANCE AND DEVELOPMENT OVERVIEW

i. Purpose, role, membership, operating structure, and key priorities of the regional partnership board.

"Working together for a Healthier Gwent for the right care and support, in the right place, at the right time'

Role and Priorities

The Gwent RPB will deliver the key aims of Social Services and Wellbeing (Wales) Act 2014 of co-operation, partnership and integration and are set out as the following strategic priorities:

- To improve care and support, ensuring people have more say and control
- To improve outcomes and health and wellbeing for people across the region
- Provide co-ordinated, person centred care and support
- Make more effective use of resources, skills, and expertise across partners.

The Gwent Regional Partnership Board will also deliver the strategic intent set out in Welsh Government's 'A Healthier Wales: our Plan for Health and Social Care', specifically the four themes of the Quadruple Aim:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care, and
- A motivated and sustainable health and social care workforce.

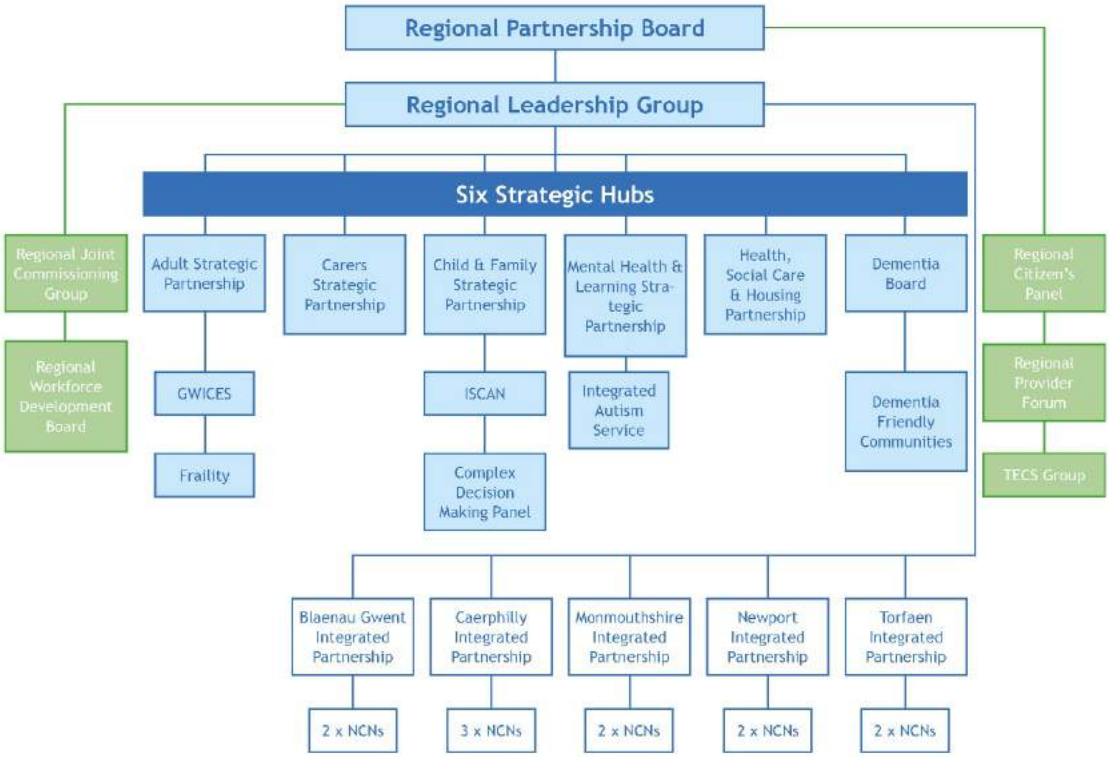
To deliver RPB priorities and the objectives of the Area Plan, the RPB have established 6 strategic integrated partnerships, which also have oversight of the relevant programmes of work and projects within the new Regional Integration Fund. These sub partnerships report to the RPB and update on progress against Area Plan priorities and challenges:

- Carers Strategic Partnership.
- Children and Families Strategic Partnership.
- Dementia Board.
- Gwent Adult Strategic Partnership.
- Health, Housing and Social Care Strategic Partnership.
- Mental Health and Learning Disability Strategic Partnership.

The thematic partnerships each deliver sections of the Area Plan as part of a strategic work programme, which is also translated at a local level via the Integrated Partnership Boards and Neighbourhood Care Networks. The RPB has also established enabling and supporting partnerships as part of the requirements set out in the SSWB Act and this includes:

- The regional citizens panel (including carers), with two representatives to sit on the Board.

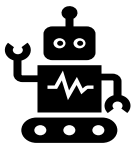
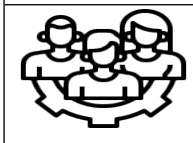
- The Value-Based provider and third sector forum, to connect to the RPB directly – having two elected representatives to sit on the Board.
- A regional Joint Commissioning group.
- A regional Workforce Development Board.
- A regional Technology Enabling Care (TECS) group.



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

The Plan is structured around the statutory core themes identified in the published Population Needs Assessment and priority population groups **older adults**, **children and young people**, **carers, autism** and people with **mental health** and **learning disabilities.** A step change in the pace of transformation is required for all of the groups and we have also included a **Housing, Workforce, Commissioning** sections to our Area Plan aligning to the structure set out above comprising regional activity (strategic partnerships) local activity (5 x integrated boards) and locality models (NCN's).

ii. Key Developments over the last year

	**Carers Annual Report:** Carers team supports implementation of various programmes across the region • **415 successful applicants provided with £415,000 to support** • Young Carers in School: **599 members of staff have taken part in 17 face-to-face** 'Young Carers: Identifying Us' training sessions and 19 virtual sessions • **Over 100 Young Carers supported through schools.** • **Training and awareness:** a broad range of Gwent services have been represented at training sessions where 8 Community Awareness sessions were held attended by 120 people, 39 workshops were held attended by 332 people and 52 people completed the on-line training
	**Dewis figures** • The total number of **published resources in Gwent over the past year has increased by 400 resources**. • **Detailed views of resources have increased by 9,568.** This is the amount of times someone has searched for something on Dewis and then clicked to find more information. In March 2022 there was 31,227 clicks and in March 2023 there was 40,795. • **Registered users have increased by 365.** • **Expired resources have reduced from 158 to 65** showing that currency of the directory is improving.
	**Dementia Conference** There were over 130 partners who attended the Gwent Dementia Friendly Communities conference at The Christchurch Centre, in September 2022 and 35 partners who attended the Gwent Dementia Friendly Webinar and 87% respondents wanted to become more involved in the dementia agenda across Gwent. **Dementia Friends** Dementia Friends sessions and supporting online connections with communities. ***1,468 Dementia Friends*** have been made across ***98*** sessions during ***2022 – 2023.***
	**Assistive Technology (AT)** Over 650 AT devices have been distributed to all sectors across Gwent including the Happiness Programme, HUG and RITA to support well-being and positive stimulation.
	**Workforce & College Consortium** • **Social Care Work Placements** - regional work placement process was launched in September 2022 to support students to apply for LA work placements and for LA social care teams to adequately prepare to accept these placements. 13 work placement applications have been received and facilitated by LA social care teams.

	• **Coleg Gwent campuses, the 'Placement to Progression' events.** Held in Oct/Nov across 4 Coleg Gwent campuses, events have supported students with securing work placements while providing local providers the opportunity to promote part-time vacancies to the current student cohort. 52 work placement applications have been received by providers and 24 commissioned providers attended the events, all were from the adult care sector or 3rd sector. • **ABUHB Work Placements. 25 students** have been cleared and are ready to start placements with ABUHB. As of the 14th of November, these students will be placed on wards
	**Micro carers MCC pilot:** There are currently 7 micro carers on the directory, providing around 70 hours of carer each week as of Dec 22. There are 3 more micro carers going through training. Updated figures will be available following the project evaluation. Costings of Recruitment agencies costing a total of £1575 for 70 hours, whereas Micro carers costings a total of £1155 for 70 hours. **Micro carers provide a saving of £420 per week**.
	**Launch of Autism Code of Practice and Autism Conference.** 240 people attended, day long awareness and training event 100% delegates felt better informed of autism after the event.
	**Communications and Engagement** Regional Partnership page views have increased from 7,470 (2021-2022) to 22,502 (2022-2023) – See Annex: 4.
	**AskSARA** As of February, all metrics (users, new users, sessions, reports, bounce rate) have increased. The user/report percentage and bounce rate remain at very positive levels, indicating users are interacting well with the site. Good variety of referral sources. **90% of users would recommend AskSARA, 71% were helped to find a solution or equipment.**

iii. Progress on implementing changes in the revised Part 9 guidance. Specifically

Housing and Education

Housing partners are key members of the RPB and supporting partnerships in line with '*A Healthier Wales'* and enabling effective delivery of capital grants. The revised Part 9 guidance requires: '*At least one housing representative from a local authority and at least one registered social landlord onto the membership of each board'*. The Gwent region has an established a Health, Social Care & Housing Partnership and the Chair of this group, Chief Executive of Melin Homes, was nominated by Registered Social Landlord (RSL) colleagues to represent them on the RPB.

The Children's Commissioner 2018/19 Annual report called for greater focus from the regional boards on prioritising integration of services for children with complex needs.

The Amendment Regulations add a requirement for at least one senior local authority officer from the education sector to be a member of the board. A nominated Director of Education sits on the RPB. It is worth noting that Directors of Education have identified a nominated representative on the Children and Families Strategic Partnership which reports directly to the RPB, and the collective regional education voice is also present during discussions.

Children and Young People

Integrated Family Support Services (IFSS) provides targeted support and help connect children and adult services, focusing on the family as a unit. IFSS work with families to help them to make positive changes, so that any concerns are lessened, and children can stay safely at home. In the ABUHB region, Newport City Council were originally the lead organisation and coordinated operations across the region. The 5 local authorities funded a shared service specifically delivering the original IFST model. The pooling of funds for IFST is a requirement under Part 9 of SSWB Act, and these arrangements were in place prior to the Act implementation date of 6th April 2016 for the IFST model.

From 2016 to 2018 the 5 LAs reviewed and remodeled approaches to interventions for Edge of Care services. This included a review of the efficacy of our previous IFST provision. There was concern and potential risk of having parallel services with duplication for families. All IFSTs have evolved the original model of support to meet the needs of families experiencing parental substance misuse, domestic violence, and parental mental ill health more effectively. The 5 Gwent LAs have different structures with set ups which vary for family support, intensive interventions, family contact, preventions, and edge of care services. The previous IFST provision had been overtaken with the developments of improved edge of care services using the best elements of the IFST model but moving away from some of the less useful aspects.
The 5 LAs all offer intensive family support with a mixture of models, staffing and partners but rooted in research and evidence-based practice. Partners include health colleagues, consultant social workers, specialist domestic abuse workers as well as family support workers. The 5 LAs all take a role with the Children and Families Strategic Partnership and work together as appropriate; for example, on continued joint approaches to the use of RIF with edge of care services to further develop effective family support interventions and work in the court arena.

Under the Children and Families Strategic Partnership we have developed a regional Integrated Service for Children with Additional Needs (ISCAN) subgroup, and this supports children with complex needs with a single front door approach and focuses on transition between children and adult services.

As outlined in Part 9 of the SSWB Act, the 5 LAs work together to share practice and collaborate with training and expertise. The five LAs have developed a Gwent offer across four areas of: Family Group Conferences, Mediation, Family and Friends, and Edge of Care services. All are delivered using a trauma focus and a strengths-based approach so embracing the learning of IFST methodology. The RIF resource is monitored regionally and work with the RIF team continues in order to evaluate this work across the region. Looking forward the five LAs will be looking to the evaluation

of the Cardiff and Vale Family Drug and Alcohol court (FDAC) to consider for further development of services across the region.

The Children and Families Partnership have also led on implementation of the national NEST/NYTH policy and have developed and monitor an implementation plan to ensure consistent approaches across the region.

Joint Commissioning and Pooling of funds Including Progress Against KPMG Report Recommendations on Pooled Budgets

The Regional Commissioning Group (RCG) has developed a regional Market Position Statement (MSR) as set out under Section 144B of the Social Services and Well-being (Wales) Act 2014. The RCG have developed an action plan to deliver the identified priorities for care homes, domiciliary care, community services, advocacy and ensuring effective links with provider groups. The MPS has been adopted by all Councils and the Gwent Regional Partnership Board.

The RCG has a cross-cutting function across the regional strategic partnerships and has undertaken work on their behalf of RPB. The group is also an information and good practice sharing forum across the regional partnerships as well as specialist technical advice to partners on commissioning related activity. The focus over the next period is to continue to support the domiciliary care and care home sectors as they face a crisis in recruitment and retention This works links closely to that of the Workforce Development Board and the development of a regional workforce strategy.

Progress

Providers of care are experiencing considerable challenges but despite this, good progress had been made against Part 9 requirements and revised regional Area Plan for commissioning and this includes:

- Section 33 Pooled Fund Arrangement signed by all parties.
- A review of the previously agreed regional contract for care homes for older people resulted in no significant changes to the existing document
- Reconvened the working group with care homes regarding a regional fee methodology with good progress being made
- Development work underway to establish a common joint contract monitoring framework for care homes for older people
- Development work underway to establish a common joint contract monitoring framework for domiciliary care services
- A relaunch of the 3rd sector Gwent Social Value Forum – large participative event planned for September 2023
- Development of a commissioning approach to mental and learning disabilities commissioned services within ABUHB - awaiting Divisional response
- A discussion took place regarding pooled funds opportunities in Gwent – no further pooled funds were identified that this time.
- A review of day services in Gwent – concluded – further work being taken forward

- A review of direct payments in Gwent – concluded – further work being taken forward
- Establishment of a monthly webinar for care homes in Gwent – on-going
- Establishment of a monthly webinar for domiciliary care services in Gwent – on-going

The KPMG report has been used to develop the regional agenda and helped to provide a focus on key areas. The Gwent RPB continues to look for new opportunities to use the flexibilities afforded by pooled budgets and the current pooled fund supporting care homes is maintained. Torfaen Council host the pooled fund manager under a Section 33 Agreement.

The regional commissioning work program will ensure that the issue of pooled funds remains a 'live issue' and is routinely considered as an option when discussing, devising and developing joint commissioning arrangements. The existing regional pooled fund arrangement under the Section 33 Agreement 'Accommodation Arrangements for Care Homes for Older people in Gwent' remains in place. A report is presented to the RPB annually.

PART 2: GENERAL PROGRESS UPDATE

2a) Delivery against Key Objectives

The Area Plan outcomes are delivered and monitored through the 6 strategic Partnerships that also ensure the national themes set out in the Population Needs Assessment (PNA) are prioritised:

- children and young people with complex needs (including new part 9 definitions).
- unpaid carers.
- older people, with specific reference to supporting people living with dementia.
- People with physical disabilities.
- People with learning disability/autism.
- People with poor mental health or emotional support needs.
- People with sensory impairment
- People experiencing VAWDASV or homelessness and the secure estate (as set out in the Code of Practice)

In addition to the above statutory themes, the RPB have also included focussed sections for Housing, and Autism.

Partnership working with strategic boards is key to creating synergy across the region and avoid duplication of efforts; and the PRB also links closely with the Area Planning Board, which lead on substance misuse issues and Safeguarding Boards. At a strategic level the RPB links closely with the regional Public Service Board to ensure there is a collaborative approach to the delivery of the Area Plan and regional Wellbeing Plan and VAWDASV agenda as well as delivering ambitions of a Marmot region.

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

Gwent Adults Strategic Partnership (GASP)

Area Plan Outcome identified through the Population Needs Assessment:

- To improve emotional well-being for older people by reducing loneliness and social isolation with earlier intervention and community resilience.
- To support older people to live, or return following a period of hospitalisation, to their own homes and communities through early intervention, integrated care models and a whole system approach.
- To mitigate the long-term impact of Covid-19 pandemic through, especially reducing waiting lists and times to access support, appointments, and medical procedures.

Market Position Summary

- There is an increasing need to further support the emotional wellbeing for older people, through reducing loneliness and isolation issues and providing multi-agency early intervention and community support to boost wellbeing.
- The RPB will need to strengthen partnerships and practices across health, social care, and independent/third sector to ensure we are supporting people to remain well at home for as long as possible, and are able to return home from hospital, through an enhanced reablement approach.

2022-23 Regional Integration Fund (RIF) Programmes

Revenue

There are four strategic programmes that report into the Gwent Adults Strategic Partnership and further information is include in the RIF annual report included in appendix.

1. Connected Communities
2. Place Based Graduated Care
3. Improving System Flow
4. Assistive Technology

Capital

Within Gwent, accommodation focused solutions for Older Adults, secured HCF funding for 10 schemes totalling a value of £2.4m over three years, of which £1.2m was delivered in 2022-23 across 7 of the schemes.

Partnership Progress

- RPB has once again overseen the winter planning across the region and following last year implementation of the Discharge to Recovery and Assessment pathway (D2RA) a further programme was devised for the region which was overseen by the GASP. This included the commissioning of a number of beds in the care home sector on a block purchase basis. Evaluation to follow.

- GASP has been key to the development, monitoring and evaluation and subsequent capturing of learning of and from the Winter Plan programme and the RIF initiatives that pertain to adults and older adults in the region.
- GASP also considered the review of older peoples' services and Gwent Frailty programme.
- The GASP and the Regional Commissioning Group has continued to work closely with local care home and domiciliary care providers following the pandemic to ensure responsive, sustainable services in the face of the increasing workforce challenges.
- Continued to develop a regional commissioning approach for care homes and domiciliary care agencies for example by monitoring bed vacancies in care homes, financial risks associated with high numbers of voids and to monitor the activity of domiciliary carers.
- The pandemic effected the timescales and testing of a common fee methodology, however, this is now moving forward at an acerated pace and is expected to be fully implemented during 2023/24 an accelerated pace over the next year.
- The group will also further explore with third sector partners opportunities to prevent hospital admission and facilitate timely discharge. This work is now reflected in the RIF funding programme.

Case Study: Reablement Testimony

My husband had 2 strokes last year and spent almost 10 months in hospital, resulting in care needs when he came home in December 2022. He came under your reablement team from day one. The reason for my email is to give you feedback on the service as we always hear the bad and often not the good.

The initial assessment was carried out in a polite and caring manner, followed up by weekly calls from reablement team to review and pan for longer term care. Whenever I needed to call the office for any reason or asked to speak with reablement team, the response was always friendly and helpful. Thank you and please pass this on to the ladies who answer the phone too.

Your care team across the board have been excellent and outstanding in their care and support for my husband as the client and me as the next of kin. Nothing has been too much trouble for anyone, and they have all been kind, caring, professional and helpful, always demonstrating respect for this being our home.

They not only delivered the care but also chatted with my husband in meaningful ways to help him recover from his acute brain injury, listened to him talking about his doggies with pride and never showed they had probably heard it many times before. Charlie our large old dog of almost 15 lo

They gave him laughter to start his day, and safety to end it. We both cannot thank you all enough for everything and Charlie our large old dog of almost 15 loved them all

We had lots of different people calling but some were more regular but please say a massive thank you from our family and tell them all to be proud of the difference they make in someone's home. ***Wife of Service User***

Children & Families Strategic Partnership

Area Plan Outcomes identified through the Population Needs Assessment:

- To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.
- To ensure good mental health and emotional well-being for children and young people through effective partnership working especially mitigating long term impact of Covid-19 pandemic.

Market Position Summary

- There is a need to continue strengthening services and partnerships around a single front door approach to reduce hand offs between organisations and establish a sequenced approach to multiple intervention needs.
- The RPB will continue to implement principles of NEST/NYTH and across all services to remain focused on what matters to children, young people, and families as we move to a whole system approach.
- Given the new programme of government priority to eliminate profit in residential care for children looked after, the RPB will support this agenda and also the early intervention and preventative services that help reduce children becoming looked after.

2022-23 Regional Integration Fund (RIF) Programmes

Revenue

There are five strategic programmes that report into the Children and Families Strategic Partnership and further information is include in the RIF annual report included in appendix.

1. Early Intervention & Support: Edge of Care
2. Supporting Care Experienced Children
3. Supporting Children development needs/ND
4. Good emotional health & wellbeing
5. Workforce development/professional support

Capital

Within Gwent, accommodation focused solutions for children with complex needs secured HCF funding for 20 schemes totalling a value of £12.7m across three years, of which £4.3m was delivered in 2022-23 across 15 of the schemes. In addition, there were 9 Legacy ICF schemes which utilised £439k of Programme Managed funds in 2022-23.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Partnership Progress

- The five LAs with colleagues in ABUHB continue to develop residential solutions for children in the region following development of Windmill Farm in Newport using capital grant funding. Windmill Farm is a four bedroomed children's home developed specifically as a home for children who need time in a safe and trauma informed environment as partners support them and their family to establish the best care in the longer term.
- Heling Hands project supporting and upskilling staff with emotional wellbeing and additional needs - Approx. 200 professionals/staff received attachment informed positive behaviour support training and evaluation forms suggest over 95% scored high or very high to 'this training experience will be useful in my work
- Action for Children Platfform Gwent4YP Support service continues to provide individual peer support and group peer support sessions with 88% of young people self-reporting improved emotional wellbeing.
- The Skills for Living project delivered by Action for Children within the RIF Care Experienced Children Programme supports care experienced young people to overcome their experiences and make changes in their lives. "Giving them a Life Worth Living CLICK HERE FOR VIDEO
- The partnership work closely with Welsh Government to roll out the NEST/NYTH model to all partners and have developed an implementation plan following an audit

NYTH | NEST

Gwent Single Point of Access for Children's Emotional (SPACE) Wellbeing Service

Background summary - provide the context:

- The CAMHS transformation programme supported the development of Single Point of Access for Children's Emotional (SPACE) Wellbeing Service in 2019 working across the five local authorities in Gwent region. The model is driven by the 'No wrong door' approach endorsed by the Children's Commissioner in 2020. The service operates in line with the Single Front Door principle of the NEST/NYTH model as per the national objective. It enables children, young people and families to access the right service at the right time. It is recognised as an example of good practice in Wales.
- SPACE Wellbeing is a process through which professionals and families can seek early help and support and panels meet weekly and include CAMHs, Families First, Youth Service, NYAS, Familes Intervention Team (FIT) and Platfform but are supported by other services who can offer support for the reasons that a child / young person is referred for.

What worked well, what didn't work so well:

- The volume of referrals over the past four years has been challenging to process in a timely manner but by ensuring close links with services, duplication of referrals and offerings by services is reduced.

- The governance of the SPACE Wellbeing Service is overseen by the Regional SPACE-Wellbeing Steering Group (RSSG) which is in place to ensure collaborative working

What 'good' or 'success' looks like:

Feedback from professionals who have submitted referrals concludes that the 'no wrong door' approach streamlines how referrals are processed and support is directed in a timely manner:

"Thank you for making SPACE Wellbeing work, you have no idea how much relief it has brought to GPs! "

I am most proud of the multi-agency approach to working and how this helps support families and young people not to bounce around services when they are in need.

I feel that ABUHB SPACE Wellbeing Service acts as a bridge between our Social Service and Health Service. This improved collaboration, speeds up delivery of much needed mental health and wellbeing support to the youth and families in our communities. I am very proud to be a member of this first class team and accept the challenge to develop a more efficient and streamlined service so that young people can rely on us get the right service at the right time.

Meeting the needs of the babies, children and/or young people:

The SPACE Wellbeing Service focusses on a holistic approach to early support ensuring families feel contained and receive a therapeutic experience from the outset. The panel' aim is to ensure packages of support are sequenced / co-ordinated where multiple services are involved; panel chair aims to 'hold the thread',

Conclusion:

The SPACE Wellbeing Service continues to be the mainstay of referrals for children and young people who need the support to grow and develop. Communication between the Health Board and Local Authorities is a priority to ensure the sustainability of the single point of access.The next steps include:

- Training and development of the new administrative assistants and ensuring they are supported plus continued professional development for the SPACE Wellbeing Co-ordinators;
- Ensure that referrals are appropriate for services attending the SPACE Wellbeing panels;
- Monitor unmet needs and liaise with services to minimise these;
- Exploring digital access and process to help with parents making good, quality self-referrals;
- Continue to promote the SPACE Wellbeing Service ethos of 'right service, first time'

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

Area Plan Outcomes identified through the Population Needs Assessment
Mental Health:

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

Market Position Summary

- We need to promote the mental wellbeing of people in Gwent and ensure that the workforce is supported to be able to provide people with the support they need at the right time.
- There is a need to increase the number of bespoke and individual support packages for people with a learning disability which will involve more one to one support in the community and will require the recruitment of a greater number of volunteers.

2022-23 Regional Integration Fund (RIF) Programmes

Revenue

There are three strategic programmes that report into the Mental Health and Learning Disability Partnership and further information is include in the RIF annual report included in appendix.

1. LD Independence & Wellbeing
2. Enhanced Foundation Tier (recently renamed Gwent Emotional and Mental Wellbeing programme)
3. Transition

Capital

Within Gwent, accommodation focused solutions for Emotional Health & Wellbeing secured HCF funding for 13 schemes totalling a value of £2.4m across three years, of which £0.751m was delivered in 2022-23 across 3 schemes. Accommodation focused solutions for People with Learning Disabilities secured HCF funding for 7 schemes totalling a value of £4.2m over three years, of which £3.2m was delivered in 2022-23 across 3 of the schemes. In addition, £0.45m of Legacy ICF programme managed funds was fully utilised in 2022-23 to deliver Augusta House Phase 2.

Partnership Progress

- **Foundation Tier work:** The Gwent Emotional and Mental Wellbeing Foundation Tier Programme, is funded through the Regional Integration Fund and focuses on

two distinct but complementary projects, which set out to improve access to, and awareness of, approved mental health resources.

1. Gwent Connect 5 ('changing the conversation on mental wellbeing') workforce training programme
   - **Gwent Connect 5** is a mental wellbeing workforce training programme, supplying contemporary evidence-based tools and techniques, which can be applied within everyday life and working practice. It is managed by the Public Health team who work in partnership with organisations across Gwent, with the aim of improving population mental wellbeing by changing the way the frontline workforce has conversations about mental health and wellbeing.
   - In total, ***66*** local trainers have now completed the Gwent Connect 5 Train the Trainer programme and ***60*** of these trainers are currently members of the Gwent Connect 5 Trainers Network and ***169*** modules were delivered across Gwent in 2022-23. More than 30 local organisations have access to in-house Gwent Connect 5 trainers.
   - Training has been provided to over 40 partners including the Gwent Regional Partnership Team, South Wales Fire & Rescue service, Gwent Police, Department of Work and Pensions, Diverse Cymru, South East Wales Carers Trust, ABUHB and Local Authority staff. Over 25 trainers are currently delivering the Gwent Connect 5 training across Gwent. Most trainers are delivering in-house, whilst 5 local Trainers from Third/Not-for-Profit organisations commissioned to deliver to organisations who do not have access to an in-house trainer.
   - Outcome measures from the pre and post course evaluation forms demonstrate a small but positive increase in reported motivation, confidence, skills and knowledge to have a mental wellbeing conversation from attending Gwent Connect 5.

2. Melo – website, for details on wellbeing self-help information, resources, and training.
   - **'Melo Cymru'** website launched in January 2021, developed by the Public Health Team and supported by partners. The site acts as a repository for approved self-help resources and information on mental wellbeing. It is an accessible bilingual resource, and the Reach deck tool enables speech to text and reading and translation of text into 99 languages. This makes online content more accessible for people with Dyslexia, low literacy levels, mild visual impairments and those who speak English as a second language**.**
   - Since the initial website launch in January 2021, there have been ***43,000*** visitors to the site. However, we are expecting this figure to substantially increase with the refreshed version of website launched on the 18th of August 2022.
   - Melo is promoted across social media channels (Twitter – English and Welsh, Facebook – English and Welsh and Instagram – English and Welsh) and shared through partner social media channels. There is a continued increase in followers across these platforms. Mele has seen an increase in Facebook followers over the last year in both english and welsh views.
   - There are also more resources on Melo that are downloadable/printable, that can be printed off for people who are digitally excluded or can be given

out by GPs and other partners. On Boxing Day 2022, Melo was also promoted as the matchday 'sponsors' at Dragon Rugby. This game was the biggest game of the season for our regional rugby club, with almost 9,000 seats sold.

- Melo has been recognised nationally as a beneficial resource, and discussions continue to take place regarding possible roll out of the website as a national wellbeing resource.
- In addition, the promotion of Melo continues to be part of ABUHBs Psychological Wellbeing Practitioner programme's staff induction training and an integral part of the Gwent Connect 5 training.

In September 2022 the website was relaunched and expanded from an 8-page site, to a 105-page website. Since the relaunch of Melo there are now 378 resources, 61 courses, 78 helplines and 40 topics on the site. Please see our refreshed website for more information: https://www.melo.cymru/

Psychological Health Practitioners (PHP's).

- The PHP service (formerly PWP service) provides support from non-registered, mental health practitioners, increasing GP service provision for people with mental health difficulties of mild-moderate severity.
- During 2022/23 they delivered over ***12,700*** appointments, ***63%*** of which were delivered face to face.
- There is a current focus to adjust the current way in which PHPs are used at surgery level; as they continue to be booked after a GP appointment (***63%*** of the appts) which means that GP time is not being freed up as intended. The service is currently monitoring and piloting strategies to increase bookings direct from reception and other surgery staff.
- The majority of people seen are referred to self-help and community-based resources, with less than ***25%*** being referred into statutory services.
- The service has an outreach worker who continues to deliver a proactive service to ethnic minority communities in Newport; working in collaboration with third sector and education partners to find suitable confidential spaces to support individuals.
- The PHP service is working closely with the new Mental Health 111 (press2) service and primary care teams, to clarify pathways to access mental health support.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Mental Health 111 Service Data April 2022-March 2003

Accessing mental health services was previously difficult to navigate and people needing support often were unsure which services they should contact. The introduction of Mental Health 111 has simplified the pathway and allows anyone living in Gwent to access support quickly. This is an all-age service and does not have exclusion criteria. The ethos of the service is that a crisis is defined by the person calling, and not the service or staff, allowing for a person-centred approach.

The Mental Health 111 service was introduced on 28th November 2022 between 9am and midnight. From 19th March 2023 the service has been operational 24/7. The service is accessed by calling 111 and selecting option 2 for mental health. To date, 95% of calls are answered in under 40 seconds by a Mental Health & Wellbeing Practitioner who is trained to have a meaningful conversation about why the person has called, carry out an assessment and, if required, deliver brief interventions over the phone. If the caller requires a mental health assessment, they will be triaged by a clinician within the service and booked in for an assessment or referred to the most appropriate service.

Call Stats

7666
CALLS TAKEN
and RECORDED

AVERAGE 49
CALLS PER DAY

95% calls
answered in <40 secs

AVERAGE
WAIT TIME = 33 secs

Autism:

Area Plan Outcomes identified through the Population Needs Assessment:

- To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice.

Market Position Summary

- To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice pre and post diagnosis.
- Improve awareness, understanding and acceptance of neurodiversity across the region to health, social care and wider RPB
- partners, including Registered Social Landlords (RSL's) as well as communities.
- Increase understanding and awareness of the varying support needs of people on the Autistic Spectrum, their families, and carers (Some people may require full time and care support, some may be non-verbal and have complex needs, some may need support with day-to-day activities, whilst other people live fully independent lives).
- Support more opportunities and practical support for learning, training, volunteering, and paid employment, to support independent living.

Progress

We have an established Gwent Autism and Neurodevelopmental Strategic Group that is Co-Chaired by individuals with lived experience and carers. This group grows from strength to strength and is coordinated by the Gwent Regional Partnership Team and has members including, The RPB Autism Champion. Local Authority leads, ABUHB leads and Clinicians, Elected members, Education leads, Third Sector and Charities.

First Autism Code of Practice Event in Wales

The Gwent Autism Steering group coordinated and led the first multiagency Autism Code of Practice event in Wales, on October 2022, which was very successful. It was facilitated by experts by experience who Chair the steering group and was attended by a range of partners such as, Welsh Government, National Autism Leads, the Gwent Regional Partnership Board Autism Champion, Gwent Regional Partnership Team, ABUHB leads, ASD and Local Authority Leads and Gwent Police. The presentations and workshops gave neurodivergent people, families, carers and paid professionals a chance to discuss the Autism Code of Practice and ask questions and share their experiences. We had over ***240*** attendees and over ***30*** information stands at the event. All feedback from the event is now being fed into our action plan for Gwent, to ensure we are capturing the needs and voice of experts by experience, in the planning of future support provision.

Neurodevelopment (ND) Improvement Fund
We have been working closely with clinical leads, partners and the Gwent Autism and ND Strategic group, to ensure full use of the Neurodevelopmental Improvement Fund. This has been utilised to increase children's additional support sessions, increase assessment capacity, increase post diagnostic support and for the production of digital material for individuals and their families, whilst awaiting assessment.

The Third Sector allocation of ND funding (2022/23) was utilised in Gwent to provide local community support for families, supporting parents with a child awaiting an ND assessment via CAMHS and individuals awaiting an ASD/ADHD diagnosis. Five third sector organisations were successful in gaining funding, Hope GB, Torfaen Opportunity Group (TOGS) The ADHD Sisterhood, Growing Space and Autistic Minds. The support included:

- a project providing support specifically for families
- a project providing support to adults
- 3 projects providing support to both groups.

The projects have supported a total of ***200*** individuals through phone and online support and provided signposting opportunities and resources to ***181*** of those individuals. Of the individuals supported, ***139*** had an ASD diagnosis, ***16*** have an ADHD diagnosis, and ***4*** have Tourette syndrome. Additionally, the programme has provided information and support to ***222*** individuals on benefits/Personal Independence Payment (PIP), as well as to parents and professionals. Learning and feedback from the projects, is now being used to help inform some of the detail in the Autism Code of Practice Action plan for Gwent, which is being developed and monitored by the Gwent Autism and ND Strategic Group.

ADHD Training
In 2023, The ADHD Foundation (Neurodiversity Charity) Dr Tony Lloyd, worked with Monmouthshire ASD leads to provide a pilot training session funded through the ND Improvement fund. The session was well received with ***46*** attendees, who all found the training very beneficial. More sessions have been requested throughout 2023.

Carers

Area Plan Outcomes identified through the Population Needs Assessment:

- Support unpaid carers to care through flexible respite, access to accurate information, peer to peer support, effective care planning and through increased public understanding

- Improve well-being of young carers and young adult carers, and mitigate against the long-term impact of Covid-19 pandemic

Market Position Summary

- There is still a need to increase awareness of the needs of carers and for frontline staff to be able to recognise when people take on caring responsibilities and signposted to information, especially young carers.
- Peer to peer support and respite provision are continually highlighted as being a priority need for carers and there is a need to increase support through third sector and community partners to increase befriending opportunities and community groups.

2022-23 Regional Integration Fund (RIF) Programmes

Revenue

There is one strategic programme that report into the Carers Strategic Partnership Board and further information is include in the RIF annual report included in appendix.

1. Unpaid Carers

Partnership Progress

- We continue to deliver against the four Welsh Government National priorities for unpaid carers. A complete carers annual report has been submitted to Welsh Government and can be found within the annexes of this report.
- The Gwent Regional Carers Hub and Spoke is a single point of access for all carers in the Gwent region that co-produces services for carers alongside existing provision across the partnership area. In 2022/23:
  - 2,731 Carers accessed the service
  - 2,295 were signposted for additional support
  - 579 were referred to other organisations for additional support
  - 51 Carers Assessments took place
  - 92 Hub Events took place, and 146 Spokes were held
  - We have continued to invest in our Small Grants Scheme (SGS) and the Regional Integration fund has supported this further. Post lockdown, we have seen an increase in the number of applications requesting short breaks and respite. In 2022/23 852 applications were received, and 166 carers were successful in receiving a small grant
  - 420 Carer's were referred for support within other services and 1,201 signposts were made to other services for those who were ineligible.
- HUG by LAUGH (HUG) is a new therapy device developed by design researchers, engineers, and health professionals from Cardiff Metropolitan University. The Hug is a teddy device with weighted arms and a heartbeat which helps to reduce anxiety and use other mechanisms to provide comfort. In the evaluation study, it was found that HUG improved the quality of life for 87% of the people who used HUG for six months. This is currently being piloted for unpaid carers in other areas beyond dementia. During end of February/March 2023, 32 hugs have been provided for young carers at schools, 25 hugs to carers of the diverse community autism

project, 1 to the carers hub and 1 to the young project at community house. It is hoped to evaluate its impact in six months' time.

- The Gwent Young Carers in schools Accreditation programme is delivered by the Care Collective on behalf of the Gwent Carers Strategic Partnership. A total of 94 of the 233 primary/secondary schools in Gwent are engaging with the programme.
- Coleg Gwent provides post 16 education across Gwent and has achieved an Advanced Accreditation of our Carer Friendly Accreditation programme (a carers employment initiative developed for all public and private workplaces and communities to become more Carer friendly.);to date 19 services have been awarded Carer friendly status and 1 employer
- We have a number of initiatives in place that support unpaid carers with hospital discharge and this area will be strengthened in 2023.

Young Carers Action Day

This year the annual Young Carers Action Day took place on 15th March 2022 and the theme was 'Make time for young carers. Many activities and information provision took place across the Gwent local authorities where young and young adult carers benefitted from improved self- esteem, friendships formed, respite from their daily care activities and social development.

In Monmouthshire 15 young carers participated in activities at Gilwern Outdoor centre, 920 people viewed the Twitter posts, schools participated in to celebrate the day e.g. Life skills course at Caldicot comprehensive. Young carers were able to take a break from their caring role, make new friends and raise the profile of young carers.

In Blaenau Gwent 24 young cares were provided with a full day of activities at Bryn Bach Park which included, crazy golf, the cave, go Karting, climbing the wall, lunch was provided and transport. 34 Young carers Learnt new outdoor skills, had some respite, built their confidence, made new friendships and improved their mental and physical health by engaging in physical activities.

"Hi, I just wanted to thank you all for today 'N' had a brilliant time Thanks J" – Parent

In Torfaen 80 young carers were engaged. A disco was held for those aged 5 -10 This activity resulted in social media reach of 214 people with a 103-post engagement. Bowling for the 11-13 and 14-17 age groups with a social media reach of 380 people with 2014 post engagements

"I enjoyed spending time with my friend " – YC

The Regional partnership team sent out information over social media over the week leading to Facebook post impressions of 8,812 to a reach of 3,978 and 164 post engagements. For twitter there were 4888 post impressions, 183 post reach and 43 post engagement.

In Caerphilly 206 young carers engaged in a number of activities e.g. rock climbing day, family swim, poster competition, vouchers, little mix tribute show and deliveries of Beth's bakes cakes. These small rewards provide sense of pride and recognition, promoting the message that being a young carer is a positive thing, even though it can sometimes be challenging. In addition, a social media campaign and invited YCs and their parents to share positive stories.

"My young carers, In the last 2 years they've been through so much, I went into hospital Oct '21. and was in until May '22. They've also had to move house as I lost the use of my legs so couldn't get up the front steps. But even though we've been to hell and back they're still the happiest little helpers I could ever wish for (well apart from the moody teenager lol) I'm so proud of them all xxxx" – Parent

Carers Mental Health and Wellbeing Support – Carers Café Project

We have supported the carers café model: an ICF/RIF funded project that provides greater support and information to carers within Older Adult Mental Health hospital settings throughout Gwent. The project aims to improve the wellbeing of carers and other family members, and ultimately impact positively on the health of the service user, enable carers to feel equipped with the necessary skills to support their caring role and ensure Carers are confident and able to consider their own needs. This year:

- We held 276 cafes supporting 566 carers;
- 396 carers report an improvement in wellbeing;
- 87 referrals were made for carers assessments, 181 advised of benefit
- Entitlements and 516 were provided IAA to support their caring role
- 234 were advised to register as carers with their GP's, 172 were signposted to
- Organisations and 39 carers accessed training
- 254 felt listened to by professionals with 219 feeling they were more aware of
- the need to look after themselves
- 350 Carers felt involved in care planning and how services were delivered and 382 felt they were given enough information about diagnosis and treatment
- 467 carers stated they knew their rights.

Dementia

Area Plan Outcomes identified through the Population Needs Assessment:

- To improve outcomes for people living with dementia and their carers

Market Position Summary

- We need to strengthen partnerships, services, and coproduction models to improve the outcomes for people living with dementia and their carers.

2022-23 Regional Integration Fund (RIF) Programmes

Revenue

There are two strategic programmes that report into the Strategic Dementia Partnership Board and further information is include in the RIF annual report included in appendix.

1. Dementia – Assessment and Diagnosis
2. Dementia – Living with Dementia

Capital

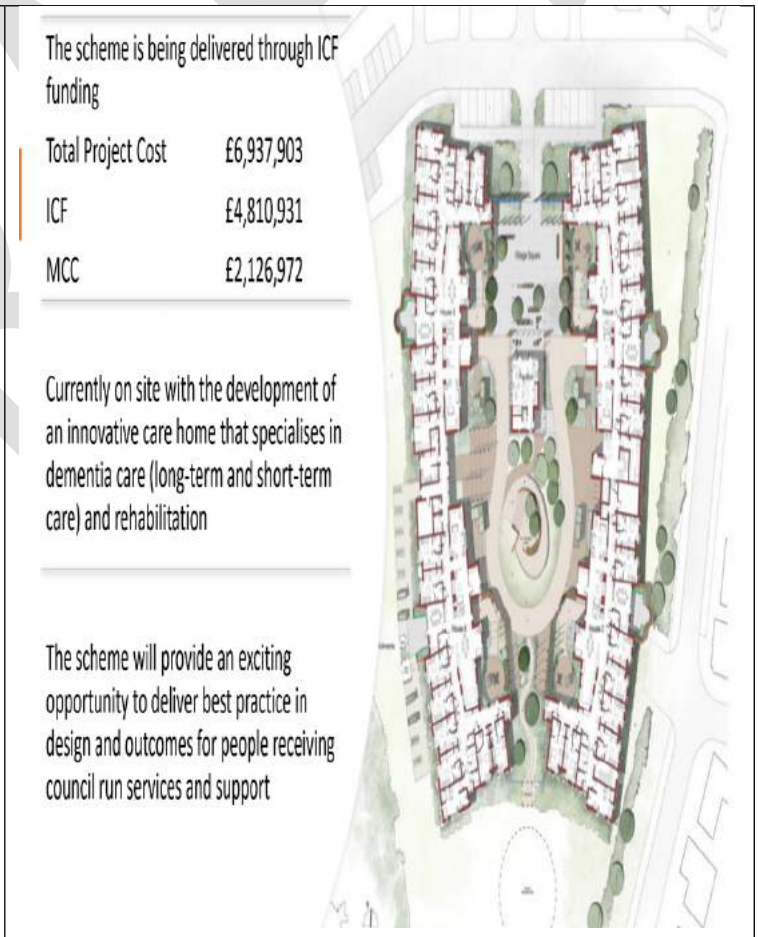
Within Gwent, £1.2m of HCF funding was issued to support accommodation focused solutions for Older Adults, including those with Dementia. In addition to this, £3.2m of ICF Legacy funding was utilised in 2022-23 for the delivery of the Crick Road Dementia Scheme.

Case Study: Crick Road – Dementia Project

Severn View Park, is an innovative and inclusive 32-bedroom care home, designed to replace Monmouthshire Councils, Severn View home in Chepstow. Severn View Park is being constructed by Lovell and will support older people with dementia, both residentially and in the form of respite and shorter-term support.

Severn View Park will establish a new way of providing care, creating individual households designed around a communal, courtyard garden, and will ensure that residents of the home and the local area come together as one community.

The Scheme is scheduled for handover by March 2024.



Partnership Progress:

- ABUHB have adopted the Dementia Friendly Hospital Charter for Wales. The Charter builds on the foundation offered by the Royal College of Nursing's Staffing, Partnership, Assessment, Care and Environment (SPACE) principles. It acts as a short, clear statement of the key principles that contribute to a dementia friendly hospital. It provides a set of principles and indicators that focus on the needs of people with dementia and their families, carers and supporters and offers an improvement guide to assist hospitals in their self-assessment against the dementia friendly principles. Importantly, the Charter informs people of what to expect when they receive care and visit a dementia friendly hospital. The following animation has been created to further raise awareness of the charter and it's aims: English https://youtu.be/KudreUFNZ-E / Welsh https://youtu.be/8gu4AB5VFLM
- Since Covid and restricted visiting, the distress and concerns from carers around in-patient hospital care has been highlighted through a number of complaints, through webinars and 'patient stories'. Locally, feedback about people's lived experience of dementia care when they are in hospital has been used to influence, shape and improve dementia care across our hospital wards. Our Hospital Dementia Action Plan has been significantly revised based on feedback and what matters to people.
- Through using Twitter, Facebook, internal intranet and external web pages, ABUHB have described the improvement plans that support both the Dementia Friendly Hospital Charter and overall dementia care including John's Campaign, patient bedside boards, dementia volunteer companions, Dementia Champions, and carers information.
- The Dementia Board have set up additional subgroups with workstream leads to take forward work, in readiness for the implementation of the All Wales Dementia Care Pathway of Standards to take forward workplans.
- Our Gwent Dementia Friendly Communities group now has over ***170*** partners flying the flag for dementia awareness, inclusion and support across Gwent.
- We have continued to work with schools, colleges, charities, community groups and partners across Gwent, providing online and in person Dementia Friends sessions and supporting online connections with communities. 1,468 Dementia Friends have been made across ***98*** sessions during 2022 – 2023.
- Our Gwent Dementia Friendly Communities group now has over 170 partners flying the flag for dementia awareness, inclusion and support across Gwent.

Dementia Action Week 2023: Free Digital Skills Training to Help People Living with Dementia

Dementia Friendly Communities

Cymunedau Digidol Cymru
Hyder Digidol, Iechyd a Lles

Digital Communities Wales
Digital Confidence, Health and Well-being

Darparwyd gan
Delivered by
ewmpas

Rhaglen Llywodraeth Cymru
Welsh Government Programme

As part of Dementia Action Week 2023 Gwent Dementia Friendly Communities partnered with Digital Community Wales to offer free online training sessions for people living with dementia, their family, friends, carers and professionals. The sessions provided an opportunity to increase dementia awareness and understanding within the community and provide people with practical knowledge to help support people to live well with dementia in the community. Six sessions were held in total including:

- Inspiring Digital Activities (24 attendees)
- Digital Storytelling (24 attendees)
- Digital Tools to Support People Living with Dementia (16 attendees)
- Reminiscence (18 attendees)
- Smart Speakers and Devices (15 attendees)
- How Digital Tools can Support People with the Cost of Living (9 attendees)

"Thank you for the training sessions this week – they have been very inspiring!" – Member of Gwent DFC's

A social media communications plan supported the advertisement of the free training sessions across the RPB's Twitter and Facebook accounts. A blog post was also produced with DCW to highlight the partnership, Dementia Action Week and the training itself – https://www.digitalcommunities.gov.wales/blog/dementia-action-week-2023-free-digital-skills-training-to-help-people-living-with-dementia/

"While dementia can be challenging to manage, technology and the internet have provided a wide range of new tools, devices, and resources that can make a significant difference to the lives of those living with the condition." – Angela Jones, Digital Inclusion Advisor, Digital Communities Wales

John's Campaign

Following a task and finish group that met throughout the year we re-launched Johns Campaign in March 2023 for carers of patients in hospital with Dementia which allows carers to support their loved ones along the hospital pathway. John's Campaign is a framework to ensure that unpaid carers of people living with dementia are welcome on hospital wards. It encourages staff to recognise the importance of unpaid carers and their valuable expertise to always maintain a positive attitude to the involvement of unpaid carers. It recognises carers valuable contribution to the patient's assessment, care planning and ongoing recovery, demonstrating sensitivity to their needs whilst someone they care for is in hospital. At the centre of this initiative is the

patients' needs to help the recovery of the patient, the wellbeing and ongoing involvement of the carer, the support of better communication with carers and the enablement of the patient's secure discharge.

Health, Social Care & Housing

Area Plan Outcomes identified through the Population Needs Assessment:

- A multi-agency partnership approach to ensure appropriate housing and accommodation for older people and vulnerable citizens
- To ensure effective use of Disabled Facilities Grants and appropriate partnership support and available resources.
- Homelessness requiring a collaborative response from public services and partners, especially the non-use of B&B accommodation for young people, and through prevention and early intervention.

Partnership Progress

- The HSC&H Partnership continue to oversee the ICF Capital grant and prepare for the implementation of the new RIF Housing with Care Fund (4-year programme) to support tenanted accommodation for people with complex needs, particularly where affordable housing standards are not appropriate, Intermediate care accommodation (e.g. step up/down, children's residential) and Discretionary funding (aids/adaptations, feasibility studies, etc.)
- MCC and TCBC Care and Repair are continuing to deliver Hospital to Healthier Homes project to support hospital discharge. Every £1 spent on home adaptations to support quicker hospital discharge generates £7.50 saving for health and social care.
- The Partnership continue to provide regional support to individual partners in relation to the Homelessness and ending evictions agendas during the pandemic and going forward will coordinate a regional response to the Rapid Rehousing policy.
- Oversight of the Housing Support Grant (HSG) Programme especially in relation to early intervention programmes and housing related support to homelessness services and activity to help people stabilise their housing situation, prevent people from becoming homeless, or people affected by homelessness to find and keep accommodation.
- A Substance Misuse and Housing task group reporting to both the Area Planning Board and Regional Housing Support Grant Coordination Group developed a specific free online substance misuse training course targeted towards housing staff.

Case Study: Transitional accommodation – Former Caerphilly Police Station HCF funding of £632,256 was utilised for the delivery of long-term sustainable accommodation for 6 self-contained units, within the same building for adults (16+) with mental illness, previous substance use or alcohol dependence or young people with support needs to address their emotional and mental wellbeing needs. Project This scheme forms part of a wider ICF, SHG and HFG funded project in partnership with CCBC and Linc Cymru.	

2b) Supporting Better Integration and Delivery

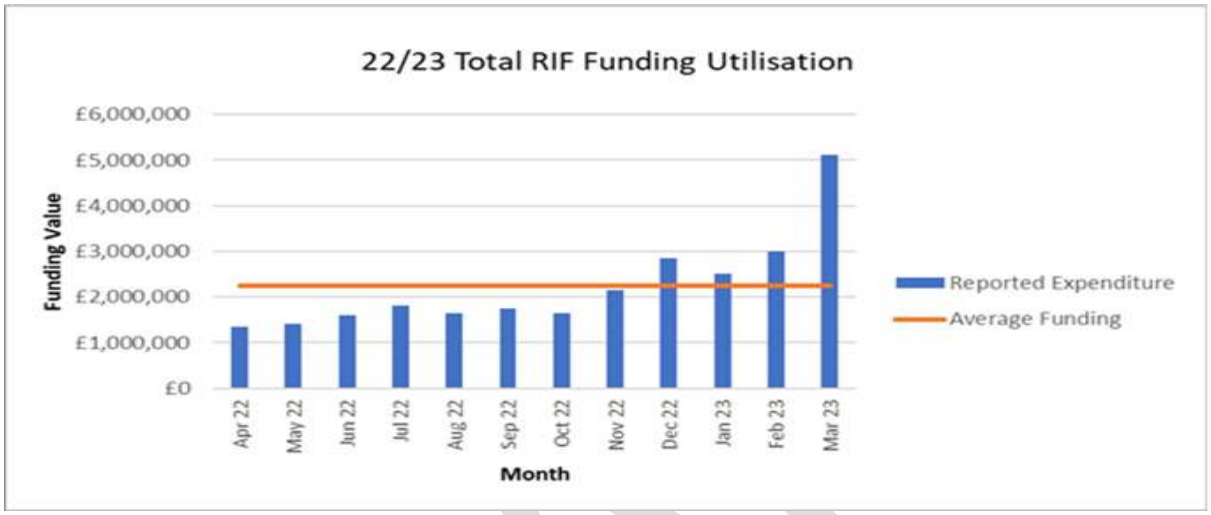
Regional Integration Fund

Welsh Government provided a 5-year commitment of partnership funding at the outset of 2022-23 within the Regional Integration Fund. The policy funding guidance introduces the concept of 6 National Models of Care as an output of the 5-year programme, with regional learning and best practice intended to shape a national specification for the following national models:

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and well-being
- Supporting families to stay together safely and therapeutic support for care experienced children
- Home from hospital
- Accommodation based solutions

Whilst the Regional Integrated fund guidance targets the models of care as the intended outputs, it acknowledges that funding is historic and existing allocations are in place. As a region, we have continued to deliver the strategic programmes identified within the RIF strategic outline plan during 2022-23 alongside seeking to describe the contributions and learning against the national models of care. Continued conversations with Welsh Government are taking place to manage the transition and ensure local ownership and oversight of Regional Integrated Funds with the development of the models of care. The core RIF allocation for 2022-23 was £26.8million. £15.4million utilised as Year 1 'acceleration funding' and £8.3million as Year 1 'embedding funding', with circa £3million has been provided in ring-fenced funding which consists of Dementia, Memory Assessment Service, Integrated Autism Service and Unpaid Carers.

In addition to the core RIF allocation, Welsh Government provided a further £0.666 million of additional funding, making the total 2022-23 allocation provided by Welsh Government £27.5million. This growth in funding relates to Carers Short Breaks, the Neurodivergent Improvement Programme and the Learning Disabilities Programme which is shown in the graph below. The utilisation profile also takes account of the approval of uncommitted funding utilised for the RPB winter plan delivery in the Autumn as strategic tests of change, and the usage of slippage materialised across the programme in Month 12.



In 2022-23 the Regional Partnership Board spent a total of £27.5m Revenue and the following has been achieved (the following headlines do not reflect specific activity within the RPB winter plan):

- 19,310 unpaid carers have accessed services, with 2083 feeling less isolated and 2479 achieving personal outcomes.
- 2,597 children at risk of entering care have been supported, to date 600 have achieved personal outcomes.
- We have provided intensive support to 267 care leavers to develop coping strategies and achieve personal outcomes.
- 611 neurodivergent children and their families have been supported, with 515 reporting good experiences.
- Additional capacity within Memory Assessment Services has enabled a total of 3644 people with cognitive impairment, living with dementia and young onset dementia to be supported and assessed.
- 12,462 contacts have been provided to support people to live well with Dementia, and an additional in-year referral acceptance of 2,577 people.
- The connected communities programme has assisted 25,276 adults via a range of prevention and wellbeing services to remain well within the community. Of which, 4968 report maintaining or improving their emotional health and wellbeing and 4396 are more aware of the support available to them.
- 12,498 individuals have received intermediate care in the community via the Place Based Graduated Care programme. 45% of stroke survivors have been supported to rehabilitate within the community, and 53% of individuals receiving intermediate care were prevented from hospital admission/crisis.

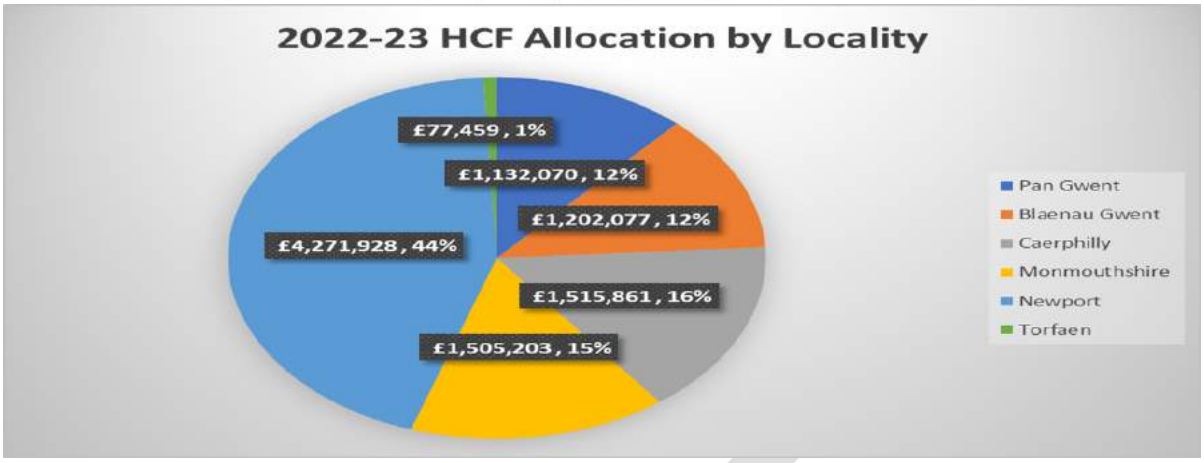
- Improving System Flow programme capacity supported 8824 individuals to leave hospital, with 1689 of these individuals receiving aids and adaptations to return home as independent as possible, and 2007 individuals achieved personal outcomes.
- 2505 people with learning disabilities achieved personal outcomes via the LD independence and wellbeing programme, with 1195 new individuals identified during 2022-23.
- 25,000 individuals have accessed information and advice via the Enhanced Foundation Tier programme, along with 169 training sessions provided across the partnership to support awareness and recognition of emotional wellbeing in self and others.
- The CVC led Third Sector Grants fund has supported 3107 individuals within the community, with 2511 reporting maintaining or improving their emotional health and wellbeing.

2022-23 Regional Partnership Capital Programme

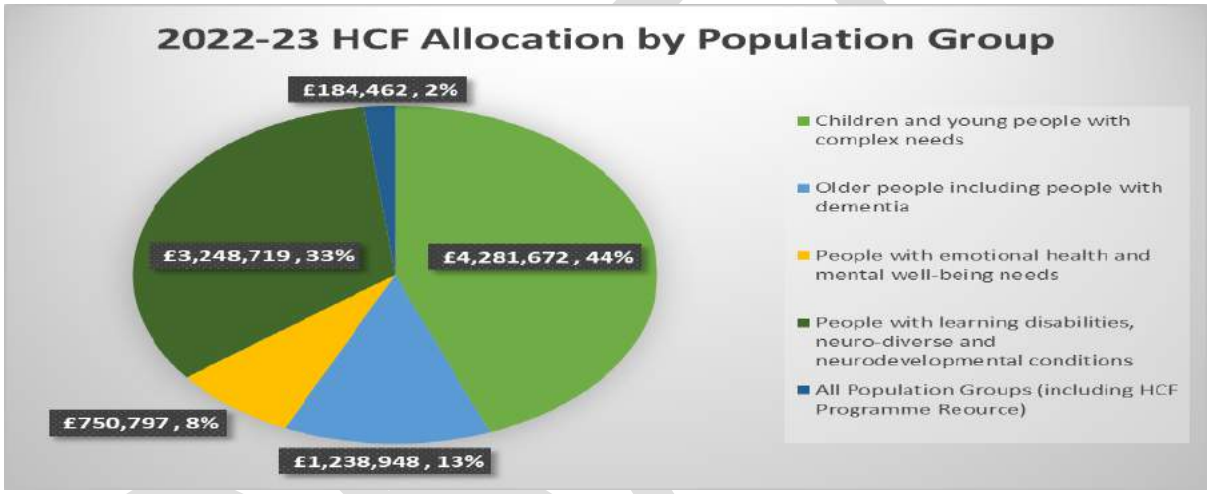
Welsh Government provided significant growth in partnership capital funding at the outset of the 2022-23 financial year, building on the successes and learning from the ICF Capital programme. Welsh Government have therefore introduced two sources of capital funding for the region as the Housing with Care Fund (the successor to the ICF Capital programme), and the new Integration and Rebalancing Capital Fund. Both funding streams support key programmes for government commitments and are intended to be complementary and supported by RIF revenue to develop new models of preventative care.

With 2022-23 being the first year of a refreshed capital programme for Regional Partnership Boards, significant focus has been on fund utilisation against policy funding guidance in the early years of the programme, pending the development of a regional Strategic Capital Plan. With a significant collaborative effort between the Partnership PMO and partnership delivery organisations, the RPB were able to optimise the funding available to the region, utilising £9.7million of the £11.2million HCF allocation, achieving the highest number of committed accommodation bed spaces within Wales, with a pipeline of 44 units and 95 bed spaces being funded.

The graph below illustrates the fund utilisation on a county basis. Within Gwent, Newport City Council have secured £4.3m spend within the HCF programme, the second highest within Wales, whilst Caerphilly and Monmouthshire both secured £1.5m each, the third and fourth highest within Wales respectively. Whilst few developments were commenced in Torfaen during 22-23, there are a number of opportunities being explored for potential partnership funding in future years.



The graphs below provide an illustration of the Housing with Care Fund investment by population group and by geographical area for 2022-23.



In additional to the Housing with Care Fund, the Region utilised £3.3m of the Integrated Rebalancing Care Fund in 2022/23 for the Newport Integrated Health & Wellbeing Centre in 2022/23. With an expected completion date of December 2024, the remaining balance has been re-profiled into future years.

Improving System Flow

The Improving System Flow programme has two workstreams. The first is delivered by the Home First model which provides turnaround services at the hospital front door and preventing admission to the hospital where appropriate. Where admission is required, the second workstream provides a streamlined discharge liaison capacity to support people to be discharged to recover at home as quickly and safely as possible, transferring seamlessly between pathways. The overarching objective for the Improving System Flow programme is that community admission prevention and discharge support services are strengthened and redesigned to ensure that they are right sized to meet the needs of an individual. Through the redesign of services outcomes for individuals will be improved through the avoidance of unnecessary days in a hospital bed and subsequent deconditioning.

2022 to 2023 Delivery Summary

The programme primarily supports older people including those living with Dementia. The programme's Home First model has provided turnaround services at the front door of the hospital and the project has prevented unnecessary admissions, promoting efficient system flow. The emphasis on involving individuals in deciding where they receive care and support, as well as facilitating timely discharges with the necessary support in place, reflects good person-centred care practice and promotes individual involvement in the care journey.

Timely discharge of individuals from the hospital with appropriate support in place has been a notable programme success. By streamlining the discharge process and involving individuals in discharge planning the programme has facilitated smoother transitions and reduced unnecessary hospital stays.

- A total of 8,824 individuals accessed the services delivered by the programme. This demonstrates the programme's ability to reach a considerable number of people and suggests that it effectively addresses the needs of a diverse range of individuals.
- 1,689 individuals received aids and adaptations through the programme. This highlights the commitment to enhancing living conditions and promoting independence by providing necessary equipment or modifications at home.

2018-22 Dementia Action Plan

The regional Dementia Board oversee development and implementation of the national Dementia Action Plan (DAP) across Gwent; and general progress is highlighted in part 2a above, including how the RPB has delivered against the DAP aims. The Dementia Board have considered the new natation Dementia Standards and strategic alignment across the DAP priority areas and this will be embedded during 2022/23. The RIF allocation has been distributed and allocated against the national DAP aims.

PART 3: COMMUNICATION, ENGAGEMENT AND SOCIAL VALUE

(i) How your Board engaged directly with service users, or groups representing service users.

Communication and Engagement Strategy

The RPB will be working to refresh its communications and engagement strategic approach in light of Rebalancing Care consultation (up to 14th August). The Gwent RPB website has undergone a redesign during 2022-2023, with many areas now finalised. The website redesign continues to take place and is due to be completed by the end of 2023. The new look website will be key to further raising the profile of the RPB with both the public and professionals. The new design will act as platform to share the work of the RPB across Gwent with the aim to engage citizens in policy decisions and share information, advice and assistance and below data, demonstrated increase in website usage since the commencement of the redesign. https://gwentrpb.wales/

The English facing site from 01 April 2021 to the 31 March 2022	The English site from 01 April 2022 to the 31 March 2023
Users – 2,214 **Sessions – 3,070** **Page Views – 7,470**	**Users – 3,912** **Sessions – 6,034** **Page Views – 22,502**

The RPB raises awareness of national campaigns through social media (Twitter and Facebook) and includes key messages from Monday to Friday each week of national campaigns (20) Gwent Regional Partnership Board (@BoardGwent) / Twitter

Citizen's Panel

The Social Services and Wellbeing Act (Wales) sets out through coproduction principles the need for partners, including citizens to work together. The Citizen Panel Chair and Vice Chair attend Regional Partnership Board (RPB) meetings and feedback topics raised at the Citizen's Panel Meetings. The Vice Chair is also an unpaid carer and ensures the voice of carers is included in discussions. Due to the pandemic the meetings are now hybrid so panel members can join either via teams or in person at the Civic Centre. The meeting has extended to 2 hours.

"Attending the Gwent Citizen panel gives me a chance to voice concerns, on matters that are important to me, in Health and Social Care, as well as catching up with new and useful information. It also gives access to people who can often make things happen. I enjoy the privilege of raising points from my community and feeding back to them." – GCP Citizen

Standard agenda items discussed at each meeting: notes from previous meeting with an action log to monitor progress, community updates from partners including hospital discharge, update from Llias, Area Plan Priorities and upcoming Events. A more detailed list of topics discussed during 2022/23 is included in annexe 4.

Co-operation and participation with relevant partners and adults with care and support needs, carers, people with dementia and children and young people.

- The Regional Autism group include parents of people living with autism and meets regularly to monitor and implement the new autism code of practice.
- The Citizen Panel Vice Chair is an unpaid carer and identified RPB carers member. Carers sit on the Gwent Carers Strategic Partnership Board and provide a voice for carers across the region. The board also links to established carers groups and coordinators in each of the 5 local authority areas and ABUHB
- The Dementia Board oversee Dementia Friendly Communities across the region with a regional group coordinating delivery and Dementia Friends awareness. People with Dementia and their carers sit on local groups and help coproduce approaches to deliver DFC. We have been continuing to link with people living with dementia and their carers via online webinars and forums during the past year and also a number of face-to-face events with ABUHB.
- The Mental Health & Learning Disability strategic partnership have engaged with people within mental health and learning disability services to develop an Engagement and Involvement Strategy for Gwent, to help transform future services and are continuing to implement coproduction training for both professionals and experts by experience and all citizen panel notes are easy read and produced by a third sector partner
- The RPB have continued to engage with members of Coleg Gwent to promote careers across health and social care and how to design course content to promote the sector.
- The RPB continues to engage with the Regional Youth Forum around a Mental Health Campaign following the completion of the national UK Youth Parliament's Make Your Mark survey.
- Neuro Development parent group - we are working together with parents awaiting an assessment for their child to develop solutions together around how we might provide support to families on the waiting list. We have been working with the group to create a group identity (name/mission statement) and working on our 'key objectives' going forward.

Co-Production in Partnerships

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

What is co-production?

Partnership co-production is the process in which those who use or have used a public service become involved in the development of that service. Within the Health Board and other partners this is seen in voluntary and paid opportunities for service users and carers to be involved in a variety of projects such as sitting on interview panels, co-producing new pathways and becoming a peer mentor. This not only benefits the services, but also the individual and overall co-production is a process that is highly valued with the aim to embed it within all aspects of mental health and learning disabilities.

A multi agency steering group made up of public service staff, 3rd sector representatives and those with lived experience of mental illness and learning disability ambassadors meet every 6 weeks to collaboratively make progress on a work plan created to focus on embedding co-production throughout the Health Board and partners.

"Nothing about us without us"

Victoria Stock says...

"The opportunity to work co-productively has been a real positive for me in both a personal and professional manner. Being able to offer my insight from a lived experience view point and also my working role within mental health alongside those in other organisations and the Health Board has given me a true reality of the challenges we face. But together we can make a difference and I am excited for the amazing outcomes from working co-productively with the team."

Victoria Stock, Lived Experience Volunteer for the Health Board

As a team we are exploring new and exciting ways to embed co-production, including liaising with the National Forum for service user and carers on policy documents, exploring the use of time credits to show the value and payment of volunteers time, recruiting representatives to sit on the Partnership Board and sub-groups and setting up the foundations for Lived Experience Advisory Panels.

Stephen Ash says...

"I have been working alongside the health board in the Gwent area and also working with Senedd advisory group. I have also been working with the Melo website. I feel with my life experiences with mental health and autism that I have made a difference to services. Before working alongside services I used to have the opinion that they couldn't be bothered to help people who are neurodiverse but since working alongside the health board I have changed my opinion and it's made me appriciate things are changing for the better."

Stephen Ash, Lived Experience volunteer for the Health Board

Sally Hewitt says...

"We want to ensure that co-production is a key under-pinning principle that ensures that people who have lived experience are involved at all levels of service design and delivery. We are also committed to ensuring that people with lived experience have a real opportunity to shapre policy and throughout 2023 the Welsh Government will be working co-productively to develop the successor of both Together for Mental Health and Talk to me 2, as we see this as key to driving forward improvements."

Sally Hewitt, Senior Policy Lead, Mental Health and Vulnerable People for Welsh Government

For more information please contact: Libby.Ford@wales.nhs.uk or Lorna.Anderson@wales.nhs.uk

Engagement with people living with dementia

We have been working in collaboration with partners and communities providing webinars through ABUHB, to highlight the Dementia Care Standards, and gather peoples experiences of dementia care. This included bespoke webinars for people who are deaf, people from ethnic minority communities, carers and people who identify as LGBTQ+

Evening and daytime online and face to face enragement opportunities have also taken place, to highlight the Dementia Standards, and what this will mean for people living with dementia, their family, and carers.

Wales Listens Campaign: Improvement Cymru has launched a Wales Listens Campaign, which encourages regions to engage with specific communities and work with those communities to identify what they feel is important to ensuring good dementia care and support.

How we have engaged with wider stakeholders, including Public Service Boards, other strategic partnerships, service providers from the third and independent sectors

Third sector partners sit on the RPB including the Chairs and senior strategic leads from the 2 CVCs: Gwent Association Voluntary Organisations (GAVO) and Torfaen Voluntary Alliance (TVA). The chair of the Provider Third Sector Forum also sits on the RPB to ensure a voice for local providers and third sector partners. The third

sector are also represented on the strategic partnerships under the RPB including CVC reps on Carers Board, GASP, Dementia Board and a specific third sector network developed under the Children and Families Board. The voice and input from third sector colleagues has contributed to partnership working across the region at all levels and in particular ensuring RIF funding was appropriately utilised across the third sector, in line with Welsh Government's requirement for RPBs to ensure an identified proportion was made available. Third sector staff have also been seconded to work in the Performance Management Office administering RIF.

The Regional Partnership Team that supports the RPB work closely with Public Service Board colleagues and sit on a joint regional needs assessment and engagement group. A PSB Chair has also attended and shadowed RPB members at meetings. The 5 PSBs have now merged a regional board and developed a regional stakeholder engagement group and RPB officers attend to ensure synergy.

Progress to establish social value forums to promote social value and share good practice.

The RPB continues to engage with WCVA and the Wales Cooperative centre in adopting a Social Value Forum Toolkit and will look to support the development of social enterprises across the regions working with our third sector umbrella organisations. We will work at pace during 2023 to rebrand our current forums in line with new duties set out in Rebalancing Care and refreshed codes of practice.

The Regional Commissioning Group continue to explore new opportunities linked to RIF funding will provide a renewed focus to further develop the role of 3rd sector social value based services in the region. This may be linked to day services or to supporting hospital discharge, admission avoidance and maintaining low level support in the community.

The Mental Health and Learning Disability Partnership are also exploring a new coproduction approach to commissioning based on a consortium approach across third sector providers.

Gwent Regional Domiciliary Care Provider Fora

The Gwent Regional Domiciliary care provider fora is a long-established forum led by the Regional Team and ABUHB to provide support to domiciliary care providers in Gwent. Meetings are held on a monthly basis collaboratively between the local authorities and ABUHB, and address current issues being experienced by providers. During the pandemic, these meetings were increased to weekly, to ensure that providers were suitably supported while receiving up to date legislative information.

Care Home Executive Liaison Group (CHELG)

As with third sector and domiciliary care providers, the regional team also engages with care home providers. Support is provided to ABUHB at monthly care home webinars. These were increased during the pandemic to weekly, although occurred

more frequently when new legislation was released. This allowed local authorities and ABUHB to ensure care homes were suitably supported through a critical period.

More recent meetings have focussed on the recruitment and retention issues faced by providers, and the effects of the cost of living crisis on services. Regular engagement with care providers in Gwent while also ensuring key priorities are addressed by RPB through provider representatives. Providers also engage with ongoing workstreams, such as regional fee methodology and a regional approach to contract monitoring procedures in care services.

"I must commend Gwent for their partnership approach with commissioned services which I know is much appreciated by care homes, domiciliary care agencies and 3rd sector bodies alike. Prior to the COVID pandemic partnership working was well developed in the region and this provided a head start when it came to working through the many and varied issues brought about during the 2020 to 2022 period. The weekly webinars were particularly valued."

Melanie Minty, Provider Representative, Gwent RPB

PART 4: FORWARD LOOK

The new Area Plan sets out the key actions and priorities following the Population Needs Assessment and will continue to focus on priorities requiring collaboration and include:

- Reduce length of hospital stays for older people and return safely back home with sustainable support through our winter planning and delivering Further Faster agenda
- Continued focus on children with complex needs and children looked after, especially provision and impact of out of county placements.
- The increasing need to support people living with dementia and their carers especially with community support and earlier intervention.
- The domiciliary care marketplace requires innovative solutions to long term recruitment.
- Isolation, loneliness, and impact on mental health.
- Respite is critical for carers and needs to be available in a timely and flexible way (formal, informal) especially in crisis situations.
- Recruitment across health and social care, especially Domiciliary Care workers.

The RPB will continue to monitor and support progress of the Area Plan through 2023/24 as well as

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

ANNEXES

Annexe 1: Register of RPB bi-monthly meetings

Meeting date	Meeting type	Key topics covered
July 2022	Business Meeting	RPB Chair election and ratification. Terms of Reference update. Winter Plan and preparing for future challenges. Regional Integration Fund Outline Plan sign off. Programme Closure report. Frailty Budget proposals for consideration and sign off. Draft RPB Annual report. Views from Regional Citizen Panel. RPB Self-Assessment.
September 2022	Business Meeting	Eliminating profit from Children's Services. Winter Plan update and risk assessment. Regional Integration Fund financial plan and Memorandum of Understanding. Market Stability report. RPB Self-Assessment. Views from Regional Citizen Panel.
October 2022	Special Meeting	RPB Capital Workshop
November 2022	Business Meeting	Winter Plan and risk assessment. Workforce transformation and planning. Partnership Programme Development and Delivery. NCN Development and Integrated Partnership Strategic Planning. RPB Statutory Duties and Self-Assessment. Views from Regional Citizen Panel. Views from the Third Sector. Views from the Provider Forum. Autism and Neurodevelopment.
December 2022	Special Meeting	Regional Integration Fund
January 2023	Business Meeting	Winter Plan review and system pressures. Redesign of Services for Older People and Frailty Service. RPB Statutory Duties and Self-Assessment. Views from Regional Citizen Panel. Views from the Third Sector. Views from the Provider Forum. Partnership Programme Development and Delivery.
March 2023	Business Meeting	RPB Chair's update. Redesign of Services for Older People and Frailty Service. Frailty budget sign off. Winter Plan review and system pressures. RPB Statutory Duties and Self-Assessment. Regional Partnership Board Footprint meeting (with Welsh Government) – proposed amendments to Part 2 and Part 9 of the Social Services and Wellbeing Act.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

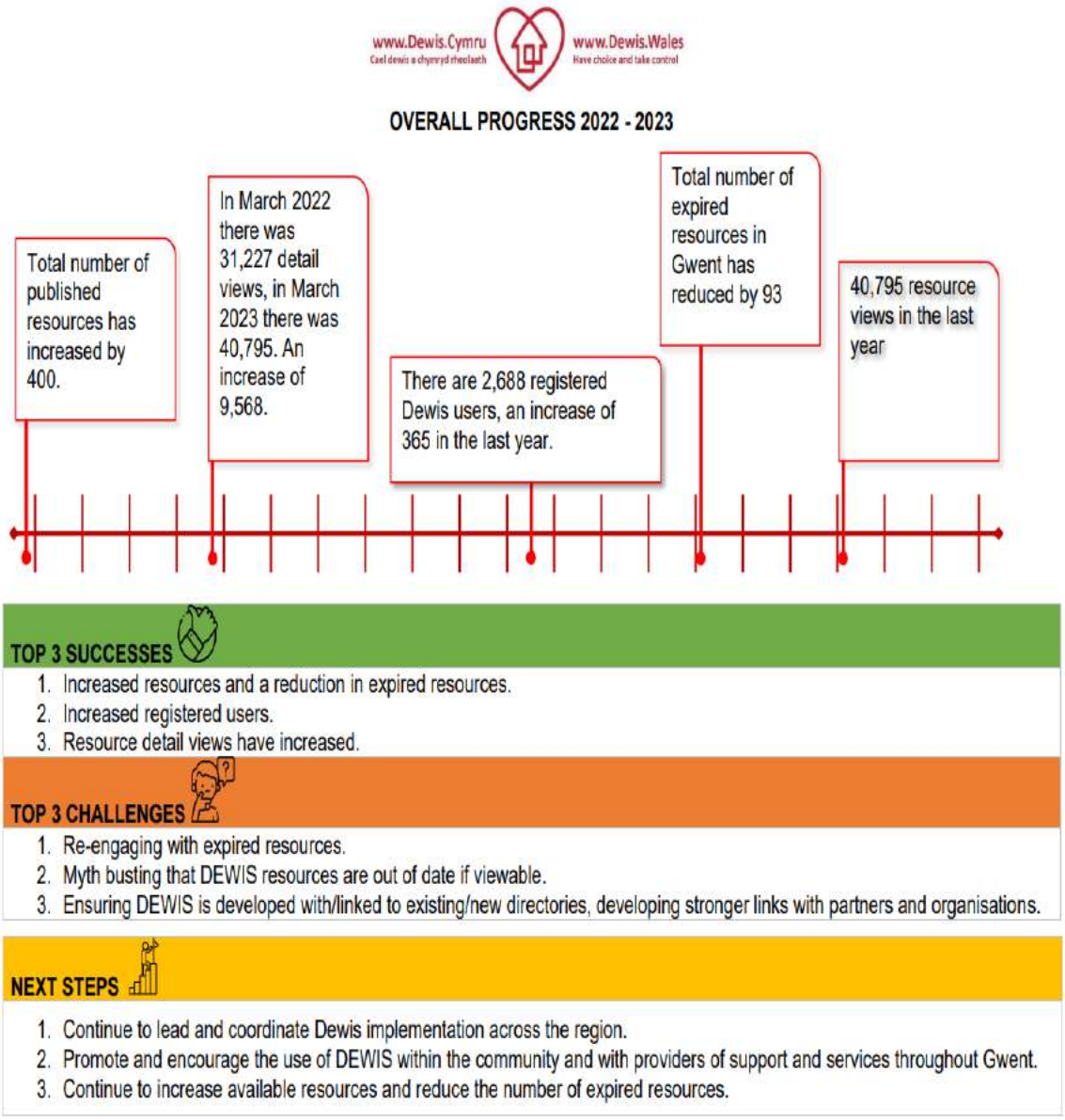
Annexe 2: Membership of the Regional Partnership Board

The required membership of the Regional Partnership Board is set out in statutory guidance in Part 9 of the Social Services and Wellbeing (Wales) Act. The Board also has the flexibility to co-opt additional members should they wish. The current RPB membership as of March 2023 is set out below:

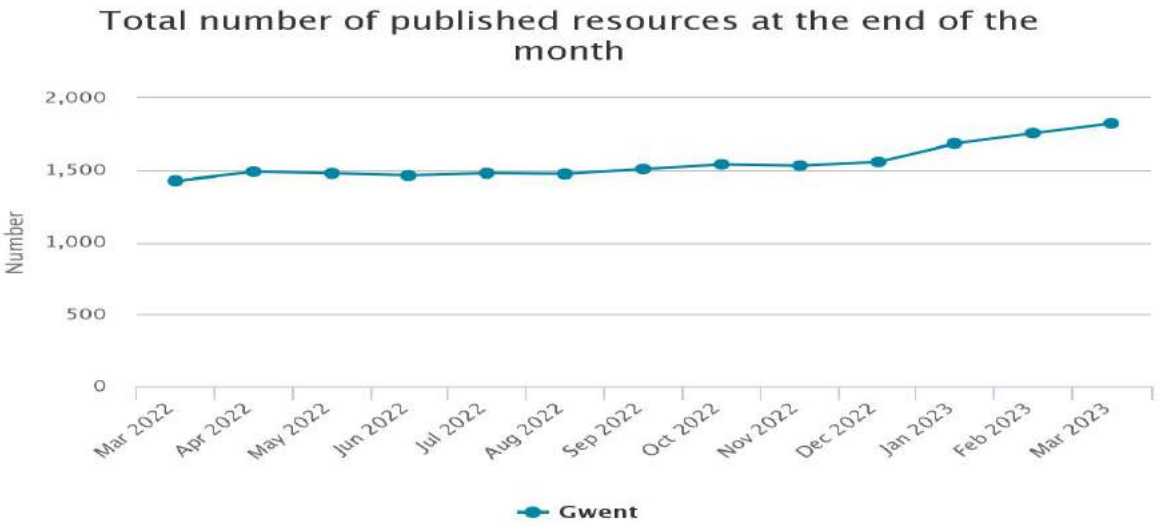
Name	Title	Organisation
Ann Lloyd	ABUHB Chair	ABUHB (Chair)
Phil Robson	Independent Member	ABUHB
Katija Dew	Independent Member	ABUHB
Nicola Prygodzicz	Chief Executive	ABUHB
Chris O'Connor	Interim Executive Director of Primary Care, Community and Mental Health	ABUHB
Tracy Daszkiewicz	Executive Director for Public Health & Strategic Partnerships	ABUHB
Cllr Hayden Trollope	Executive Member	Blaenau Gwent
Tanya Evans	Interim Director, Social Services	Blaenau Gwent
Cllr Elaine Forehead	Executive Member	Caerphilly
Dave Street	Director, Social Services	Caerphilly
Cllr Tudor Thomas	Executive Member	Monmouthshire
Jane Rodgers	Director, Social Services	Monmouthshire
Will McLean	Monmouthshire	Education Rep
Cllr Jason Hughes	Executive Member	Newport (Vice Chair)
Sally Jenkins	Director, Social Services	Newport
Cllr David Daniels	Executive Member	Torfaen
Jason O'Brien	Director, Social Services	Torfaen
Paula Kennedy	Chief Executive	Melin Homes
Melanie Minty	Care Forum Wales	Provider Rep
Lorraine Morgan	Citizen's Panel Chair	Citizen Rep
Christine Kemp-Philp	Citizen's Panel Vice Chair	Citizen Rep
Stephen Tiley	GAVO	Third Sector Rep
Anne Evans	TVA	Third Sector Rep

Annexe 3: DEWIS Citizen Portal

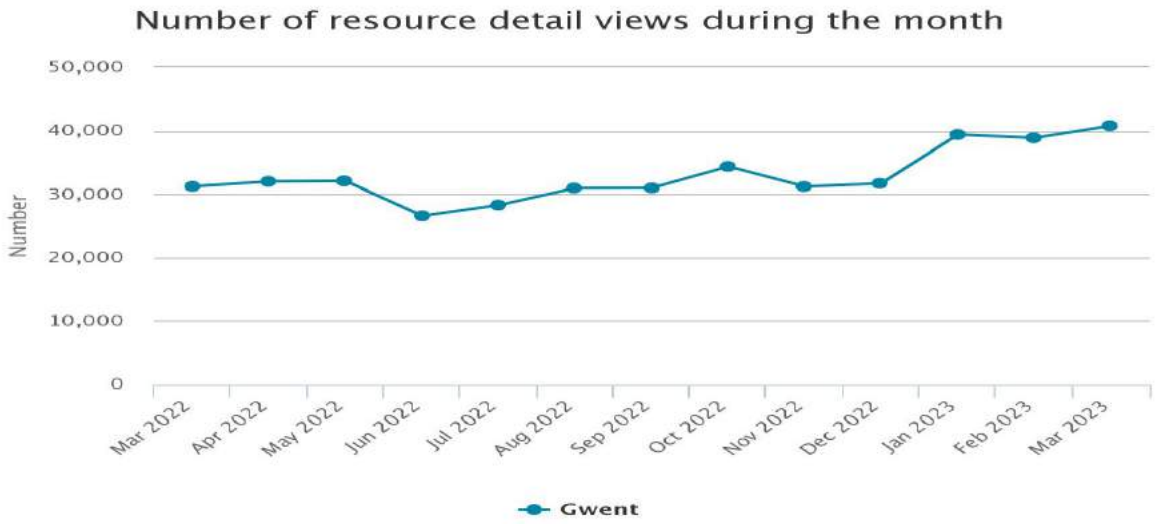
Overall Progress



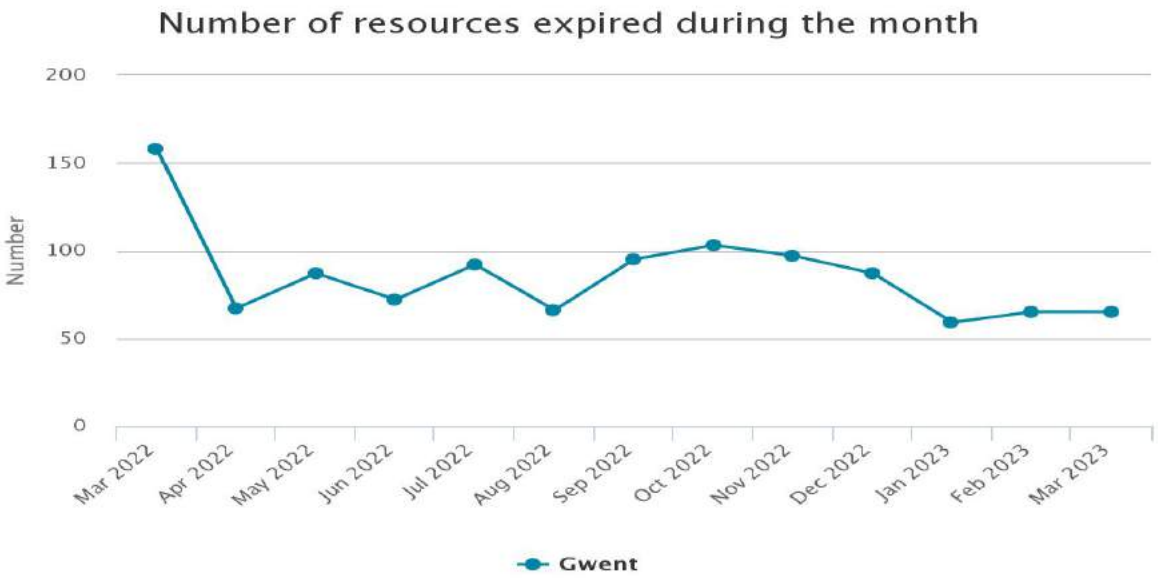
March Data 2022-2023



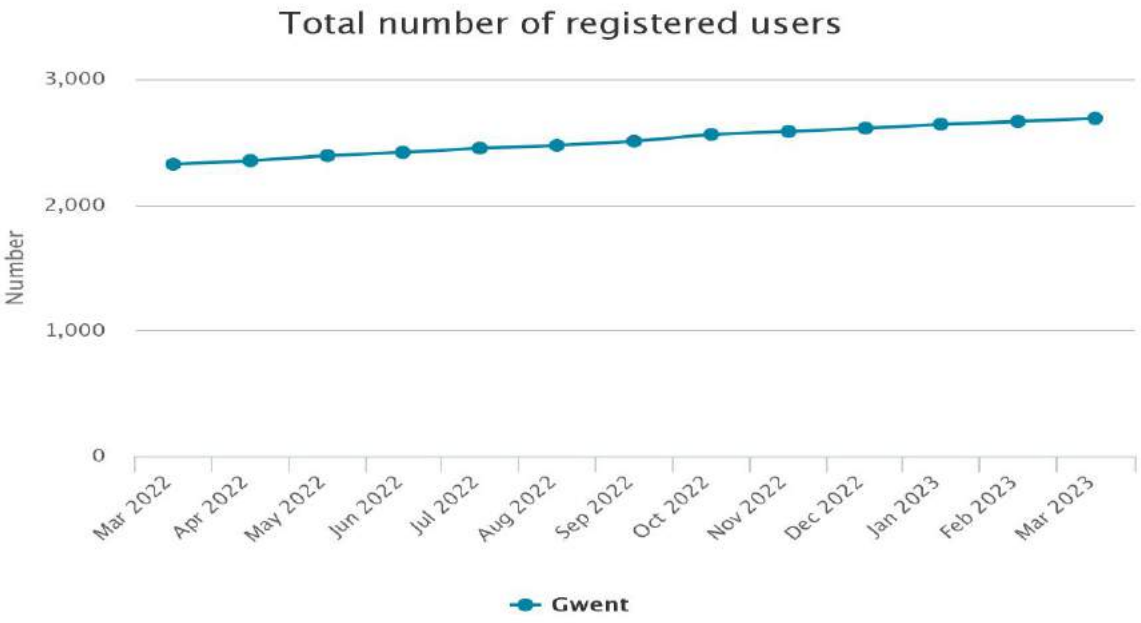
The graph above shows the Total number of published resources in Gwent over the past year, in March 2022 there was 1,425 published resources and in March 2023 there was 1,825 published resources. Over the last year there has been an increase of 400 published resources



The graph above shows how many clicks there has been in Gwent over the past year, this shows how many times someone has searched for something on Dewis and then clicked to find more information about the resource. In March 2022 there was 31,227 clicks and in March 2023 there was 40,795. Over the last year there has been an increase of 9,568 clicks.



The graph above shows the Total number of expired resources in Gwent over the past year, in March 2022 there was 158 expired resources and in March 2023 there was 65 expired resources. This has been a decrease of 93 expired resources.



The graph above shows the Total number of registered users over the last year. In March 2022 there was 2,323 registered users and in March 2023 there was 2,688. There has been an increase of 365 users over the last year.

Annexe 4: Gwent Citizen Panel discussed topics 2023/24

Meeting topics
Unpaid Carers. Carer's week takes place in June every year, the theme for the last year was making carers valued. We have a young carers hub – in the last year held 28 events. Supporting Life Alongside Caring – a small grant scheme and a young carer in school's programme
Finding the Light in Dementia presentation. There is a training platform called 'My Favourite Things'. This has been developed with people who have dementia through the dementia, engagement and empowerment project and the 3 Nations Working Dementia Group. The training is available for hospital staff, volunteers, care homes, or anyone working within dementia linked roles.
Jackie's Revolution presentation. Jackie's Revolution has moved from a concept to a campaign. The sole purpose of Jackie Revolution is to ensure that it's based on community and citizens and our community has been identified as the people born between 1945 and 1964, the so-called baby boomer generation. The intention is that our community has real choice and viable options to live and die in our own homes or wherever we choose.
Wellbeing Plan presentation. Online consultation.
Cost of Living Crisis. This is something that we're trying to raise through all the strategic partnerships and dementia friendly communities, as this is a topic that's affecting everyone.
Obstructive Parking – Crime Commissioner and Gwent Police. A Member of the panel put together a presentation. Dropped curb parking is endangering disabled people.
ASB – Crime Commissioner and Gwent Police. A number of ongoing projects were discussed.
Community Podiatry Services presentation. The acting head for podiatry in ABUHB took attendees through a presentation. Any health care professional can refer a patient to the service
Market Stability Report. As a requirement of WG each LA and Health Board are required to produce a MSR and the Regional Partnership Board must publish a regional summary. The report has been taken through all LA councils for comment and sign off of the report.
Housing Support Grant presentation. Housing Support Grant brought together 3 funding streams: Supporting People Programme, some Homelessness Prevention Grant funding and Rent Smart Wales funding.
Direct Payments presentation. Direct Payments are monetary payments made to an individual who is eligible to receive a service for care and support from a Local Authority.
Value Based Care presentation. Value based healthcare is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person.
Track the Act – Carers Wales presentation. Under the Social Services and Well-being Act 2014, unpaid carers in Wales have equal legal rights to support as well as the people they look after.
ABUHB CEO attended the September meeting to discuss Covid 19 Pandemic, vaccination programme, annual plan and answer questions from the panel.
Compassionate Communities – ABUHB presentation contained patient stories.
Police and Crime Plan Engagement Survey – Link sent to panel to complete.

Engagement Reports – GAVO and TVA. Results from the survey which asked of those who have accessed health services during the pandemic. BAME has been renamed Diverse Communities.
The State of Caring in Wales – Carers Wales presentation. There are a growing number of carers. Welsh Government Strategy for Unpaid Carers: 4 national priorities and delivery plan.
Time Credits – Paper time credits have now gone digital. The panel were encouraged to join the scheme.
ABUHB Primary Care Update – Digital, face to face and home visiting is important as a blended approach. The telephony service must be fit for purpose. Recruitment and retention is important. Dental work was suspended due to the pandemic, this caused a backlog and urgent care is to be prioritised.
Day Services – Several day services were closed and people with learning disabilities were accessing more local services available to them.
Population Needs Assessment – RPT presentation looked at population increase and core themes including Dementia, Older people, Carers, Mental Health, Children Looked After, Learning Disabilities, Autism, Housing and next steps.
Older Persons Commissioner – Helena Herklots presentation on priorities: Protecting and Promoting Older Peoples Rights, Stopping the Abuse of Older People, Ending Ageism and Age Discrimination and Enabling Everyone to Age Well.

Annexe 5: Assistive Technology

The Assistive Technology (AT) Programme seeks to maximise the use and impact of Assistive Technology solutions to improve health and well-being outcomes, maintain

and improve independence, and support the transformation of models of care. The programme goal is to work with partners across Gwent to optimise the implementation and effectiveness of AT and technology-enabled care (TEC) solutions, which enhance health and well-being outcomes, maintain and improve independence and aid escalation prevention.

2022 to 2023 Delivery Summary

The Assistive Technology (AT) programme includes regional Better Care projects, a Technology Coach and AT projects centrally managed by the RPB PMO team. Over the last year, there has been a positive increase in the collaboration and sharing of existing AT projects across the region and clarity of AT leads across local authorities, housing associations, third sector and within the health board.

Organisations across Gwent continue to innovate and use AT products that are person-centred and in ways that are making a positive difference. There has been an increasing investment in AT and Telecare over many years and there is a good level of awareness of the products available across all partners. Over the 2022-23 period, the programme has assisted 754 people in various capacities. Additionally, 290 people received training delivered through 92 sessions. The Gwent AT Network delivered an Inspiring Digital Activities Festival of training in partnership with Digital Communities Wales in March. The 4 sessions resulted in training 37 people accessing training.
Programme Case Studies

1. How Care and Repair is Helping to Tackle Hospital Waiting Times.
2. How British Red Cross support staff and patients within the Emergency Department
3. Newport and other counties in the region have produced wellbeing town maps.
4. The Happiness Programme has been rolled out across Gwent including County Hospital.
5. 15 'happy to chat' benches have been installed in Monmouthshire to help tackle loneliness.

Assistive Technology and Dementia

- RITA (Reminiscence Interactive Therapy Activities), developed by My Improvement Network, enhances care for older individuals, including those with dementia and mental health conditions. It uses a touchscreen device with interactive screens to offer meaningful activities that blend entertainment with therapy. RITA assists patients, particularly those with memory impairments, in recalling and sharing past events through music, news reports, speeches, games, karaoke, and films. Over ***120*** RITA devices were purchased in 2020/2021 and distributed to care homes, hospitals, and healthcare teams. An additional ***140*** devices were purchased in 2021/2022 and distributed in partnership with local authorities and third-sector organizations in Gwent. RITA is also being used by mobile teams and has been trialled in complex care settings. More information is available on the Gwent RPB website - https://www.gwentrpb.wales/rita
- ***500*** HUG devices were purchased for distribution across Gwent as a pilot in the financial year 2021/2022. A guide has been co-produced with partners to support implementation across the region. Although designed for people living with Dementia, the device is being tested in a range of different settings including – care homes, hospital wards, hospice care, carers and organisations within the third sector. A HUG evaluation by TEC Cymru is due for completion in Summer 2023.

More information is available on the Gwent RPB website - HUG by LAUGH - Gwentrpb

- The Happiness Programme, developed by Social Ability, blends interactive, sensory light technology with a guided programme and training and support. Developed for people living with cognitive physical care needs the projector, known as a Magic Table 360, offers meaningful and engaging activity through over 80 interactive activities. The activities are a collection of interactive games, quizzes and mindful immersive content some of which are specific to Wales. Over ***140*** devices have been distributed across all sectors in Gwent with early feedback positive. More information is available on the Gwent RPB website Happiness Programme - Gwentrpb
- Stay Well at Home Pilot – The Stay Well at Home project is a free non-intrusive monitoring service being tested by Aneurin Bevan University Health Board (ABUHB) in partnership with a smart home monitoring provider, HOWZ. This system aims to help people retain their independence by supporting people to stay safer at home for longer. The pilot project started in April 2023 with five patients.

Annexe 6:Micro Care

The Regional Partnership Team in partnership with Monmouthshire Council have completed a 12-month Micro Care pilot. The pilot aimed to explore if micro carers could support local care capacity and delivery, providing an alternative to traditional domiciliary care provision. Micro-care pilots have been introduced in other regions as a response to the national shortage of care workers and to meet the growing demand for care at home, particularly in rural areas where recruitment is difficult. During the initial stages of the project, a 'Community Catalyst' was commissioned on a consultancy basis to support with project roll out.

The pilot has focused on two identified areas where micro carers could potentially support local care capacity:

- Providing care to those that self-fund their care and support
- Providing care to those in receipt of direct payments.

The first 12 months of micro care in Monmouthshire has seen 9 micro carers meet the standards laid out in the code of practise and entered onto the micro care directory. There are currently 21 citizens being supported by micro carers in their local community, delivering a total of 161 hours of care and support each week. There are 5 citizens funding their own care through a micro care service, and 16 citizens via a direct payment.

Following the success of the first 12 months of the pilot, Monmouthshire CBC intend to continue the project for a further 12 months with a full-time member of staff.

Next steps will look to see if the Monmouthshire micro care model could be scaled up and learning shared with the other Gwent local authorities.

Micro Carer Video- Liza and Phoebe

Annexe 7: Annual Carers report

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Annex 6.DementiaFriedly Communities Conference report 2022

Annes 9: Regional Integration Fund End of Year Report 2022-23

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING	
DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 July 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Accelerated Cluster Development (NCN Development) Programme Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Will Beer, Assistant Divisional Director for Population Health and Partnerships Lloyd Hambridge, Interim Divisional Director

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Accelerated Cluster Development Programme is led nationally by the Strategic Programme for Primary Care and locally referred to as the Neighbourhood Care Network Development Programme. The Neighbourhood Care Network Development Programme is funded for 2 years through the Strategic Programme for Primary Care Fund. Following the conclusion of the 2022/23 initial transition year, an update was requested on progress by the Committee.

The purpose of this paper is to provide the Committee with assurance by means of an update on the Neighbourhood Care Network Development Programme against the Ministerial milestones for 2022/23 and guidance provided at both a local and national level.

Cefndir / Background

In March 2022, the Minister for Health and Social Services wrote to NHS Chairs, Leaders of Local authorities and Regional Partnership Board Chairs with a vision for accelerating cluster development. The Ministerial letter stated that while Regional Partnership Boards are progressing their respective regional planning

arrangements, there is a recognition that Local Authorities may find it easier to undertake pan cluster planning on their own local footprint in alignment with the Primary Care Model for Wales.

The overarching aim of the Neighbourhood Care Network Development programme is to meet localised population health need through effective & robust planning & service delivery. *Figure 1* illustrates the seven outcomes expected with successful implementation of the national guidance and structures.

Figure 1: Accelerated Cluster Development Programme Outcomes

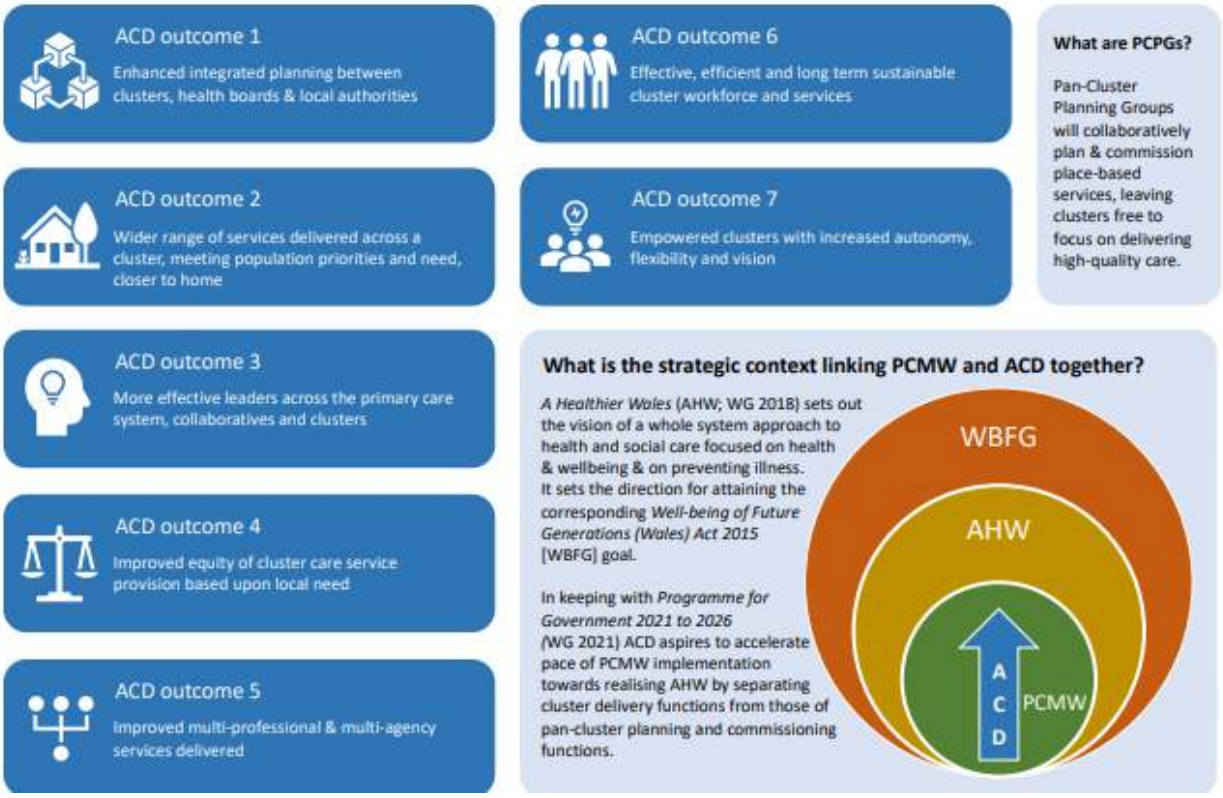
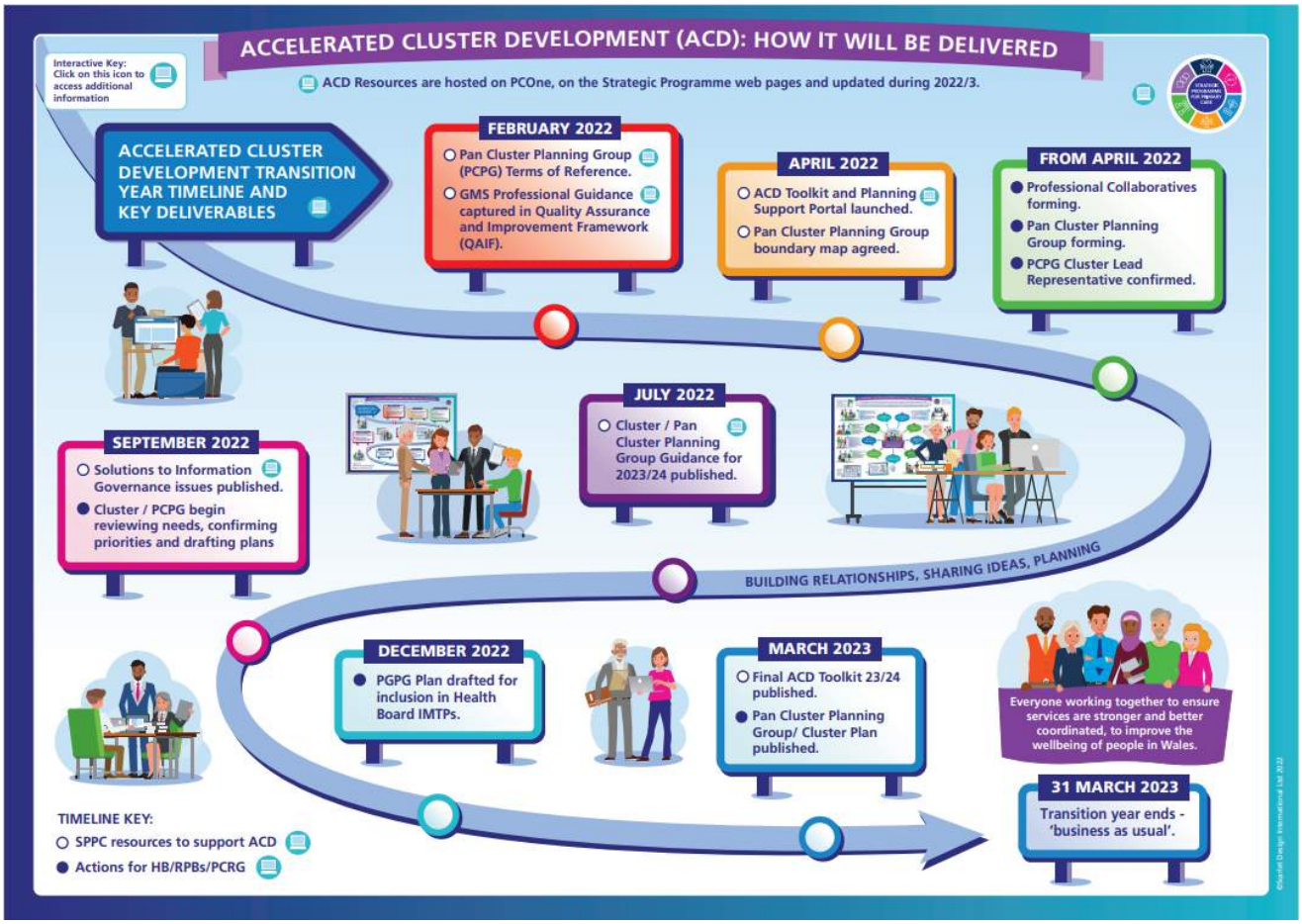


Figure 1 also depicts the strategic context and alignment of whole system approach. To help achieve this system alignment at a local level, and the new arrangements, the Minister provided key milestones for the 2022-23 transition year (*figure 2*).

Figure 2: Ministerial road map and milestones for 2022/23



Within the transition year, Aneurin Bevan University Heath Board and Local Authorities were required to ensure their governance framework robustly interfaces with that of the Regional Partnership Board, confirming delegated decision making, alignment of joint planning and delivery mechanisms with clear lines of accountability and assurance.

There was a specific requirement for Health Boards and their Local Authority partners to establish Pan Cluster Planning Groups (referred to locally, and hereafter, as the Integrated Services Partnership Boards) and adopt a nationally agreed Terms of Reference. There is also a requirement that the governance for Integrated Services Partnership Boards is embedded into the local architecture. The Strategic Programme for Primary Care highlight that the purpose of Integrated Services Partnership Boards is to deliver the aims of the Social Services & Well-being Act 2014, Wellbeing of Future Generations Act (2015) and A Healthier Wales.

Integrated Services Partnership Boards seek to increase alignment and engagement between the Regional Partnership Board and NCNs to support implementation of the Area Plan and Primary Care Model for Wales. They are to be established as sub-groups of Health Boards and operate under the auspices of the Regional Partnership Board giving a direct route for information sharing and decision making between frontline services and strategic leadership within the region. NHS Wales planning guidance requires Intergrated Services Partnership Boards to develop 3-Year plans based on an assessment against the Regional Partnership Boards Population Needs

Assessment and supplemented with local service intelligence from Professional Collaboratives and Neighbourhood Care Networks. These plans should outline what services are needed, making prudent use of relevant funding, workforce requirements, and other resources and which address the needs of the local population.

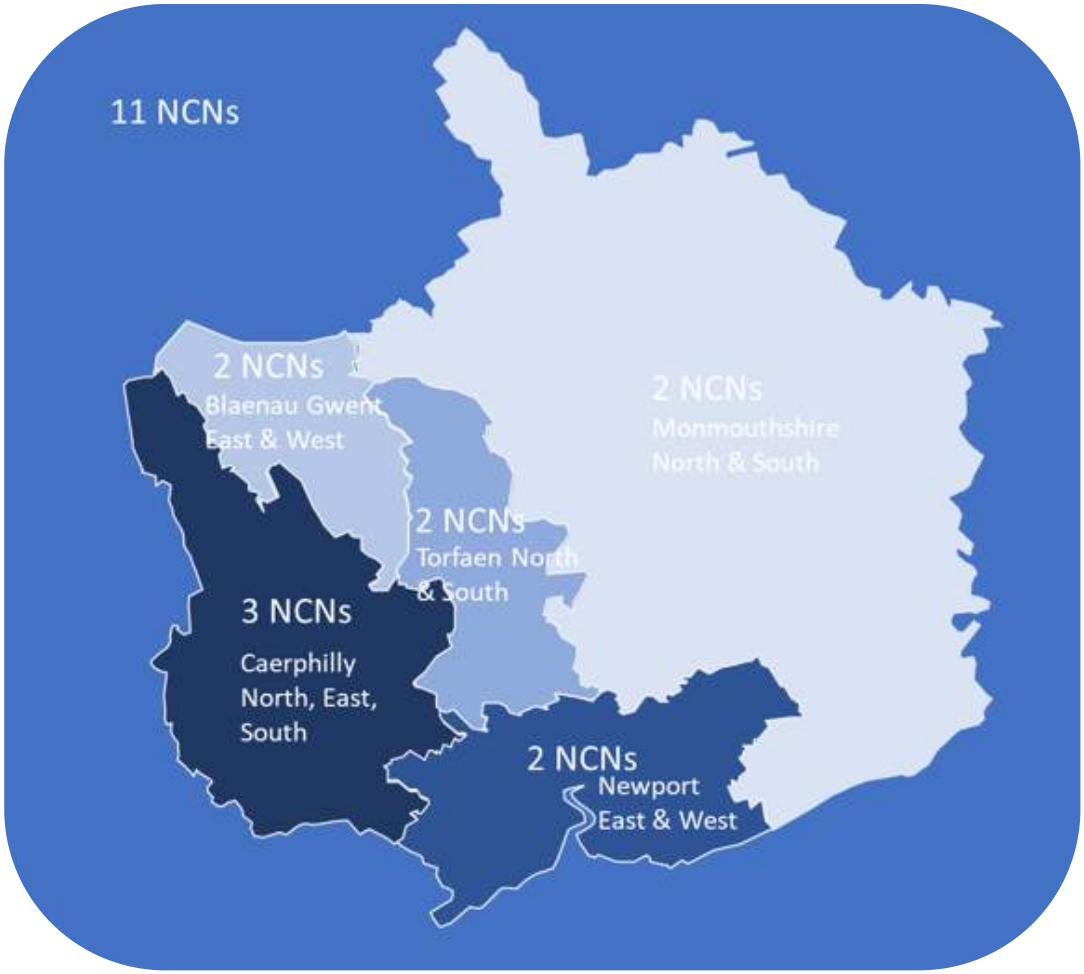
Since the publication of *Setting the Direction* (2010), Aneurin Bevan University Health Board has been steadily developing Neighbourhood Care Networks (referred to nationally as Primary Care Clusters) over the past decade. There is a growing body of evidence which shows that place-based systems of care can add value over and above the contributions of individual organisations. These place-based systems should enable the provision of seamless care and support through a network of services at a neighbourhood level (circa. 40,000 to 60,000 population). These networks should adopt an asset-based approach involving primary care, community services, mental health, social care, third sector organisations and community groups. Neighbourhood Care Networks were conceived to:

- Plan services that are best delivered at the cluster level for a defined registered population
- Focus on preventing ill health, promoting wellbeing and enabling people to live well with their long-term conditions
- Integrate primary and community-based services between health, social care and third sector
- Provide innovative and effective alternative to traditional outpatients or inpatients models of care.
- Understand and respond to local needs of the population with a particular focus on the needs of vulnerable groups

Asesiad / Assessment

Following the launch of the Accelerated Cluster Development programme by the Strategic Programme for Primary Care, the Health Board has been developing its approach building on the well-established Neighbourhood Care Networks. The 11 Neighbourhood Care Networks across the Gwent region (*figure 3*) are led by a Clinical Lead with support from the Locality team within the Primary & Community Care Division. Neighbourhood Care Networks produce an Annual Delivery Plan outlining key service changes and improvements they intend to make. They receive relatively small cluster budgets to stimulate innovation, integration and collaborative approaches as set out in the Annual Delivery Plan.

Figure 3: Neighbourhood Care Networks across the Health Board



Programme Development within the Health Board region

A Board Development session was held in May 2022 followed by consultation with a range of partners. This engagement highlighted that a clear organisational vision and set of expectations were required based on both the Ministerial milestones and the needs of the organisation.

The strategic importance of the Neighbourhood Care Network Development programme was recognised during the Board Development session. It has since been included as one of the strategic programmes both within the Division and Clinical Futures portfolio set out in the Integrated Medium-Term Plan 2022-25.

An Executive Lead and Senior Responsible Officer were identified, and key stakeholders derived, from which the Programme Board was established. The Programme Board set up 6 workstreams with nominated leads to support delivery of the programme. A Senior Programme Manager was appointed to oversee and manage the programme to ensure the benefits are realised over the two-year period. The Senior Programme Manager has developed a comprehensive Programme Plan which outlines the workstreams, actions and key tasks to achieve the programme objectives (*Appendix 1)*.

The Strategic Programme for Primary Care Fund has allowed us to bring in additional capacity and capability to enhance health intelligence, comprising service improvement, communication and engagement, workforce planning, organisational development and business support was developed as per Board consultation to facilitate programme delivery (*Appendix 2*). The Neighbourhood Care Network structure was based on a matrix approach to ensure the correct skill mix available to provide tailored support and to embed the links across the Health Board to the Neighbourhood Care Network for sustainability following the initial funding period.

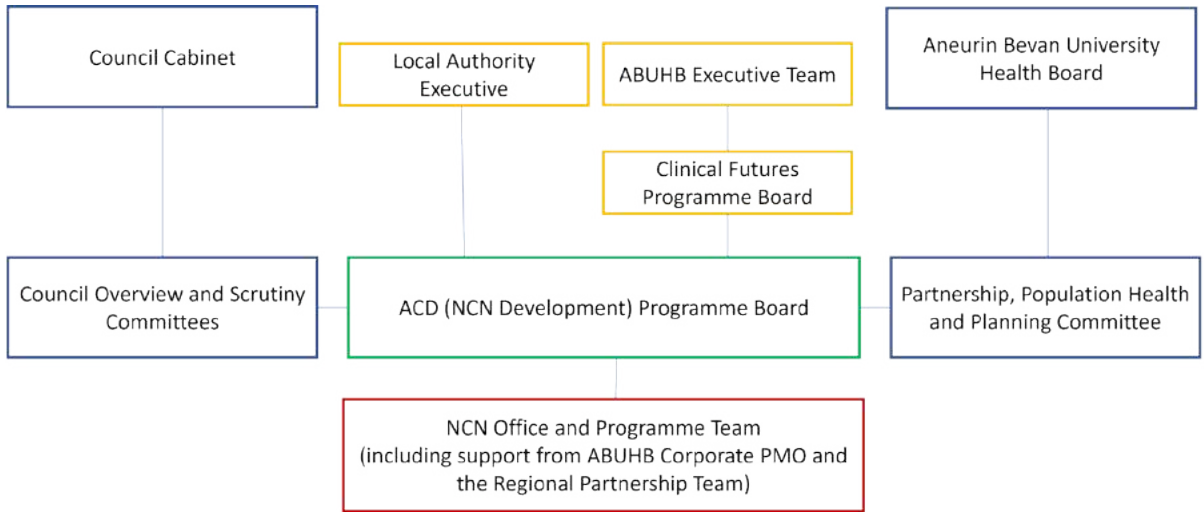
Governance and Planning Structures

Governance has been a key consideration throughout the transition year and statutory partners will need to provide assurance that the milestones set by the Minister for Health and Social Services are integrated into corporate plans. Aneurin Bevan University Health Board has established a Neighbourhood Care Network Development Programme Board which is chaired by the Chief Operating Officer with other senior representation from across Health Board divisions, local authority and third sector.

The NCN Development Programme Board receives support from the ABUHB Corporate Programme Management Office and the Regional Partnership Team. Within the Health Board the Neighbourhood Care Network Development Programme Board reports to the overarching Clinical Futures Programme Board with Board assurance via this Partnerships, Population Health and Planning Committee. The governance arrangements set out in *Figure 4*, should ensure that an assessment can be made about the robustness of the programme plan (aligned to the Clinical Futures Strategy) with a clear process for reporting progress against milestones, risks and issues to the Board. The programme governance arrangements will also support the Chair of Aneurin Bevan University Health Board and Cabinet Members in providing direct accountability to the Minister for Health and Social Services.

Engagement with Local Authority and Third Sector partners has been key in re-invigorating Integrated Service Partnership Boards across the Aneurin Bevan University Health Board region. The Integrated Service Partnership Boards have drafted 3-year Plans with support from Primary Care Commissioning (PCC) facilitated workshops and these plans need to be ratified through the Health Board and local authorities.

Figure 4: Programme governance arrangements



The planning structure detailed below shows alignment between the RPB, Integrated Services Partnership Boards and Neighbourhood Care Networks. This was set out in an overarching governance paper that was ratified by Public Board in November 2022 thus confirming the governance and planning structures across the programme (*figure 5*).

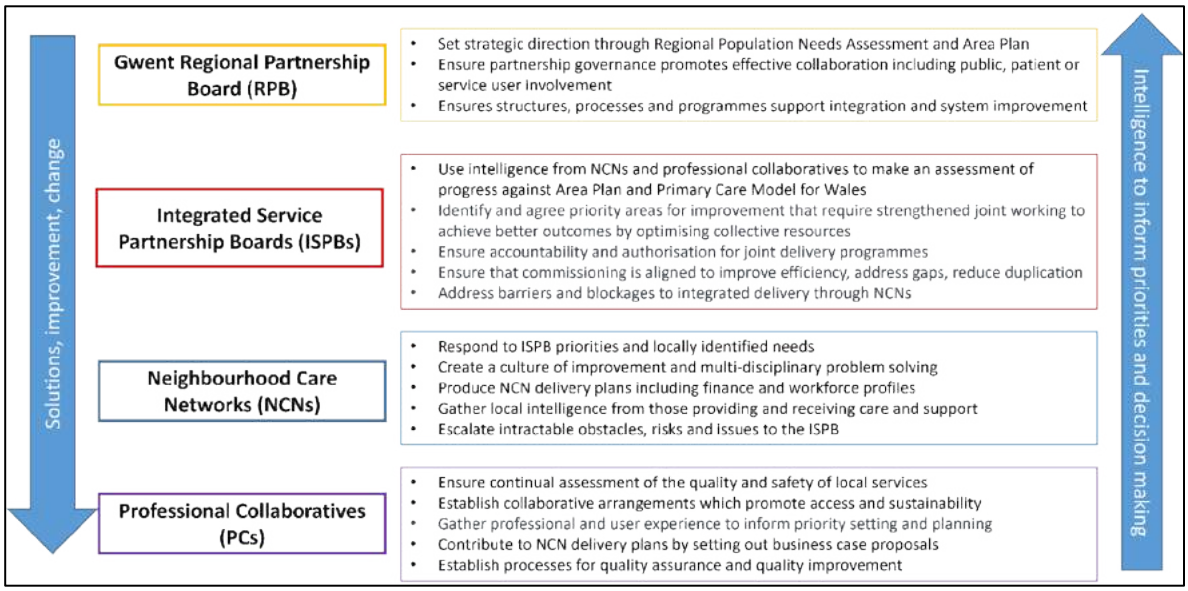
Figure 5: System, Place and Neighbourhood Planning Structure

All of the Neighbourhood Care Network plans are available on the Health Board's website via the following link. The respective draft Integrated Services Partnership Boards plans are available via the Regional Partnership Board's website, on the following link.

Professional Collaboratives

The final area that has been developed through the ACD programme has been Professional Collaboratives. These are designed to achieve wider professional engagement in NCNs from Community Pharmacy, Dental, Optometry, Nursing and Allied Health Professionals. A considered and pragmatic approach has been taken develop these collaboratives to minimise bureaucracy and ensure they add value to the current planning and delivery structures. An overview of how they relate and interface with the wider partnership landscape is outlined in *Figure 6*. The collaboratives are progressing well and have good professional leadership. A launch event is planned for the Community Pharmacy, Optometry and Dental collaboratives on 11th July. The intention is that these professional collaboratives will be fully embedded by September to inform the next NCN planning cycle. An organisational development workshop has recently been held to work through the relationships between the professional collaboratives and Neighbourhood Care Networks.

Figure 6: Relationships between RPB, ISPBs, NCNs and Professional collaboratives



Assessing Impact

The Strategic Programme for Primary Care has three approach for assessing the impact of the programme and whether the Ministerial milestones have been met.

1. **Self Reflection Tool** (SRT - Readiness Checklist submitted quarterly – *Appendix 3*)
2. **Cluster Peer Review** (360 – Presentation undertaken in Feb 2022 and completed against SPPC allocated ACD and PCMW outcomes and repeat event is anticipated for January/February 2024 – *Appendix 4*)
3. **Key Indicator Dashboard** (KID – Strategic Programme for Primary Care continue to develop a dashboard for Primary Care information which will provide real time/snapshot and times series data that can inform services and comparable with other HBs. The KDI is anticipated to be available in draft format at the end of December, anticipating finalisation and implementation for 24/25

Through the 2022/23 transition year of the national programme, Aneurin Bevan University Health Board have achieved the Ministerial milestone outlined previously in *figure 2* with aspects varying in maturity as set out in the readiness checklist (*Appendix 3*) and Milestone update (*Appendix 5*).

Next Steps for 2023/24

Health Boards are currently awaiting further guidance in relation to delivery milestones for Accelerated Cluster Development programme into 2023/24. However, our Health Board priorities for 2023/24 will be to utilise the Integrated Partnership Boards and Professional Collaboratives to enable greater delivery through the Neighbourhood Care Networks and to support implementation of the Area Plan whether this is best achieved at a Borough or Neighbourhood level.

The future strategic direction of the Accelerated Cluster Development programme remains unclear and there has been no commitment to extend the Strategic Programme for Primary Care Fund to Health Boards beyond 2023/24. A subjective assessment and reflection on the 2022/23 transition year, as requested by the Strategic Programme for Primary Care, has been produced in an end of year report (*Appendix* 6).

Argymhelliad / Recommendation

The Committee is asked to note the progress of Accelerated Cluster Development (Neighbourhood Care Network Development) Programme during the 2022/23 transition year.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability All Health & Care Standards Apply Choose an item. 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	Not Applicable Choose an item. 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)	
Resource Assessment:	A resource 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**	Yes, outlined within the paper
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. 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/	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 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

NCN Development Programme Plan

Programme Name: NCN Development Programme Plan
Executive Sponsor: Chief Operating Officer
SRO: Assistant Divisonal Director

RED	
AMBER	
GREEN	
COMPLETED	
NOT YET DUE	

Start Date 01 Apr 22
Last Updated 21 Apr 23

Workstream	Project	Lead	SRO	Progress	Start	Finish
1. NCN Office	1.1. Establish NCN Office	Senior Programme Manager	Senior Responsible Officer	C	01 Apr 22	31 Mar 23
	1.2 Workplan Alignment			C	01 May 22	31 Aug 22
	1.3 Stakeholder Engagement			C	01 May 22	31 Mar 23
	1.4 Professional Collaboratives			G	01 Apr 22	31 Mar 24
	1.5 Training & Development			G	01 Apr 22	31 Mar 24
2. Governance	2.1 ISPB Funding	Senior Programme Manager	Senior Responsible Officer	N		
	2.2 Governance Structures			C	01 May 22	31 Mar 23
	2.3 Delivery Mechanisms			C	01 May 22	31 Mar 23
	2.4 Reporting			R	01 May 22	31 Mar 23
3. Communication & Engagement	3.1 Sustainability	Senior Communication Officer	Assistant Director of Communications & Engagement	G	01 Jul 22	31 Mar 24
	3.2 Care Navigation			G	01 Jul 22	31 Mar 24
	3.3 Targeted Communications			N	01 Aug 22	31 Mar 24
	3.4 Raising NCN Profile			G	01 Jul 22	31 Mar 24
4. Organisational Development & Sustainability	4.1 Organisational Development	Workforce Planning Transformation Manager	Workforce Planning Transformation Programme Manager	A	01 Jul 22	31 Mar 24
	4.2 Workforce Planning			R	01 Jul 22	30 Jun 23
	4.3 Training & Development			G	01 Jul 22	31 Mar 24
	4.4 HR Contracts			G	01 Jul 22	31 Mar 24
	4.5 Retention & Wellbeing			G	01 Jul 22	31 Mar 24
5. Planning & Outcomes Framework	5.1 Planning Framework	Senior Plannig & Service Development Manager / Head of Business & Performance	Deputy Director of Strategic Planning & Partnerships	C	01 Jun 22	28 Feb 23
	5.2 PNA - Data Acquisition			R	01 May 22	31 Mar 23
	5.3 Information Provision			C	01 Aug 22	30 Sep 22
	5.4 Response to PNA - Collaboratives			R	01 Sep 22	31 Oct 22
	5.5 Response to PNA - NCNs			C	01 Sep 22	28 Feb 23
	5.6 Response to PNA - ISPBs			C	01 Nov 22	28 Feb 23
6. Programme management	6.1 Finance	Senior Business Partner	Assistan Director of Finance	G	01 Apr 22	31 Mar 24
	6.2 Performance management	Senior Programme Manager	Senior Responsible Officer	G	03 Oct 22	31 Mar 24
	6.3 Programme Board	Senior Responsible officer	Chief Operating Officer	G	01 Apr 22	31 Mar 24
	6.4 Steering Group			G	01 Apr 22	31 Mar 24
	6.5 Operational Group	Senior Programme Manager	Senior Responsible Officer	G	03 Oct 22	31 Mar 24

ACD Aim	ACD's overarching aim is to meet cluster population health need through effective & robust planning & service delivery

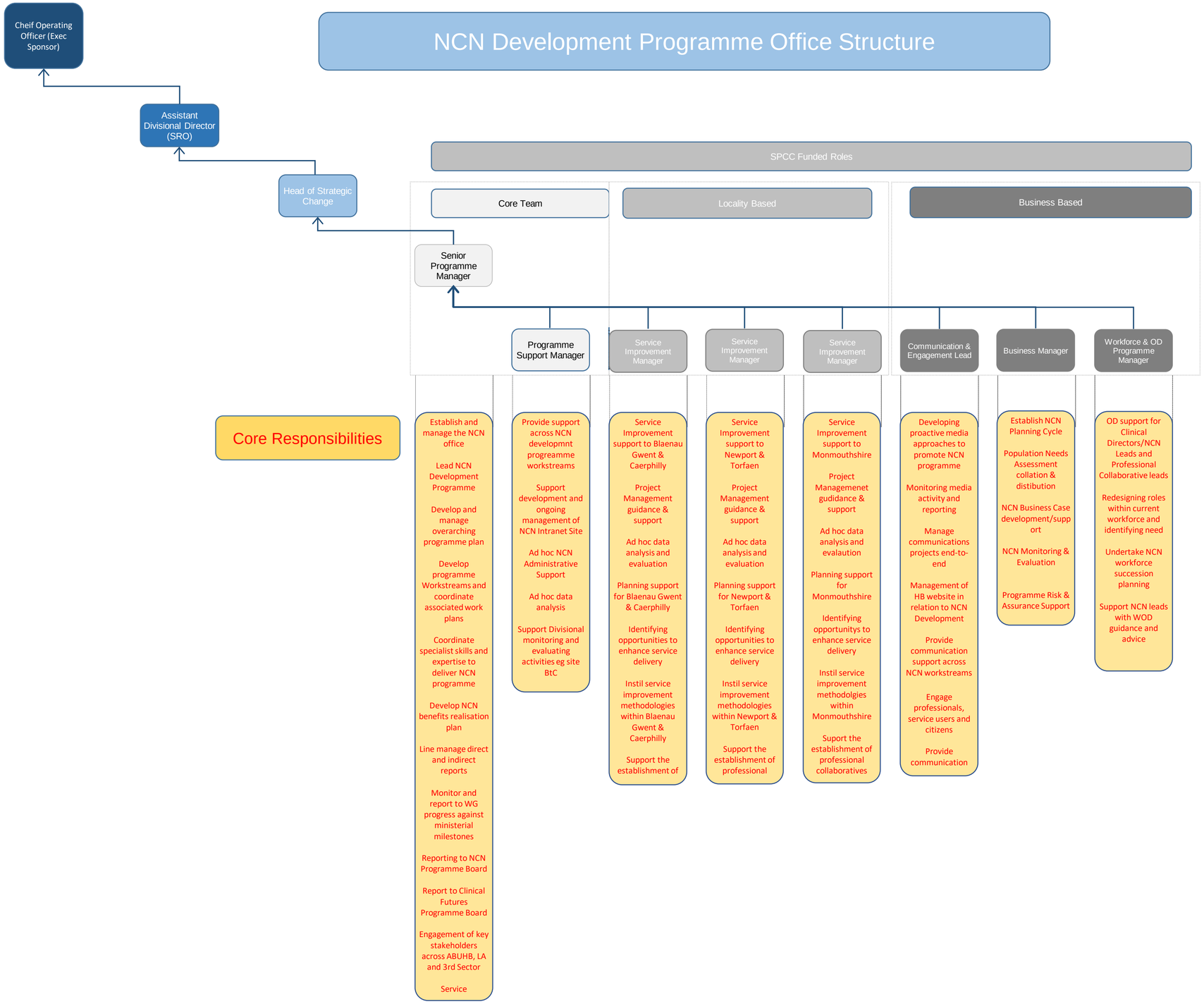
ACD National Programme Outcomes	Enhanced integrated planning between clusters, health boards & local authorities	Wider range of services delivered across a cluster, meeting population priorities and need, closer to home	More effective leaders across the primary care system, collaboratives and clusters	Improved equity of cluster care service provision based upon local need	Improved multi-professional & multi-agency services delivered	Effective, efficient and long term sustainable cluster workforce and services	Empowered clusters with increased autonomy, flexibility and vision

NCN Development Programme Vision(s)	PB importance ranking (/5)
People stay well for longer through supportive social networks and well-being activities in local communities as part of a more ambitious and joined-up approach to prevention and health inequalities	4.9
People have streamlined access to care and advice when they need it infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it	3.8
People with more complex needs, including, but not limited to, those with multiple long-term conditions receive more proactive, personalised care with support from a multidisciplinary team of professionals	4.9

Theory of Change

Factor underlying the issue or root cause of the problem	Specific needs, issues, problems the programme will address	Activities to address the need and lead to change	Changes for practitioners, organisations and systems arising from the activities / outcome	Outcomes for people in our community / GOAL
Early onset of long term conditions due to risk factors such as smoking and obesity	Lack of good quality data and intelligence to allow a population management approach to health, social care and wellbeing.	Embedding the vision, values and behaviours that underpin community orientated approach to wellbeing and place based care	ISPBs have clear understanding of current and future health and care needs of their local population	People stay well for longer through supportive social networks and well-being activities in local communities as part of a more ambitious and joined-up approach to prevention and health inequalities
High levels of social anxiety and psycho-social distress following the pandemic and new stresses due to the increase in cost of living	Closer alignment needed between Integrated Well-being Networks and NCNs to enable a greater focus on wellbeing and social support networks.	Establishment of behaviours that demonstrate compassionate, respectful and distributed leadership	ISPBs are driving development of Integrated Well-Being Networks, particularly in more deprived communities and aligning these with NCNs.	People have streamlined access to care and advice when they need it infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
Aging population with multi-morbidity	Lack of front line professional engagement with community pharmacy, optometry, dental, nursing and AHPs to support the delivery of the Primary Care Model for Wales and Place Based Care particularly in relation to urgent care and the redesign of service for older people.	Creation of a robust governance framework enabling delegated authority to IPSBs under the RPB	ISPBs are designing more joined-up and sustainable health and care services by optimising use of their collective resources with delegated authority and influence over partnership funding, core resources allocation and joint commissioning arrangements	People with more complex needs, including, but not limited to, those with multiple long-term conditions receive more proactive, personalised care with support from a multidisciplinary team of professionals
Changing public expectations about access to and provision of care	Lack of capacity and capability for NCN Leads and locality teams to create a culture of improvement to support innovation and change management.	Production of data and intelligence to support effective planning and evaluation including the mechanisms for gaining the views and involvement of local people	Professional collaboratives are leading solutions to Clinical Futures and RPB priorities particularly in relation to sustainability, redesign of service for older people and pressures within urgent care	
Inability to provide continuity of care due to urgent care demands	Insufficient capacity to undertake meaningfully engagement with communities and stakeholders about their expectations and to involve them in the redesign of services.	Development of workforce plans for the sustainability of services both in-hours and out of hours	NCNs have business plans setting out the agreed service change, workforce and estate requirements needed to deliver place based care	
Growing discontent with primary care from the public who use it and the professionals who work within it	Lack of workforce and organisation development support for demand and capacity / workface planning, role development and to address retention and staff wellbeing issues.	Organisation development activities that further develop integrated teams ensure a holistic approach to care - physical, mental and social well-being	NCNs and ISPBs are influencing the Health Board IMTP and Local Authority corporate plans setting out the priorities for service integration and workforce transformation and other key enablers in relation to IT system and use of digital technology	
Fatigue across the system and significant backlogs due to the pandemic	Insufficient business management support for NCN Leads and locality teams.	Greater investment in training, education and learning around quality improvement and value based care		
Workforce shortages and sustainability challenges	Gaps in governance arrangement under the RPB to enable delegated decision making to the ISPBs.	Building capacity and capability to blend managerial support with professional leadership at NCN and locality level		
Career expectations amongst the new generation of health and social care professionals		Clearer partnership governance that enables integrated working particularly around risk management and information sharing		
Staff retention and well-being		Joint capital planning to ensure that new and existing facilities support multi-professional working and provision of care closer to home		
Fair and adequate remuneration for all health and social care staff		Integrating IT systems so staff have access to results, assessments, history and evidence to make the best decisions		
		Investment in digital technology to enable personalised care, self-management and assistive technology to help maintain independence		

NCN Development Programme Office Structure



#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
1	April	**2022/2023 Cluster Annual Plans** published on Health Board websites (*option to hyperlink from PCOne*); Health Boards support delivery of the Cluster Plans over the next 12m as required	DPCCs and HB teams	Must do	All NCNs developed and submitted annual plans in 2022/2023. The Health Board convenes a monthly NCN Leads meeting chaired by the Executive Director for Primary Care, Community Services and Mental Health to ensure there is sufficient support in place for the delivery of cluster plans. This includes senior Divisional and corporate staff across all directorates including medical, nursing, contracting, business and performance, finance, workforce, communications and engagement. NCN plans are published on the Health Board website alongside the Corporate IMTP.	**Completed** – Submitted to SPPC team and published on ABUHB website alongside Corporate IMTP	All NCNs developed and submitted annual plans in 2022/2023. The Health Board convenes a monthly NCN Leads meeting chaired by the Executive Director for Primary Care, Community Services and Mental Health to ensure there is sufficient support in place for the delivery of cluster plans. This includes senior Divisional and corporate staff across all directorates including medical, nursing, contracting, business and performance, finance, workforce, communications and engagement. NCN plans are published on the Health Board website alongside the Corporate IMTP.	**Completed** – Submitted to SPPC team and published on ABUHB website alongside Corporate IMTP	Action previously completed – no further change	
2	April	**2022/2023 Cluster Funding** proposals / initiatives commence: local monitoring in place	DPCCs, PC Teams, Clusters	Must do	2022/23 NCN funding proposals have been completed and submitted to Welsh Government. NCN funded projects and initiatives have commenced or have been continued from 2021/21 (e.g. IRIS programme). A monthly budget report is prepared for each NCN Leads meeting and regular finance meetings are held in each locality to monitor expenditure in line with NCN plans.	**Completed** – Costed NCN plans in place and monthly monitoring via Finance Business partner.	2022/23 NCN funding proposals have been completed and submitted to Welsh Government. NCN funded projects and initiatives have commenced or have been continued from 2021/21 (e.g. IRIS programme, Psychological Wellbeing Practitioners, Cluster Pharmacists). A monthly budget report is prepared for each NCN Leads meeting and regular finance meetings are held in each locality to monitor expenditure in line with NCN plans.	**Completed** – Costed NCN plans in place and monthly monitoring via Finance Business partner.	Action previously completed – no further change	
3	April	Confirm the geographical boundary to inform the development of the **map of Pan Cluster Planning Groups** (PCPG) and associated Clusters for the Health Board / Regional Partnership Board region	DPCC, DoP with RPB Partners	Must do	It is proposed that the 5 Integrated Services Partnership Boards (ISPBs) in Gwent, based on the local authority/borough footprint, adopt the functions of the Pan Cluster Planning Groups: • Blaenau Gwent • Caerphilly • Newport	**Completed –** As defined in the Corporate IMTP and on the all Wales PCPG map.	It is proposed that the 5 Integrated Services Partnership Boards (ISPBs) in Gwent, based on the local authority/borough footprint, adopt the functions of the Pan Cluster Planning Groups: • Blaenau Gwent • Caerphilly	**Completed –** As defined in the Corporate IMTP and on the all Wales PCPG map.	Action previously completed – no further change	

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
					• Monmouthshire • Torfaen There are 11 NCNs within the ISPBs across the Health Board / RPB region: • Blaenau Gwent (East) • Blaenau Gwent (West) • Caerphilly (West) • Caerphilly (East) • Caerphilly (South) • Monmouthshire (North) • Monmouthshire (South) • Newport (East) • Newport (West) • Torfaen (North) • Torfaen (South) In relation to the overall Place Based System of Care the attached map (attached) shows the ISPB boundaries and the configuration of GP practices within each NCN as well as the location of the community hospitals, enhanced local general hospitals and Grange University Hospital.		• Newport • Monmouthshire • Torfaen There are 11 NCNs within the ISPBs across the Health Board / RPB region: • Blaenau Gwent (East) • Blaenau Gwent (West) • Caerphilly (West) • Caerphilly (East) • Caerphilly (South) • Monmouthshire (North) • Monmouthshire (South) • Newport (East) • Newport (West) • Torfaen (North) • Torfaen (South) In relation to the overall Place Based System of Care the attached map (attached) shows the ISPB boundaries and the configuration of GP practices within each NCN as well as the location of the community hospitals, enhanced local general hospitals and Grange University Hospital.			
4	April	Agree the **governance route** within the health board for the **Pan Cluster Planning Group**	DPCC with DoPs and BS	Must do	The five existing Integrated Service Partnership Boards (ISPBs) are established on a local authority/Borough footprint and will initially adopt the functions of the Pan Cluster Planning Groups. As the collaborative planning functions mature, the set-up and system boundaries from the Pan Cluster Planning Groups will be reviewed. NCN development is one of the nine programme priorities within the Health Board's Corporate IMTP. A	**Completed**	The five existing Integrated Service Partnership Boards (ISPBs) are established on a local authority/Borough footprint and will initially adopt the functions of the Pan Cluster Planning Groups. As the collaborative planning functions mature, the set-up and system boundaries from the Pan Cluster Planning Groups will be reviewed. NCN development is one of the nine programme	**Completed**	Action previously completed – no further change	

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
					Programme Board is being established to ensure delivery against the Ministerial milestones and IMTP under the auspices of the Clinical Futures programme. This Programme Board will be chaired by the Executive Director of Primary Care, Community Service and Mental Health. The Programme Board membership is based on the ACD readiness checklist and the key actions that Health Boards with their partners will need to consider/complete during the early phase of ACD programme implementation over 2022/2023. This is primarily through Associate and Deputy Director level officers from both Health and Local Authority and senior clinical and professional leads. The Programme Board will review the governance arrangements of Pan Cluster Planning Groups and associated structures as the Programme develops. The SPPC Fund is being used to establish a PMO to work alongside the existing programme team and locality teams to ensure the key enabling actions are progressed in support of the ACD programme. The core programme management posts will sit within the PCCS Division aligned to the Planning and the Corporate PMO for the Clinical Futures programme. Other posts will be set up through a matrix management arrangement with other corporate service including workforce and organisational development, finance,		priorities within the Health Board's Corporate IMTP. A Programme Board has been established to ensure delivery against the Ministerial milestones and IMTP under the auspices of the Clinical Futures programme. This Programme Board is chaired by the Executive Director of Primary Care, Community Service and Mental Health. The Programme Board membership is based on the ACD readiness checklist and the key actions that Health Boards with their partners will need to consider/complete during the early phase of ACD programme implementation over 2022/2023. There is strong representation from the NCN Leads alongside Assistant Division Director who is the SRO for the NCN Development programme. The Programme Board will review the governance arrangements of Pan Cluster Planning Groups and associated structures as the Programme develops. The SPPC Fund is being used to establish an NCN Office to work alongside the existing programme team and locality teams to ensure the key enabling actions are progressed in support of the ACD programme. The core programme management posts will sit within the PCCS Division aligned to the Planning and the Corporate PMO for the Clinical Futures programme. Other posts will be set up through a			

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
					information services, communication and engagement, ABCi and value based health care.		matrix management arrangement with other corporate service including workforce and organisational development, finance, information services, communication and engagement, ABCi and value based health care.			
5	April *(through Q1)*	Health Boards and their Local Authority partners establish **Pan Cluster Planning Groups**, **Terms of Reference** are adapted / adopted (*added to but not downgraded)* and PCPG governance is embedded into the local architecture	DPCC, DoP, DSS and RPBs	Must do	The five existing Integrated Service Partnership Boards, (ISPBs) which are currently established on a local authority footprint adopt the function of the Pan Cluster Planning Groups (CPG). The existing TOR is revised by members to align with the national TOR for the CPG. The overarching governance structure for the RPB is currently being reviewed in light of the updated PNA and Area Plan. This proposed governance structure will be taken to RPB Leadership Group on the **11th July.** It will highlight the role and function of the ISPBs within the local RPB architecture. The ACD programme team are preparing proposals for an ISPB development programme which will be presented to RPB Leadership Group in **August**. As the ISPBs are in varying stages of maturity this will be tailored according to the needs of each locality. The ISPB development programme will incorporate any revised national codes of practice, guidance and authority of RPBs and associated integrated planning guidance that makes reference to the role of PCPGs and clusters.	**In progress** – PSPG functions to be adopted by ISPBs following approval at RPB Leadership Group on 11th July.	The five existing Integrated Service Partnership Boards, (ISPBs) which are currently established on a local authority footprint adopt the function of the Pan Cluster Planning Groups (CPG). The existing TOR is revised by members to align with the national TOR for the CPG. The overarching governance structure for the RPB is currently being reviewed in light of the updated PNA and Area Plan. This proposed governance structure will be taken to RPB Leadership Group on the **15th Nov 2022.** It will highlight the role and function of the ISPBs within the local RPB architecture. It is intended that this will be ratified at Public Board on 30th Nov and through the 5 local authority cabinets. The ACD programme team are delivering an ISPB development programme, facilitated by PCC, which will enable adoption of the PCPG terms of reference. As the ISPBs are in varying stages of maturity this will be tailored according to the needs of each locality. The NCN Leads are taking an active role in these workshops alongside the Head of	**In progress** – PSPG functions to be adopted by ISPBs following approval at RPB Leadership Group on 15th Nov and Public Board on 30th Nov.	The five existing Integrated Service Partnership Boards, (ISPBs) which are currently established on a local authority footprint adopt the function of the Pan Cluster Planning Groups (CPG) and each have updated their ToR and membership. The 5 ISPBs are being jointly chaired by a Local Authority and Health Board Representative. The overarching governance structure for the RPB was taken to RPB Leadership Group on the **15th Nov 2022,** highlighting the role and function of the ISPBs within the local RPB architecture. The paper/structure was also ratified at Public Board on **30th Nov 2022** and through the 5 local authority cabinets. The NCN programme team are delivered an ISPB development programme, facilitated by PCC, which supported the adoption of the PCPG terms of reference. As the ISPBs are in varying stages of maturity they were tailored according to the needs of each locality. The NCN Leads undertook an active role in these workshops alongside the Head of Service for Primary & Community Care and the Director of Social Service in each Borough. A final regional workshop, with the ISPB chairs represented across each locality was undertaken on the 23rd March 2022 in which a peer review process was completed and locality priorities formed prior to publishing at the end of March.	**Completed**

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
							Service for Primary & Community Care and the Director of Social Service in each Borough. The ISPB development programme will incorporate any revised national codes of practice, guidance and authority of RPBs and associated integrated planning guidance that makes reference to the role of PCPGs and clusters.			
6	April-June	PCPG Assurance is part of the Health Boards existing Board Governance structure	BS, DPCC, DoP	Must do	The Programme Board will be accountable to the Clinical Futures Programme Board (the Executive Committee of the Board) and provide updates on progress to the RPB's Leadership Group. The Programme Board will be Chaired by the Executive Director of Primary Care, Community and Mental Health. The Programme Board will, at times, be required to provide assurance to the Board of Aneurin Bevan University Health Board in respect of the Accelerated Cluster Development Programme and its delivery and in doing so will report: • On the robustness of strategies and plans, including those developed in partnership, to the Partnerships, Population Health and Planning Committee; and • On the delivery of the Health Board's Strategic Priorities, in-line with the IMTP 2022-25, to the Finance and Performance Committee.	**Completed** – Board assurance via Partnership Working, Population Health and Planning	The Programme Board is accountable to the Clinical Futures Programme Board (the Executive Committee of the Board) and provide updates on progress to the RPB's Leadership Group. The Programme Board will be Chaired by the Executive Director of Primary Care, Community and Mental Health. The Programme Board will, at times, be required to provide assurance to the Board of Aneurin Bevan University Health Board in respect of the Accelerated Cluster Development Programme and its delivery and in doing so will report: • On the robustness of strategies and plans, including those developed in partnership, to the Partnerships, Population Health and Planning Committee; and • On the delivery of the Health Board's Strategic Priorities, in-line with the IMTP 2022-25, to the Finance and Performance Committee.	**Completed** – Board assurance via Partnership Working, Population Health and Planning	Action previously completed – no further change	

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
7	April	Set out a **project plan** to begin establishing the **Professional Collaboratives** for the contractor professions: GMS, Optometric, Pharmacy, Dental	DPCC, DWOD, Prof Advisors	Must do	The NCN development sessions are being used to set out the project plan for the professional collaboratives. An agreement has been reached that the GMS collaborative functions will be delineated from the current cluster meeting. The NCN professional advisors are working with the programme team to establish the pharmacy and optometry collaboratives. This has identified the requirement for significant professional engagement and leadership and development for professional collaborative leads. The ACD programme team will facilitate the adoption of TORs for the professional collaboratives aligned to the NCN planning cycle. The programme team will also establish the governance structures, review process and peer support arrangements for the professional collaborative leads. A transition programme is being developed for the current NCN Leads, including a review of existing job descriptions.	**In progress –** Finalising project plan and remuneration and support package for professional collaborative leads	The NCN Office has set up a Professional Collaborative Working Group which includes the NCN advisers for optometry and community pharmacy and the NCN Leads. In addition, the wider NCN Leadership are able to influence the establishment of the professional collaboratives through fortnightly development sessions. The Professional Collaborative Working Group has set out an outline project plan for the professional collaboratives. This has identified the requirement for significant professional engagement and leadership and development for professional collaborative leads. An agreement has been reached that the GMS collaborative functions will be delineated from the current cluster meeting. The ACD programme team will facilitate the adoption of TORs for the professional collaboratives aligned to the NCN planning cycle. The programme team will also establish the governance structures, review process and peer support arrangements for the professional collaborative leads. Meetings have been held with Optometry Wales with a lunch and learn session planned on **12th Oct 2022** for optometrists across the region. The NCN optometry advisor has identified initial priorities which will be	**In progress –** Finalise outline project plan and remuneration and support package for professional collaborative leads for optometry and dental leads.	The Professional Collaborative Working Group has been progressing and developing which has seen the inclusion of NCN advisers for optometry, nursing, AHPs, and community pharmacy and the NCN Leads. In addition, the wider NCN Leadership continue to influence the establishment of the professional collaboratives through fortnightly development sessions. The NCN programme team have been facilitating the adoption of TORs for the professional collaboratives aligned to the NCN planning cycle. The programme team has also established the governance structures, review process and peer support arrangements for the professional collaborative leads. Following the initial meeting with the Local Dental Committee, the Clinical Director of Community Dental Service is leading the establishment of the Dental Collaborative with the intention of creating a pilot dental collaborative involving GDS and CDS within a locality whilst contract discussions take place. An audit of progress and plans has been completed and action plan devised. A bespoke development programme has been developed and offered for professional collaborative Leads, including a review of existing job descriptions. This will support the current offer on the Gwella HEIW Leadership Platform.	**Completed –** Professional Collaborative development project plan has been developed and shared across stakeholders. Finalise remuneration and support package for professional collaborative leads. Progress dental collaboratives when system is open to the change process and national contracts have been reformed.

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
							incorporated in the refresh of the NCN plans for 2023/24. An initial meeting has been planned with the Local Dental Committee on **3rd Oct 2022** with the intention of creating a pilot dental collaborative involving GDS and CDS. A transition programme is being developed for the current NCN Leads, including a review of existing job descriptions. This will incorporate access to the Gwella HEIW Leadership Platform.			
8	May	Set out a **project plan** to begin establishing the comparable arrangements for **establishing Professional Collaboratives for other professions such as nursing, allied health professionals,** and potentially social services	DPCC, DWOD with DoN, DoTh and DSS	***Must do***	Initial discussion have taken place with the National leads for Nursing and AHPs in advance of the National Professional Collaborative Workshop and prior to the local workshops. This will ensure that the senior Nursing and AHP leadership join the local workshop knowing what resources are available nationally and within the Health Board to implement move at pace with the development of the new collaborative arrangements. Initial discussions have also taken place to consider the development of professional collaboratives for social care, WAST and third sector.	**In progress –** Finalising project plan and supporting arrangement for AHP and nursing collaborative in conjunction with SPCC national professional leads.	Initial discussion took place with the National leads for Nursing and AHPs in advance of the National Professional Collaborative Workshop and prior to the local workshops. This aims to ensure that the senior Nursing and AHP leadership join the local workshop knowing what resources are available nationally and within the Health Board to move at pace with the development of the new collaborative arrangements. Initial discussions have also taken place to consider the development of professional collaboratives for social care, WAST and mental health. The Regional AHP Professional Collaborative Workshop took place on **18th Aug 2022** with plans in place to initial establish the AHP on a pan-Gwen basis with senior representation at NCNs and ISPBs.	**In progress –** Finalising project plan and supporting arrangement for AHP and nursing collaborative in conjunction with SPCC national professional leads.	A portion of the SPPC funding allocation has been utilised to commission nursing and AHP professionals to lead the development and formation of the respective collaboratives (details of progress as per the action plan in the previous action). Initial meetings have been completed with Social Care and Mental Health Services to progress respective professional collaboratives, however the feedback received was to revisit and progress towards the end of Q1 2023/24. Links with the Intergrated Wellbeing Networks have been strengthened in light of the impending national social prescribing framework, forming and informal 'wellbeing collaborative' that includes community assets and services that impact and contribute to population wellbeing.	**Completed –** Professional Collaborative development project plan has been developed and shared across stakeholders regarding Nursing and Allied Health Professional. Finalise remuneration and support package for professional collaborative leads. Initial conversations and outline plans have been developed for the implementation of Social Care and Mental Health collaboratives when system open to change process (reengage at the close of quarter 1) and will include National representation to gather learning.

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
							The ABUHB Regional Nursing Collaborative Workshop was rescheduled from Aug and is due to take place on **13th Oct 2022**.			
9	April-June	Any **changes** that are needed to the Health Board **Scheme of Delegation / SFIs to allow PCPGs to have delegated authority to act** are actioned	BS, DPCC, DoP, DoF	Must do	Model Standing Orders and Standing Financial Instructions have been adopted by the Health Board. At this stage, it has not been deemed necessary for the Board to agree variation to these. A Scheme of Delegation is in place for cluster funding. As the programme matures, the ISPBs (Pan Cluster Planning Groups) will require further influence over partnership funding and the allocation of core resources which will require a robust scheme of delegation and mechanisms for joint commissioning arrangements on a cluster or pan cluster footprint. The Accelerated Cluster Programme Board will continue to consider the governance requirements of PCPGs as the programme develops.	**In progress** – SFIs and scheme of delegation already in place for cluster monies but further work needs to enable ISPBs to have delegated authority to act in relation to core resources, partnership funding and joint commissioning	Model Standing Orders and Standing Financial Instructions have been adopted by the Health Board. At this stage, it has not been deemed necessary for the Board to agree variation to these. A Scheme of Delegation is in place for cluster funding. As the programme matures, the ISPBs (Pan Cluster Planning Groups) will require further influence over partnership funding and the allocation of core resources which will require a robust scheme of delegation and mechanisms for joint commissioning arrangements on a cluster or pan cluster footprint. The Accelerated Cluster Programme Board will continue to consider the governance requirements of PCPGs as the programme develops. An initial paper on the governance arrangements is due to be presented at Public Board on **30th Nov 2022**.	**In progress** – SFIs and scheme of delegation already in place for cluster monies but further work needs to enable ISPBs to have delegated authority to act in relation to core resources, partnership funding and joint commissioning	Progress has been haltered with the re-establishment of the 5 ISPBs across the region and the development of their priorities. As the ISPB as developing in maturity, they are not currently in a position for formal joint commissioning and pooled budgeting, however, as the ISPBs mature through 2023/24, alongside increase communication with the Regional Partnership Board, the influence on regional funding will increase.	**In progress –** Further work required through 2023/24 to enable each ISPB to have delegated authority to act in relation to core resources, partnership funding and joint commissioning
10	April-June	Progress delivery of and appointments to any posts funded from the **Strategic Programme for Primary Care Fund 2022 (SPPC Fund) ACD investment plans**	DPCCs / HOPC	Must do	An Interim Programme Manager has been recruited whilst a substantive post is appointed and will lead the recruitment of the ACD office staff. These posts are currently going through the recruitment process. Some posts will sit within the Corporate Division with a matrix management approach to enable integration across the Health Board and wider system to achieve the ADC programme objectives and	**In progress** – All remaining posts are progressing through the Trac recruitment process in collaboration with corporate directorates	A substantive Senior Programme Manager has now been recruited. All other posts have been appointed to the NCN Office apart from the Data Analyst. Some posts will sit within the Corporate Division with a matrix management structure to enable integration across the Health Board and wider system to achieve the ADC programme objectives and sustainable model of planning and delivery.	**In progress** – All remaining posts are progressing through the Trac recruitment process in collaboration with corporate directorates	The majority of the identified roles have been appointed to, however, one post (Data Analyst) remained a challenge. Following 4 rounds of recruitment, the steering group have opted to explore the commissioning to develop a specific automated data application that will provide live, up to date population data that will inform planning. This will be developed through 2023/24.	**Completed** – all required posts recruited to following the decision to cease the data analyst post and commission the development of a live data application through 2023/24

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
					sustainable model of planning and delivery.					
11	April-June	Consider the **current Cluster arrangements**, membership and governance to ensure it aligns with the **model Cluster Terms of Reference** for the ACD programme. Review transition year **Cluster Lead / Chair** arrangements / future **Professional Collaborative leads representation on the PCPG**	DPCCs, PCPG, and Cluster partners	To Consider	Development sessions are in place with NCN Leads to review existing arrangements, governance, and membership to ensure alignment with the model Cluster Terms of Reference. Support will be provided to NCN Leads to support transition to their role within the new structures. The leadership offer from HEIW will be supplemented with peer support and bespoke coaching for NCN and professional collaborative leads to enable them to confidentially undertake their role within the reconfigured NCN and ISPBs.	**In progress** – NCN terms of reference to be reviewed in light of model Cluster TOR and representation on the ISPBs.	Development sessions are in place with NCN Leads to review existing arrangements, governance, and membership to ensure alignment with the model Cluster Terms of Reference. Support will be provided to NCN Leads to support transition to their role within the new structures. The leadership offer from the HEIW Gwella Platform will be supplemented with peer support and bespoke coaching for NCN and professional collaborative leads to enable them to confidentially undertake their role within the reconfigured NCN and ISPBs.	**In progress** – NCN terms of reference to be reviewed in light of model Cluster TOR and representation on the ISPBs.	Multi professional development sessions continue with extensive representation. Leads have reviewed existing arrangements, governance, and membership to ensure alignment with the model Cluster Terms of Reference. Support will be provided to NCN Leads to support transition to their role within the new structures. As identified previously, the leadership training offer from the HEIW Gwella Platform will be supplemented with peer support and bespoke development and training for NCN and professional collaborative leads to enable them to confidentially undertake their role within the reconfigured NCN and ISPBs.	**In progress** – further attention required on the interface between professional collaboratives and how they can inform NCNs, which in turn informs the ISPB through 2023/24
12	May-June	Consider **leadership and professional development** needs of the **various Professional Collaborative Leads and Cluster Leads**	DWOD with DPCC, DoN, DoTh and DSS	To Consider	The PMO will support each NCN area to undertake an assessment of the leadership and development needs for the NCN and professional collaborative leads. The programme team will facilitate access to the leadership development support from the SPPC team and HEIW which will be complemented by local training, coaching and peer group support subject to use of the SPPC Fund.	**In progress** – assessment of leadership and development needs to be undertaken once collaborative leads are appointed.	The PMO will support each NCN area to undertake an assessment of the leadership and development needs for the NCN and professional collaborative leads. The programme team will facilitate access to the leadership development support from the SPPC team and HEIW which will be complemented by local training, coaching and peer group support subject to use of the SPPC Fund.	**In progress** – assessment of leadership and development needs to be undertaken once collaborative leads are appointed.	The NCN programme team has been consulting with NCN and Professional Collaborative leads to support the creation of a bespoke development programme. This has been presented and offered to NCN and professional collaborative leads, with training scheduled across the calendar year. This will support the current offer on the Gwella HEIW Leadership Platform.	**Completed**
13	May-June	Consider the **Organisational Development** needs to optimise **Pan Cluster Planning Group working**	DWOD, DoP, DPCC, RPBs and PCPGs	To Consider	The existing ISPB are at various stages of maturity and the programme team will work with the RPB Leadership Group to facilitate tailored organisation development opportunities. Peer support will be encouraged to share learning, good practice and to achieve a level of	**In progress** – Organisational development needs of the IPSBs will be agreed at the August RPB Leadership Group	The existing ISPB are at various stages of maturity and the programme team will work with the RPB Leadership Group to facilitate tailored organisation development opportunities. Peer support will be encouraged to share learning, good practice	**In progress** – Organisational development needs of the IPSBs was agreed at August RPB Leadership Group	Workshops, facilitated by PCC, have been completed through which, organisational development were considered and finalised.	**Completed**

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
					consistency across all areas.		and to achieve a level of consistency across all areas.			
14	May-June	Engage with the SPPC commissioned PCC **Leadership engagement exploratory workshops** for Professional Collaboratives, Pharmacy, Dental, Optometry, Nursing and AHPs	Primary Care Teams including Nursing and Therapy Leads	To Consider	The National AHP and Nursing leads are engaging with the local team to prepare for the national and local workshops. Leadership coaching will be provided to enable community based nursing and AHP staff to engage at the All-Wales level and ensure they have the resources and understanding required to build effective professional collaboratives (see below).	**Completed –** Regular communication and engagement has been undertaken with the national professional leads for AHP and nursing and the professional advisors for optometry and community pharmacy	Leadership coaching will be provided to enable community based nursing and AHP staff to engage at the All-Wales level and ensure they have the resources and understanding required to build effective professional collaboratives (see below).	**Completed –** Regular communication and engagement has been undertaken with the national professional leads for AHP and nursing and the professional advisors for optometry and community pharmacy	Action previously completed – no further change	
15	June onwards	Engage with the Strategic Programme for Primary Care on the **leadership and OD programmes** for Cluster Leads, Professional Collaboratives & Leads PCPG members	DWOD, DoP, DPCC, RPBs and PCPGs, Cluster / Collab Leads	***Must Do**	The ACD programme team will facilitate engagement with the SPPC team and HEIW on the leadership and OD programmes for Cluster Leads, Professional Collaboratives & Leads PCPG members. This offer may be supplemented by locally specific training and coaching as well as local peer group support. This will need to be considered as the programmes are developed as may require additional funding/capacity support through the SPPC Fund.	To be RAG rated during Q3	The ACD programme team will facilitate engagement with the SPPC team and HEIW on the leadership and OD programmes for Cluster Leads, Professional Collaboratives & Leads PCPG members. This offer may be supplemented by locally specific training and coaching as well as local peer group support. This will need to be considered as the programmes are developed as may require additional funding/capacity support through the SPPC Fund.	To be RAG rated during Q3	The NCN programme team have promoted and facilitated engagement with the SPPC team and HEIW on the leadership and OD programmes for Cluster Leads, Professional Collaboratives & Leads PCPG members primarily through the promotion of the Gwella offer. As previously identified, this offer may be supplemented locally with the development of specific training and coaching as well as local peer group support. This will be subject to ongoing review as the programmes are developed as may require additional funding/capacity support through the SPPC Fund.	**Completed**
16	June	Confirm and prepare **one Cluster footprint per Health Board** to be part of the **Cluster peer review** process being drawn up for 2022-2023	DPCCs / DoPs / RPBs	***Must Do**	The ACD programme team will prepare an NCN for peer review. This will be discussed at the RPB Leadership Group on the 11th July and confirmed at the Programme Board. The selected NCN will be fully prepared by the programme team and wider HB to engage with the process and ensure findings are widely shared and learning implemented across the region.	**Completed –** the proposed NCN will be confirmed with the SPPC team at the end of June	The ACD programme team has prepared for the NCN peer review but this has now been postponed to **Dec 2022**. This will be discussed at the RPB Leadership Group on **11th July 2022** and was subsequently confirmed at the Programme Board. The selected NCN has been prepared by the programme team and wider HB to engage with the process and ensure findings are widely shared and learning implemented across the region.	**Completed –** the proposed NCN was confirmed but the peer review process has been postponed until Dec 2022.	Action previously completed – no further change	

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
17	April-Sept (March '23)	Supported by Health Boards, **individual Professional Collaboratives are established** in each Cluster footprint for **General Practice, Pharmacy, Optometry, Nursing, Allied Health Professionals** (AHPs) and potentially **social services** and these are represented on the Cluster / PCPG Subject to contract reform, **Dental Professional Collaboratives** are expected to be established by March 2023	DPCC, DoPs, WoD, DoTHs, DoNs, and PCPGs, Cluster / Collaborative Leads	***Must Do**	The PMO will support the NCN and locality teams to establish professional collaboratives and their representation on the NCN. This will include training and support for collaborative working, chairing meetings, strategic planning and quality improvement. The professional collaboratives will be aligned to the planning and delivery cycle for the ISPBs and NCNs to ensure timely consideration of service change plans, business cases, pathways, patient safety issues and quality improvement projects.	To be RAG rated during Q3	The NCN Office will support the NCN lead and locality teams to establish professional collaboratives and their representation on the NCN. This will include training and support for collaborative working, chairing meetings, strategic planning and quality improvement. The professional collaboratives will be aligned to the planning and delivery cycle for the ISPBs and NCNs to ensure timely consideration of service change plans, business cases, pathways, patient safety issues and quality improvement projects.	To be RAG rated during Q3	Referenced in previous sections, the Professional Collaborative Working Group has been progressing and developing which has seen the inclusion of NCN advisers for optometry, nursing, AHPs, and community pharmacy and the NCN Leads. In addition, the wider NCN Leadership continue to influence the establishment of the professional collaboratives through fortnightly development sessions. Following the initial meeting with the Local Dental Committee, the Clinical Director of Community Dental Service is leading the establishment of the Dental Collaborative with the intention of creating a pilot dental collaborative involving GDS and CDS within a locality whilst contract discussions take place. A portion of the SPPC funding allocation has been utilised to commission nursing and AHP professionals to lead the development and formation of the respective collaboratives (details of progress as per the action plan in the previous action). Initial meetings have been completed with Social Care and Mental Health Services to progress respective professional collaboratives, however the feedback received was to revisit and progress towards the end of Q1 2023/24. An audit of progress and plans has been completed and action plan devised.	**In progress**
18	April-Sept	Update skills and knowledge on the '**Once for Wales' contract** for PCPGs to use with **Community Interest Companies (CiCs)** if formed	RPBs, PCPGs, HB Exec Teams	***Must Do**	If formed early adopters will be supported by the ACD programme team to develop a CIC across an NCN or pan cluster footprint. These will be fully evaluated to ensure regional learning occurs. Stakeholders will be encouraged to engage in HEIW training and wider support as required to support the development of the CIC. If required support	To be RAG rated during Q3	If formed early adopters will be supported by the ACD programme team to develop a CIC across an NCN or pan cluster footprint. These will be fully evaluated to ensure regional learning occurs. Stakeholders will be encouraged to engage in HEIW training and wider support as required to support the development of the CIC. If required	To be RAG rated during Q3	Awareness of the Once for Wales contract has been promoted through various professional meetings, however, the progress on CiCs has haltered with 2 areas currently working through the process. Challenges have been raised regarding the identification and agreement of impartial individuals to lead the CICs. This aspect will be of focus towards the end of 2023/24	**In progress**

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
					will be provided for the CICs to become embedded in the Wales Collaborative Procurement Hub.		support will be provided for the CICs to become embedded in the Wales Collaborative Procurement Hub.			
19	April-Sept	Develop proposals to ensure that there is **good and effective stakeholder, public and patient engagement in Clusters and PCPGs**	RPBs, PCPGs, HB Exec Teams	To Consider	The ACD programme team will support NCN and ISPB to develop a stakeholder map and engagement plan. The PMO will include a 0.6 WTE Engagement Officer who will be available to support engagement with partners across the system and develop proposals for good public and patient involvement.	To be RAG rated during Q3	The ACD programme team will support NCN and ISPB to develop a stakeholder map and engagement plan. The NCN Office has appointed a Communication and Engagement Officer who will be available to support engagement with partners across the system and develop proposals for good public and patient involvement.	To be RAG rated during Q3	The NCN programme has developed strong links with the Integrated Wellbeing Networks which provides ideal opportunity for effective public and patient engagement thus providing a community voice. In addition, the programme has linked with the Communication & Engagement team to ensure the Public Participation Groups are engaged with.	**Completed**
20	July-Sept	**Professional Collaboratives** (where established) begin to **respond to published population needs assessments** (such as RPNAs published in April 2022) and **identify their service gaps and developments** in response to Welsh Government planning guidance	Professional Collaboratives	***Must Do***	Based on the current programme plan it is anticipated that professional collaboratives will begin to identify their service gaps and developments by Sept 2022. The ACD programme team will ensure that collaboratives are well placed to respond to Welsh Government planning guidance.	To be RAG rated during Q3	Based on the current programme plan it is anticipated that professional collaboratives will begin to identify their service gaps and developments by end **Oct 2022**. The ACD programme team will ensure that collaboratives are well placed to respond to Welsh Government planning guidance.	To be RAG rated during Q3	As professional collaboratives mature through 2023/24, a focus will be placed on developing proposals that respond to gaps in the services identified through the published PNA. The optometry professional collaborative has identified priorities based on the PNA, whilst the community pharmacy collaborative completed a SWOT analysis on the services to identify areas of development. Within the AHP and nursing collaboratives, the focus has been on embedding the current priorities as identified in the HB IMTP.	**Completed –** Professional collaborates have received and reviewed the most recently published population needs assessments and have undertaken initial analysis in response to service gaps
21	Aug-Dec	Identified Cluster, with Health Board and RPB partners **participates in the PCMW / ACD Peer Review** pilot	DPCC, DoP, RPB, Cluster	Must Do	See action #16 – the NCN selected by RPB Leadership Group and Programme Board will be supported to participate in the PSMW / ACD Peer Review pilot.	To be RAG rated during Q3	See action #16 – the NCN selected by RPB Leadership Group and Programme Board will be supported to participate in the PSMW / ACD Peer Review pilot.	To be RAG rated during Q3	Representatives were identified and participated in: Swansea Bay UHB review undertaken 25th January 2023 Aneurin Bevan UHB review undertaken 16th February 2023	**Completed**
22	Sept - Nov	**Clusters** begin to use the Professional Collaboratives' (where established) responses to **update the Cluster Plan to address identified needs assessments and service gaps**	Clusters	***Must Do***	The ACD programme team and PMO will support NCNs to refresh and update their cluster plans based on the needs and service gaps identified by the professional collaboratives as part of the annual planning cycle.	To be RAG rated during Q3	The ACD programme team and NCN Office will support NCNs to refresh and update their cluster plans based on the needs and service gaps identified by the professional collaboratives as part of the annual planning cycle.	To be RAG rated during Q3	As professional collaboratives have been forming during the transition year, the collaboratives are maturing into the ability and maturity to inform the development of NCN plans. Planning cycles have been developed to ensure alignment of meetings which will encourage the development of data driven	**In Progress** – development of professional collaboratives to inform NCN plans

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
									responses by NCN based on professional collaborative feedback	
23	December	**Pan Cluster Planning Groups** use the Cluster responses to **produce a prioritised county wide response to the RPNA and a 3 year plan for 2023-26.** These plans also identify those services which are most effectively delivered on a Cluster footprint	PCPGs	***Must Do**	The ISPBs will use the intelligence from clusters and the PNA to formulate a 3-year plan for the Borough which will include services that are delivered more efficiently and effectively on a cluster or pan cluster footprint.	To be RAG rated during Q3	The ISPBs will use the intelligence from clusters and the PNA to formulate a 3-year plan for the Borough which will include services that are delivered more efficiently and effectively on a cluster or pan cluster footprint.	To be RAG rated during Q3	The ISPBs have accessed and utilised intelligence from clusters and the PNA to formulate a 3-year plan for each Borough, which includes services that are delivered more efficiently and effectively on a cluster or pan cluster footprint. Each of the 5 ISPBs have developed a collaborative 3 year plan with county wide priorities which have been aligned to the Gwent Region Area Plan and taken through RPB structures	**Completed**
24	Jan 2023	Health Boards **use Pan Cluster Planning Group response to Regional Population Needs Assessments [RPNAs] & 3 year plans** to **inform their 2023-26 IMTPs**	DoPs	***Must Do**	Corporate Planning will use the 3-year plans to inform the IMTPs and the Board will consider the resources required to further develop the Primary Care Model for Wales and integrated models of place based care.	To be RAG rated during Q4	Corporate Planning will use the 3-year plans to inform the IMTPs and the Board will consider the resources required to further develop the Primary Care Model for Wales and integrated models of place based care.	To be RAG rated during Q4	The ISPB 3-year plans have been consulted to inform and align to the HBs IMTP.	**Completed**
25	Jan - March	**RPBs** use **Pan Cluster Planning Group responses to the RPNAs and 3 year plans** to inform their next **Area Plans assessments & plans**	RPBs	***Must Do**	The RPB will ensure that the ISPB plans are aligned to the Area Plan and that cluster and RIF funding is used to further develop integrated models of place based care.	To be RAG rated during Q4	The RPB will ensure that the ISPB plans are aligned to the Area Plan and that cluster and RIF funding is used to further develop integrated models of place based care.	To be RAG rated during Q4	The RPB has been informed and consulted regarding the emergent ISPB plans and how the area plan/activities align, or how these will be brought in to line over the 2023/24 delivery year. Interpreting planning guidance issued nationally, provided the programme with full flexibility and recognises that once the RPB area plans are published in April 2023 the ISPBs will work with the RPB and wider stakeholders to update and refine their three-year strategic plans over the course of 2023/24, maturing their workforce and financial intelligence to inform future annual cluster plans.	**Completed**
26	Jan – March 2023	**2023/2024+ Cluster Funding investment plans** are agreed with stakeholders and endorsed by the PCPG	PCPGs, Cluster / Collaborative Leads	Must Do	It is envisaged that cluster funding will continue to be used for innovation, quality improvement and to pump prime new models of care aligned to the ISPB priorities.	To be RAG rated during Q4	It is envisaged that cluster funding will continue to be used for innovation, quality improvement and to pump prime new models of care aligned to the ISPB priorities.	To be RAG rated during Q4	NCN plans have been consulted regarding the emergent ISPB plans and how the NCN activities align, or how these will be brought in to line over the 2023/24 delivery year.	**Completed**

#	Timescale	Action	Lead / Owner	Status	Status 31 May	Health Board / Partner Comments	Status 30 September	Health Board / Partner Comments	Status March 2023	Health Board / Partner Comments
									Each ISPB plan reference and contain the NCN plans to provide the holistic view within the locality.	
27	April 2023	**RPBs publish their 5 year Joint Area** Plan which should be informed by pan Cluster responses	RPBs	***Must Do**	It is envisaged that Regional Partnership Team will ensue the Area Plan is informed by the ISPB priorities.	To be RAG rated during Q4	It is envisaged that Regional Partnership Team will ensue the Area Plan is informed by the ISPB priorities.	To be RAG rated during Q4	As identified in #25, each ISPB plan has been presented to RPB via the RPBs Area Plan to identify the alignment of priorities and activities.	**Completed**
28	2022/2024	As PCPG plans **identify those services which are best delivered for the Cluster population footprint,** Clusters will respond by **establishing a range of Cluster delivery vehicles**	PCPGs, Clusters and Contractors	To Consider	It is envisaged that new deliver models will be developed on a cluster or pan cluster footprint where, (a) there is an identified service gap or need identified by the ISPB, (b) the need or service gap cannot be addressed within existing organisational structures, and (c) there is a clear value proposition and viable business plans.	To be RAG rated during Q4 and into 2023/24	It is envisaged that new deliver models will be developed on a cluster or pan cluster footprint where, (a) there is an identified service gap or need identified by the ISPB, (b) the need or service gap cannot be addressed within existing organisational structures, and (c) there is a clear value proposition and viable business plans.	To be RAG rated during Q4 and into 2023/24	Each ISPB plan identifies the priories for joint delivery across the locality whilst the enabling and deliverable activities. Due to the planning cycle, the ISPB plans were reference and consulted when developing the NCN delivery plans for 2023/24. The delivery vehicles and models are devised locally and will be continually developing through the implementation year of 2023/24.	**Completed**
29	2022/2024	Health, Social Care and wider partnership funding opportunities (e.g. Regional Investment Fund RIF) considered to support implementation of Cluster plans	PCPGs, Clusters, HB Execs, DSS	To Consider	It is envisaged that partnership funding (e.g. RIF, Winter pressures and regional capital funds) will support the delivery of NCN plans in lines with ISPB priorities in each Borough.	To be RAG rated during Q4 and into 2023/24	It is envisaged that partnership funding (e.g. RIF, Winter pressures and regional capital funds) will support the delivery of NCN plans in lines with ISPB priorities in each Borough.	To be RAG rated during Q4 and into 2023/24	As the ISPBs mature through 2023/24, with increased communication and information sharing between NCNs, ISPBs and the RPB, it is anticipated that the ISPBs will be able to influence and apply for regional funding to support localised delivery plans.	**In Progress -** to be explored through 2023/24
30	April 2023	ACD Programme transition year ends; ACD programme closes, and PCPG / Cluster / Professional Collaborative working **mainstreamed** across health and social care planning and delivery landscape.	All Partners	Must Do	It is envisaged that by the end of the transition year the new planning and delivery structures and governance arrangements will be mainstreamed across the health and social care system		It is envisaged that by the end of the transition year the new planning and delivery structures and governance arrangements will be mainstreamed across the health and social care system		New business and planning cycles have been developed and shared across the programme to support future sustainable planning. The delivery structures and governance arrangements have been ratified regionally and will become business as usual as the programme progresses across the health and social care system	**Completed**

**Must Do actions as outlined letters from the Minister (24 March) and NHS Wales Chief Executive (30 March)*

RAG Rating

Green	Compete
Amber	In progress with action plan and to meet target
Red	No plan, at risk of not meeting target

Acronyms:

BS	[Health] Board Secretary
ACD	Accelerated Cluster Development
DoF	Director of Finance
DoN	Director of Nursing

DoP	Director of Planning
DPCC	Director of Primary and Community Care (*or equivalent title*)
DSS	Director of Social Services
DoTHs	Director of Therapies and Life Sciences (*or equivalent title*)
DWOD	Director of Workforce and Organisational Development (*or equivalent title*)
HEIW	Health Education Improvement Wales
NHSWSSP	NHS Wales Shared Services Partnership
PCPG	Pan Cluster Planning Group
PCC	Primary Care Commissioning
PC Hub	Primary Care Hub, Public Health Wales
Prof Advisors	Professional Advisors (Dental, Optometric, Pharmacy)
RPB	Regional Partnership Board
RPNA	Regional Population Needs Assessment

Rhwydwaith Gofal Cymdogaeth (NCN)
Creu rhwydwaith ddi-dor o wasanaethau cymdogaeth i wella lles pobl mewn cymunedau ar draws Gwent

Neighbourhood Care Network (NCN)
Building a seamless network of neighbourhood services to improve the wellbeing of people in communities across Gwent

Strategic Programme for Primary Care – Peer Review

Caerphilly NCN

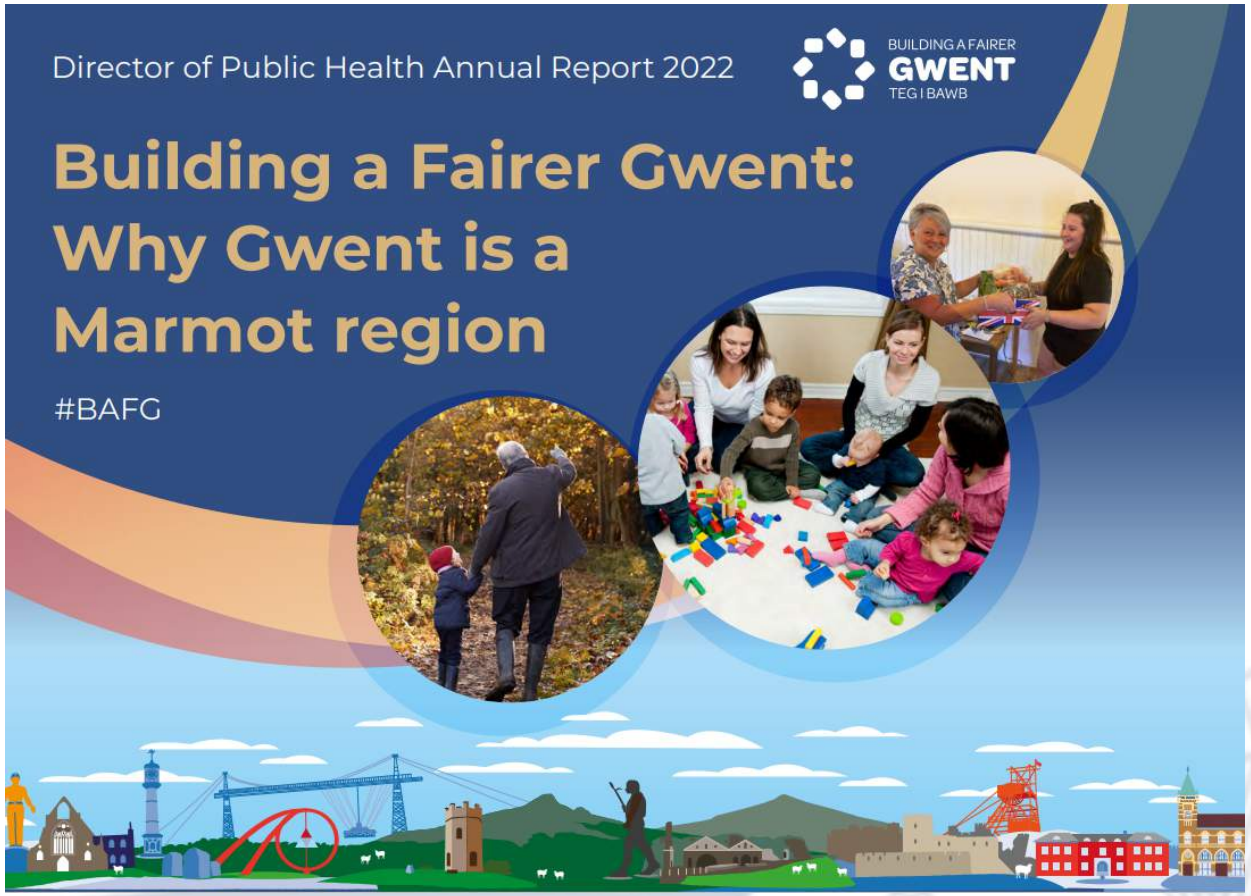
1200 - 1400

16th February 2023

About Us

Will Beer – Interim Divisional Director PCCS

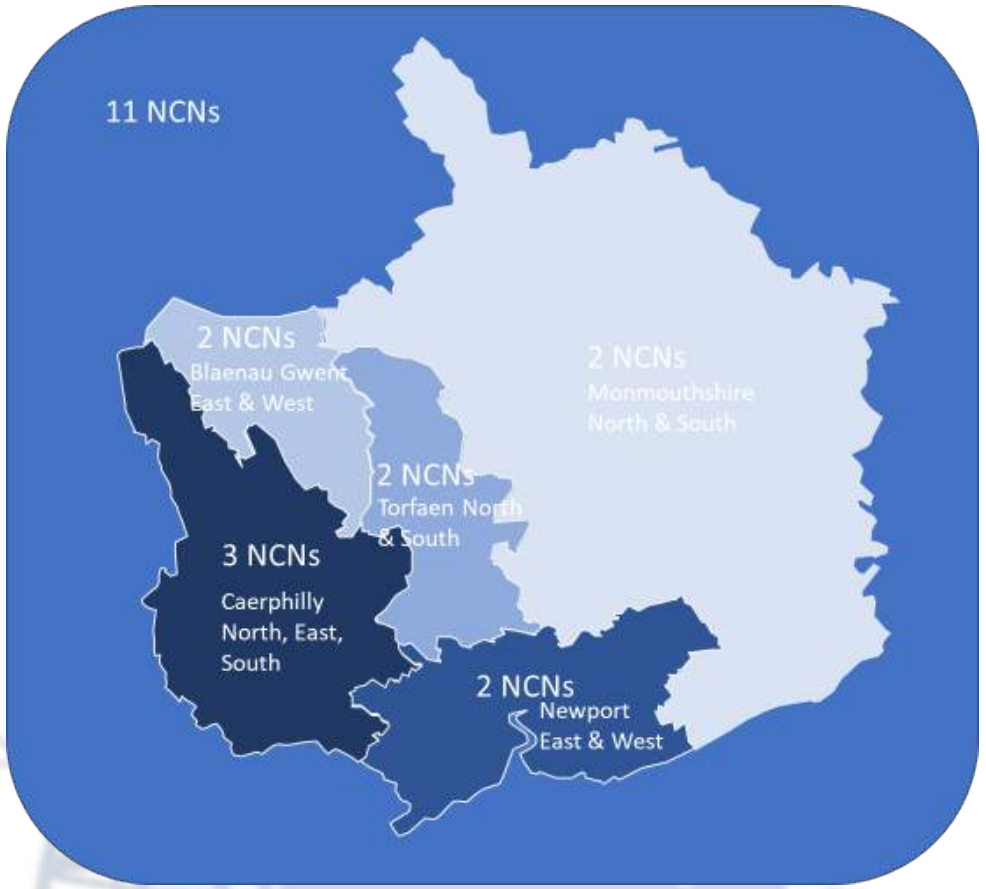
Microcosm of Wales



- Over 600,000 population
- PSB commitment to becoming a Marmot region
- Newport – city centre, asylum seekers, homeless, substance misuse
- South East Wales Valleys – Blaenau Gwent, North Torfaen and Caerphilly
- Monmouthshire - rural and cross border issues

Neighbourhood Care Networks

- 11 Neighbourhood Care Networks (aka Clusters)
  - Multi-professional including health visiting, community pharmacy, district nursing, CRT, social services, PCMHSS and third sector
  - NCN Leads from different professional background - 8 GPs, 2 pharmacists and 1 nurse
  - Supported by a Borough Team which is also operationally responsible for district nursing, CRT, community hospitals
- 5 Integrated Services Partnership Boards (aka PCPG)
- ABUHB allocated £3.8m cluster budgets
- Professional collaboratives – pharmacy, optometry, dental, nursing, AHPs – at various stages of maturity
- Exploring collaboratives social care & mental



Guiding factors

- 10 High Impact Areas
- Confident Leaders Programme
- Scottish Deep End Project
- Health Inequalities National Support Unit
- Julian Tudor Hart
- Bromley By Bow
- Tower Hamlets managed clinical networks
- General Practice at Scale
- Canterbury, New Zealand
- Nuka, Alaska

Achievements over time

Service development and programmes

- Population Health
  - Smoking cessation
  - Weight management / diabetes prevention
  - Screening inequalities
  - Flu vaccination
- Care Navigation
- Psychological Wellbeing Practitioners
- Practice Based Pharmacist
- Direct Access Services (e.g. Physiotherapy, Common Ailments)
- Older Person's Pathway / Cluster MDT
- IRISi Domestic Abuse
- Mental Well-being – Melo and Connect 5
- Integrated Wellbeing Networks

Ways of working

- Population needs assessment, service mapping and gap analysis
- Integrated hubs
- Social prescribing
- Buurtzorg neighbourhood nursing
- IQT projects – liver disease pathway, stroke risk, medicine related harm, ceilings of care / ACPs
- Medicines management – peer group comparison, prescribing incentive scheme, etc.
- Workflow optimisation
- NCN leads aligned to secondary care specialities

Primary Care Clusters 2019

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Newport East

Cluster Lead **William Beer** William.Beer@wales.nhs.uk

WHO WE ARE & WHERE WE CAME FROM

In Newport, there are three NCNs serving a population of approximately 147,700 people. It is a city of two halves, where the most affluent meet the most deprived. There are over 48 different languages spoken here amongst 20 different communities. Newport has the second highest proportion of population from a BME background in Wales and is an asylum seeker dispersal area.

Newport East NCN team:
Will Beer, Sara Garland, Leah McDonald, Nicola Cunningham, Kate Hopkins, Lowri Ashworth and Daniel Kendall at Victoria House Newport.

There are seven GP practices which operate in the Newport East Cluster area:

- Beechwood Primary Care Centre
- Lliswerry Medical Centre
- Park Surgery (Newport)
- Ringland Health Centre
- The Rugby Surgery
- Underwood Health Centre

WHAT WE HAVE DONE - OUR KEY ACHIEVEMENTS

Ringland Community Campus

We have been working with the Health Board's Planning Department to design a new Health & Well-being Centre. This is part of a wider regeneration plan to create a 'community campus' is the Ringland area of Newport East. The community campus will be created through three significant capital schemes which will co-locate a range of neighbourhood services including Flying Start, Families First, Work & Skills Team, Careers Advice, Department for Work & Pensions, Housing Support, Citizens Advice Bureau. These facilities will also offer other preventative services such as smoking cessation, drug and alcohol services, weight management and psychoeducation classes.

Sustainability

We continue to focus on workforce sustainability with meetings and workshops held to discuss possible solutions. A number of GPs are now employing extended roles including clinical pharmacist, physiotherapist and mental health practitioner. Transformation funding is being used in Newport East to incentivise greater skill mix which has resulted in a number of posts being appointed on a fixed term basis

Partnership Working

The Newport Older Person's Pathway is a partnership project with Newport City Council and Age Cymru. This programme identifies people who benefit from additional preventative support and services. An Age Cymru Care Facilitator produces a Stay Well Plan that supports the individual to maintain their health, wellbeing and independence into old age.

Care Navigation

Care navigation is a tried and tested model to ensure patients are directed to the right professional, in the right place, at the right time. Care navigation is about provide greater choices and access. Work has been undertaken across the Newport NCNs to develop pathways into appropriate sources of support include Choose Pharmacy, Welsh Eye Care Scheme, Direct Access Physiotherapy, Road to Well-being and the Social Services First Contact IAA Team. Training has been commissioned for existing reception and clerical staff to play a greater role in the navigation of patients. A promotional video, posters and leaflets have been produced to raise awareness amongst patients about this new way of working.

Schemes to reduce administrative workload for GPs

Newport NCNs continue to support the Practice Managers Forum and provided funding for Practice Managers to complete the AMSPAR diploma. Other schemes have been introduced to promote efficiency within general practice including workflow optimisation and provision of digital dictation software.

Direct Access Physiotherapy Service

Newport NCNs have pooled cluster funding to launch a new service for patients with musculoskeletal problems. Based at St Woolos Hospital in the centre of Newport, drop in services are available from Monday to Friday between 9am and 11.30am. The service is proving popular with patients who are able to have an earlier assessment without the need for GP appointment. Patients are given self-help advice or referred on for physiotherapy treatment or to the Multi-professional Triage and Treatment Team if necessary.

Multi-Agency model of Mental Health Support for Children and Young People

The Primary Care Mental Health Support Service is developing a new model of care for children and young people with mild to moderate mental health difficulties. All referrals from GPs and schools are now sent through a single point of access which operates a 'no bounce' policy. Primary care mental health practitioners are now working alongside Families First to review referrals in a weekly multi-agency joint allocation meeting.

Neighbourhood Nursing Pilot

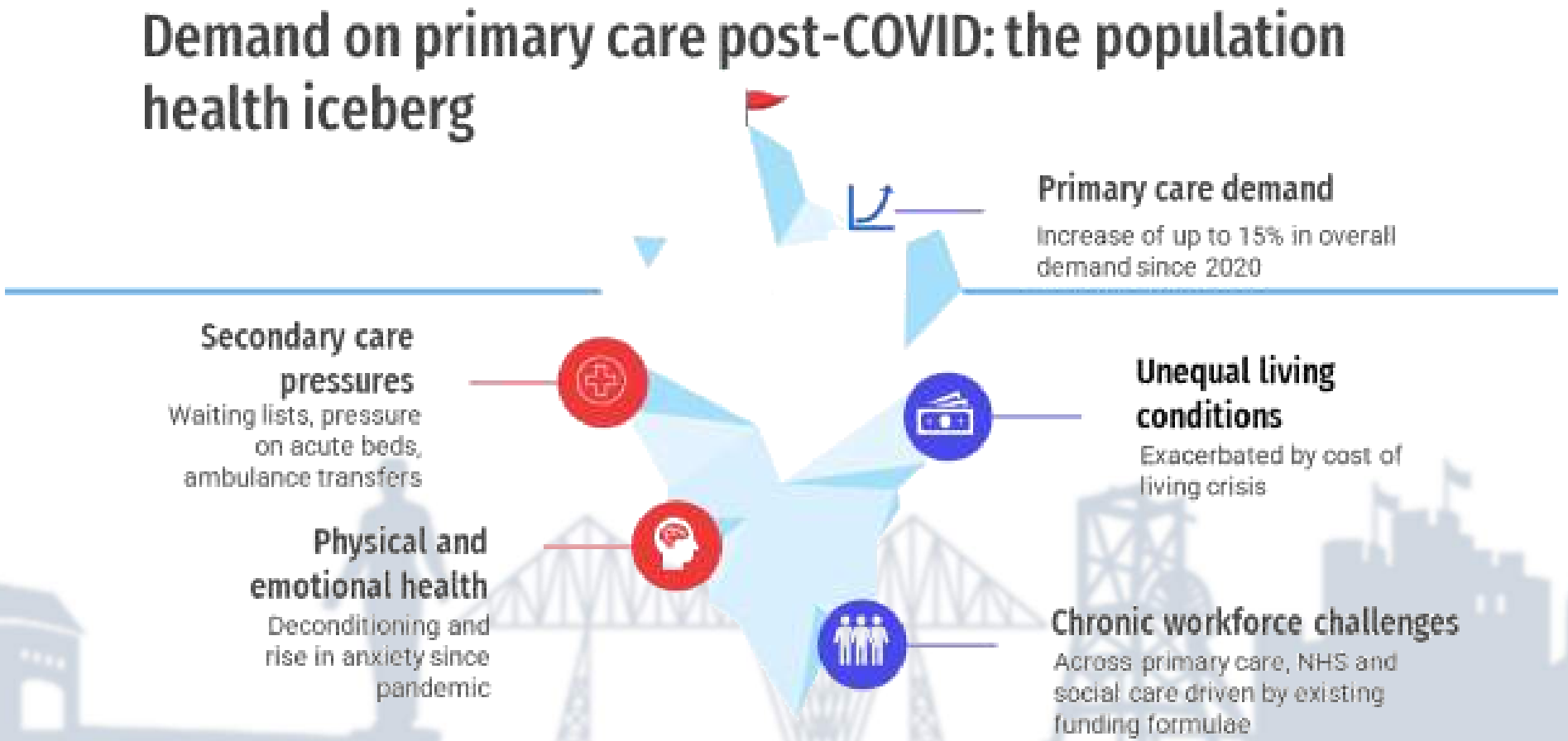
We are testing a different approach to District Nursing to provide person-centred, co-ordinated and prevention focused care that enables people to self-manage their conditions, through formal and informal networks, with the support of a self-managed neighbourhood nursing team. This reflects international models which have proven to be effective.

The District Nursing team have introduced new care processes and additional posts to provide the capacity for change and create a richer skill mix with better utilisation of health care support workers within their scope of practice alongside creating areas of expertise within the RN team. They have received Care Aims training which is focussed on what matters to the person, enables staff to manage clinical risk more effectively, and has been proven to provide a clear evidence-based framework for decision-making. This has already had a significant impact on how they manage referrals and individual patient needs. The teams will be spending time with the Social Service First Contact Team to explore how they have changed their approach and ways of working following implementation of the SSWBA. This approach is anticipated to develop a more consistent approach to care planning to meet medical, long-term conditions and personal and social care needs.

Planning Workshops and Events

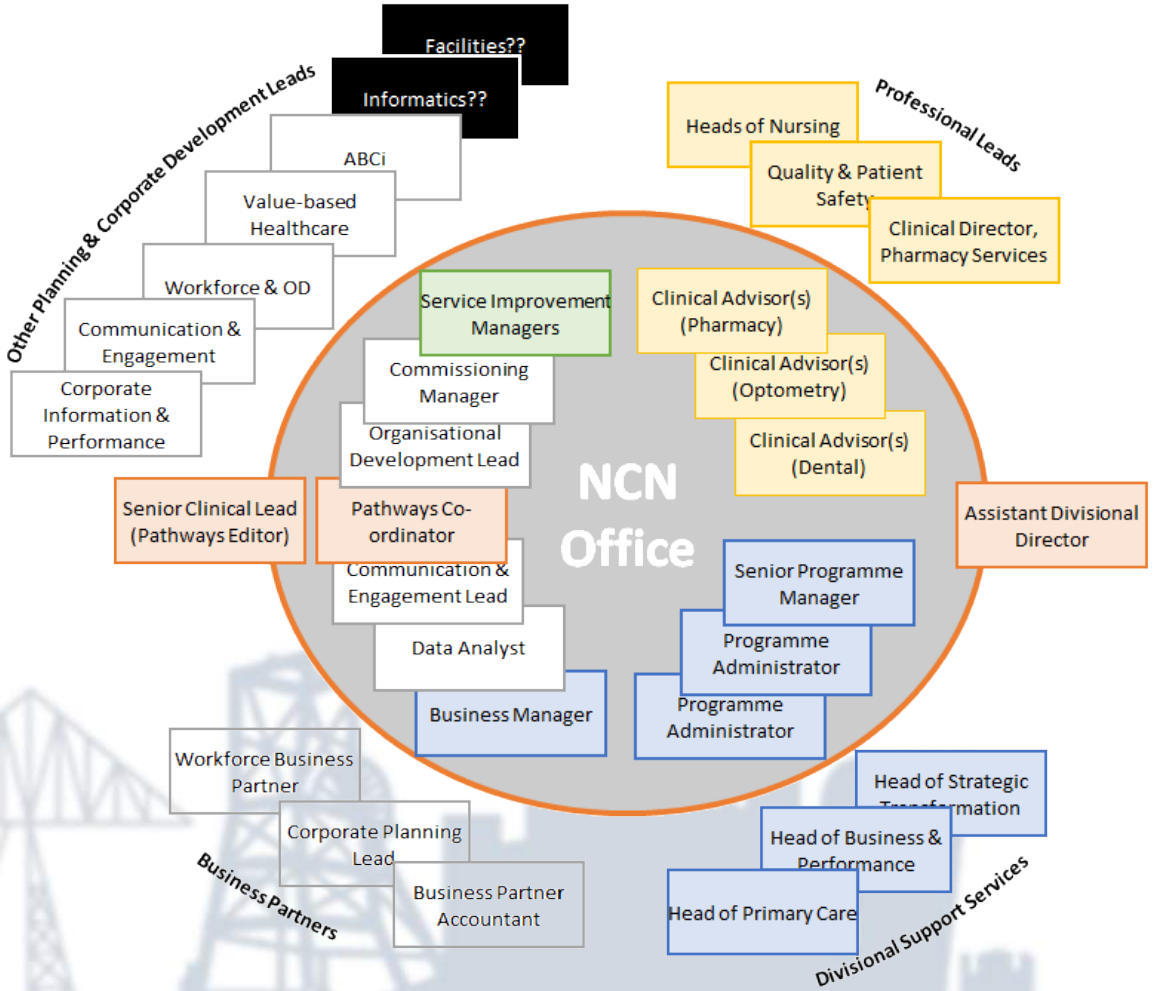
Newport NCNs have held a series of joint planning workshops and events on a range of priority areas including liver pathway, integration of frailty services, flu vaccination, emergency planning and winter preparedness.

Current challenges

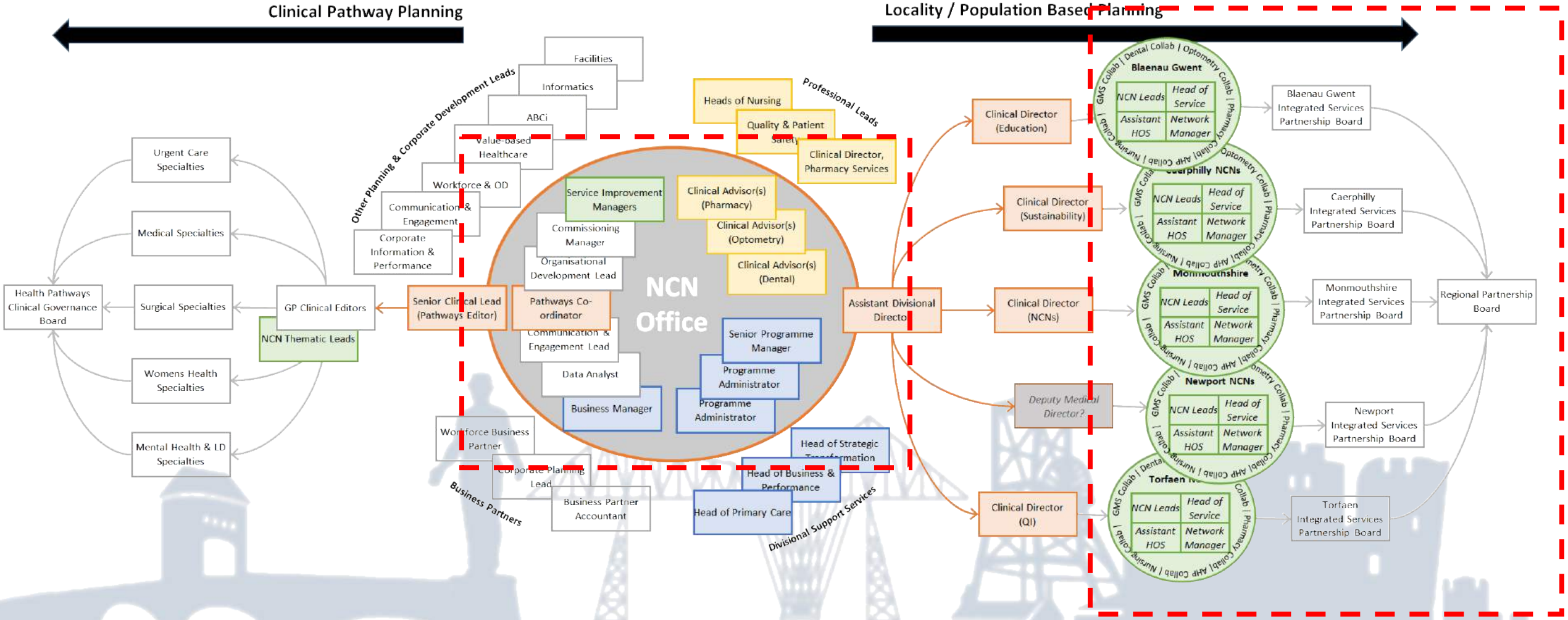


NCN Office

- ‘NCN Office’ co-ordinated by a Senior Programme Manager
- Capacity and expertise
  - Data and intelligence
  - Quality improvement and evaluation
  - Business planning
  - Communication and engagement
  - Workforce planning and organisation development
- Combination of roles solely for NCNs and drawing in other expertise when required
- Matrix management within the Divisional and Corporate Directorates
- Designed to ensure that population health / NCN planning and delivery ‘everybody’s business’



Planning & Programme Structure



PCMW Outcome 1:
An Informed Public

Communications & Engagement

Communications & Engagement Priorities

The **four key priorities** for NCN Development Communications and Engagement are:

- **Sustainability of Primary Care services**
- **Improve care navigation**
- **Produce targeted comms at a cluster level**
- **Raise the profile of the NCN Programme**

Comms Reach - Social Media / ABUHB website

ABUHB Followers:

- Facebook 108k
- Twitter 25.5k
- Instagram 12.7k
- TikTok 167

In January the ABUHB website received **61,000** visits

Engagement

Weekly meetings are held with our 195 **'Nye's Communities Champions'**. Champions are people who are well connected within their communities and assist the Health Board in sharing key messages in the community.

The Engagement team has developed a **Stakeholder Management System** which contains 1,889 contacts who receive up to date information on a regular basis and in 2021 set up a **WhatsApp messaging service** which now has over 300 people subscribed.

1,889 Stakeholders

303 WhatsApp subscribers

195 Nye's Champions

Engagement

The Engagement Team holds regular public **face-to-face engagement** sessions.

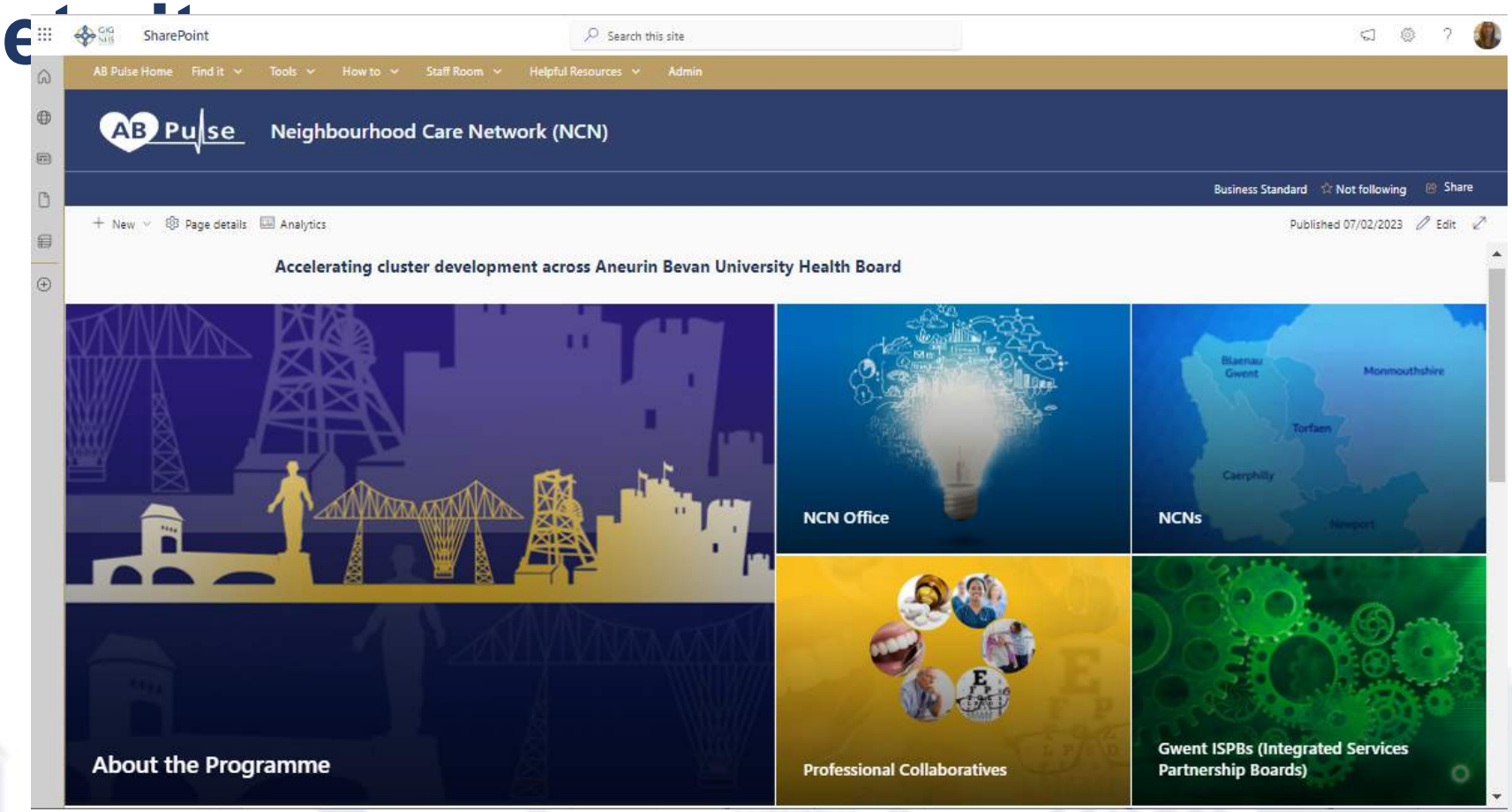
In 2022 the Engagement Team spoke with 4559 people across 149 venues in Gwent.

A wide selection of information is shared in conversation.
Current subjects include:

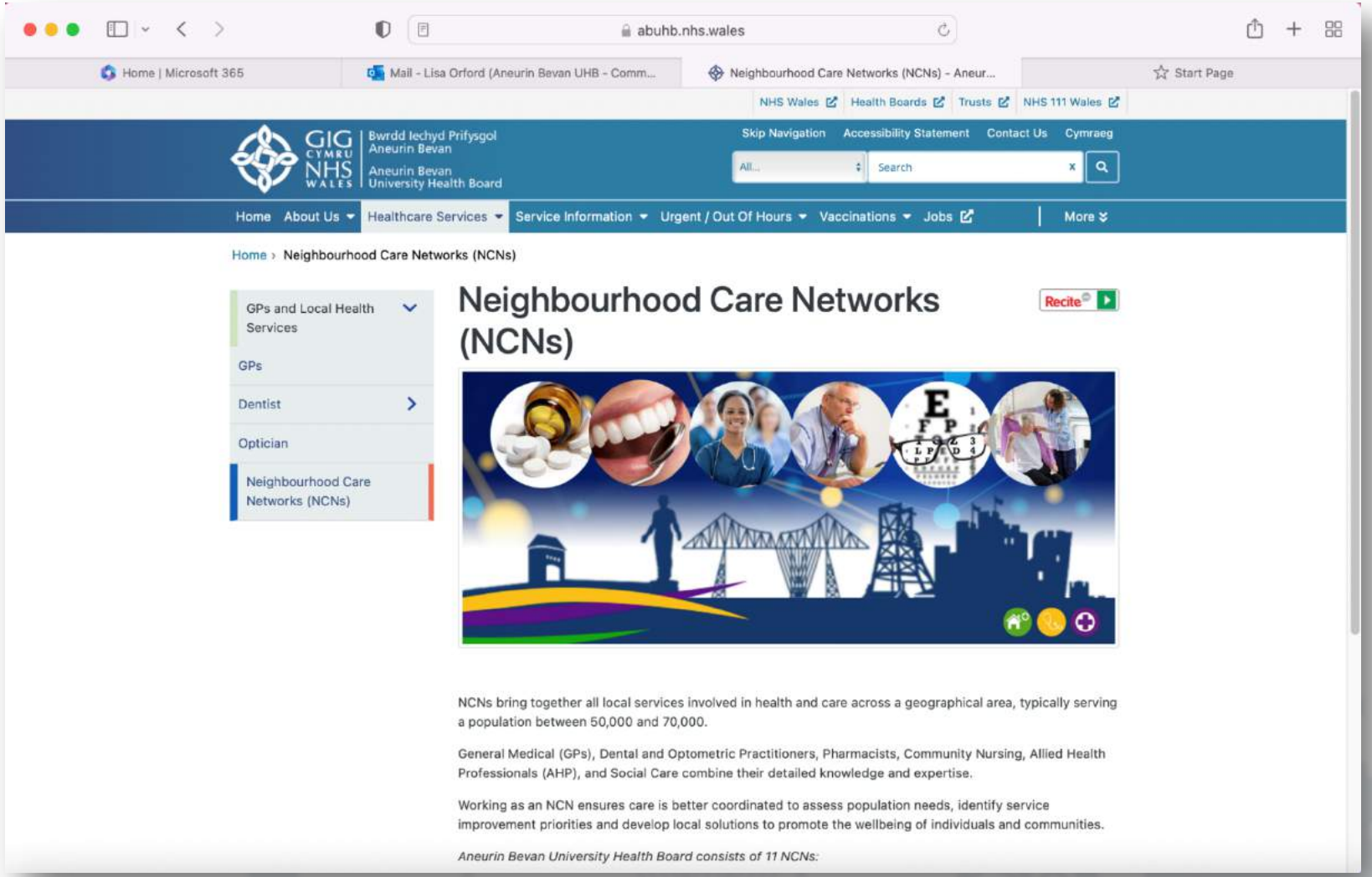
- How to appropriately access NHS services
- Common Ailments Service
- Primary Care 'Be Kind' Campaign
- MELO / 111 Option 2
- Flu & Covid Vaccination

Raising the NCN profile - Building a brand

Neighbourhood Care Network (NCN) Pulse Intranet site



[Neighbourhood Care Network (NCN) - Home (sharepoint.com)]



[Neighbourhood Care Networks (NCNs) - Aneurin Bevan University Health Board (nhs.wales)]

Be Kind Campaign

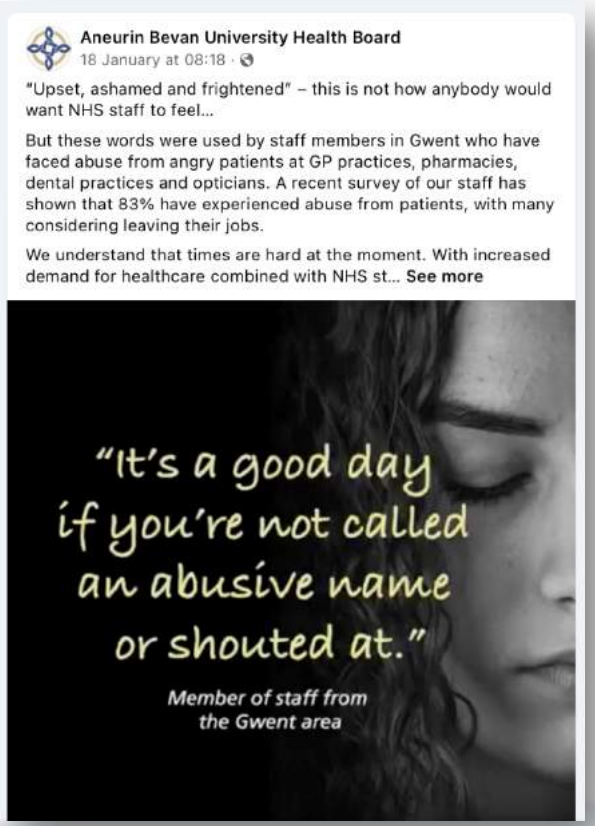
Following reports of increasing instances of abuse towards staff across Primary Care, a survey was sent out to staff in public facing roles in GP Practices, Dental Practices, Pharmacies and through Optometry. As well as gathering information, the survey acted as a listening exercise. 291 responses were received, with 83% of staff surveyed having faced abuse on some level. The survey also gathered feedback detailing staff experiences.

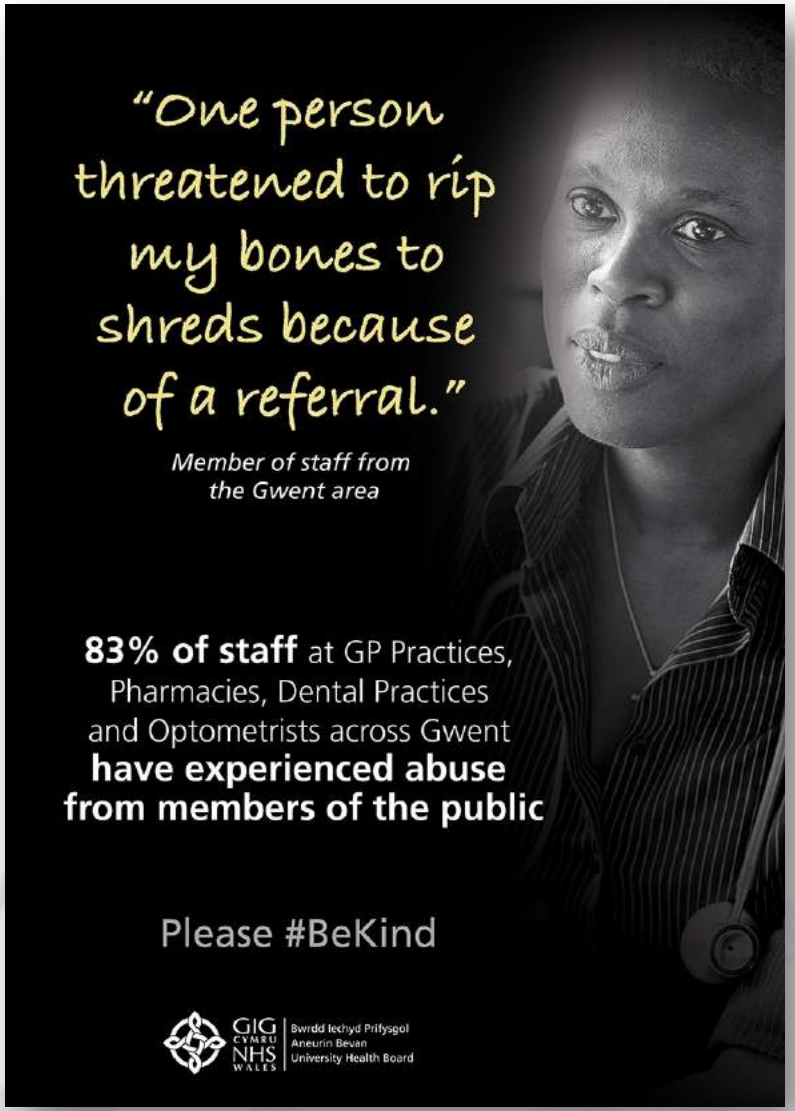
The campaign messaging incorporated some of the staff quotations to portray the effect abuse has on the individual in a bid to make people stop and think before being rude or aggressive.

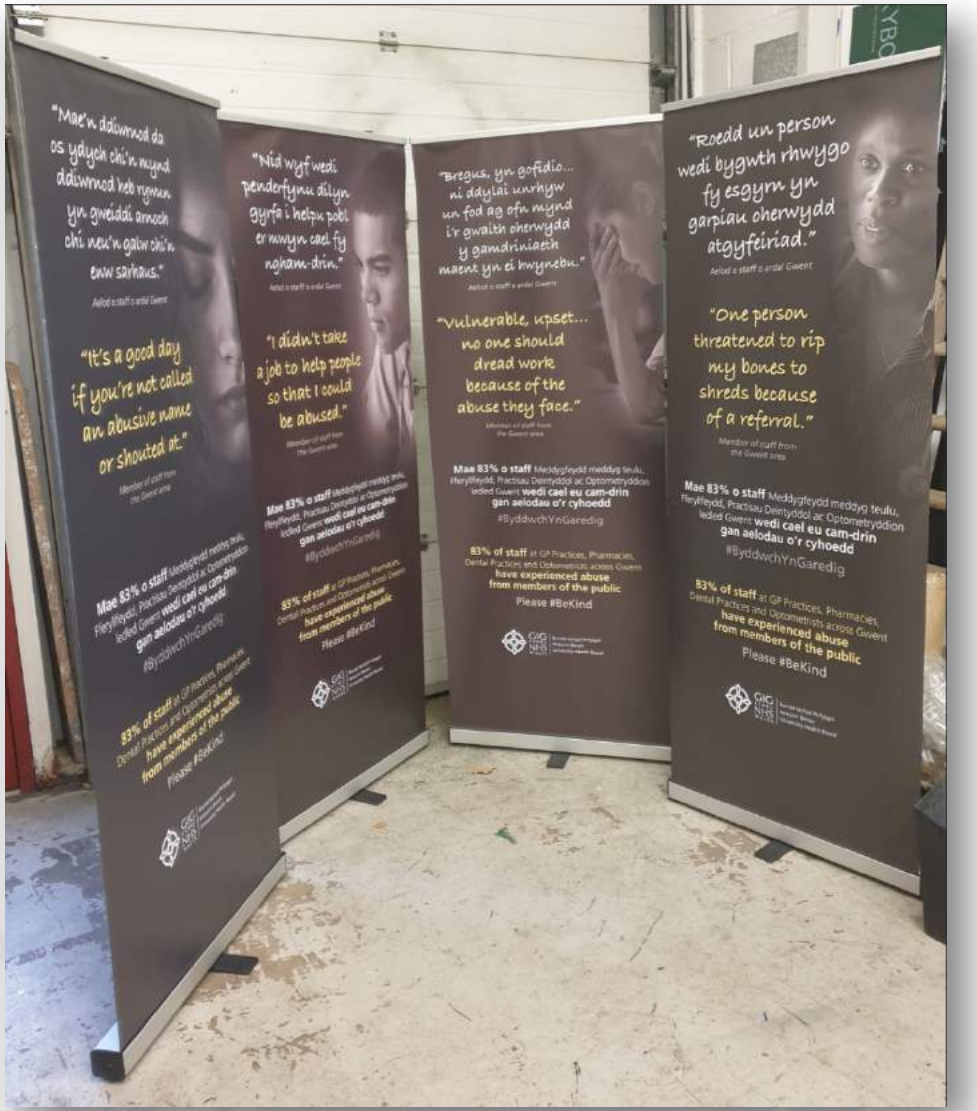
Digital campaign packs were created and distributed to GP Practices, Pharmacies, Dental Practices, Optometry and our Stakeholders. The messaging is being regularly featured on our social media channels. All NCN teams have invested in printed pop-up banners and posters to distribute to Practices across all five ABUHB Boroughs.

Be Kind Campaign

Be Kind Campaign



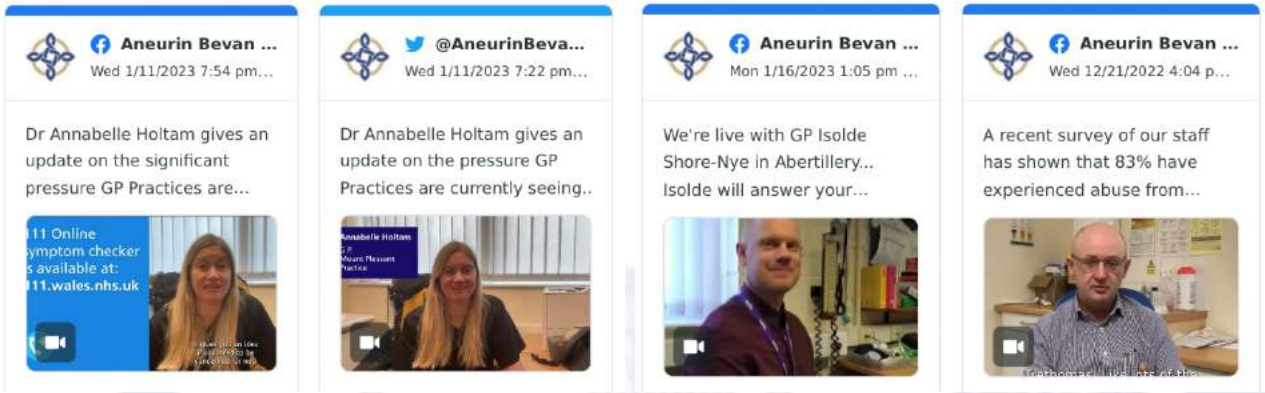




Managing Public Expectations

Social Media Videos/Live

With the help of three of our NCN Leads, Dr Alun Edwards, Dr Annabelle Holtham and Dr Isolde Shore-Nye, two videos were produced and shared through our social media channels and a Facebook Live was streamed. The communication outlined the pressures faced in Primary Care and the subsequent delays to some routine appointments. The Be Kind messaging was also integrated.



Managing Expectations - Social Media Videos/Live

The posts were met with positivity, understanding and support from the public, gaining **45,623 Impressions** and **27,513 views** *(up to 02/02/23)*

Practice Roles
Video Profiles

Feedback from the Engagement Team and GP Practices indicated that the public often only want to see a GP when making an appointment.

To increase public understanding of the different roles in GP Practices and raise confidence in having an appointment with a different healthcare professional, a suite of profile videos have been produced.

The roles include: Advanced Nurse Practitioner, Physician's Associate, Practice Pharmacist, Practice Nurse, Practice Paramedic, IRIS Manager, Psychological Health Practitioner.
The videos will sit on our Primary Care pages on the website (GPs - Aneurin Bevan University Health Board (nhs.wales)). They will be shared through our social media channels, a digital asset pack will be sent out to Stakeholders and the assets will be available for practices to share on their own channels. The videos will also be used in recruitment.

Practice Roles - Video Profiles

Integrated Wellbeing Networks

People in our communities living healthier lives for longer
Connect, support and help coordinate the assets that contribute to community health & wellbeing

Four connected key elements:

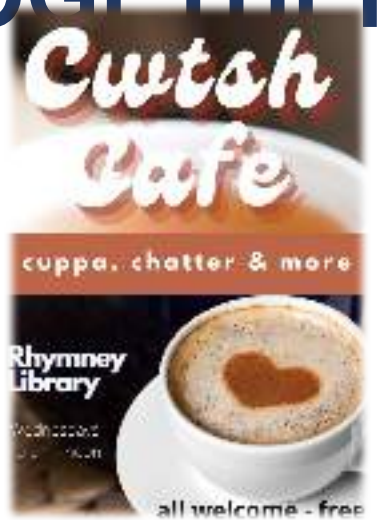
1. Place-based collaboration
   local wellbeing collectives

2. Community-based ‘Hubs’

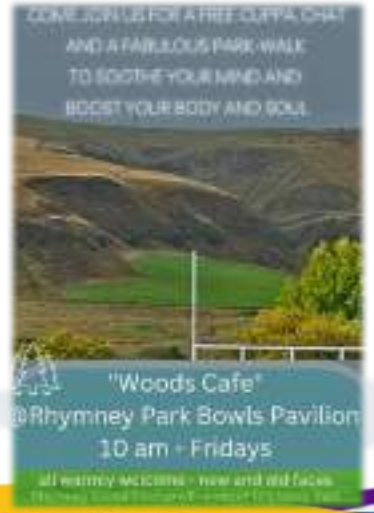
3. People and Services

4. Accessible wellbeing information
   Cwtsh guides/website, DEWIS

Community-based ‘hubs’/activities - working TOGETHER



Supporting
Connecting
Informing
Listening



Community-based ‘hubs’

Participatory Budgeting in Blaenau Gwent

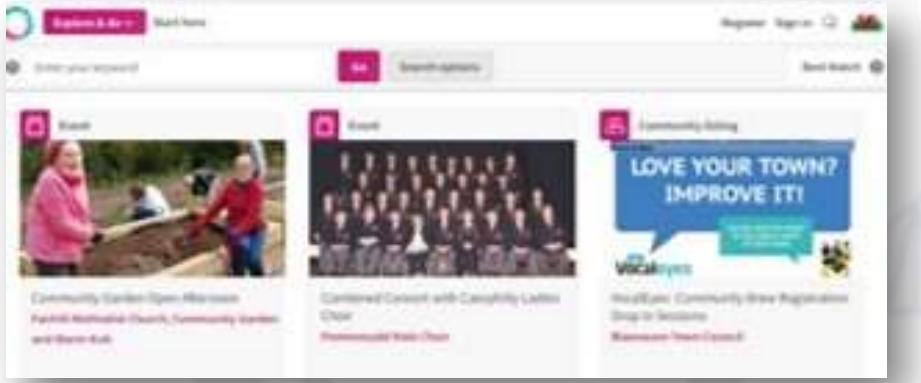
Community Voice Community Choice

- £250,000 available
- 72 applications received, totalling £422,191
- Four online voting events were held on Zoom
- 270 people took part across the four events
- 39 projects were supported with funding

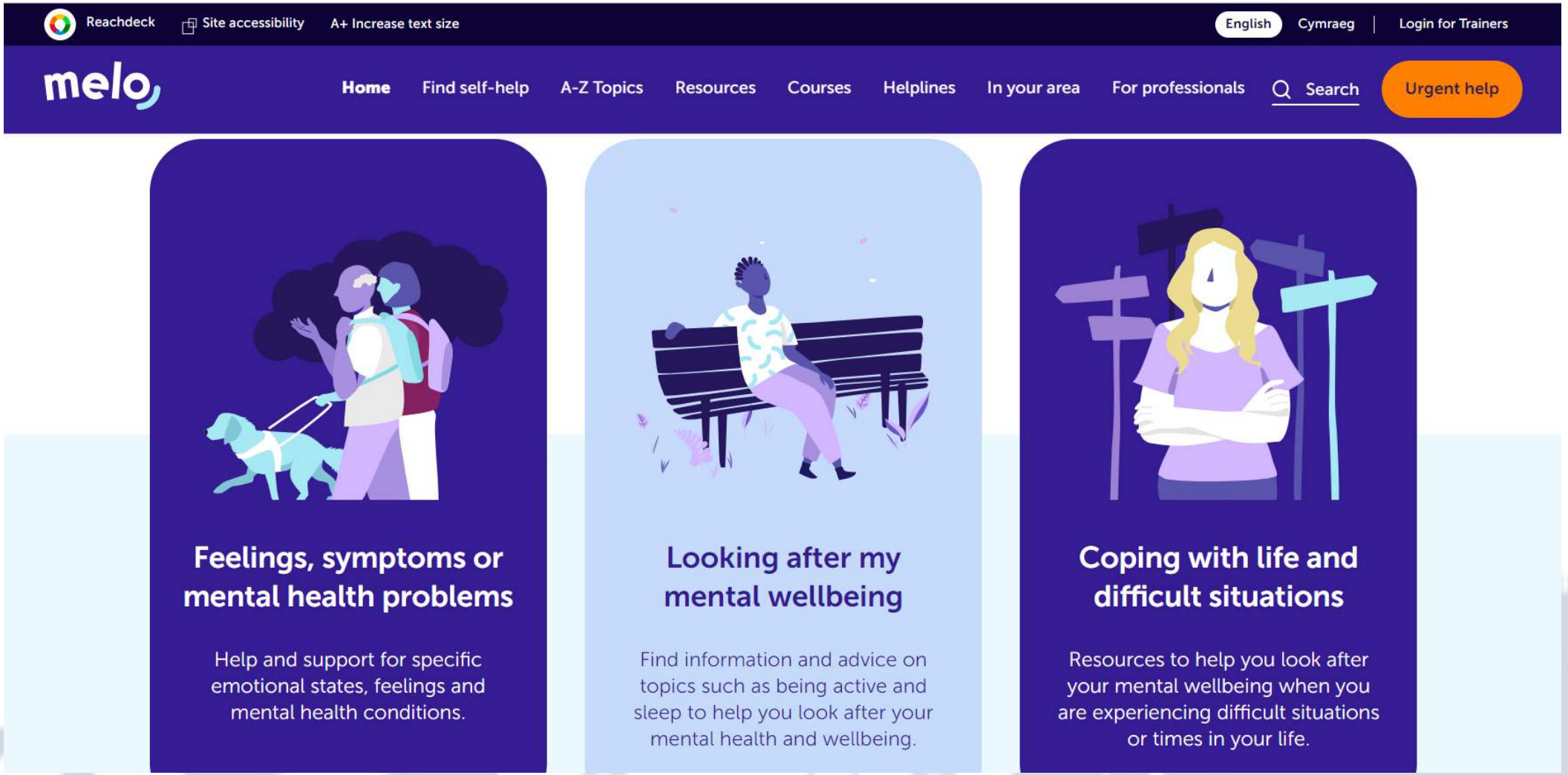
Participatory Budgeting in Newport

- £100,000 available
- 81 applications received, amounting to £422,191
- 4 online voting events were held
- 383 people attended across the four events
- After voting, 24 projects were supported with funding

Participatory Budgeting in Caerphilly



Melo and Connect 5



Challenges

Sam Williams
Is there a link between the nasal vaccine and strep a?
9 w Like Reply

Cathy Francis Phimba
https://www.thegatewaypundit.com/2023/01/temporary-morgues-built-across-uk-due-unprecedented-increase-excess-deaths/ PLEASE STOP THE COVID DEATH JABS

Temporary Morgues are Being Built Across UK Due to Unpre...
thegatewaypundit.com
3 w Like Reply

Glenn Humphries
Why are they still injecting the poison?
6 w Like Reply 2

Next Steps

- Continue to develop the NCN Pulse site and web pages
- Develop an NCN newsletter
- Recruitment campaign
- Care navigation bolt-on training (phase 1 and 2)
- Day in the life videos
- Continue to work with the NCN Teams to develop targeted local comms
- Ongoing comms and engagement to increase public awareness of services – the importance of accessing the right place, first time

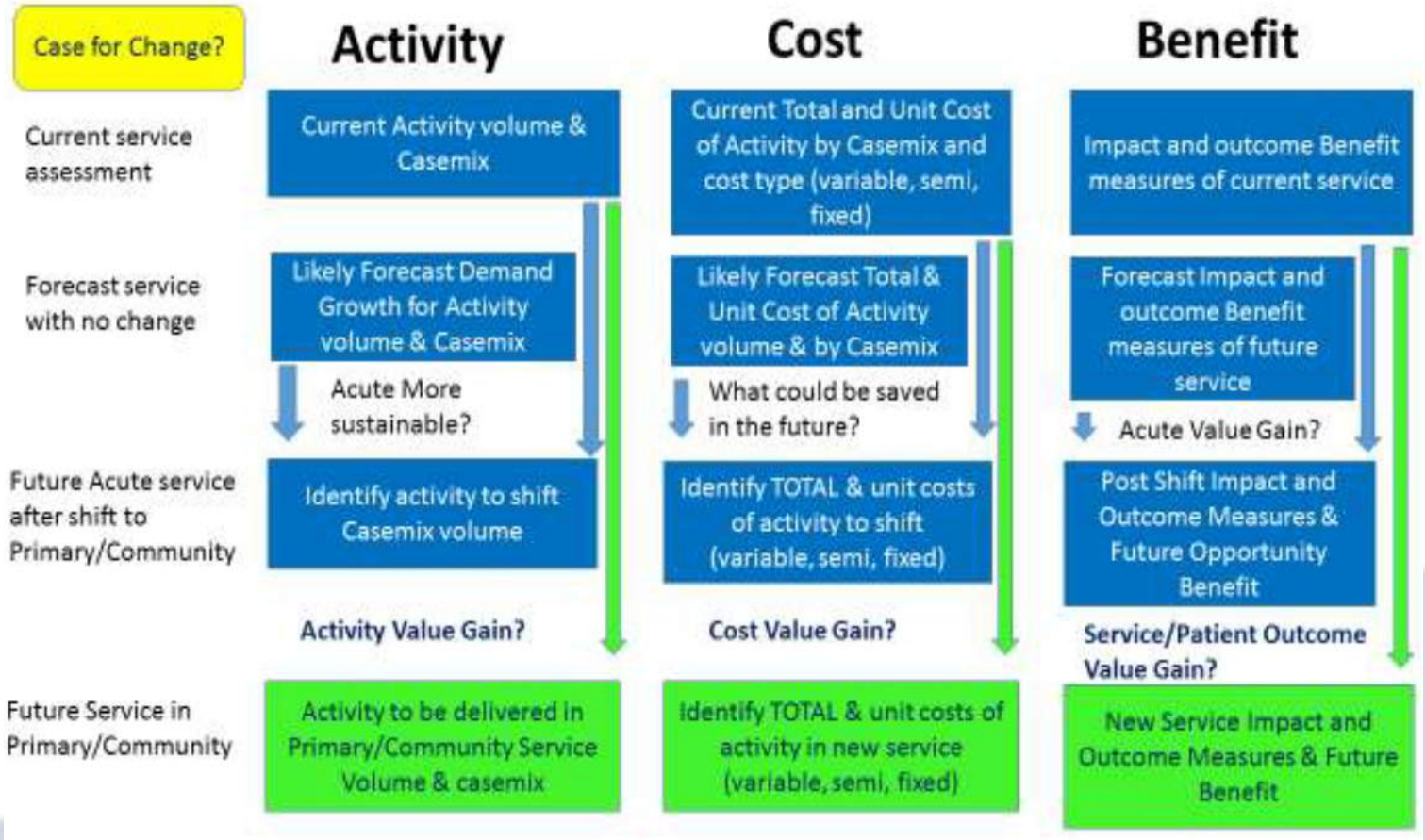
PCMW Outcome 13: Finance systems designed to drive whole system transformative change

Kay Morris – Finance Business Partner Accountant

Financial Framework

- Developed by Health Board Directors of Finance and Directors of Primary and Community Care in 2018.
- Tool to be used to support the implementation of service change plans involving shifting services from acute hospital setting into the community and primary care setting.
- The Framework sets out considerations before embarking on shift of service delivery and reallocation of resources and what needs to be included as part of a Business Case.

‘Case for Change’ approach



Examples of Service Shift and lessons learned

- **Extended minor skin surgery – Local Enhanced Service**
  - The purpose of the Extended Minor Surgery LES is to enable GPs with the required skills to undertake specific procedures within a primary care setting. This LES commissions Extended Minor Surgery Services from a cohort of GPs appropriately accredited to treat patients referred to them by ABUHB's Dermatology Department and thus includes patients who are not registered with their General Practice.
  - WG delivery agreement funding used initially to fund LES, however, due to service growth, when this funding is exceeded, there is a transfer between dermatology in secondary care and primary care.

Examples of Service Shift and lessons learned

Opthalmic Diagnostic Treatment Centre – ODTC's

- Following NICE guidance in 2009 which stated that 'it is strongly advised to refer all patients with intraocular pressure over 21 mm Hg to an ophthalmologist except in the specific circumstances detailed below.' the Hospital Eye Service became overwhelmed after seeing a 10% increase in referrals.
- The EHEW OHT/Glaucoma refinement service which was set up in the community provided a means of reducing the number of inappropriate referrals to secondary care.
- The original pathway involved patients being referred from Community Optoms to secondary care on suspicion of Glaucoma, they would be reviewed in outpatients in SC, triaged in SC clinic, diagnosed, prescribed and followed up in secondary care.
- The new pathway involved more advanced tests by Optoms, virtual reviews by consultants and follow ups in ODTC's in the community.
- The pilot demonstrated that patients were being seen closer to home, in a more timely manner and the service was positively impacting on our ability to deliver against RTT targets.
- 2 Year Fixed term Pacesetter funding was used to fund the pilot. On evaluation, although referrals to secondary care had reduced significantly as agreement was not reached at the outset, funding for the ODTC has not transferred from SC to PCCS.

Examples of Service Shift and lessons learned

Redesigning Services for Older People (RSfOP) (WIP)

- The Health Board has recognised , and data shows, that there are upward of 100 people per week who attend ED and/or who are admitted who could, and potentially should, be cared for at home.
- This is a key transformational priority for ABUHB which requires a whole system approach with an emphasis on partnership working. With a focus on ensuring that those who require hospital care receive it in a timely way and are not unnecessarily held up in our complex systems, and that our primary and community care services are resourced appropriately with applicable pathways to deliver place based patient care.
- Workshop held to think about “working collectively as a health and social care system, how can we improve efficiency and effectiveness of support provided to frail, elderly people to enable them to stay at, or close to home, where it is safe to do so?”. Attendance from Primary Care, Secondary Care, LA’s, 3rd Sector.
- Resource group set up to map baseline information and costs of current service model with a view to potentially shifting resource when new model is developed which shifts demand to being managed in the Community.

ACD as an enabler

- Historically we've not been good at drawing down RPB/RIF funding, but with the governance framework and set up of ISPBs we are able to build relationships and have a line of sight to RPB.

- Programme allows us to have more influence and access to funding.

- Through the ISPB plans, should gaps be identified where needs are not met, and cannot be met within existing structure, consideration will be given to CIC's which will widen the access to funding.

ACD Outcome 2:
Wider range of services delivered across a cluster, meeting population priorities and need, closer to home

Caerphilly South

Caerphilly Borough Background Information

- Large geographical area of 278 km2 (107 square miles)
- 18.6 miles long and nearly 11 miles wide
- Runs from Brecon Beacons National Park in north, to Cardiff & Newport in south
- Resident population of approximately 181,731 *(Mid-Year 2020 Stats Wales)*
- 3 NCNs, Caerphilly North, Caerphilly South, and Caerphilly East.

Caerphilly South NCN

- Practice population of 56,023
- Variable deprivation
- Good road/rail links - easy access to M4 /short distance from Cardiff
- 6 GP practices
- 14 Community Pharmacies
- 6 Dental Practices
- 4 Opticians
- 6 Nursing/Residential Care Homes
- 5 Secondary Schools *(inc 1 Welsh Medium)*
- 20 Primary Schools *(inc 3 Welsh Medium)*
- 5 Libraries
- 10 Community Centres

The Caerphilly NCN / Locality Team

NCN Leads: Alun Edwards (South)
Lloyd Hambridge (East)
Heather Griffiths (North)

Head of Service: Alison Gough

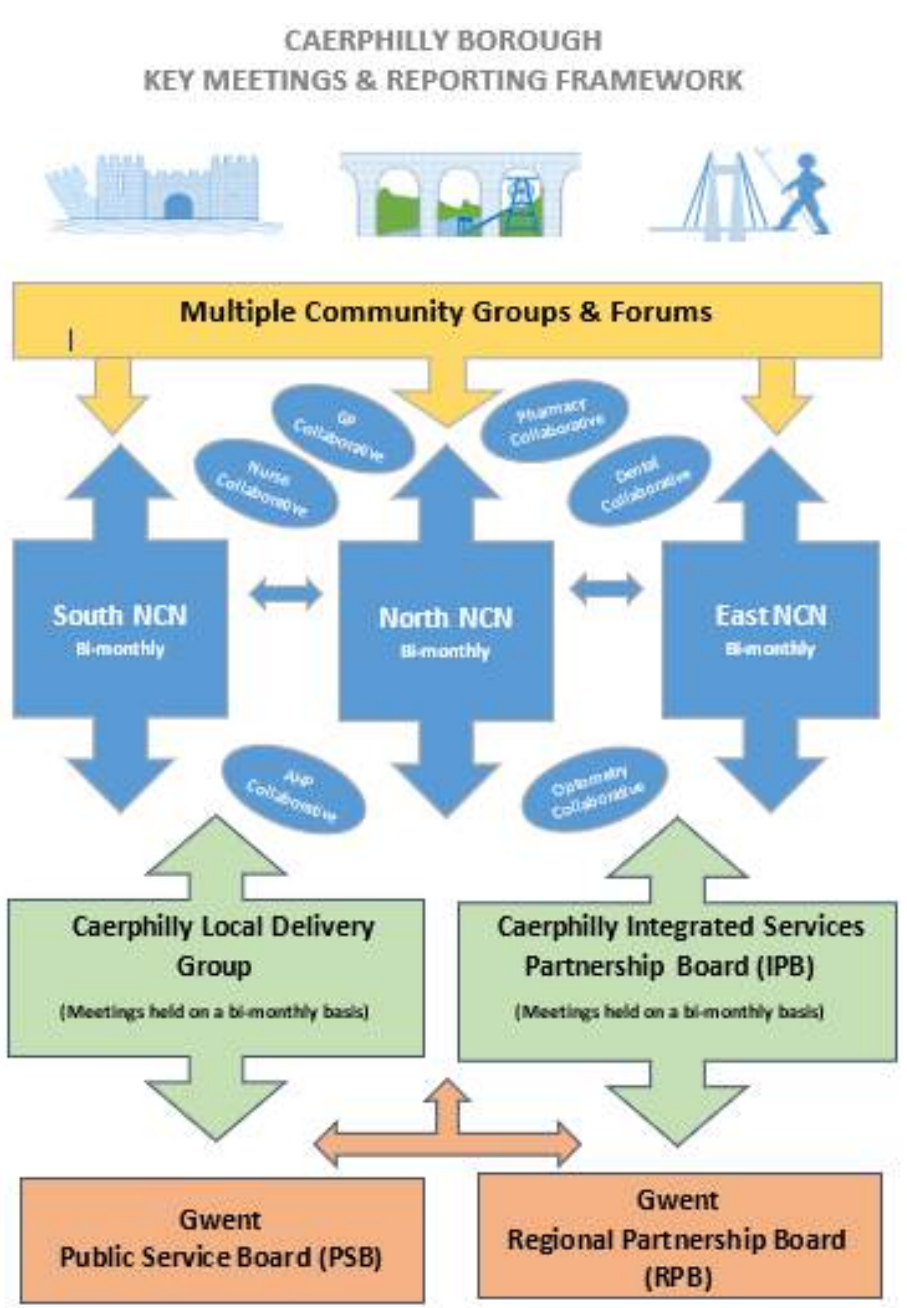
Asst Head of Service: Eira Turner

Network Manager: Jonathan Lewis

SIM (Locality/ACD): Clair Roper

IWN Lead: David Llewellyn

Network Support: Mari Burland & Stella Montgomery



Workstreams / Successes

- Response to the pandemic – inc collaborative GP approach to assessments
- COVID vaccination programme – MVCs, GPs, Housebound programmes
- Hub Development
- Practice Based Pharmacists (Prescribing /Sustainability)
- First Contact Physiotherapists (MSK/sustainability)
- Psychological Health Practitioners PHPs (Mental Health/sustainability)
- Integrated Wellbeing Networks (IWNs)
- IRIS (MH /DV)
- IT – eConsult/AccuRx (innovation / new ways working/sustainability)
- Transport services for citizens/patients
- Preventative Work - themed NCN meetings
- Community transport - support for residents to attend appointments / sessions around their health and wellbeing.
- Expert Patient Programme for a variety of subject areas with a notable introduction of a new topic in relation to diabetes
- ACD – NCN Development, ISPB established, plan developed

Trethomas Hub Development

- Outcome of COVID Response
- 1970s Built Health Board Owned Building – *a GP* practice until late 1990s
- Little investment over last 20 years
- Used predominantly by Family & Therapies Division until 2020 (HVs, SALT, Podiatry)
- Under utilised, services “owned” rooms but used infrequently and inefficiently
- Many rooms used as “storage”
- Following initial COVID response/demand rooms reviewed, decluttered, actual usage determined
- Minimal £ Investment to date – IT upgrade, patient environment

Trethomas Hub Development

- **Services worked together and a room schedule developed**
- **NCN/Locality Team – Now accommodated on site and act as "custodians"**
- **12+ new/additional services introduced on sessional basis within hub**
  - Audiology
  - Respiratory
  - Heart Failure
  - Lymphedema
  - Tissue Viability Wound Care
  - Falls Clinic
  - Frailty Clinic
  - Diabetes Nurse
  - Physiotherapy
  - Mental Health Counselling
  - Smoking Cessation
  - Patient education sessions (eg diabetes)
  - Paediatric Outpatient (Consultant led x1 monthly)
- **To Date –** a lot of achievement at minimal cost
- **Capital Bid submitted to Welsh Government to upgrade the building –**Providing additional clinical space, increased social care & 3rd sector provision, DDA compliance etc

SWOT ANALYSIS

STRENGTHS

Commitment
Relationships
Partnerships
Innovation
Clear Direction

WEAKNESSES

Sustainability
Funding/Budgets – Short Term
Independent Contractor - Contracts
Access to services
Integrated Pathways
IT Systems
Estate Infrastructure

OPPORTUNITIES

Funding Sources
Extended Roles
Place Based Care
Technology
Partnerships & Integration
Preventative Services

THREATS

Recruitment difficulties
Sustainable funding
Loss of Engagement
Overwhelming demand
Technology / Digital exclusion

The ISPB aims are to: -

- Provide integrated system leadership
- Provide partnership based detailed assessment of need & plans
- Understand professional assessment of service gaps, barriers and opportunities
- Develop an Integrated Workforce Plan.
- Assess integration maturity across organisations
- Align/agree commissioning arrangements
- Manage/monitor all Caerphilly Section 33/Part 9 partnership agreements
- Enable delivery of priorities outlined in the ISPB Plan.
- Create a culture which motivates all partners
- Enhance the Integrated Wellbeing Network (IWN)
- To approve and monitor utilisation of specific budgets and explore collaborative opportunities e.g., pooled budgets
- To identify, monitor and seek assurance across partner organisations to ensure the delivery of the priorities outlined in the ISPB Plan.

Delivering Sustainable Care Closer to Home

Caerphilly Integrated Service Partnership Board Plan – 2023-24

What are we doing / going to do?

- Providing easily accessible "place based" health & social care
- Working to ensure services are sustainable.
- Ensuring appropriate utilisation of estate infrastructure.
- Developing service models, pathways, and teams to meet the needs of a diverse population.
- Working across organisations to support staff wellbeing
- Working to ensure we have an agile and mobile workforce equipped with the skills to meet population needs.
- Analysing demand/capacity to determine need for a local Urgent Primary Care Centre
- Implementing the NCN (ACD) Development Programme
- Continuing the Integrated Wellbeing Network work programme
- Supporting the provision of low-level wellbeing support in nature/outdoor environments i.e., nature prescribing in association with IWN and third sector.
- Using data/evidence to inform decision making.
- Using IT/ technology to enhance/improve service delivery.
- Utilising appropriate preventative services to keep people well including flu & COVID immunisation / childhood immunisation / smoking cessation / weight management / exercise schemes.
- Creating antenatal to 7 years model to meet families' needs at the right time, in the right place, by the right person.
- Improving mental health resilience in children / young adults
- Implementing IRIS (Domestic Abuse) training programme.
- Providing Education Programme for Patients (EPP) - to improve self-management with long-term conditions.
- Reducing impact of poverty by supporting people into better employment prospects.
- Investing in new/existing Caerphilly Homes to deliver social value outcomes.

How are we delivering change?

- Work with partners to establish wrap around health and wellbeing services
- Partnership Working in relation to estate prioritisation & rationalisation
- Use of preventative, early opportunity, and self-management approaches
- Caerphilly Integrated Services Partnership Approach
- Use Multidisciplinary Team to undertake active signposting
- Use prudent pathways to improve planned care
- Recruit, train & educate our workforce to ensure needs of population met

"Enablers"

- Partnership First
- Experience, Quality & Safety
- Research, Innovation, Improvement, Value
- Workforce and Culture
- Digital, Data intelligence
- Finance
- Enabling Estate
- Regional Solutions

How will we know if we have made a difference?

ISPB/NCN Accelerated Development Evaluation Reporting Process

The Future

Priorities for 2023/24 –

- Workforce Recruitment, Retention & Wellbeing
- Sustainability of Services
- Access to Services
- Marmot Principles
- ACD Programme Delivery

Currently Working on Proposals/Feasibility of –

- Urgent Primary Care Hub
- Care Home In-Reach Team
- Virtual MDT Meetings
- Health Coaches
- Social Work Assistants
- Phlebotomy Support
- Ambulance Alternatives

Accelerated Cluster Development Programme: Aneurin Bevan University Health Board Ministerial Milestone Progress

Ministerial Milestone	Aneurin Bevan University Health Board Progress
Pan Cluster Planning Group Forming	5 Intergrated Service Partnership Boards reinvigorated to undertake the role of Pan Cluster Planning Groups.
Professional Collaborative Forming	Nursing collaborative formally launched with Optometry, Dental and Pharmacy formed and officially launching in July. Discussions, both locally and nationally are currently ongoing for Allied Health Professionals, Social Care and Mental Health collaboratives.
PCPG Cluster Lead Representative confirmed	The current Neighbourhood Care Network lead has naturally progressed in to this role, however, with maturity, this will potentially change through 2023/24.
Cluster / PCPG begin reviewing needs, confirming priorities and drafting plans	The Neighbourhood Care Networks and Integrated Services Partnership Boards have reviewed needs using the Area Plan and Population Needs assessments to develop local and borough-based plans.
PCPG Plan Drafted for inclusion in Health Board IMTP	The Integrated Services Partnership Board plans has been included and referenced in the Health Board IMTP
Pan Cluster Planning Group/Cluster Plan Published	The Integrated Services Partnership Board plans have been published in draft format as the strategic priorities that align to the Area Plan (published in April 2023) and respective Strategic Partnership priorities. The final plans, although remaining iterative, will be published in July in preparation for ratification and scrutiny across all partners.

Strategic Programme for Primary Care Fund

End of Year one report

Return by 30th May to sppc@wales.nhs.uk

Contents

Purpose of report

For governance purposes we are asking health boards to report progress against the first 12 months of the 2022-2024 SPPC Fund programme.

This monitoring form and request covers a retrospective look back over 2022-2023 and a forecast for planned activity during 2023-2024.

In this form you are requested to provide information about

- spend against allocation for last year and next year,
- key learning from year one and
- to confirm the objectives and outcomes of the proposals that are continuing during 2023-2024 and that these haven't changed during the course of the programme. If any changes have occurred could you please indicate what has changed and why this has happened.

This will inform a summary report that will be reported to the NPCB later this year.

You have already reported forecasted spend for the end of year one and planned spend for year 2. This form asks you to provide actual spend to 31 March 2023 and forecasted spend to 31 March 2024 so we can predict any over / underspend of the programme as a whole.

Section 1 – Overview of 2022-23

Health Board	*Aneurin Bevan University Health Board*
SPPC Fund allocation 2022- 2023	*£715k*
Number of projects funded in 2022- 2023	2
Project 1 ACD	£561,491
Project 2 Obesity	£153,509

Section 2 – Project implementation and learning

Project 1

Name of the project	**Accelerated Cluster Development Hub**
End date of the project	31st March 2024
If the duration of scheme has changed please explain how and why? *E.g. Delay in start date = 18mths not 2 years*	N/A
Key objectives & deliverables of this project	Outlined in Appendix A

Look back on year one for Project 1

This section is focuses on key learning please complete all boxes below for each project.

What you did and why? (Inputs and Output) What did staff / stakeholders do and what activity took place?
Following confirmation of funding allocation, a Board Development session was held in May 2022 whereby the consultation across multiple partners was undertaken. The outcome was a clear organisational vision and expectations defined based on Welsh Governments Ministerial milestones and the needs of the organisation. The importance of the ACD programme was recognised during the Board Development session and thus included as one of the Programmes key priorities both within the Division and across the Health Boards Clinical Futures Portfolio as one of the priority Programme within the IMTP working towards delivering a sustainable Health Board. An Executive Lead and SRO were identified, and key stakeholders derived, from which the Programme Board was established. The Programme Board identified the 6 workstreams required to deliver success and allocated workstream specific Leads. A Senior Programme Manager was appointed to oversee and manage the programme to ensure benefit realisation would be achieved across the course of the programme. Working with the leads, the Senior Programme Manager developed a comprehensive Programme Plan, outlining workstreams, actions and key tasks to achieve the vision. An NCN Office, comprising 8 roles across service improvement, communication & engagement, Workforce & Development, Business & Performance was developed as per Board consultation to facilitate programme delivery. The NCN Office structure was based on a matrix approach with a clear view on sustainability following the initial funding period. Engagement with Local Authority and 3rd Sector partners has been key in re-invigorating the Pan Cluster Planning Groups (Referred to as Integrated Service Partnership Boards in ABUHB). The ISPBs have developed their 3-year IMTPs with support from PCC facilitated workshops. Engaged with NCN leads, Network Managers and Heads of Service regarding development of local NCN plans, including template guidance and a review of draft plans to provide feedback, and planning support for development of ISPB plans. Provided links to key information published, local datasets demonstrating local population issues and need and input from thematic leads across Primary Care & Community Services, alongside GMS workforce information to help understand the workforce challenges facing

Primary Care, to help teams develop robust local plans. This helped local teams be more informed of their local population need and challenges when developing/refreshing their plans.

The development of Professional Collaborative working groups has enabled steady progress in establishing robust and sustainable collaboratives across the specialities which will be a key focal point for year 2 of the funding period.

As an overview, below details some of the completed tasks from the Programme Plan:

WS1 – NCN Office

- NCN office recruited – to provide a supporting function to the wider network with specific intention to fill the gaps as identified by the board development session.
- Programme plan developed – workstream and leads identified to achieve the desired vision.
- Workplans for each workstream developed – to provide a focussed effort and monitor progress.
- PCC Facilitated workshops undertaken across each PCPG/ISPB – to re-invigorate ISPBs, agree a ToR and commence the planning process.
- Community Pharmacy / Optometry / Dental / Nursing / AHP collaboratives initiated and adopting Terms of Reference – to fulfil the collaborative approach to planning and delivery.

WS2 - Governance

- NCN Governance Structure aligning with ISPB/RPB paper agreed by Executive Board and Public Board – to confirm the governance process across the programme.
- NCN delivery plans completed – in response to PNA and align to ISPB & HB IMTP
- ISPB draft plans completed – aligned to HB IMTP and Regional area plan.
- Programme Board and Steering Group established with Terms of Reference – to ensure programme governance and decision-making bodies.

WS3 – Communication

- NCN Development Branding developed – to promote a clear programme identity and unified approach to the goals.
- NCN intranet site established – to act as the central site for NCN development related information, promotion and templates.
- Various public engagement campaigns completed – to raise awareness and engage with the public.
- Role profile videos and infographics developed - to raise awareness of services available for professionals and public.
- Internal newsletter generated on regular basis – to raise awareness, share good news and promote activities (generated from the intranet site).

WS4 – Organisation Development & Sustainability

- Facilitated workshops across NCN areas.
- Facilitated launch events for professional collaboratives.
- Team development sessions across the NCN office structure undertaken.

WS5 – Planning & Outcomes Framework

- PNA tool developed and shared across Primary Care and the NCN Network – for use when setting priorities and identifying areas to develop.
- NCN business cycle derived and shared across Primary Care and the NCN network – to support NCN areas with planning their meetings and deliverables across the year.

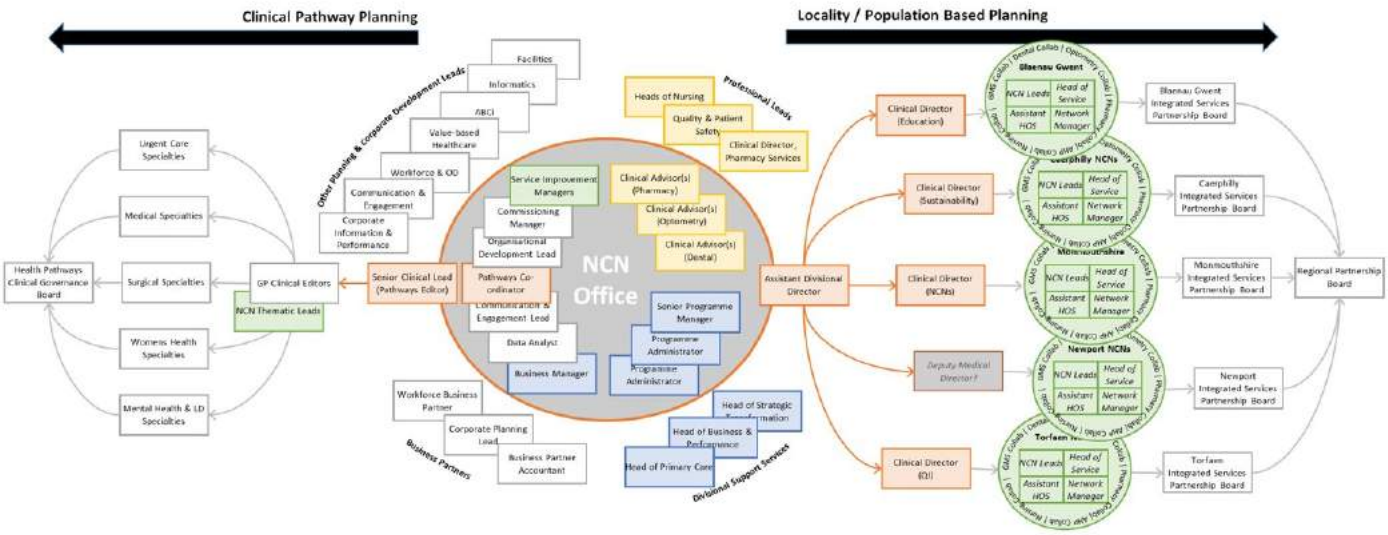
WS6 – Programme Management

- Programme Plan developed and communicated.
- Financial plan (Year 1) completed.
- Monthly finance updates completed.

Who was involved? (Priority population groups / healthcare professionals etc)
Which groups were involved? How were they involved?

As per previous section, for sustainability purposes the programme developed a matrix approach to delivery, thus maintaining links to the corporate function of the HB in anticipation of the funding closure, aspects of the delivery will remain as core business functions.

The key stakeholder involved are identified in the illustration below, outlining the complexity of the ACD Programme.



The programme has worked closely with RPB leadership group i.e. directors of social services for ISPB planning and Area Plan alignment.

More specifically, the areas identified below have also been involved:

- NCNs
- Pharmacy
- Optometry
- Therapies (AHP)
- Nursing
- Primary Care Locality teams
- LA partners
- 3rd Sector partners

How did the population groups / healthcare professionals feel about what is or has been delivered? Do you have any evaluation reports, case studies, service data to share etc?

As per the ministerial milestones for year 1, programme delivery has been centred on developing the mechanisms and functions to enable the shift in resource and establishing a collaborative approach to planning to meet the needs of the population at a local level.

What has been learned?
From your perspective: What went well? What could be improved? What would you do differently next time? Have you got any key learning for local / national consideration?

Areas that have gone well:

- Clear structure developed and communicated
- Programme has been recognised a priority in terms of HB planning and included in the IMTP both as a division and Health Board wide.
- Embryonic alignment with Regional Partnership Board
- Re-establish alignment to ISPBs across Gwent
- Embryonic Professional collaborative to develop on next year
- ISPB engagement and collaborative planning
- Governance process has been defined and agreed across HB, LA and RPB
- Communication and engagement has been really well received for a number of specific/targeted campaigns
- The additional capacity from the NCN Office has allowed a baseline of current NCN funded projects across 11 NCN areas
- The learning from undertaking 2 peer review sessions

Areas that we feel could be improved include:

- Through year 1 we were unable to make the case for shifting resource – for development over year 2 of programme delivery, however this is more likely to require a longer-term approach to be embedded successfully.
- Programme and timescales permitted has underestimated the infrastructure required for the functioning Professional Collaboratives to have clear and equal input ie number of meetings / heavily layered and bureaucratic.
- Consistent approach across Professional Collaboratives has been challenging due to the various levels of maturity and contract reforms.
- The availability of funds and consistent renumeration rates and funding for Professional Collaboratives has been a key factor in the trajectory of respective Collaboratives.
- The timing of milestones was extremely challenging in relation to the development of PCPG/ISPB plans as this occurred over a very busy winter period which created friction within the collaboration.

Some opportunities were recognised through year 1 for aligning wider HB programmes which included the symbiotic relationship with Redesigning Service for Older People, the Primary Care Academy and Sustainability programmes.

What change occurred or was done differently as a result of the project?
What made the project transformative / different from traditional mainstream services?

Over the course of the 1st year, the development of 3-year ISPB plans was the greatest change that occurred as although ISPBs were previously in place (ceased prior to COVID-19), this was the first time the collaborative approach was undertaken.

In addition, another key change has been the alignment of the current NCNs with their respective re-invigorated ISPBs and RPB structures.

We are currently in the embryonic phase of widening the NCN to other professionals to have a holistic approach to service planning due to the challenges previously identified.

Any changes to note that have affected the spending plan or deliverables?
Anything different to what was agreed in the original proposal?
Any unintended/unexpected issues arising in the first year both positive and negative?

The delays and recruitment challenges due to the short-term nature of the funding and recruitment systems impacted on the progress trajectory for a significant period of the funding year. Although all Ministerial milestones were achieved, as a Health Board we would have anticipated having more maturity across the professional collaboratives and their engagement in the planning process.

Is there anything not achieved at this end of year one point you would have expected or hoped to have achieved? If not why not?

As previously identified, although we have leads identified, we would have anticipated having more maturity across the professional collaboratives and their engagement in the planning process.

The failure in the ability to recruit a Data Analyst to provide in-depth data to inform the planning process has hindered the intended outcome of providing automated PNA data for live updates and support programme management.

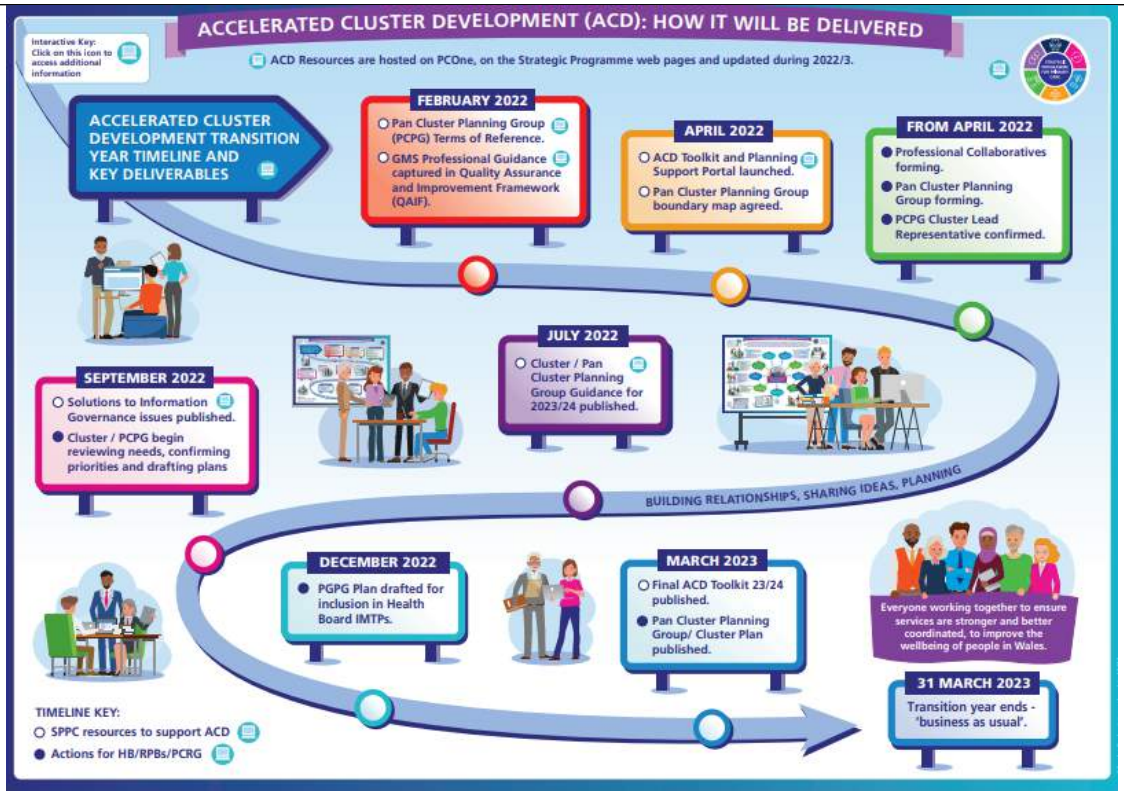
What does 'good' or 'success' look like?

With the National Programme we are adopting the Ministerial Milestones and associated success criteria as what good would look like.

Ultimately, we are striving to achieve a flow of innovative projects through the NCN funding stream which can be upscaled through ISPB and RPB levels and thus provide an improved and equitable service and allowing the resource shift from Primary Care across the relevant regional partners.

So what? (**Outcomes - achievement against each objectives and deliverable to date**)
Did the project activity achieve what you expected?
What do you think has been the results and impact of this project and the SPPC Fund investment?

For the transition year, we have used the Ministerial milestones set out in the road map below as objectives.



In additional to the Ministerial Milestones identified in the road map above, the readiness checklist attached identifies the objectives and actions that were deliverables through the transition year. This self-assessment also demonstrates the impact and achievements for 2022/23.

ABUHB Readiness Checklist v1.0 submi

How are you monitoring and /or evaluating this project?
Will there be a final report, if so when and can you embed any interim evaluation reports?

Through the transition year, the readiness checklist was adopted as the monitoring framework whilst the initialisation of governance mechanisms and infrastructure were undertaken.

As per previous sections, the Ministerial Milestones were utilised as a methodology of evaluating the progress during the transition year, however, moving forward into the final year of funding, we will be adopting the National ACD outcomes and associated success criteria as our approach to evaluating the programme.

Any additional information you would like to include?

Although we have strived to consider in initial set up with a matrix approach, given the increasing demand and system pressures, concerns have been raised across various partners regarding sustainability and the longevity of the programme structures and processes once funding ceases. Once the additional capacity is withdrawn, the ability to continue will be restricted.

Name of the project	**Obesity -** Weight management brief advice and self-directed support in primary care (Level 1)
End date of the project	31st March 2024
If the duration of scheme has changed please explain how and why? *E.g.Delay in start date = 18mths not 2 years*	
Key objectives& deliverables of this project	Outlined in Appendix A

Look back on year one for Project 2

This section is focuses on key learning please complete all boxes below for each project.

What you did and why? (Inputs and Output) What did staff / stakeholders do and what activity took place?
Stakeholder groups were created to include primary care, public health, weight management, dietetics & ABUHB communications representatives. It was agreed that more support was needed for level 1 support services to enable healthy lifestyle changes to be supported via behaviour change techniques. Objective 1: To produce and maintain a central point of access and website for a range of Level community weight management options and evidence based online or self-help materials. Objective 2: To deliver a programme of brief advice training, practice-based materials (based on the 5As framework) and incentives for signposting adults with a BMI 25-30 without co-morbidities to the central point of access for Level 1 weight management provision. Objective 3: To provide additional lifestyle support for people who require more intensive intervention or engagement to strengthen their motivation (behavioural intention), assistance with self-navigation or facilitated self-help for weight management. It was identified that the Community Health Programme would be the name for the new service & they would play a key role in supporting non-complex patients with BMI 25-30 to make important lifestyle changes to promote healthy eating, getting more active and accessing emotional well-being support where needed. It was agreed this service would be piloted in the same locations as the Diabetes Prevention Programmes to enable this population to have further support after their initial DPP consultation. Digital exclusion is of particular relevance within these pilots areas & has been a key factor in design or creation of support packages. An agreed vision and implementation plan was created to enable public and stakeholder input was included in the vision of the created products. Focus groups were run in multiple locations to ensure public were providing input on how they wished to receive level 1 weight management support. This identified the need for self-help resources in online and virtual format. These needed to be able to be used with patients in a supportive way but also stand-alone products that people could access in self-directed ways. These have been created and will be used with the public in our 2nd year of this project. Good working relationships have been established with Integrated Wellbeing Network staff to ensure patients are sign posted to the supported needed within their local community initiatives; including walking groups, food banks, financial support & educational opportunities. An ABUHB website was created with the communication team to enable easy local promotion of the level 1 options, easy self-referral access as well as self-help resources to support patients who prefer self- directed support. This resource links to the national provision and we will continue to enhance the resources available here.

Who was involved? (Priority population groups / healthcare professionals etc)
Which groups were involved? How were they involved?

This project supports 2 pilot areas Blaenau Gwent West and Caerphilly North which are the 2 clusters within ABUHB with the highest rates of overweight and obesity.

ABUHB Dietetics team, Primary care Public Health team, IWN Network leads and local authority leads all worked together to support the creation of this programme.

Specific population groups that are currently supported include anyone who self refers who is non-complex with a BMI 25-30 living in the 2 clusters.

Community groups are regularly supported to provide healthy eating advice including dementia care groups, food banks, walking groups, emotional well-being groups, cuppa and company sessions as well as rehab groups within local gyms, community centres.

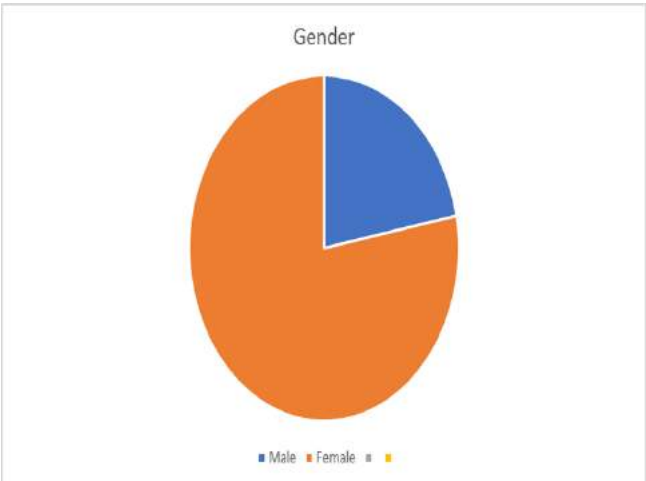
How did the population groups / healthcare professionals feel about what is or has been delivered? Do you have any evaluation reports, case studies, service data to share etc?

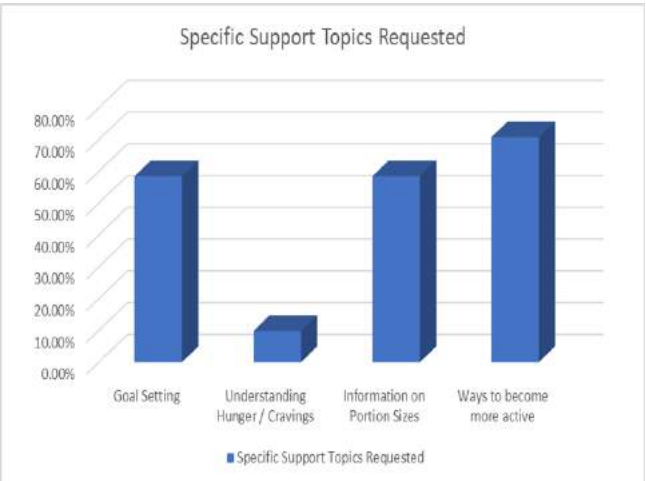
There was an initial anticipation that there would be a large amount of support needed for the population of the public that are digitally excluded. The objective set for this population was to provide additional lifestyle support for people who require more intensive intervention or engagement to strengthen their motivation (behavioural intention), assistance with self-navigation or facilitated self-help for weight management.

This group has been challenging to engage with, so this piece of work has been smaller than anticipated and those who have engaged have often had higher BMI criteria so require level 2 or 3 interventions. However, due to this team having a smaller caseload of people needing intensive work, they have had more time to engage in population level preventative work and have offered healthy eating advice.

The CHP team have attended 89 engagement contact events these include health board, third sector and local authority events e.g. wellbeing fairs with IWN, community centre events, walking groups and food banks to name just a few. They have had a total of 968 separate contacts at these events. Of these contacts, the team have had 158 MECC conversations at such events, however, its noteworthy the team only began recording these in March.

The service has received 41 patient referrals for intensive support and accepted 28 of these. 90% of these declined have been sign posted onto ABUHB AWMS. The average age of those referred is 54. 53.6% are from Caerphilly & 46.4 % are from Blaenau Gwent. 78% of referrals are female and 22% are male. The average BMI is 30.2 kg/m2.





Area of Support requested	
Mental Well-being	24.40%
Healthy Eating Advice	82.90%
Physical Activity	65.80%

What has been learned?
From your perspective: What went well? What could be improved? What would you do differently next time? Have you got any key learning for local / national consideration?

A key learning regarding level 1 services; is the requirement for the services to have the ability to be diverse in their approach and the need for the team to have varying skills to facilitate this. There is a considerable need for the team to have in-depth promotional skills in terms of raising the profile of the project and what It can offer as well as 1 to 1 motivational and compassion focused support to enable patients to be supported to make meaningful health lifestyle changes.

The majority of staff were employed in a timely way; this included a team lead Dietitian & 4 Dietetic Assistant Practitioners were employed and trained in motivational interviewing & the 5 As approaches to Making every contact count to enable patients in community to be supported to identify behavioural changes they wished to work on to improve their health.

Sadly a 2nd Dietitian was employed as the team lead left so we have only ever had 1 Dietitian supporting this work which has slowed some progression elements. It has been agreed that venturing down a project management route with this work will enable the project to meet its objectives whilst honing the clinical skills of the rest of the team members.

There needs to be more don't to support food banks to do more than just provide food. The food needs to be of a higher nutritional quality and there needs to be good working links for the staff to support those attending to get cooking skills if needed or to just sign post them to individual support. Enabling these staff to perform a brief intervention will have a population effect in itself.

There are communication elements that were slow off the mark e.g. the internal website creation, leaflet creation and promotion, which were a lesser priority while staff were being trained and supported with communication and motivational skills training. I would prioritise the communications and promotion of the project as the main priority if re-doing this work. This delay again was linked with staffing vacancies and redeployment pressures when the service 1st launched.

What change occurred or was done differently as a result of the project?
What made the project transformative / different from traditional mainstream services?

This project aims to support Food banks to move away from providing fast food style foods that support an individual to get quick use energy.

The team aims to facilitate community groups with cooking skills to ensure there is an increase in the opportunities for the public to learn to make healthy changes and give them to abilities to perform this change.

Any changes to note that have affected the spending plan or deliverables?
Anything different to what was agreed in the original proposal?

Any unintended/unexpected issues arising in the first year both positive and negative?

Objective 2: To deliver a programme of brief advice training, practice-based materials (based on the 5As framework) and incentives for signposting adults with a BMI 25-30 without co-morbidities to the central point of access for Level 1 weight management provision.

Brief Advice training is being transformed on a Wales wide basis so no 'train the trainer' style support has been provided currently but can be considered for this year's planning when the new resources are made available.

The alternative approach has been for our own Band 4 support staff to be more readily available within community settings where brief Advice opportunities regularly arise eg walking groups, food banks, cuppa and company sessions as well as linking in with local gyms, college well-being events and locality financial support meetings.

These opportunistic sessions have been whole heartedly embraced by the voluntary services who report having hands on support from experts in Nutrition has increased their confidence with supporting their service users.

Due to low uptake for the bespoke intensive support packages, ABUHB have explored the commissioning of a PR agency to explore a local PR campaign to raise awareness of the importance of Healthy Weight with relevant signposting to self-help resources and physical leaflet drops to support those with digital exclusion.

Is there anything not achieved at this end of year one point you would have expected / hoped to have achieved? If not why not?

Due to GP time constraints and increased locum activity within GP surgeries it has been challenging to arrange service promotion within these settings and this has felt vital in promoting health care sign posting to our services. We hope to move past this barrier with our new leaflet creation & leaflet drop to homes within the area.

What does 'good' or 'success' look like?

Co-working continues with DPP projects across both clusters and the co-working has expanded to include IWN support, including sign posting and regular support at local walking groups – Co-working has begun with the IWN leads in BG & Caerphilly to ensure the SPPC team will have good links to sign posting of local services to support health improvements. The Community health programme have expanded their focus into food banks and food partnership support within the 2 pilot sites to support healthier food choices and eating on a budget.

Resource production has been a key focus for the team with self-referral created, online self-help resources & physical versions around cooking on a budget, meal planning & goal setting created and currently with the print team. Food bank recipe cards have also been created and food banks engaged with to promote healthy recipe provisions within the food offered to support healthier dietary lifestyle changes.

So what? (Outcomes - achievement against each objectives and deliverable to date)
Did the project activity achieve what you expected?
What do you think has been the results and impact of this project and the SPPC Fund investment?

Objective 1 - To produce and maintain a central point of access and website for a range of Level 1 community weight management options and evidence based online or self-help materials.

The ABUHB Weight Management Pathway is now finalised with easy self-referral access points available for all level 1-3 options.

A local Website is finalised for Level 1 services with self-help resources and self-referral links, but the creation of the national option has provided and externally created resource which we link to instead of some inhouse support options we had originally considered e.g. the starting conversation support packages.

How are you monitoring and / or evaluating this project?
Will there be a final report, if so when and can you embed any interim evaluation reports?

Any additional information you would like to include?

Look forward 2023-24

You have requested £715,000 to continue the projects listed below.

Overview of 2023-24 funding request

Health Board	*Aneurin Bevan University Health Board*
SPPC Fund allocation 2022- 2023	*£715k*
Number of projects funded in 2022- 2023	2
Project 1 ACD - Accelerated cluster development hub	£444,350
Project 2 Obesity - Weight management brief advice and self-directed support in primary care (Level 1)	£270,650
Please confirm this information is accurate	

Project 1 – Accelerated Cluster Development Hub - *The aim of this project is to strengthen planning and deliver through Clusters (NCNs) with investment in an Accelerated Cluster Development programme.*

Funding use in 2023-24

To provide programme management support for the transition and implementation of the new governance structures required to implement the ACD programme aligned to the RPB. The project will also provide planning/commission support from the Pan Cluster Planning Groups (PCPGs) through to NCNs via additional capacity and capability in supporting local delivery of system/service change plans

Project 2 – Weight management brief advice and self-directed support in primary care (Level 1) - *The aim of this project is to ensure systematic provision of brief advice, signposting and access to self-directed support for achieving or maintaining a healthy weight (step-down).*

Funding use in 2023-24

To produce and maintain a central point of access and website for a range of Level 1 community weight management options and evidence based online or self-help materials. In addition, delivering a programme of brief advice training, practice-based materials (based on the 5As framework) and incentives for signposting adults with a BMI 25-30 without co-morbidities to the central point of access for Level 1 weight management provision. The project will also provide project management and administrative support for each NCN entering the intervention phase of the All Wales Diabetes Prevention Pathway through stepped approach to implementation (at 6-month intervals) and to ensure integration with the development of the Level 1 weight management component of the AWWMP

Project 1

Name of the project	Accelerated Cluster Development Hub
Key objectives and deliverables of this project	Outlined in Appendix A – if different please outline

Project 2

Name of the project	**Obesity -** Weight management brief advice and self-directed support in primary care (Level 1)
Key objectives and deliverables of this project	Outlined in Appendix A – if different please outline

Appendix A

ABUHB SPPC Fund 2022 Proposals.pdf

Strategic Programme for Primary Care

Strategic Programme for Primary Care Fund 2022 (SPPC Fund)

Section 1 – Overview

Health Board	**Aneurin Bevan UHB**
SPPC Fund allocation	**£715,000.00**
Number of projects to be funded	2

Section 2 – Projects to be funded *Add further tables for any additional projects*

Project 1

SPPC Fund alignment 2022	ACD Programme ✓	Obesity	~~Other~~
Project title	***Accelerated Cluster Development Hub***		
Budget for this project	**Year 1 – £561,491** and **Year 2 - £426,306**		
Short project description	The aim of this project is to strengthen planning and deliver through clusters (NCNs) with investment in an accelerated cluster development programme.		
Key objectives of this project	***Objective 1:*** To provide project management support for the transition to the new governance structures required to implement the ACD programme aligned to the RPB including, • Workforce requirements to deliver functions within the revised ACD structure • Professional collaboratives to ensure engagement of independent contractors, community nursing and therapies workforce • Organisational development programme to support transition to the new governance structures • Communications and engagement plan for internal and external stakeholders ***Objective 2:*** To provide planning/commission support through Pan Cluster Planning Groups (PCPGs) including, • Population health management including needs assessment, population segmentation and risk stratification • Demand and capacity planning, service mapping and gap analysis • Transformation/service change plans based on agreed models of care such as Place Based Care or Graduated Care (including IT and digital solutions) • Contracting for pan cluster commissioned services • Service access equity audits and support for delivery of programmes to address the inverse care law ***Objective 3*:** To provide extra capacity and capability to NCNs to support local delivery of system/service change plans including,		

	• Delivery support for NCN including workforce planning, workforce development, quality improvement and service evaluation and business case development. • Distributed leadership within each NCN to drive system transformation and service change plans. • Support for new deliver models (e.g. CICs) including legal advice, business planning, corporate governance, etc.		
Start date	01/04/22	Expected End date	31/03/24
How will you monitor and evaluate this project?	A theory of change / logic model will be developed to support the programme design, planning, implementation and then the programme evaluation and strategic reporting to stakeholders. The theory of change / logic model will be used to monitor and evaluate how the investment in ACD structures and processes can be linked to short term outputs/outcomes in relation to access, continuity of care, integration and a focus on prevention and early intervention.		
Describe how this project differs to what is already in place locally or what has been tested elsewhere?	This project is unique within the Health Board and has been designed specifically to support implementation of the ACD programme aimed at driving reform and system/service change through clusters. The Gwent RPB has set up an Integrated Partnership Board in each local authority area and their role and functions will be strengthened through this project as they transition into PCPGs. The PCCS Division has a locality team which is responsible for operational management of community services, partnership working and support to NCNs. This project will significantly enhance the ability for locality teams and other directorates to drive change and delivery through NCNs.		

Project 2

SPPC Fund alignment 2022	ACD Programme	Obesity ✓	~~Other~~
Project title	**Weight management brief advice and self-directed support in primary care (Level 1)**		
Budget for this project	**Year 1 - £153,509** and **Year 2 - £288,694**		
Short project description	The aim of this project is to ensure systematic provision of brief advice, signposting and access to self-directed support for achieving or maintaining a healthy weight (step-down).		
Key objectives of this project	***Objective 1:*** To produce and maintain a central point of access and website for a range of Level 1 community weight management options and evidence based online or self-help materials ***Objective 2:*** To deliver a programme of brief advice training, practice based materials (based on the 5As framework) and incentives for signposting adults with a BMI 25-30 without co-morbidities to the central point of access for Level 1 weight management provision. ***Objective 3:*** To provide additional lifestyle support for people who require more intensive intervention or engagement to strengthen their motivation (behavioural intention), assistance with self-navigation or facilitated self-help for weight management. This may include people		

	identified most at risk through population segmentation (e.g. South Asian community) or those referred following roll out of the All Wales Diabetes Prevention Pathway. ***Objective 4:*** To provide project management and administrative support for each NCN entering the intervention phase of the All Wales Diabetes Prevention Pathway through stepped approach to implementation (at 6-month intervals) and to ensure integration with the development of the Level 1 weight management component of the AWWMP.		
Start date	01/04/22	Expected End date	31/03/24
How will you monitor and evaluate this project?	The All Wales Weight Management Pathway: Core Components (July 2021) identifies a minimum data set for commissioners and providers to assess the quality and outcomes of services provided and where appropriate to compare services delivering at each level. Process measures will be used to assess the scale and reach of the brief advice programme and digital analytics will be used to determine access and user behaviour in relation to the central point of access. The project evaluate the impact of more intensive intervention or engagement aimed at strengthen motivation (behavioural intention), self-navigation or facilitated self-help for weight management options. This will include people who are referred to Level 1 provision following phased implementation and step wedge approach to evaluation of the All Wales Diabetes Prevention Pathway.		
Describe how this project differs to what is already in place locally or what has been tested elsewhere?	The project is unique within primary and community services and builds on the existing MECC programme. Level 1 support should routinely be provided by primary care teams or other health and social care professionals involved in the long term care of patients in the community. There is already Health Board investment in multi-component commissioned weight management programmes (Level 2) and our specialist multi-disciplinary weight management service (Level 3). This project addressed a gap in the current pathway and will help to ensure that the weight of all patients is monitored and discussed in a sensitive and non-stigmatising manner with the goal of preventing significant weight gain in addition to supporting weight loss. This project also ensure that patients at Level 1 can be signposted to trusted source of support including local weight management opportunities and evidence-based resources.		

	CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**12 July 2023**
CYFARFOD O: **MEETING OF:**	**Partnerships Population Health and Planning Committee**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Capital and Capital Project Governance Arrangements**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	**Hannah Evans**
SWYDDOG ADRODD: **REPORTING OFFICER:**	**Andrew Walker**

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

This report proposes revised and improved arrangements for the management and governance of Strategic Capital and Discretionary Capital within the Health Board.

The Partnership, Population Health and Planning Committee is asked to note:

1. The proposed revised capital governance hierarchy
2. The Terms of Reference & Membership of the proposed Strategic Capital and Estates Board
3. The proposed revised Project Board and SRO arrangements
4. The need to thoroughly review and update the Capital Procedures and the relevant Standing Financial Instructions by the end of September 2023

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is being brought to the attention of the Partnerships, Population health and Planning Committee due to:

- The increasing number of capital projects that are being actively developed by the Health Board
- The need to review, update and improve the overall governance arrangements for these projects and the associated utilisation of Discretionary Capital
- The need to clearly communicate with the organisation where capital and estate work is progressed and delivered

- The need to include, within the above review, the recommendations from recently commissioned Audit Reports to improve project assurance

Cefndir / Background

The Health Board is currently progressing thirteen "live" capital projects all of which are formally recognised by Welsh Government and are at various stages in the business case / construction process. The value of these projects is circa £275 million. In addition to these projects the Health Board also oversees the allocation of £9.5 million from Welsh Government for use on Discretionary Capital.

Given the scale of capital investment involved it is considered necessary to:

- Review and update internal processes for the governance and management of these capital resources.
- Review and update current Health Board policies for the management of capital, including Standing Financial Instructions and Capital Procedures.
- As part of the above to take account of the findings of recent Audit Reports and to Learn Lessons from these reports that can be applied to future projects and /or be reflected in updated Capital Procedures.

Asesiad / Assessment

The Health Board has been very successful in acquiring capital from Welsh Government over recent years since the approval of the Grange University Hospital and has been reasonably competent in its overall management.

The number of projects has however gradually increased, as has the number of groups that have been established to manage capital expenditure. Current internal processes, governance arrangements and policies have not kept pace with this increase in capital related activities.

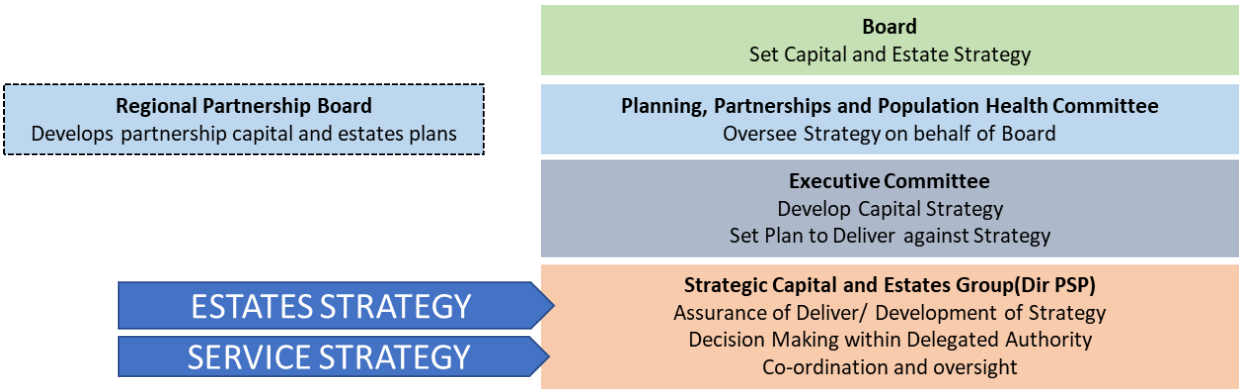
It is also evident from recent Audit reports that whilst our processes provide reasonable assurance there is room for improvement across a number of areas. These are addressed in more detail below.

A new Director of Facilities and Estates has also commenced in the organisation and brought some new perspectives as to re affirming the key estate and land organisational groups.

This report therefore seeks to begin to address these issues so that improved processes and procedures can be introduced as soon as is reasonably practical. It proposes the following:

1. A Revised Governance Hierarchy:
   This will provide, amongst other things, a much stronger role for the current Strategic Capital and Estates Workstream. All Strategic Capital Project Boards, the current Capital Group and other relevant groups will report to the Executive Committee but via the oversight and coordination of a newly constituted Strategic Capital and Estates Board. Draft Terms of Reference & Membership of the proposed Strategic Capital and Estates Board are attached at ***Appendix 1.***

The reporting hierarchy has been described in the context of Strategic, tactical and operational areas of focus. At a strategic level the reporting as follows: are:



Feeding through into the Strategic Capital and Estates Group will be:

- Updates and insight from the Integrated Capital Planning Group (RPB)
- All Major Capital Projects
- Work on Estates Rationalisation
- Discretionary Programme

Underneath this work will sit the revised operational arrangements to support site management, delivery of projects, accommodation coordination and Land and Property

The proposed revised hierarchy is summarised in ***Appendix 2.***

2. Major Capital Schemes - Revised Project Board & SRO Arrangements:

Due to the commitments of SROs and others certain projects had been overseen by Programme Boards that covered two or more projects. This has not worked particularly well due to the broader agenda of these Programme Boards and has been criticised by recent Internal Audits. It is therefore proposed that every Strategic Capital Project and certain Discretionary Capital Projects over a certain level have a dedicated Project Board with a senior SRO. A revised schedule of Project Boards and corresponding SROs is attached at ***Appendix 3***. It will also be necessary to provide more clarity and possibly training on the SRO role and to review the delegated authority of Project Boards in line with the proposed SFI / Scheme of delegation review.

3. A Review and Updating of relevant Standing Financial Instructions and Capital Procedures:

The Capital Procedures and Standings Financial Instructions are a key part of the capital governance framework. Once the proposed arrangements are supported, these documents, along with the Scheme of Delegation will be updated. This review needs to encompass the content of recent Audit reports and the key recommendations put forward by Audit to improve assurance. Key themes from these Audits include:

- Contracts and Confirmation Notices - not signed before commencement of projects and not dated.

- Non-compliance with Scheme of Delegation, need to review Scheme of Delegation.
- Project Governance generally, inadequate Project Board arrangements, poor attendance at Project Teams and Project Boards.
- The need for a more robust approach to capital and service risk management.
- The need for a more robust approach to change management and the associated "sign-off" of plans at each relevant stage in the development of projects.

It is proposed that revised Standing Financial Instructions, Scheme of Delegation and Capital Procedures are brought back for Committee approval by the end of September 2023.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to note:

1. The proposed revised Capital Governance Hierarchy
2. The Terms of Reference & Membership of the proposed Strategic Capital and Estates Board
3. The proposed revised Project Board and SRO arrangements
4. The need to thoroughly review and update the Capital Procedures and the relevant Standing Financial Instructions by the end of September 2023.

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):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Governance, Leadership and Accountability Governance, Leadership and Accountability
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Capital projects are identified in the IMTP as key enablers
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate

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 prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	n/a
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** 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 Choose an item.

Strategic Capital and Estates Programme Board

Terms of Reference

1.0 The main purpose of the Board is to:

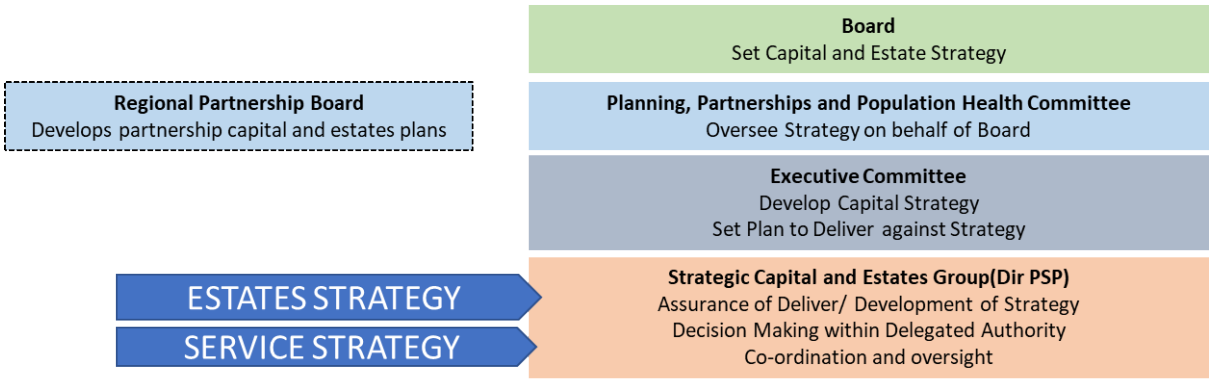
1. Oversee the implementation of the Health Board Estates Strategy and the associated updated Estate Strategy Strategic Objectives.
2. Oversee the ongoing progress and implementation of the Health Board strategic capital projects.
3. Oversee the Discretionary capital programme

2.0 Specific Role:

- Receive and review a monthly progress report on the implementation of the Estate Strategy Strategic Objectives.
- Monitor delivery of the Strategic Objectives, acting as a point of escalation for issues and risks that cannot be resolved at Local or Divisional level.
- Receive and review a monthly progress report on the implementation of the Strategic capital projects and the associated Capital Matrix.
- Monitor delivery of the Strategic capital projects, acting as a point of escalation for issues and risks that cannot be resolved at Local or Divisional level.
- Assess wider regional and / or organisational plans and their implications for the Estate Strategy and the Strategic capital projects.
- Evaluate new proposed capital developments to consider strategic fit, implications for quality & patient safety and the best use of resources to ensure value for money.
- Receive and review a monthly update on the progress of the Discretionary capital programme.

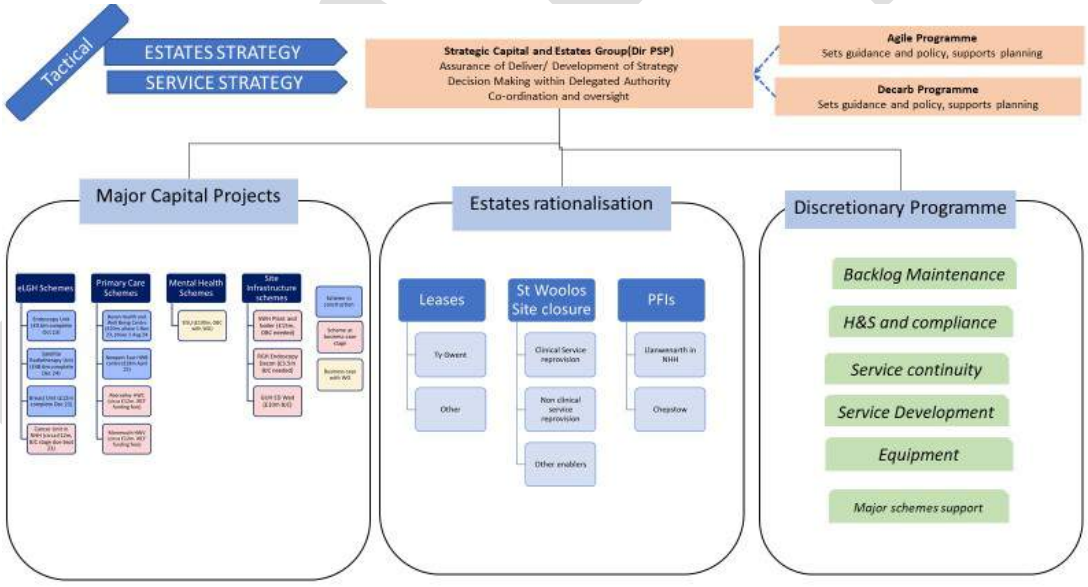
3.0 Reporting Arrangements

The Board will report directly into the Executive Committee providing assurance regarding the delivery of the key objectives and escalating key risks or issues as they become clear.



Feeding through into the Strategic Capital and Estates Group will be:

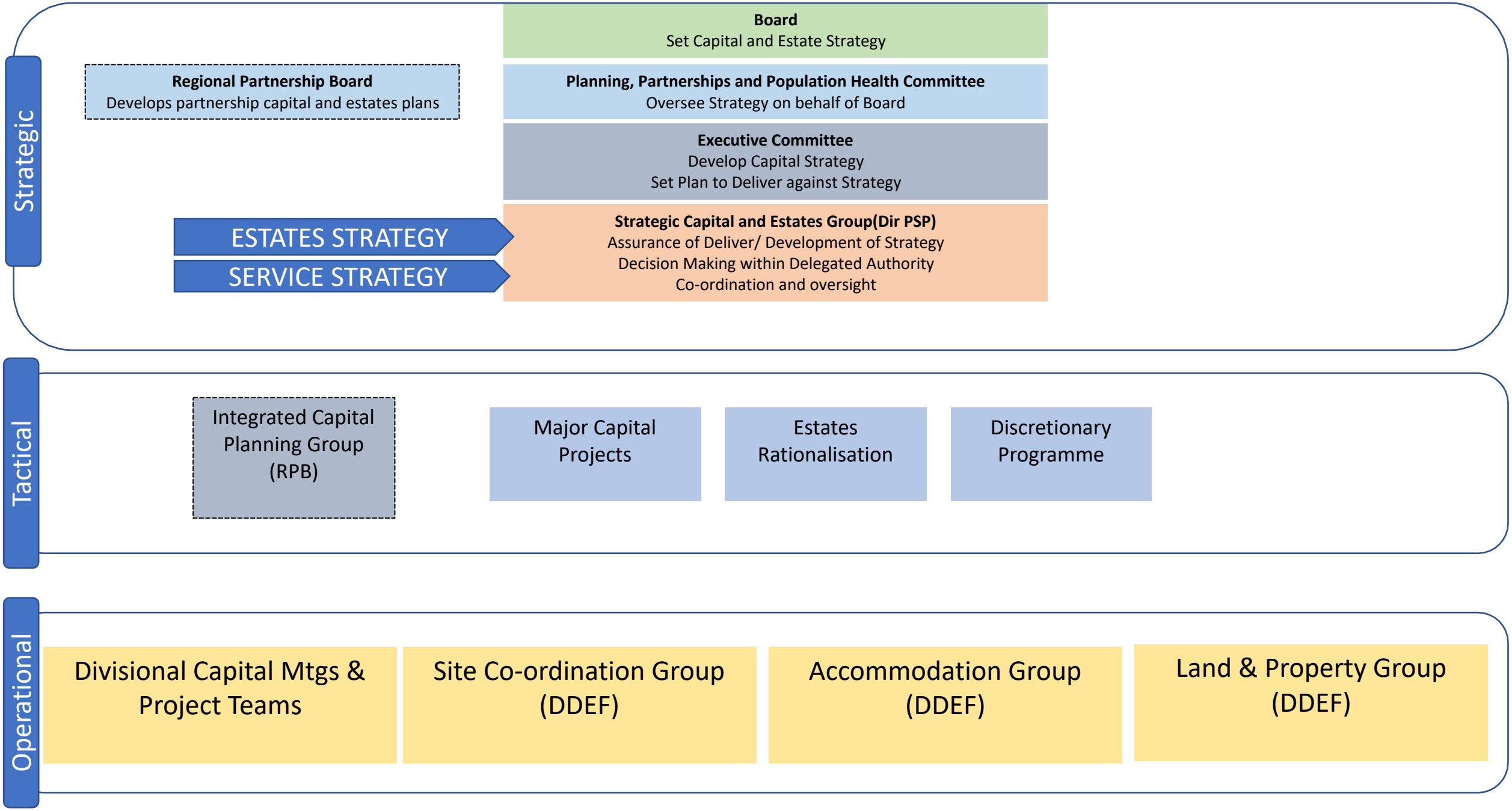
- Updates and insight from the Integrated Capital Planning Group (RPB)
- All Major Capital Projects
- Work on Estates Rationalisation
- Discretionary Programme



4.0 The Board membership will include:

Name	Title / Role
Hannah Evans	Executive Director of Strategy, Planning and Partnerships
Richard Morgan Evans	Deputy COO
Andrew Walker	Programme Director Strategic Capital and Estates
Jamie Marchant	Director of Estates and Facilities

Kelly Jones	Capital Finance
Suzanne Jones	
Tbc	Digital
Julie Chappelle	Assistant Director of Workforce
Lorraine Morgan	Programme Manager - Strategic Capital & Estates
Lowri Ashworth	Programme Support - Strategic Capital & Estates
Hannah Capel	Associate Director Capital and Estates


Strategic
Board
Set Capital and Estate Strategy
Regional Partnership Board
Develops partnership capital and estates plans
Planning, Partnerships and Population Health Committee
Oversee Strategy on behalf of Board
Executive Committee
Develop Capital Strategy
Set Plan to Deliver against Strategy
ESTATES STRATEGY
SERVICE STRATEGY
Strategic Capital and Estates Group(Dir PSP)
Assurance of Deliver/ Development of Strategy
Decision Making within Delegated Authority
Co-ordination and oversight
Tactical
Integrated Capital Planning Group (RPB)
Major Capital Projects
Estates Rationalisation
Discretionary Programme
Operational
Divisional Capital Mtgs & Project Teams
Site Co-ordination Group (DDEF)
Accommodation Group (DDEF)
Land & Property Group (DDEF)

Tactical

ESTATES STRATEGY

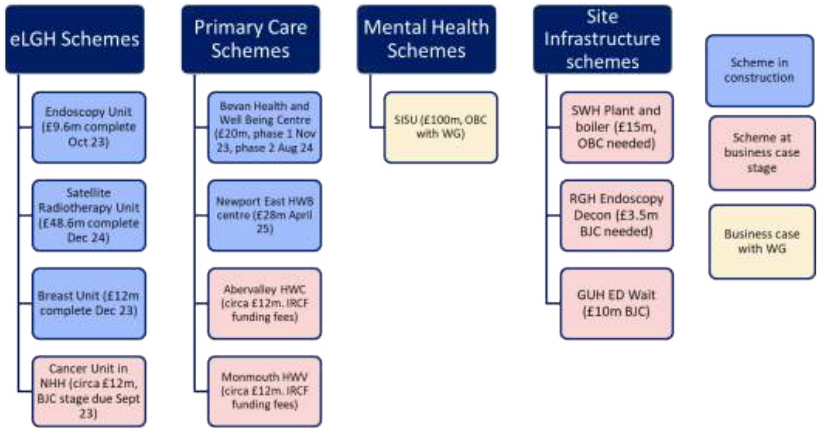
SERVICE STRATEGY

Strategic Capital and Estates Group(Dir PSP)
Assurance of Deliver/ Development of Strategy
Decision Making within Delegated Authority
Co-ordination and oversight

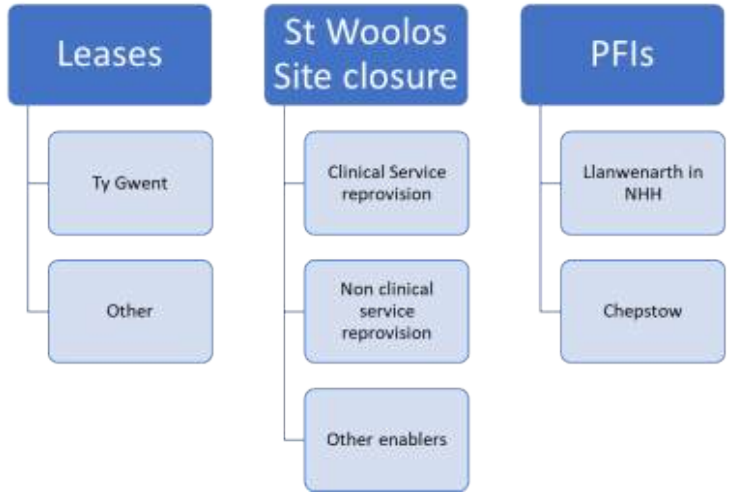
Agile Programme
Sets guidance and policy, supports planning

Decarb Programme
Sets guidance and policy, supports planning

Major Capital Projects



Estates rationalisation



Discretionary Programme

Backlog Maintenance

H&S and compliance

Service continuity

Service Development

Equipment

Major schemes support

ANNEX A - Major Capital Projects

Group	SRO	Purpose	Reports to	Comments
SCHEMES IN CONSTRUCTION				
NHH Satellite Radiotherapy Unit Project Board*	Hannah Evans	Oversight of the construction and operational implementation of the project. Also acted as Project Board for the NHH Cancer services unit but agreed at last meeting to establish separate Project Board	AB Executive Team and Velindre Futures Programme Board – Joint Partnership Board	This is a jointly managed project, ABUHB responsible for the construction, VT responsible for equipping and operational implementation. ToR to be reviewed to bring together operational and infrastructure elements as agreed with Velindre 14 June
Breast Unit Project Board*	Leanne Watkins	Oversight of the construction and operational implementation of the new Breast unit in YYF	Executive Team	
Endoscopy Project Board*	Trish Chalk	Provides oversight of the Trust-wide provision of Endoscopy services and acts a Project Board for both the RGH Endoscopy Unit and the related Decontamination Unit The decon and endoscopy build are linked with the same teams involved. Demarcation will be delivered through a Part A and Part B agenda	Executive Team	
Tredegar HWBC Project Board*	Tracy Dasckiewicz	Oversight of the construction and operational implementation of the project	Executive Team	The Project Board function was undertaken by a combined Primary Care Estates Group. Audit recommendation that a separate PB be established
Newport HWBC Project Board*	Tracy Dasckiewicz	Oversight of the construction and operational implementation of the project	Executive Team	The Project Board function was undertaken by a combined Primary Care Estates Group..

				Audit recommendation that a separate PB be established.
SCHEMES IN DEVELOPMENT (BUSINESS CASE STAGE)				
Mental Health Specialist Inpatient Services Unit*	Chris O'Connor	Oversight of the preparation of the Outline Business Case for the project.	Executive Team	Outline Business Case currently with WG. Terms of Reference and membership will need to be updated if and when the OBC is approved.
GUH ED Extension Project Board*	Leanne Watkins	Oversight of the preparation of the BJC and the subsequent, if approved, construction and operational implementation.	Executive Team	The current working group will need to be re-established as a Board
Chepstow Hospital Project	Rob Holcombe	BJC development to acquire the head lease which is due to expire in February 2025	Executive Team	
NHH Cancer Services Unit*	Hannah Evans	Oversight of the preparation of the BJC and the subsequent, if approved, construction and operational implementation	AB Executive Team and Velindre Futures Programme Board – Joint Partnership Board	Has been decoupled from the RSU project. Further work to do with Velindre to test model and commitments in context of prioritisation
RGH/ SWH Replacement of Boiler plant Project Board*	Jamie Marchant	To progress the development of an OBC to replace the Boiler Plant and associated infrastructure on the SWH with new provision on the RGH site. OBC process not yet commenced pending appointment of design team.	Executive Team	SRO to be identified and Project Board established if remains as a priority
Monmouth HWBC Project Board*	TBC	To progress the development of the OBC. OBC process not yet commenced pending appointment of design team	Executive Team	SRO to be identified and Project Board established

Abervalley HWBC Project Board*	TBC	To progress the development of the OBC. OBC process not yet commenced pending appointment of design team	Executive Team	SRO to be identified and Project Board established

Separate Project teams exist for all projects

GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 July 2023
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:	Chris Dawson-Morris, Deputy Director of Strategy, Planning and Partnerships

Pwrpas yr Adroddiad Purpose of the Report
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. Particularly noted are the development of the endoscopy and community diagnostic hub programmes (led by Cwm Taf Morgannwg University Health Board) and the Aneurin Bevan University Health Board's position in response.
Cefndir / Background Health Boards in south Wales remain committed on an ongoing basis to active collaboration where this delivers added value to clinical service delivery. Health Board planning teams (joined by clinical, operational and other colleagues where beneficial) continue to 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. Collaborative programmes include formalised and well-established arrangements for prescribed services within the south east and wider review and reconfiguration of specialist services across south Wales where Aneurin Bevan University Health Board is a stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology, Cardiff & Vale University

Health Board overseeing orthopaedics and Cwm Taf Morgannwg University Health Board overseeing diagnostics.

Asesiad / Assessment

An overview of current programmes is set out below:

Ophthalmology

The regional ophthalmology programme continues to make steady progress, overseen by a Regional Ophthalmology Programme Board and supported by a dedicated programme manager. A delivery and development group (reporting to the Programme Board) has now also been added to reflect the progression of the first programme phase from planning to implementation. The principal work streams have progressed as follows:

Cataract Recovery – this is addressing existing post-COVID backlogs / waiting times for cataract treatment. The programme is currently progressing the details of operational implementation, with a series of work streams covering clinical, workforce, finance and informatics. A commitment to implementation best practice has been made with the commissioning of a Getting It Right First Time (GIRFT) review, and this is actively bringing benefits for delivery across the whole of the programme lifespan. The business case for the provision of additional capacity within the region to address the existing backlog of patients requiring treatment, has been submitted to Welsh Government; approval of this is now critical to ensuring timely progress.

Ophthalmology Regional strategy – following the ratification of the longer-term strategy for ophthalmology services across the region, a revised engagement plan is being developed to link the first and second phases of the programme and to ensure the views and priorities of patients and stakeholders influence longer term plans. This will be progressed in more detail over the remainder of 2023.

Regional Vitreo-retinal Service – this work stream is reviewing the specific longer-term requirements for this sub-specialty area, with the aim of developing sustainable clinical / staffing models and referral pathways for vitreo-retinal surgery, together with the associated infrastructure and costing implications. This is a longer-term work stream, with subsequent business cases for revised models likely to be developed from late 2023.

Ophthalmology Electronic Patient Record - this is a separate national programme hosted by Cardiff and Vale University Health Board to deliver a comprehensive electronic patient record for ophthalmology. The Committee will be aware from previous updates that the programme has experienced a number of technical issues that have delayed implementation and operational go-live planning – plans for the programme to transfer to the management of Digital Health Care Wales are well in hand, but there remain some concerns from the local Health Board EPR group in respect of a number of national dependencies. The most significant of these have been re-escalated to the national team and it is envisaged that further discussion will be required before final decisions can be made regarding the timetable for full go-live of the system.

Orthopaedics

This programme is progressing under a regional programme board chaired by the Chief Executive of Cardiff & Vale University Health Board and with a regional clinical lead from Aneurin Bevan University Health Board. The agreed collaborative aim of the programme is to deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency in a sustainable way. This has been broken down into three working objectives:-

- Adoption of best practice systematically across the region
- Optimisation of currently underutilised capacity
- Identification of options to provide orthopaedic capacity to address existing backlog and unmet demand

In delivering these objectives the programme board will work closely with the Welsh National Clinical Strategy for Orthopaedics (NCSOS) exploring the National Clinical Strategy and the Getting it Right First Time (GIRFT) review recommendations. Key ongoing actions include the following:-

- Finalisation of the programme definition document
- Comprehensive review of regional demand and capacity to inform decisions on deployment of resources
- Review of the regional Lower Limb Short Stay Pathway as an initial worked example of existing backlogs, unmet demand and optimal solutions
- The programme is actively considering the potential for a regional orthopaedic elective centre at the recently-acquired Llantrisant Health Park, with the aim of bringing benefits to all stakeholder Health Boards.

A successful multi-disciplinary workshop took place on 30th June, which was well attended by clinical, operational and planning representatives and provided a comprehensive data set to inform the key work streams over the coming months.

Diagnostics

The governance arrangements for the regional diagnostic programme are made up of an overall programme board (chaired by the Chief Executive of Cwm Taf Morgannwg University Health Board), and supported by three project boards for endoscopy, community diagnostic centres / radiology and pathology

Endoscopy

The project board has met on two occasions and is exploring a form of regional working that potentially includes:

- A single service model across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support Bowel Screening Wales screening optimisation
- Professional 'JAG' accreditation across all facilities (actual or equivalent)
- 'Single team' philosophy – with common roles, responsibilities, SOPs, skill mix and staff rewards (banding etc)
- Single waiting list – recognising work needing to be undertaken to get there (validation etc)
- Shared approach to effective training, working in collaboration with HEIW via an Academy model

- 'Good enough' IM&T systems to share data including e-referral, reporting and onward referral.

As with orthopaedics, the potential use of Llantrisant Health Park is being considered as part of the option appraisal process, noting previous work undertaken at a national level to establish longer-term sustainable services.

The approach of Aneurin Bevan University Health Board representatives towards the above has been informed by the priority progress of the development of the new endoscopy unit at Royal Gwent Hospital and the fact that it is currently projected that the scheme will deliver a local capacity / demand balance by late 2023. As a result, representatives have indicated a need to review the programme definition document and to clarify the areas where added value may be delivered through a regional approach – examples may include a training hub and screening centre, rather than for core service capacity. Full planning engagement and contributions will be maintained, with representation appropriate to the programme priorities over the coming months.

Community Diagnostic Centres / Radiology

The project board is considering and overseeing arrangements for the establishment of community diagnostic centres (CDCs) across the region to address existing waiting times, backlogs and accessibility constraints. The nationally agreed over-arching criteria for these are:

- The need for accessibility
- To be sited in areas of deprivation
- Able to be accessed across Health Board boundaries

Whilst colleague Health Boards are prioritising use of a managed service contract with a private sector partner for delivery of this, the service within Aneurin Bevan University Health Board is pursuing an in-house development, as this is considered to provide the best option in terms of affordability, deliverability and sustainability. The project is currently progressing the former approach and is in the process of finalising tasks and timescales for a formal tender and procurement exercise. Whilst a range of input has taken place into the tender and procurement documentation, local emphasis is now on progressing the in-house option. This is based on the provision (via capital funding) of a second MRI scanner at the Grange University Hospital (GUH), thereby freeing up capacity for a CDC on a local general hospital site and additionally bringing benefits of new service capacity to meet expected future demands and of addressing the 'single point of failure' risk of the existing scanner at GUH. A business case has been prepared for the scanner, and funding options and timescales are currently being considered by the Executive.

As a result of the above, a similar approach to that of the endoscopy programme is being considered, whereby full planning engagement and contributions will be maintained, with representation appropriate to the programme priorities over the coming months.

Pathology

A Regional Pathology Programme Board is finalising a number of options in response to the recognised fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that

insufficient capacity in the current system is having on patient waiting time and diagnosis. The project has been created to oversee the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient-focussed service.

All pathology disciplines will be included in this work, but it has been recognised that in the first instance the focus will be on Cellular Pathology as the highest priority within the service. It is universally agreed that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service collaboration and integration, and this will be the key work stream for progress in 2023/24.

Aneurin Bevan University Health Board representatives remain fully engaged with the programme at a planning, clinical and operational level, and have confirmed strong support for the expediting of the national digital system business case as a fundamental enabler for the wider programme.

Cancer Services

Implementation continues for the approved clinical model of acute oncology services across South East Wales. The project has seen successful implementation of phase one of the work, including establishing consistent provision of Acute Oncology nursing, service pathways and the delivery of regional multi-disciplinary teams for Cancers of Unknown Primary, meaning patients from across three health boards are receiving faster access. The work is now progressing from implementation to business as usual.

Construction of the new satellite radiotherapy centre at Nevill Hall Hospital is progressing to plan, with completion and operational commissioning scheduled for October 2024. This will provide radiotherapy services fully aligned with the satellite specification issued by Velindre NHS Trust and will provide additional capacity to deliver a range of patient benefits. A steering group, chaired by the Executive Director of Therapies & Health Science is progressing the arts and environment elements of the scheme, in collaboration with Velindre NHS Trust colleagues and supported by a professional arts curator.

A renewed governance approach to cancer planning in the south east is being established to mirror arrangements across ophthalmology, orthopaedics and diagnostics.

Executives of the Health Board and Velindre Trust have established a bi-lateral partnership group that has committed to meeting quarterly. This partnership will ensure there is join and collective oversight and ownership of mutual projects and priorities such as the Satellite Radiotherapy Unit in Nevil Hall.

Welsh Sexual Assault Service (WSAS – formerly SARC)

Health boards, police forces, Police and Crime Commissioners and third sector partners continue to work closely to implement and deliver the new service model for sexual assault services in South Wales, Dyfed Powys and Gwent. This involves an enhanced hub for acute services at Cardiff Royal Infirmary (CRI), supported by spoke facilities in Risca and Merthyr. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation that is required to be in place by October 2023 as

a forensic standard for the collection of evidence.), and ensures robust governance arrangements. The programme comprises three key phases as follows:-

Phase 1 – provision of ISO accredited acute SARC hubs which have to be achieved by October 2023.

Phase 2 – provision of the SARC spokes, which includes the provision of the independent sexual violence advisors (ISVAs), counselling services and crisis workers.

Phase 3 – review and reconfiguration of the forensic medical examination (FME) service. Gwent Police are leading on a tender process for a single FME service provider across Gwent, South Wales, and Dyfed-Powys Police Forces. Legal work is being undertaken to establish if the Police can commission health to provide a long-term, NHS led FME service

Key ongoing work streams remain on schedule, with key issues including:

- Acute services in Risca to transfer to Cardiff in October (subject to continued recruitment progress)
- Interim facilities on the Cardiff Royal Infirmary Site (to deliver ISO compliance by the required date) to be completed by October 2023
- The outline business case for the new permanent hub facilities (also at CRI) remains under discussion with Welsh Government in respect of funding consideration / approval
- A finance and commissioning group is reviewing the revenue consequences and cost allocation principles, with particular scrutiny of any inflationary increases over and above that included in the Health Board's IMTP for 2023/24

Health Board clinical, finance and planning representatives remain fully engaged with the programme.

Thoracic Surgery

Following approval of the strategic outline case (SOC) for the centralisation of thoracic surgery services for South Wales in new facilities in Morriston Hospital in Swansea, the programme is now moving to the development of the Outline Business Case and is aiming for formal approval of this later this year, with physical construction work commencing in 2024 and full operational implementation of the new service in 2025/26. A formal session with all stakeholders to launch the outline / final business case development phase has been arranged for September, with a tendering process for technical support currently ongoing.

Workshops have been undertaken to agree the future service specifications and the subsequent workforce implications, with progress overseen by a programme and supporting teams for individual work streams.

The key aims and benefits of this programme include:

- Provision of an additional 300 case surgical capacity to deliver a total of 1,500 cases per annum (increased as a result of the projected future lung cancer screening programme)

- Provision of a best practice dedicated thoracic surgery hybrid theatre that supports improved health outcomes for patients
- Improved equity of care across Wales e.g. resection rates, surgical procedures and access
- Creation of a more sustainable medical and nursing staffing model
- New ability to address current unmet service need, especially for benign work and supporting MDTs.

ABUHB remain fully engaged with regular clinical, planning and financial / commissioning input.

Hepato-Biliary and Pancreatic Surgery

The programme to develop proposals for improving current service provision for hepato-biliary and pancreatic surgery (managed jointly between Cardiff & Vale / Swansea Bay University Health Boards) is progressing broadly to schedule. Whilst it is accepted practice in much of the UK for liver and pancreatic surgery to be based together as part of a comprehensive hepato-pancreato-biliary 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)

The Programme Board (alternately chaired by the Medical Directors of Cardiff & Vale / Swansea Bay University Health Boards) has overseen a comprehensive review of future service delivery options (by an external clinical advisory group), which has indicated that the only viable future options are a combined single site based either in Cardiff or Swansea. Work streams are currently progressing as follows:-

- A comprehensive impact assessment has been undertaken to fully understand the implications associated with the two options.
- On completion of this work, a financial and commissioning appraisal will be undertaken, before the Programme Board is able to make a recommendation on the preferred service model.
- A revised governance document has been prepared to set out the arrangements by which a final decision will be reached
- Arrangements for public engagement and consultation exercises are being prepared in collaboration with Llais, in anticipation of the above

The Health Board remains engaged in the programme, with clinical / planning input and feedback to the service as required to ensure a common understanding of programme progress / decisions and to facilitate timely responses to any requests from the programme for information, decision feedback etc.

Stroke Services

The National Stroke Programme Board (chaired by the Chief Executive of Swansea Bay University Health Board) is supporting health boards in taking forward a national piece of work to re-design stroke services across Wales into a Hyper Acute Stroke Model. This involves the setting up of regional stroke centres and is well-advanced in areas where significant collaboration between health boards is required to deliver sustainable reconfigured services e.g. between Cardiff & Vale / Cwm Taf Morgannwg University Health Boards and between Swansea Bay / Hywel Dda University Health Boards

Aneurin Bevan will be established as a single health board region / operational delivery network, with self-contained services for all but specialist tertiary interventions such as thrombectomy. Acute services are already configured in a form consistent with national guidelines and Getting It Right First Time (GIRFT) programme recommendations, and the key current priority for the service is to review the configuration of rehabilitation services (which are acknowledged as being spread too thinly to be effective against the latest service delivery guidelines, and do not currently have sufficient workforce to ensure appropriate service levels on a safe and sustainable basis). Meetings have been held with Llais to agree arrangements for a full review, with urgent temporary changes proposed to ensure service continuity during the wider long-term configuration engagement exercise.

Full engagement with the national programme will remain important to ensure local population needs get optimal benefit from the new arrangements and any central resource opportunities. The National Stroke Programme Board has been asked to produce a clear and unambiguous business case for change demonstrating current outcomes and the expectations for improvement by delivery of the national standards and the new service models that will follow. Following confirmation of three years funding by the national network, a programme manager is in the process of being recruited by the service.

Progress in implementing the GIRFT action plan and the new network arrangements within Aneurin Bevan University Health Board is being overseen by the Stroke Delivery Group (chaired by the Executive Director of Therapies and Health Science), which is in the process of evolving into the Network Board as the new arrangements are established.

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):	Choose an item. Choose an item. Choose an item. 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 prrioritise 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:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / 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)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. 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/	

Clinical Futures – Programme on a Page

Programme Title	eLGH Reconfiguration	**SPM**	Kate Fitzgerald	**SRO**	Tracy Morgan	**Executive Sponsor**	Leanne Watkins

Programme Aims & Objective

- Reconfiguration of the clinical service models across the eLGH sites
- Ensuring workforce stability across eLGH sites
- Optimising services to enhance patient outcomes and experience

Supporting Workstreams	Key Deliverables	Intended Benefits (linked to IMTP)
• GUH First Floor Reconfiguration • Clinical Model Reconfiguration Areas – Stroke, Diabetes, Respiratory • Homeward Bound Wards • GIM Model • Acute Medical Model • Critical Care	• Reconfiguration of A1 at GUH, implementation of improved pathways • Homeward bound wards at each eLGH site • Reconfiguration of Stroke services • Reconfiguration of Diabetes services • Reconfiguration of acute medicine across the Health Board • Review of critical care model • Review and redesign GIM model at GUH	• Improved flow of patients through ED/AMU/SAU • Reduction in LOS for patients on Homeward bound wards • Improved outcomes for Stroke, Diabetes and Respiratory patients • Improved access to SDEC, patients receiving care in the right place at the right time • Enhanced service delivery through Centres of Excellence • Sustained workforce across eLGH sites • Future proof model for each eLGH

Key Risks	Interdependencies with other Programmes
• Staff well being and morale – service change • Communication/engagement with members of the public, workforce & wider stakeholder partners • Interdependencies of work streams limits progress • Funding to support redesign of services if required	• UEC Six Goals (Redesigning Services for Frail People) • Planned Care Programme • Transforming Cancer Service • Accelerated Cluster Development (Place Based Care)

Milestones

Q1 2023	Q2 2023	Q3 2023	Q4 2024	Q1 2024	Q2 2024
• Initial GIM meeting/audit • Stroke options appraisal undertake with Stroke Working Group • A1 flip delivered • Homeward Bound Wards – taken down • Critical Care session	• Stroke options appraisal – Executive Committee/Board, prepare programme plan • Undertake Acute Med options appraisal	• SCLF – GIM • Continue to prepare Stroke programme plan • Implement Diabetes reconfiguration • Acute Med options appraisals – sign off	• SCLF – GIM • Progress critical care redesign model • Implement Stroke reconfiguration • Continue to prepare Acute Med programme plan	• Agree milestones for 2024/25 • Implement revised GIM model • Scope respiratory reconfiguration	• Respiratory options approval • Progress milestones agreed for 2024/25

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	12 July 2023
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	eLGH Reconfiguration Programme
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tracy Morgan, General Manager Medicine Kate Fitzgerald, CF Assistant Programme Director

Pwrpas yr Adroddiad **Purpose of the Report**
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this SBAR is to:

- Outline the scope of the eLGH Reconfiguration Programme
- Provide an update on progress to date against each of the workstreams including the:
  - temporary consolidation of the stroke service due to an urgent service risk
  - permanent realignment of the MIU operating hours in accordance with patient demand

In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, the Health Board continues to take forward an improvement programme aligned to the Health Board's Clinical Futures Strategy, with the overall aim of reducing health inequality and improving population health.

The Health Board is now just over two years into the implementation of this new clinical model, noting that the eLGH sites are a key component of the model supporting the operational function of the Grange University Hospital (GUH) and wider system. In essence to enable the wider system to operate successfully, the eLGH sites must be fit for purpose, with a stable workforce and delivering optimal care to meet the needs of our local population.

Cefndir / Background

The eLGH Reconfiguration Programme is one the Health Board's priority programmes, delivered and supported by the Clinical Futures team. The Executive Lead for the programme is Leanne Watkins, Chief Operating Officer, supported by the Senior Responsible Officer, Tracy Morgan and Senior Programme Manager, Kate Fitzgerald. The scope of the programme including the key milestones and intended benefits are detailed in appendix 1.

It is noted that there are a number of interrelated factors that contribute towards the sustainability of the clinical models across the eLGH sites (RGH, NHH, YYF). Following a workshop in November 2022 which focused on the role, function and stability of the eLGH sites, the eLGH Reconfiguration Programme was established to take forward this programme of work.

Due to the nature of the work streams, there are several interdependent factors that will be taken into consideration over the next few months as the programme progresses, however it is noted that the interdependencies often limit progress as they are intrinsically linked and some work streams are more advanced to urgency and lack of stability in core clinical provision. In essence it is difficult to deliver one workstream without impacting on another.

The objectives of the programme are:

- Reconfiguration of the clinical service models across the eLGH sites
- Ensuring workforce stability across eLGH sites
- Embedding a culture of integration in front door teams
- Eliminating the inequalities of service provision across eLGH sites within specialties
- Optimising services to enhance patient outcomes and experience
- Establishing a future proof model for each eLGH aligned changes in flow as a result of the transformation work

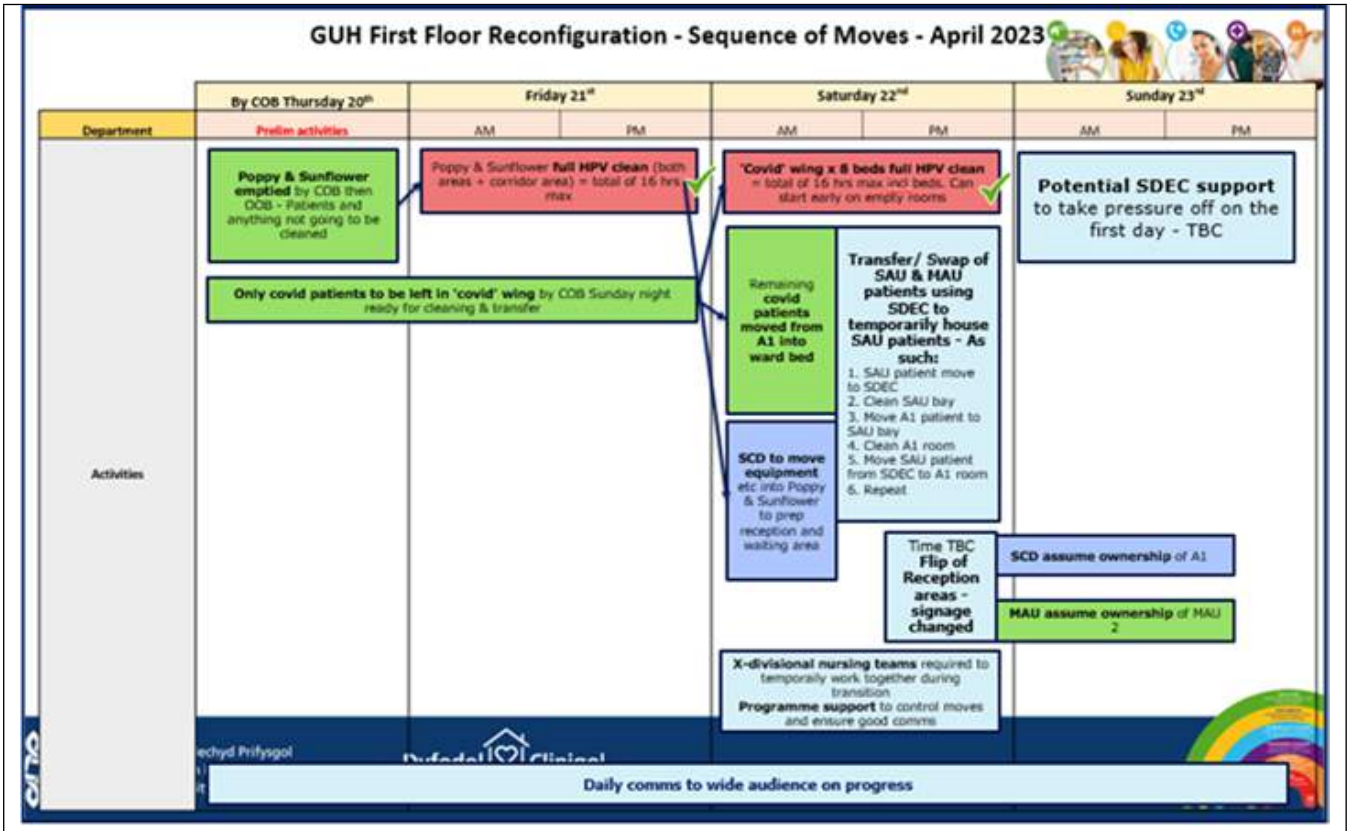
Work streams:

1. Grange University Hospital First Floor Reconfiguration
2. Clinical Model Reconfiguration Areas – Stroke
3. Homeward Bound Wards
4. General Internal Medicine (GIM) Model
5. Acute Medical Model
6. Review of Critical Care Model
7. Review of the Bed Plan
8. Review of MIU (Minor Injury Unit) Model

Asesiad / Assessment

GUH First Floor Reconfiguration

To support the delivery of the new clinical model and revised national COVID guidance an opportunity was identified to reconfigure the layout of the first floor at GUH. The reconfiguration took place over the weekend 22nd/23rd April, the timeline and sequence of moves is outlined:



The move included Ward A1, Surgical Assessment Unit (SAU) and Medical Assessment Unit (MAU), with the aim of improving the first-floor environment for patients and staff in terms of experience and safety. This realignment has:

- Allowed the Emergency Department (ED) to return to its original footprint
- Expanded the footprint for SAU, removing corridor care which has been previously cited by HIW as a concern
- Improved pathways into SAU to optimise SAU footprint, ED pull through benefits
- Facilitated ambulance streaming to surgical Same Day Emergency Care (SDEC), fit to sit criteria, Advanced Paramedic Practitioner (APP) pilot streaming to SDEC
- Expanded the footprint of MAU creating a triage and reception area and additional assessment spaces/trolleys
- Facilitated streaming of medical patients to SDEC for initial assessment.
- Reduction in the number of isolation cubicles in the Respiratory Assessments Zone (RAZ), COVID no longer more threatening than seasonal respiratory illness, escalation plan to be picked up as part of winter planning in advance of next winter

A formal evaluation of the reconfiguration including a review of benefits will be mapped and pulled together.

Clinical Model Reconfiguration Areas – Stroke
Background

The service is currently delivered across three eLGH sites with a specialist hyper acute stroke unit (HASU) at the Grange University Hospital (GUH), in line with the Clinical Futures Model.

The stroke service has recently experienced considerable workforce challenges across a range of disciplines over the last few months which has resulted in a lack

of stability in the core clinical provision for the stroke pathway. A paper will be submitted to the Board on 19th July 2023 to seek approval to temporarily consolidate the stroke service across one HASU and one eLGH site due to an urgent service risk. The proposal is aligned with the recommendations outlined in the Getting It Right First Time (GIRFT) review which was undertaken during September 2022 and best practice guidance to improve the quality of care delivered for stroke patients.

Options Appraisal

The challenges experienced were escalated through the eLGH Reconfiguration Programme Board as a consequence of the urgent workforce risk and lack of stability in the core clinical provision across the eLGH sites. An options appraisal was undertaken by the Stroke Task and Finish Group to review and analyse the optimal service configuration going forward. The Stroke Task and Finish Group consists of medical, nursing and therapy representatives and clinical leads from the across the eLGH sites.

The options appraisal entailed the following two scenarios each with three options with a total of six potential configurated options:

Scenario 1 - one acute site and two rehab sites, three options

OPTION	HASU (acute site)	REHAB1	REHAB2
Option 1a	GUH	NHH	YYF
Option 1b	GUH	RGH	NHH
Option 1c	GUH	YYF	RGH

Scenario 2 - one acute site and one rehab site, three options

OPTION	HASU (acute site)	REHAB1
Option 2a	GUH	NHH
Option 2b	GUH	RGH
Option 2c	GUH	YYF

A score and weighting factor were allocated to each of the options with the greatest weighting allocated to workforce recognising the importance of all three workforce areas in the delivery of the stroke pathway.

The outcomes of the scoring and financial analysis:

Option	**Score**	**Weighted Score**
Option 1a GUH, NHH, YYF	37	136
Option 1b GUH, RGH, NHH	31	107
Option 1c GUH, YYF, RGH	37	125
Option 2a GUH, NHH	36	137
Option 2b GUH, RGH	41	143
Option 2c GUH, YYF	**45**	**170**

The scoring highlighted scenario one as the least preferred option consisting of one acute site and two rehab sites. Scenario two consisting of one acute site and one rehab site was the preferred option with option 2c scoring the highest – GUH & YYF.

Communication and Engagement Plan
The Stroke Task & Finish Group has included representation from the Engagement & Communications team to support the development of a clear plan.

This Communication and Engagement Plan sets out how the Health Board aims to communicate and engage with our staff, stakeholders and the general public. It comprises of overarching messages, together with plans for engagement and communication activity and the associated timelines.

An initial informal meeting has been held with Llais to seek advice on the consolidation of the stroke service acknowledging the urgency of the situation. As advised subject to Board approval, a temporary urgent service change will be implemented due to safety issues, while the permanent case for change is developed in consultation with stakeholders. In addition, the interdependencies with the COTE service is recognised due to the displacement of patients across eLGH sites, this will be acknowledged in the pre-engagement phase, aligned to the Communication and Engagement Plan.

The issues, risks and mitigation measures aligned to this proposal are outlined in the Board paper which will seek approval to proceed with the recommended option which supports a consolidation of stroke services to a single HASU at GUH and single rehabilitation site within YYF, noting that if the request is not supported there is an increased risk in the ability to safely sustain and support the services in the current configuration.

Homeward Bound Wards
With the growth in demand for acute inpatient services, increased bed occupancy, ongoing workforce challenges and in particular the lack of capacity in the community to care for our elderly population, an increasing number of medically optimised patients remain in hospital sites across ABUHB for prolonged periods of time. Under the current model there are an average of 200-250 patients defined as medically optimised for discharge however these patients continue to receive hospital-based care which often compromises their rehabilitation and leads to patient harm, risk and deconditioning.

In November/December 2022 the Health Board developed and implemented a new 'Homeward Bound' model with a focus on expediting discharges, providing on-going care with a reablement focus and encouraging daily living activities whilst awaiting discharge, with a clear aim of preventing deconditioning and improving patient outcomes. The original implementation plan proposed one ward in each of the three eLGH sites, however due to operational challenges at the time of implementation the model was tested in one eLGH site (YYF) and one community hospital (SWH).

The high-level data illustrates:

Measure	SWH	YYF
No of admissions	57	97
Occupancy	61%	54%
Average LOS	13 days	10 days
No of readmissions (within 72 hours)	6	3
No of patients for escalation	10	23

The benefits and lessons learned from the implementation of the model:

- Feedback from families/patients, reinforced that patient received more person-centred care, promotion of independence easier than on an acute ward.
- Full model not realised in terms of daily living activities and reablement intervention, wider input required from therapy colleagues, support from CRT pull model.
- Lack of day rooms, patients continue to eat meals in rooms, lack of opportunities to socialise or undertake daily activities.
- Two GPs appointed, one session a week, ideally MDT approach with ward manager/pharmacist/GP/ward clerk but difficult to deliver due to allocated resource predominately within the community setting, weekly GP round felt to be sufficient.
- Ability to 'pull' earlier from COTE wards with slightly different sessional model / GP review.
- Nursing, new way of working, supporting for/not doing with, difficulties identifying suitable patients due to criteria restrictions.
- Pharmacy support limited at SWH, move from MARS chart to inpatient medicine charts to ensure medical and nursing familiarity, communication trail to GP post discharge not robust.
- Escalation cover – challenges with SWH but YYF worked well / bank staff.
- Benefits of a wraparound model – nursing/medical/therapy/pharmacy
- Financial benefits and cost reduction not realised, creation of additional capacity not reconfiguration of existing.

In terms of next steps, taking into account the above learning and following a recent visit to Somerset and Taunton NHS Foundation Trust to visit their 'Ready to Go' unit, a Task and Finished Group has been established to take forward a proposed MFD unit aligned to the Somerset and Taunton model, led by Linda Alexander, Deputy Director of Nursing.

General Internal Medicine (GIM) Model
Initial meeting held on 14th June 2023 chaired by the Dr James Calvert, Medical Director, key actions:

- Establish Task and Finish Group to oversee the workstream

- Pull together work plan including key milestones and deliverables

Over the next few weeks, the above will be taken forward through the Task and Finish group.

Review of the Acute Medical Model
The acute medical service has experienced workforce challenges over the last 18 months which resulted in a lack of stability in clinical provision particularly at NHH. The situation has recently stabilised, alongside this the service has transferred from the Urgent Care Division to the Medicine Division which includes a new clinical and managerial leadership structure.

Following the Divisional transition, a review of the acute medical model has commenced. This takes into account the improved clinical capacity and the enhanced environments within GUH with both the development of SDEC and realignment of the first floor. The aim of the review is to clarify the opportunities to sustain a core eLGH model whilst offering an enhanced service within GUH fully utilising the SDEC development.

Review of Critical Care Model
A bespoke session will be held in July/August 2023 to review the critical care model led by Dr Andy Bagwell as part of the eLGH work programme, this review will include the critical care outreach model and longer-term strategy.

A recent audit of the volume and nature of critical care demand for outreach across the Health Board sites demonstrated that patients requiring outreach assessment and intervention is not consistent across the eLGH sites that were originally resourced. The team has limited resource and therefore the optimal use of their resource is required where patient demand and benefit is greatest.

Two hospital sites within the ABUHB network demonstrate the nature of acute demand that requires an outreach response – GUH and RGH. Currently the service is also available at NHH but based on the recent audit the nature of demand doesn't not exceed the scope of practice of a core site safety team or a resuscitation service. Outreach is not provided at YYF and therefore there is a need for an equitability of service based upon demand.

Review of Bed Plan
As outlined above the Health Board is just over two years into the implementation of the new clinical model following the opening of the GUH in 2020. Over the last few years, with each successive wave of the pandemic the Health Board has adapted its bed plan to meet the changing needs of patients in the system.

It is recognised that the basis of the Clinical Futures Bed plan has changed and the service transformation planned to support it for example delivering more care in the community is not yet in place to meet the current needs of our population. With increasing demand within the existing models of care, changes in bed use post pandemic, challenges with flow, the recovery agenda and opportunities identified through the eLGH Reconfiguration Programme, a review of the bed plan is timely aligned to the demand. An initial high-level review of the current bed plan is underway, aligned to the eLGH Reconfiguration Programme workstreams, progress will be monitored through the eLGH Programme Board.

Review of MIU Model
The Health Board provides a nurse-led MIU service across the eLGH sites and one community hospital as follows:

- 24 hours, seven days per week at the Royal Gwent Hospital (RGH) and Nevill Hall Hospital (NHH)
- 09:00 hours and 19:00 hours Monday to Friday (excluding bank holidays) at Ysbyty Aneurin Bevan (YAB)
- 07:00 hours to 01:00 hours, seven days per week at Ysbyty Ystrad Fawr (YYF)

A recent audit highlighted a disparity between opening hours, staffing resource and patient demand across NHH, YYF and YAB MIUs. As a result of the exercise, the Urgent Care Division submitted a paper to the Executive Team on 22 June 2023 to seek a decision to:

- Formalise the current YYF MIU opening hours
- Close NHH MIU between 01:00 hours and 07:00 hours with the last patient registration at 22:00 hours, seven days per week in line with YYF opening hours
- Note no change to current service at YAB.

The Executive Team agreed this recommendation, noting that going forward RGH will provide the Health Board's only 24-hour MIU service and supporting patients redirected from GUH.

Following an indicative Executive preference, the Division will commence engagement with key stakeholder groups, including staff and Llais, to determine service developments. A full implementation plan will follow.

Argymhelliad / Recommendation
The Committee is asked to note the:

- Scope of the eLGH Reconfiguration Programme
- Update provided on progress to date against each of the workstreams including the
  - temporary consolidation of the stroke service due to an urgent service risk
  - permanent realignment of the MIU operating hours in accordance with patient demand

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	Workforce and Culture
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:	eLGH - Enhanced Local General Hospital GUH – Grange University Hospital RGH – Royal Gwent Hospital NHH – Nevill Hall Hospital YYF – Ysbyty Ystrad Fawr YAB – Ysbyty Aneurin Bevan SWH – St Woolos Hospital GIM – General Internal Medicine MIU – Minor Injury Unit SAU – Surgical Assessment Unit MAU – Medical Assessment Unit RAZ – Respiratory Assessment Zone SDEC – Same Day Emergency Care ED – Emergency Department HASU – Hyper Acute Stroke Unit COTE – Care of the Elderly
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** 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 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

Working together
for a healthier Wales

Our Long-Term Strategy 2023 – 2035

Detailed document

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Mae'r ddogfen hon ar gael yn y Gymraeg
This document is available in Welsh

Content

Executive Summary

Our strategy sets out our vision for achieving a healthier future for Wales by 2035

Who we are and what we do

We are Public Health Wales - the National Public Health Organisation for Wales. Our purpose is ***working together for a healthier Wales.*** We help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and well-being, and reduce inequalities for everyone in Wales, now and for future generations.

Together, our teams work to prevent disease, protect health, provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, to help everyone in Wales's live healthier lives.

Our strategy

Our strategy sets out our vision for achieving a healthier future for Wales by 2035. We are committed to working towards a Wales where people live longer, healthier lives and where all people have fair and equal access to the things that lead to good health and well-being. We will do this through focusing on the delivery of our six strategic priorities, which are described within this strategy.

These will also be our organisational Well-being Objectives. We have set out why we have chosen these priorities and the focus of the work that we will deliver under each over the coming years. We cannot deliver these priorities alone. To succeed, we will need to work collaboratively and in partnership with our key stakeholders and the public.

The challenges we face

Our strategy has been shaped by health in Wales and the latest public health intelligence and evidence. It shows us that the Covid-19 pandemic has had profound effects on the people of Wales, which will continue to be felt for years to come. This includes not only the direct health impacts but also the broader and longer-term implications for our health and well-being. The pandemic has also had wider socio-economic consequences that have been felt unequally across our society and disproportionately affected those who already had the greatest health and social needs. This has highlighted, once again, the profound interdependence between population, societal, economic, and environmental well-being.

These inequalities are likely to be further negatively impacted in the coming years as a result of the current cost of living crisis. People's wages and welfare payments are not keeping pace with rising living costs, particularly energy and food prices, meaning that people will not be able to afford the essentials. This will be a long term public health issue, which will affect the whole population and exacerbate existing health inequalities. We also know the impact these challenges, particularly the pandemic, have had on the wider health and social care system.

The current pressure on the NHS and social care is significant and will require the collective efforts of a range of partners to address over the coming years. The direct and indirect impacts of this on the public, including patients and their families, is significant. Alongside this, our focus should be on supporting health equity and ensuring that everyone can attain their full potential for health and well-being.

Climate change is recognised as possibly the most significant global threat that we face. Its consequences will impact all areas of life that are essential to achieve and maintain good health. Urgent action is needed to combat climate change.

A strategy for the future

The challenges that we face are stark. However, we have seen the power and impact that we can have when we mobilise our collective efforts and expertise. Wales has a proud history of community and collaboration. As a country, we have seen the improvements that can be realised at scale through embracing innovation, technological developments and our commitment to collaboration. The Well-being of Future Generations (Wales) Act (2015) provides the enabling legislative driver to enable us to take a long term preventative approach focused on involving the public, collaborating with our partners to deliver integrated solutions as we tackle the challenges that we face today and tomorrow.

This strategy is our response and sets out our role, and how we will work, to meet these challenges and maximise the opportunities presented to us. It sets out the key priorities that we will focus our efforts and resources on addressing. We must seek new and innovative approaches for how we will implement our strategy, building on what works, working closely with our partners and by placing the user at the heart of what we do. Our strategy will be underpinned by a number of enabling strategies and methodologies, such as our Digital and Data Strategy, Research and Evaluation Strategy and Quality as an Organisational Strategy, which will drive and shape 'how' we deliver, going forward.

Our new strategy will run until 2035 and set out the long term strategic direction for the organisation in line with the Well-being of Future Generations (Wales) Act 2015. We have engaged with our key stakeholders to understand what they consider to be the key public health challenges facing Wales and what role Public Health Wales should play in addressing them. We have embraced the five ways of working set out within the Well-being of Future Generations (Wales) Act 2015 to develop our strategy and will use them as drivers for how we wish to work to implement it over the coming years.

Our role

We will work with our national and international partners, including through networks such as the Internal Association of National Public Health Institutes (IANPHI), to help deliver our strategy. As the National Public Health Organisation for Wales, we will work with our partners to protect and improve the public's health. We have focused on ensuring that we articulate within our strategy where we, as Public Health Wales, can add the most value for the people of Wales and our partners, including our role as a system leader, where appropriate.

Our strategic priorities are:

Influencing the wider determinants of health

Supporting the development of a sustainable health and care system focused on prevention and early intervention

Promoting Mental and Social Well-being

Delivering excellent public health services to protect the public and maximise population health outcomes

Promoting Healthy Behaviours

Tackling the public health effects of climate change

For each strategic priority, we have set out system-level outcomes that will help us understand our progress in delivering the strategy. Our focus will be on clearly articulating our specific role in relation to how we:

- **Inform** partners on the current and emerging threats to health in Wales, the factors which influence health, well-being and inequalities, and the evidence base for action.
- **Advocate** for action to improve and protect health and reduce inequalities.
- **Mobilise** partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reduce health inequalities.
- **Deliver** evidence-informed services to the public.

We will review our strategic priorities and assess our progress to ensure they remain valid in light of changes to both our external and internal environment

Dynamic and agile delivery

As we begin to implement our strategy, we recognise that we are operating within a volatile and changing environment. This is reflected in our strategic risks, which we have reviewed and updated, to ensure this is a risk informed strategy. As we implement our strategy, we will continuously consider and manage our approach to emerging risks, which have the potential to impact on its delivery.

We therefore need to demonstrate an ability to dynamically respond to new and emerging threats and opportunities. As a learning organisation, we will embed research and evaluation into everything we do to ensure that we are delivering maximum value and impact. This will see us prioritise those areas where we can have greatest impact and flex to respond to emerging issues.

At regular points in the life of this strategy, we will review our strategic priorities and assess our progress to ensure they remain valid in light of changes to both our external and internal environment. This will be underpinned by public health evidence, horizon scanning, user feedback and engagement with our stakeholders.

Our strategic context

A number of **strategic drivers** have shaped and informed the development of our strategy:

Global drivers

The United Nations' 2030 Agenda for Sustainable Development and its underpinning Sustainable Development Goals were a key driver in the development of our strategy and have continued to drive and shape our thinking. Alongside this, our focus is on health equity and ensuring everyone can attain their full potential for health and well-being has been a key focus. This provides an overarching global framing for our thinking on understanding the links between, and need for, urgent action to end poverty and other deprivations, along with action to improve health and education, reduce inequality, and tackling climate change. This closely aligns with the One Health approach, which recognises the need to sustainably balance and optimise the health of people, animals and ecosystems.

Welsh legislative and policy context

A number of key pieces of enabling public health legislation have come into effect in Wales in recent years, which have shaped our strategy and provide an opportunity to support its implementation. These challenge public sector bodies to consider the longer term impacts of decisions, and to support a greater focus on prevention and addressing inequalities.

They include:

- The Well-being of Future Generations (Wales) Act 2015
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Socio-economic Duty 2021

A Healthier Wales sets out plans for the long term future vision of a 'whole system approach to health and social care' in Wales, focused on health and well-being, and illness prevention. It is intended to help address the future health and social care challenges facing Wales, including an ageing population, lifestyle changes, public expectation, and new and emerging medical technologies.

Our priorities have also been informed by the Minister for Health and Social Services priorities for NHS Wales, particularly the support and public health expertise that we can provide to the wider system. This will help to ensure that quality, safety, prevention, and good health outcomes are at the heart of the NHS in Wales. In addition, our thinking has been informed by our establishment order and specific statutory functions, including our role as a Category 1 responder.

Health in Wales

The Covid-19 pandemic has had profound effects on the people of Wales and its socio-economic consequences have been felt unequally across our society. They have disproportionately affected those who already had the greatest health and social needs. In Wales, life expectancy and healthy life expectancy have plateaued over the last decade, and we continue to see stark and persistent health inequalities.

People living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas. The current cost of living crisis will accelerate what were already increasing differences in health between those with more and less money.

Evidence identified in 'Rising to the Triple Challenge of Brexit, Covid-19 and Climate Change for health, well-being and equity in Wales', has identified that the people of Wales have been majorly impacted by the Triple Challenge. These impacts occur through multiple pathways and determinants of health. For example, the way the Triple Challenge impacts employment, trade and factors which affect health behaviours, such as alcohol consumption, affordability of food and mental well-being.

Our strategy and priorities have been informed by key public health intelligence. It shows that Wales is a country with:

- an ageing population and **low fertility rate** with our dependency ratio therefore worsening in the future
- stark and persistent health inequalities, with **female and male healthy life expectancy** almost 17 and 12 years lower in the most deprived areas compared to least deprived
- the gap between the least and most deprived areas in Wales, for **premature deaths from non-communicable diseases**, has been increasing in recent years, and is now almost two and half times greater in the most derived areas, compared to the least
- around one third of people are following less than three of the five healthy behaviours, including **13.8% of adults in Wales smoking** with higher rates reported among people living in the most deprived areas
- **loneliness is twice as likely** amongst people living in the most deprived areas
- a high backlog of untreated need (as of December 2022, there were about 735,000 open patient pathways and **around 577,400 individual patients on treatment waiting lists in Wales**)

This picture and our understanding of health in Wales has informed the development of our strategy and how we have identified our strategic priorities. Our priorities and the specific action that we will undertake under each is our response to these challenges. We will continue to use the latest public health intelligence and evidence to help us assess the impact that we are having and dynamically adapt, where required.

Our Vision

Our purpose statement

Our purpose is:
working together for a healthier Wales

Our mission

Public Health Wales exists to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and well-being, and reduce inequalities for everyone in Wales, now and for future generations. Together, our teams work to prevent disease, protect health, provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, to help everyone in Wales live healthier lives.

Vision

By 2035, we will have achieved a healthier future for Wales. We are working towards a Wales where people live longer, healthier lives and where all people in Wales have fair and equal access to the things that lead to good health and well-being.

Values

Our values are:

working together

with trust and respect

to make a difference

Overarching outcome

It is essential to understand our progress in Wales towards our vision for a future where people live longer and healthier lives. As a result, we have identified the overarching health outcomes that we seek to influence and support.

These are:

to increase the healthy life expectancy and narrow the gap in healthy life expectancy between the least and the most deprived

We have chosen this approach as it is one of Wales' National Well-being Indicators and National Milestones. We will measure it through healthy life expectancy at birth, including the gap between the least and most deprived. While we are not solely responsible for this outcome, or every factor determining health and well-being, we will use it to help understand the overall health and well-being of the people of Wales and act as a guide to us as we deliver our strategy.

As we implement our strategy, we will monitor the population outcomes that we have identified within this strategy, as well as develop Public Health Wales specific performance measures. This measurement system will allow us to monitor our specific delivery contributions, and help us evaluate our impact and flexibly adapt where required. We will also monitor our outcomes across all the protected characteristics.

Strategic Priorities

Each priority is underpinned by our focus and commitment to reducing health inequalities and promoting health equity

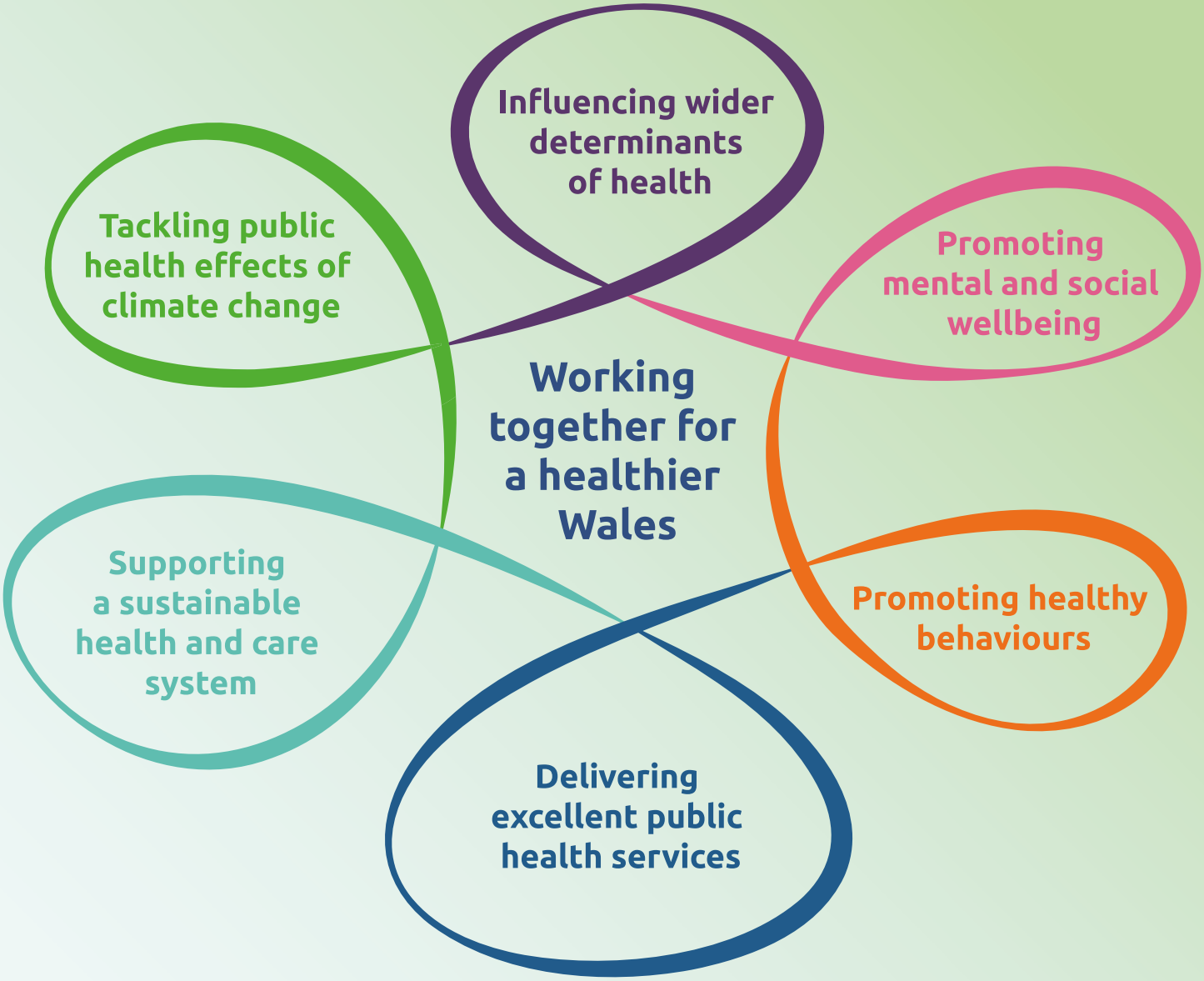
Our strategic priorities

The subsequent sections of our strategy set out our strategic priorities for 2023 – 2035. Their development has been shaped by health in Wales, wider global factors and threats, and key legislation and policy. Our strategic risks have also served as a key driver to shape and inform our priorities.

The delivery of our six priorities recognises the importance of primary, secondary, and tertiary prevention activity. This is reflected and embedded, where relevant, within the scope of each strategic priority.

Each priority is underpinned by our focus and commitment to reducing health inequalities and promoting health equity. We will embrace the five ways of working set out within the Well-being of Future Generations (Wales) Act 2015 to help us implement each, including working collaboratively with our partners.

Our Priorities 2023-2035



We are Public Health Wales.
We exist to help all people in Wales live longer, healthier lives.

Our values are **working together** with **trust and respect** to **make a difference**.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Strategic priority 1:
Influencing the wider determinants of health

Introduction

Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because of a lack of the essential building blocks needed for good health. These building blocks include our education and skills, a warm safe home, fair work, money and resources, access to affordable and sustainable transport and healthy physical environments. These conditions affect us from our earliest experiences and throughout our lifetime.

The Well-being of Future Generations (Wales) Act 2015 provides the legislative framework for us to work with others to improve the economic, social, environmental, and cultural well-being of Wales.

We will bring public health expertise and evidence, collaborating at multiple levels to influence these determinants, to increase opportunities for a fair chance for health. Influencing these determinants has never been more important. Our experience of the Covid-19 pandemic has shown how all our efforts to improve and protect health are affected by these determinants. Currently, the cost of living crisis is disproportionately affecting the health of our most disadvantaged communities, which is an acute exacerbation of the chronic condition of poverty.

Overview – why this is a priority

The wider determinants drive health and health inequalities in Wales. Often called 'the causes of the causes', the wider determinants drive our health outcomes in Wales. Different experiences of these determinants lead to differences in health outcomes, or health inequalities, which in turn are responsible for a substantial proportion of the total early deaths and ill health of the population of Wales. Those from the most disadvantaged areas of Wales can expect to lose over a decade of life lived in good health compared to those from the least disadvantaged (13 years for men and 17 for women). These systematic, and unfair differences continue across generations.

We can inform, advocate for, and mobilise action on these determinants working at national, local and international levels. As a trusted, evidence informed national public health organisation, we can support a health-in-all policies approach, informing and influencing policy development and implementation relating to determinants. We can build the evidence base further, and support and evaluate innovations for solutions appropriate to their context.

We are uniquely placed to bring a public health perspective to devolved areas of national policy in Wales relating to the building blocks for health and well-being such as housing, education, planning, transport, economic development, and devolved fiscal matters. We can make the connection between partners and policies to show how they can contribute to improving health and reducing health inequalities for our population. Our expertise and collaborative approach can also support system wide action at a local level, working with our partners, including health boards and local authorities across Wales. We can work with agencies to influence beyond Wales where appropriate, including when considering commercial drivers affecting health.

We have legal obligations to work across wider determinants. The Well-being of Future Generations (Wales) Act 2015 requires us to work to improve social, economic, environmental and cultural well-being by maximising our contribution to all seven well-being goals. The goals strongly mirror the wider determinants of health, both being an articulation of the factors needed for good health and well-being now and for future generations. The recent Socio-economic Duty 2021 further requires us to have due regard to reducing the inequalities of outcome which result from socio-economic disadvantage. Action on the wider determinants of health also contributes to the UK's obligations under the United Nations' Sustainable Development Goals.

From the post-industrial heritage of Wales, through austerity, the impact of the Covid-19 pandemic, and the cost of living, the impact of determinants in Wales will continue into the long term, both in ways we can predict and ways we cannot.

Scope

The wider determinants of health are the social, economic and environmental factors that affect health, well-being and health inequalities. Key determinants include:

Good education and skills

Quality, accessible, affordable housing

Fair work

Well-designed sustainable transport

Sufficient money and resources

A built and natural environment that supports our health and well-being

Wider determinants relate not only to our living conditions, but also include structural drivers of these conditions, such as economic and commercial forces, political priorities and the unequal distribution of income wealth and power. These structural factors are also referred to as fundamental causes. We also recognise that the relationship between health and these determinants acts in both directions, with health and illness affecting our social, economic and environmental well-being.
For example, when we are healthy we are in a better place to learn or participate in fair work.

We will work with partners, bringing evidence and expertise to inform, advocate for and mobilise action on wider determinants in order to reduce health inequalities and improve health and well-being throughout the course of people's lives.
We will inform action on determinants, using evidence from multiple sources. This may range from community experiences to surveillance of key determinants, to international research.

We will add to the evidence base through advising on and leading research and evaluation related to the wider determinants and interventions. Opportunities to influence wider determinants lie with the actions and behaviours of policy and decision makers working within complex systems. We will advocate to these decision makers guided by behavioural science approaches and focusing on structural and system level impact.

We will mobilise action on determinants, using systems approaches and insights, developing a common understanding of the pathways and opportunities for impact across different, inter-dependent sectors and policy areas. Our efforts will be shaped by the evidence of the importance of these determinants for population health and equity, as well as by our unique ability to influence them.

Objectives

By 2035, we will have:

- A Wales where people have a more equal chance of living a fulfilling life, free from preventable ill-health
- Our future generation's health and well-being less impacted by poverty and inequality
- Secured better and fairer opportunity for children to learn and fulfil their potential
- Transport, housing and planned environment developments that support people, families and communities to live healthier lives
- Major decisions on wider determinants which are informed by health impact assessments
- Supported public and private sector work to maximise inclusive participation in fair work supporting health and well-being
- Shaped thinking and decision-making on wider determinants policy areas to reduce inequality and improve health through our work with the Senedd and Welsh Government
- Supported positive system wide change on the wider determinants of health in collaboration with partners locally, nationally and internationally in pursuit of better health and well-being for all

Outcomes

We will work to support the following system wide outcomes:

- **Socio-economic inequality in life expectancy**
  (Baseline: 7.6 years for male and 6.3 years for female, PHOF)
- **Socio-economic inequality in healthy life expectancy**
  (Baseline: 13.3 years for male and 16.9 years for female, PHOF)
- **Socio-economic inequality in mental well-being**
  (Baseline: 48.92, National Indicator)
- **Children living in income poverty**
  (Baseline: 31%, National Indicator)

Strategic priority 2:
Promoting Mental and Social Well-being

Introduction

Alongside the wider determinants of health, mental and social well-being form the foundations of lifelong health and well-being. If the wider determinants provide the conditions for good health, social and mental well-being can be seen as the foundations for healthy people and communities.

Mental well-being comprises a range of different elements; how we think, how we understand our emotions and those of others, how we form healthy relationships and our resilience, how we make sense of our experiences. Mental well-being at an individual level is strongly influenced by the social environment in which we live, work, play and learn. The early years of life are central to the development of the foundations for mental well-being and is influenced by interaction between an infant and their parents or carers and by the parental relationships within the home. Where these conditions in childhood are not consistent, we see often long term harm to individuals as a result of adverse childhood experiences (ACEs).

Promoting mental and social wellbeing

Critically wider social networks within families and communities contribute to the social well-being of individuals and communities as a whole – the sense of belonging within communities, community connectedness and the creation of networks which actively seek to engage the whole community are fundamental. Communities which create these conditions are less like to experience loneliness and isolation and are more resilient when faced with adversity and trauma.

Overview – why this is a priority

There is a growing body of evidence that mental well-being is fundamental to our ability to respond to the challenges of day-to-day life and our capacity for self-care. Mental well-being, when high, can mitigate the impact of the wider determinants and conversely, when low, can exacerbate their impact. People who enjoy a high level of mental well-being will be better able to take steps to promote their own health and well-being and that of their family and wider community; they are more likely to practice self-care and will have a greater capacity to benefit from healthcare intervention. When mental well-being is low this can lead to 'self-medication' through the use of alcohol, drugs or food. This in turn increases the risk of health problems and a reduced likelihood of seeking help at an early stage or accessing preventative care.

Information from the School Health Research Network, which gathers information on the health and well-being of secondary school children in Wales, found that there had been a statistically significant decline in mental well-being compared to the period before the Covid-19 pandemic. The experience of the recent pandemic highlighted for many people the importance of their relationships with others; loss of contact with friends and family had a negative impact on mental well-being for many people. What was also observed was that many people adopted behaviours to promote their mental well-being, such as going for walks, spending time with family within the home, gardening, cooking, crafts, and a range of outdoor exercise. There is potential to increase awareness and understanding of the relatively simple steps we can take as individuals to both protect and promote our mental well-being, particularly during times of stress.

Low mental well-being will be experienced by all of us at different times of our lives, when we lose someone we love, experience the breakdown of a relationship, through the loss of employment, or during periods of ill health. However, for some individuals and groups low well-being is long term, which along with chronic stress can have a significant impact on long term health. The experience of ACEs, trauma and adversity, without the positive protective factors and needs based support to mitigate the impact, can affect mental well-being across the life course.

We are social animals and human interaction is essential for good mental well-being, the growing focus on loneliness and isolation within policy recognises this importance. Unhealthy relationships, however, can form the basis of abuse or violence or exploitation. National Survey for Wales data in 2021/22 showed that on average 13% of the Welsh population feel lonely and 58% feel lonely sometimes with slightly higher reported loneliness among young people aged 16-24 and the lowest reported among the oldest groups.

Scope

This priority is about laying the foundations of good health and well-being, taking a life course approach. While the work in this priority will contribute to prevention of mental ill health, this priority theme is not only about mental health or illness. In simple terms mental well-being can be defined as 'feeling good and functioning well'. We will focus on the different building blocks of mental and social well-being for individuals and within communities. This will include:

- Psychological factors such as self-esteem, self-confidence, self-determination, and self-acceptance
- Emotional literacy, the ability to recognise and respond appropriately to our emotions
- Healthy relationships, developing the skills to form and maintain good quality healthy relationships with others
- Resilience, our ability to respond to the day-to-day challenges of life in a way that is not health harming in itself
- Reducing stigma and discrimination
- Trauma-informed practice in a whole of society approach, in which individual, organisations, communities, systems and the society in which they exist are aware of the impact of trauma and have the capability to respond

As the foundations of these skills are often in early childhood, we will build on the work of our First 1000 Days programme to strengthen infant mental well-being and support parents and carers to create the conditions for optimal social and emotional development. This will include a continuation of our work on a public health approach to parenting support to highlight the wider social, economic, and environmental conditions that support parents to give their children the best start in life and to support policy makers in assessing the impact of policy on families.

We will also continue our work to support the development and implementation of a Whole School Approach to Mental and Emotional Well-being and develop work to support the implementation of the curriculum so that our schools can create opportunities and model inclusive approaches in which build self-esteem and self-confidence, develop emotional literacy, create a sense of belonging and connectedness, and strengthen healthy relationships. The prevention of peer-on-peer violence amongst children and young people will continue to be a focus of our work in violence prevention and contributes to our public health approach to preventing all forms of violence in Wales; realising what we currently can only imagine - a Wales without violence. We will develop programmes of work to support the creation and dissemination of the evidence for effective action to promote mental well-being and in creating the conditions within communities that support social well-being.

Through our work with employers, we will advocate and support action at work which promotes mental well-being and fosters a sense of belonging and inclusive social networks. We will continue our work with Health Education and Improvement Wales to increase knowledge and skills to promote mental well-being as a core element of all health care interactions. We will continue our work to build capacity and capability within the system to embed trauma-informed approaches to minimise the long term harm arising from the experience of adversity and trauma at any point in our lives. We are committed to the co-delivery of a programme of work that will enable Wales to become a trauma-informed nation promoting a collective, non-judgemental, kind and compassionate all of society approach.

The pace of change of technology has been rapid over recent years and has transformed how we communicate and interact with each other. Our work will recognise the need for resilience in virtual environments as well. We will embed this thinking across our plans.

Finally, we will continue our work to embed mental well-being impact assessment to support decision makers in maximising the conditions for mental well-being. Working with others we will also seek to grow the evidence base for effective action and ensure that we are able to monitor change and evaluate action.

Objectives

By 2035, we will have:

- Worked with others to reduce inequalities in mental and social well-being
- Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and system wide action to promote mental and social well-being and reduce inequalities
- Co-created a trauma-informed Wales, to reduce impact of adverse childhood experiences and other forms of adversity and trauma
- Mobilised and enabled evidence-based action to promote and protect mental well-being across the system, including in key settings such as education, at work and in communities
- Supported the system to review or evaluate policy or programmes for their impact on mental and social well-being and inequalities taking a life-course approach
- Developed strong and purposeful partnerships to increase access to opportunities for people to promote their mental well-being through engagement with the things that keep them mentally well
- Worked with partners and parents to enable children to achieve optimum social and emotional development

Outcomes

We will work to support the following system wide outcomes:

- **Improve population mental well-being and reduce the gap in mental well-being between the most affluent and most disadvantaged groups**
  (Baseline: 48.92, National Indicator)
- **Increase the proportion of the population who say they have a sense of community**
  (Baseline: 69.3%, PHOF)
- **Increase the proportion of children who achieve their developmental milestones - social and emotional** (Indicator to be developed)
- **Reduce the proportion of the population who report experiencing violence or abuse**
  (Indicator to be developed)

Strategic priority 3:
Promoting Healthy Behaviours

Introduction

Promoting healthy behaviours encompasses activity to reduce the burden of disease, disability, and early death that results from our behaviours such as use of tobacco, our diet, how active we are and whether and how we use alcohol and other substances.

Our behaviours are closely linked to the social, economic, and environmental factors, which have been outlined in earlier priorities. Our approach to tackling healthy behaviours explicitly acknowledges that the opportunities to make healthier choices are influenced by our social and economic circumstances, by where we live, and importantly by the actions of the industries that produce a range of unhealthy commodities. This is why, for the majority of the behaviours, we see a clear socio-economic gradient; they are more common among groups in the population who experience disadvantage. These factors are one of the primary mechanisms through which the wider determinants lead to ill health.

We also acknowledge that our behaviours can be a result of our mental well-being. Many of us will recognise how easy it is to eat less healthy foods, often as a treat when we are feeling low, or how our consumption of alcohol may increase when we feel stressed or anxious. For some people these coping behaviours become long term and habit forming and people may need support to adopt healthier coping strategies. In these situations, people often need help to make changes, even when they are motivated to do so.

Overview – why this is a priority

The leading causes of death, particularly early death in Wales such as heart and other circulatory disease, some cancers and respiratory disease, as examples, have strong links to health behaviours as risk factors. A significant proportion of these deaths can be attributed to factors such as smoking, diet, and alcohol use. Behavioural factors also play a part in the conditions which lead to disability such as musculoskeletal diseases and substance use.

Smoking remains the leading risk factor for poor health outcomes, partly because for some diseases the risk remains for several years even after someone has stopped smoking, particularly if they smoked for a long time and because of the wide range of conditions that smoking causes including heart and circulatory disease, dementia, cancers, and lung disease. However, smoking rates have reduced significantly over the recent decades and the most recent figures suggest that only 13.8% of adults in Wales currently smoke. The Welsh Government launched a Smoke Free Wales in 2022 with the goal of reducing smoking rates to below 5% by 2030.

Dietary factors and overweight and obesity combined however, far exceed the impact of tobacco use; and whereas rates of smoking are falling rates of overweight and particularly obesity are increasing. In 2022, most of the adult population of Wales (62%) were either living with overweight or obesity and 25% were living with obesity, this means that their weight is at a level where the risk of poor health is high. Rates of obesity are higher in those from more disadvantaged backgrounds. Welsh Government launched Healthy Weight Healthy Wales as a long term strategy to reduce levels of overweight and obesity in the population. Our diet, including consumption of alcohol and whether we are active are the leading behavioural causes of overweight and obesity. Just over a half of adults (56%) reach the level of physical activity recommended by the UK Chief Medical Officers of 150 minutes of moderate or vigorous activity a week. However, as our understanding increases, we know that the greatest health gains are to be made from helping the 30% of Welsh adults who are currently inactive (active for less than 30 minutes a week) to become more active.

Being active is dependent on a range of factors but can include where we live, whether we have easy access to places to walk and cycle; whether we have access to frequent and reliable public transport as an alternative to using a car, whether we can afford to go to a gym or leisure centre regularly, and the kind of work we do. It is recognised that our lives are increasingly sedentary and the need to create opportunities to be active is a relatively recent phenomenon that would not have been recognised by people 100 years ago.

Food poverty is recognised as a significant problem and is growing, many families struggle to provide food at all and are much less able to focus on whether that food is healthy or not. Reversing changes which have occurred over decades will not be easy but if we do not take action, the burden of disease related to obesity will continue to increase.

During the period from 1990 to 2016, the burden of disease attributable to alcohol and drugs increased. Alcohol use is normalised in our society, yet the World Health Organization issued a statement in January 2023 in which it states that 'when it comes to alcohol consumption there is no safe amount that does not affect health'. The United Kingdom Chief Medical Officers Guidelines produced in 2016 reflected this principle in talking about 'Low Risk Drinking Guidelines' rather than safe levels.

Scope

This priority will focus primarily on those behaviours which have the largest impact on preventable ill health, disability and early death. In doing this we are also acknowledging the contribution of these behaviours to the health of the planet as well as the health of individuals.

We will continue our work as a public health system, with the health board Directors of Public Health and local authorities, to address tobacco and obesity, taking a systems approach, and we will work to develop a similar approach to prevent harm from the use of drugs and alcohol. We have seen measurable benefits to our joint approach to tobacco, particularly through Help Me Quit and we will seek to build on this to achieve our smoke free ambition.

We will work to support the wider system in measuring change. These will include both overall reductions in health harming behaviours and the gap between those in the most and least affluent groups in society. We will also recognise that the foundations for many of these behaviours begin in childhood and we will continue our work to support the adoption of healthy behaviours from birth. This includes working with partners to increase uptake of breastfeeding and optimal introduction of solid food. We will also develop a whole school approach to food which will include work to ensure that nutritional standards are in line with the latest scientific guidelines and that we can evaluate the impact of policy to ensure that it has the desired impact on children and young people's eating habits.

We will take a commercial determinants of health approach, which focuses on the private sector activities that impact on population health. This approach aims to recognise and act on those unhealthy commodity industries which actively promote behaviours, which are health harming. Wales has been proactive in introducing legislation to reduce the harmful impact of tobacco and we will support Welsh Government by providing evidence to inform action to ensure Wales remains among the leading countries globally in tackling these issues. We recognise that in tackling global industry forces we will need to work closely with public health agencies within the United Kingdom and globally to ensure we contribute to and benefit from collective action.

We will also work to ensure that we can identify new and emerging behaviours, which may be stimulated or influenced by corporate activity. We have seen growing concern in relation to issues such as gambling related harm and there is general consensus from most stakeholders that this is at least in part attributable to the role of the industry. There has been increasing concern about the number of young people who are vaping and the role that attractive, flavoured single use products new to the market may play. Confusion over cannabis and the degree to which it is harmful results in part from the actions of industry either in relation to cannabis derived products without active ingredients and their promotion or from those commercial interests advocating decriminalisation.

We will work to develop an approach to investigating and responding to new and emerging behaviours which may have a population health impact, to ensure that we can provide timely evidence and advice to Government, the wider system, and the public. We will also continue our work to ensure that action to address behavioural factors using a behavioural science informed approach, and drawing on the best available data and evidence from a growing range of sources so that we have the best possible understanding of the drivers of unhealthy behaviour.

While we recognise that our actions should primarily seek to influence the wider environment, making the healthy choices the easy choices, we do acknowledge that support to individuals will remain a key element of our work. We will support those working with individuals in the health and care system to provide evidence-based behaviour change approaches through programmes such as Making Every Contact Count.

Objectives

By 2035, we will have:

- Worked with others to reduce the burden of disease in Wales from use of health harming products and increased health promoting behaviours
- Synthesised, interpreted and disseminated evidence for effective action to support policy, legislation and system wide action on tobacco, diet, physical inactivity, alcohol and other substances
- Enabled system wide action by developing and testing new approaches and coordinating programmes of work
- Established and implemented mechanisms for rapid assessment of new and emerging behaviours for their public health impact
- Reviewed or evaluated policy or programmes for their impact

Outcomes

We will work to support the following system wide outcomes:

- **Reducing prevalence of smoking to 5% by 2030**
  (Baseline: 13.8%, PHOF)
- **Increasing the proportion of the population who are a healthy weight**
  (Baseline: 36.7%, PHOF)
- **Increasing the proportion of the population who are active**
  (Baseline: 55.5%, PHOF)
- **Increasing the proportion of the population whose use of alcohol is low risk**
  (Baseline: 82.1%, PHOF)

Strategic priority 4:
Supporting the development of a sustainable health and care system focused on prevention and early intervention

Introduction

Public Health Wales has a national role in providing evidence-based leadership in the development of public health strategies and in working in partnership with NHS Wales and communities to co-ordinate public health activities. The health and care system is working together to ensure healthcare is fit for now and future generations, which requires the development of sustainable models of healthcare. Our approach will reflect evidence based prevention activity and action.

A Healthier Wales has an ambition for everyone in Wales to have long, healthy, happy lives and sets the policy direction for how the health and social care system will work together to deliver sustainable models of care. Sustainable healthcare delivers high quality care without damaging the environment, is affordable now and in the future, and delivers positive social impact. This includes shifting services out of hospital to communities, having more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health and long term illnesses. It also means making things easier for people to remain active and independent in their homes and communities.

Overview – why this is a priority

More people in Wales are living longer and needing more health and social care than before, but resources are stretched. An ageing population, inequalities in health and health outcomes and a legacy of issues as a result of the Covid-19 pandemic have combined to result in huge pressures on the health and care system. This is having a significant impact upon patients and their families, including in relation to access and timeliness of treatment, avoidable harm and overall outcomes. These issues are likely to be further impacted by other immediate pressures, such as the cost of living crisis, which will further widen inequalities. As part of the system wide recovery from Covid-19, we have an opportunity to support tangible developments and improvements particularly in relation to prevention and early intervention.

Current pressures within the NHS and social care are having significant impacts on population outcomes and raise questions about the long term sustainability of the whole system. Whilst there are several immediate pressures, it remains paramount that we focus on prevention, early intervention, and equity to develop sustainable models of care that meet current and future population needs, reduce harm and improve outcomes.

We have a key role in supporting the health and care system in developing integrated, person-centred pathways which focus on quality outcomes.

We will work with key partners to co-ordinate efforts across the system. The pandemic provided significant learning in relation to future infectious diseases and the ability of relevant agencies to rise, in a concerted way, to healthcare challenges. We will build on the effective systems to ensure public health and health care work together to achieve equitable population health outcomes. There is significant evidence of the benefits of primary and secondary prevention in relation to reducing disease incidence and associated morbidity, including many cancers and cardiovascular disease.

By taking a healthcare public health approach, we will seek to prioritise resource to maximise the population benefits of healthcare, ensuring healthcare meets individual and group need, with a focus on reducing health inequalities. We can improve health at a population level by preventing and detecting disease early or improving health-related outcomes through access and utilisation of effective healthcare interventions or treatments.

Scope

This priority is central to the role of Public Health Wales in shifting the balance of our health and care system in Wales to focus on prevention, early intervention, and health equity in order to improve outcomes for our population. Our role and scope within this priority includes:

- A leadership role in working with NHS Wales and care agencies to support public health in Wales, with a particular focus on evidence based preventative measures
- A clear and demonstrable role in healthcare public health at a national and local level through developing a Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders
- A leadership role to health and care in advocating, co-ordinating and supporting transformation for prevention, early intervention, and equity to be embedded throughout the whole health and care pathway, including contributing factors
- Promoting methods to better understand our population and utilise impact assessment to identify 'at risk' cohorts to inform an understanding of how to deliver the highest value interventions, particularly within secondary prevention
- Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health care needs apply these principles to healthcare services we directly provide e.g. population screening programmes
- Leading and supporting the healthcare system in Wales to use its role, as anchor institutions, to influence and impact on health and well-being

We will support our partners by informing, assessing and planning health needs of defined populations and subsets of those populations. This will include consideration of the impact of taking a preventative approach to include primary, secondary and tertiary prevention.

We will also enable and mobilise resources to support a data informed and data driven approach to planning, evidence-informed decision making, with the aim of ensuring equitable access to quality, person-centred, integrated healthcare services that meets the current and future need of the population across Wales.

This will support the wider system in understanding the health and wellbeing in Wales, centred around the burden of disease. We will also ensure a consistent national approach to collating data and sharing intelligence, including behavioural insight of the population, patients, clinicians and the wider workforce.

We will support the development of a framework for reducing health inequalities, which can be applied consistently across Wales to address variation and equity in care pathways (e.g. health equity audit). This will uphold quality in terms of patient experience, safety and outcomes and ensure efficient and value-based use of resources through prioritisation, option appraisal and impact focussed approach, having regard to economic evaluation and return on investment.

We will also support primary care transformation. By leading and developing once for Wales resources, we can ensure that population health improvement, healthcare public health, and inequalities reduction lenses inform and shape wider primary care reform in Wales. We will also provide leadership in support of continuous improvement in safeguarding across NHS Wales, focusing on increased use of quality improvement methodologies and approaches, learning together with NHS Wales whilst retaining collaborative leadership of the NHS Wales Safeguarding Network.

Objectives

By 2035, we will have:

- Supported the system to shift the balance of health and care towards prevention, early intervention and equity
- Maximised opportunities to prevent disease morbidity through a focus on secondary prevention and health and care interactions, including ensuring resources are allocated fairly
- Supported care moving closer to home, ensuring it is person-centred
- Provided data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities
- Supported our partners to use the size, scale and reach of the healthcare system to positively influence the health and well-being of communities

Outcomes

We will work to support the following system wide outcomes:

- **Increase the number of working age adults in good health** (Baseline: 79.6%, PHOF)
- **Increase the proportion of working age adults free from limiting long term illness** (Baseline: 60.1%, PHOF)
- **Increase the number of older people in good health** (Baseline: 66.6%, PHOF)
- **Increase the proportion of older people free from limiting long term illness** (Baseline: 33.3%, PHOF)

Strategic priority 5:
Delivering excellent public health services to protect the public and maximise population health outcomes

Introduction

Protecting the public from the effects of infections and exposure to environmental problems, such as air pollution, and the delivery of our national screening programmes are core responsibilities for Public Health Wales. Our Category 1 responder status demonstrates our role in protecting the public from ill health and working with our partners to mitigate risks to human health.

We work to protect the health of the people of Wales through the delivery of a number of health protection and infection control services, and national screening programmes. We deliver, monitor and evaluate seven population based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. The aims of the programmes are either to reduce incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening).

Overview – why this is a priority

Protecting the health of the population of Wales from infections and environmental threats is key to achieving a healthier Wales. The Covid-19 pandemic, and its ongoing implications, highlighted the grave threat to health from communicable diseases and reinforced why health protection and health security will, within the changing realities of an interconnected world, remain a public health priority.

Globally, the pandemic has shown how interconnected we are with others, and how we must be prepared to act on global threats to health, including horizon scanning for future threats. We will embed learning from the Covid-19 pandemic and ensuring that we are as prepared as we can be for future threats. Significant global threats, such as antimicrobial resistance where infections become harder to treat with drugs, is one such global threat and we must focus our services on reducing it. Our ability to connect with our global partners to be aware of threats to health as they emerge and put systems in place to address them will be important as we work to protect the health of future generations.

For our population health screening programmes, we will deliver excellent services that are safe, effective, people centred, timely, efficient and equitable to ensure evidence based interventions improve health of population in Wales. Cancer is a leading cause of death both worldwide and in Wales with many cancers being curable if detected early and treated effectively. We deliver, monitor, and evaluate seven population-based screening programmes, and co-ordinate the all-Wales managed clinical network for antenatal screening.

How we deliver our services to protect the health of the people of Wales is paramount. The Health and Social Care (Quality and Engagement) (Wales) (Act) (2020) highlights the duty of quality we have to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture, and we believe the provision of our services under this framework will deliver the best outcomes for the people of Wales.

Scope

We have defined excellence through the Institute of Medicines dimensions of quality, which are also used in the Health and Social Care (Quality and Engagement) (Wales) (Act) (2020). These are:

- **Safety –** Services should be able to demonstrate by robust evidence that they are safe, and interventions offer higher benefit than risk
- **Effectiveness –** Services should have a culture of evidence-based intervention
- **Patient (and population) centeredness –** Services should be able to demonstrate that they regularly and proactively engage with stakeholders and service recipients to assess their experiences as part of an ongoing process of service improvement
- **Timeliness –** Services should be able to respond in a timely way
- **Efficiency –** Services should be able to demonstrate that impacts on population health are being achieved in the most efficient way
- **Equity –** Services should keep to a principle that decides what is fair when distributing healthcare

However, we recognise the importance of continually innovating and improving our services and have additional measures of excellence:

- **Innovation/continuous improvement –** excellent public health services would always look to innovate and improve in order to achieve excellence
- **Education and training** – excellent public health services are those that invest in staff, making sure they have the right skills to achieve excellence.
- **Internal and external collaboration –** excellent public health services would be those that collaborate across the organisation and the public health system to achieve desired outcomes

This strategic priority focuses on the delivery of all public and patient facing services delivered by Public Health Wales, with a particular focus on screening, health protection and microbiology.

However, as we implement our strategy, we will also seek to apply this approach to our other core public health services that we deliver.

National Population Screening Programmes

We will provide population health screening programmes for the people of Wales to ensure evidence-based interventions to improve the health of the population in Wales. Our screening programmes will be informed by evidence-based recommendations.

The aims of the programmes are either to reduce incidence of disease or improve early diagnosis to reduce the impact of the disease. There is an equitable offer of screening to the eligible population but there is variation in uptake and enabling informed consent to improve uptake and reduce inequity of uptake is a key priority. Our ability to provide our screening programmes was greatly impacted by the Covid-19 pandemic. We will focus on recovering our two remaining delayed screening programmes through an ambitious programme that will embrace the use of new technology, along with implementing new approaches and innovation focused on improving practices.

Health Protection and Infection Services

Our approach to responding to communicable disease challenges in Wales involves the delivery of a number of programmes and services, the importance of which were highlighted during the Covid-19 pandemic. We will learn from the experiences of our health protection and infection services during the Covid-19 pandemic to ensure systems are prepared for the clinical, diagnostic and health protection challenges of future threats.

We will provide these in an integrated way, to ensure greater resilience, sustainability, and capacity across our broader service offer. We have a system leadership role, working with and advising our partners on strategies to ensure early effective diagnosis of infection, early effective treatment of infection, and early effective intervention to control the spread. Key services within Public Health Wales support the delivery of the response, including the Communicable Disease Surveillance Centre to understand the impact of communicable diseases and interventions on the population of Wales.

Covid-19 and other respiratory infections continue to highlight the importance of immunisation as the most important intervention for disease prevention/reduced severity of outcome, alongside effective outbreak management and control of infection. The Vaccine and Preventable Disease Programme delivers a national approach to immunisations and vaccinations. We will also play an integral role in the system to protect the health of the people of Wales from environmental threats. Our environmental public health services ensure that we reduce the number of people who become ill or die as a result of environmental harms and increase the number of people who have health benefits from a good environment through advocacy, policy guidance, expert advice, and surveillance.

Our microbiology services will continue to provide world class diagnostic and clinical advisory services and Specialist and Reference Microbiology Services to support diagnostics, surveillance, and outbreak identification and management.

Innovation and future threats

Our public health services will always look to innovate and improve in order to achieve excellence. Public health genomics provides a focus on populations, health services and public health programmes, rather than individual clinical care, through the application of advances in human and pathogen genomics to improve public health and prevent disease. The Public Health Genomics Programme in Public Health Wales will enable us to lead on improving outcomes for people in Wales at a population level. We will continue to lead the development of Antimicrobial Stewardship guidance across the NHS, with the aim of reducing the burden of infection and thereby the demand for antimicrobials.

Objectives

By 2035, we will have:

- Delivered excellent, people centred, population health screening programmes that are improving the health of the population of Wales in an equitable way
- Developed and adapted population health screening programmes in line with current evidence and explored innovation to improve pathways
- Fully optimised the bowel screening programme and delivered a sustainable and optimised diabetic eye screening programme
- Enabled the implementation of new UK National Screening Committee recommendations for population in Wales
- Experienced fewer health and social care associated infections and only use antimicrobials appropriately
- Provided clinicians with the evidence they need to increase the speed of diagnosis so patients can be treated in a timely and accurate way. This will be done through the delivery of our microbiology services using world class, modern techniques developed through continuous innovation and improvement
- Better described communities at increased risk of harm from communicable disease leading to evidence-based interventions to reduce the number of people who become ill or die from a communicable disease and environmental harms
- Provided system leadership supporting the delivery of excellent immunisation and vaccination programmes, therefore seeing much fewer people with ill health due to vaccine preventable diseases
- Provided timely information for action to interrupt the transmission and reduce the impact of communicable disease on individuals and healthcare services

Outcomes

We will work to support the following system wide outcomes:

- Increase vaccination rates for all vaccine preventable diseases
  - 90% uptake of HPV by age 15 (Baseline: 69.3%, COVER Report 145)
  - 95% uptake of MMR by age 2 based on new schedule (Baseline: 93%, COVER Report 145)
- Lowering the burden of healthcare associated infections in Wales to align with the UK AMR Strategy 20 year vision
  - to halve the number of healthcare associated Gram negative blood stream infections
- Optimising the use of antimicrobials and good stewardship across the healthcare sectors in Wales again to align with the UK AMR Strategy 20 year vision
  - 25% reduction in antibiotic use in the community (from baseline 2013)
- Eliminate hepatitis B and C as a public health threat by 2030 (Baseline: approx. 12,000 hepatitis C infected individuals in 2017, WHC/2017/048)
- Increase in the proportion of bowel and breast cancers diagnosed at early stage (Indicator to be developed)
- Reduction of the incidence of cervical cancers (Indicator to be developed)
- Reduction of sight loss from diabetic retinopathy (Indicator to be developed)
- Reduction of the mortality from ruptured abdominal aortic aneurysms (Indicator to be developed)

Strategic priority 6:
Tackling the public health effects of climate change

Introduction

Climate change is recognised as the most significant public health threat of the century, endangering physical health, mental health and well-being. It threatens all areas of life that impact our ability to achieve and maintain good health. In October 2021, the World Health Organization declared climate change to be the single biggest health threat facing humanity due to rising global temperatures.

The earth has already warmed by 1.1°c above pre-industrial levels as a result of human activity. Urgent action is needed to limit global temperature rise to 1.5°c to prevent devastating harm to health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices results in improved health, particularly through reduced air pollution.

The impacts of climate change are multifaceted, impacting the social and environmental determinants of health (clean air, food security, safe homes, and access to services). The impacts of climate change are already being felt within Wales, both in terms of physical threats to life through extreme weather events, as well as climate related anxiety. In short, climate change is already adversely impacting the health of people in Wales and will continue to do so well into the future.

Overview – why this is a priority

We know that some communities in Wales are likely to be more adversely impacted by the effects of climate change than others, and some less likely to be able to take action to respond to these effects. For example, lower income households in areas that are prone to flooding, and those living with disabilities and/or chronic conditions and their carers. As such, the effects of climate change are likely to exacerbate existing health inequalities in Wales.

Our focus must be on ensuring that efficient and equitable adaptation policies and interventions are in place that help to reduce health inequalities.

Wales has the enabling environment and legislative framework to support the transformational change needed to tackle climate change. The Well-being of Future Generations (Wales) Act 2015 ensures that the climate is considered at an everyday decision-making level. This world leading legislation places Public Health Wales with a duty to support the seven Well-being Goals put in place by the Act.

Public Health Wales has a long history of work, internally and externally, on the climate change and sustainability agenda. We set up our Health and Sustainability Hub in order to embed the requirements of the Well-being of Future Generations (Wales) Act 2015 within the organisation. The Hub has worked across the organisation to develop our approach to sustainability and decarbonisation. We initiated a comprehensive Health Impact Assessment of climate change in Wales, in partnership with key stakeholders, to inform decision making and policy on climate change adaptation.

In 2021, we undertook a review of the Climate Change Risk Assessment for Wales report (CCRA3).

The CCRA3 report for Wales assessed 61 risks and opportunities from climate change, across sectors such as health, housing, the natural environment, business and infrastructure, and risks from international impacts of climate change. The report identified a significant number of risks that required urgent public health action.

Since 2021, work has been underway across Public Health Wales to support the internal activity and the wider external system in responding to the climate emergency. This has involved embedding climate change activity into existing programmes e.g. Healthy Working Wales and Improvement Cymru, or the development of new programmes to enable action e.g. the Greener Primary Care Wales Scheme. We also published our NHS Wales Decarbonisation Strategic Delivery Plan setting out the plan for addressing the climate emergency in Wales through reducing the carbon footprint of the health sector, including Public Health Wales.

We have identified a number of key elements of our role that reflect the breadth and volume of work on the climate change and sustainability agenda across the organisation, including developing, understanding and interpreting the evidence to inform action, provide evidence-based interventions, and to provide integrated technical advice to partners. This includes key functions, including policy advice, behavioural change, communication, surveillance, and guidance.

Scope

The IANPHI roadmap for action on health and climate change sets out how National Public Health Agencies have a critical role as key climate actors. The roadmap aligns with our own views about the breadth and scale of work required to respond to the health impacts of climate change and has been used as a template for action. In order to protect the people of Wales from the health and well-being effects of climate change, we need to:

Protect, promote, and educate:

- Protect people and communities from the health impacts of climate change, with a particular focus on equity and reducing health inequalities
- Educate colleagues from across the health and care system about climate and health risks, ensuring that they feel enabled to act and respond to changing demand
- Promote healthy environments and lifestyles, harnessing behaviour change and health impact assessment methods to influence policy, decision making and infrastructure
- Enable people and communities to adapt to, and mitigate, the health impacts of climate change

Respond and facilitate action:

- Ensure evidence-based policy advice and guidance across the public health system in Wales
- Co-ordinate action and messaging with other UK nations and agencies, and across the public health system in Wales
- Ensure effective extreme weather events response and preparedness, in collaboration with other partners, in a way that meets the needs of our most vulnerable communities

Monitor and evaluate:

- Develop our climate surveillance capacity so that we can monitor the health and well-being effects of climate change and guide further multi-agency action, including incorporation of early warning systems
- Undertake research into the public health impacts of climate change, and the effectiveness of interventions aimed at mitigating them
- Evaluate the health impacts of climate mitigation policies in Wales
- Evaluate the impact of our own ways of working

Objectives

By 2030, we will have:

- Supported the Welsh Government ambition of achieving a Net Zero NHS Wales

And by 2035, we will have:

- Achieved carbon negativity as an organisation
- Worked with our partners to respond and facilitate action on climate adaptation and mitigation
- A robust monitoring, research, evaluation and surveillance system that enables us and our partners to prioritise evidence based action
- A workforce aligned to delivering climate sensitive public health across all domains of our practice

Outcomes

Monitoring the public health impacts of climate change is a novel surveillance area. Public Health Wales are developing our climate surveillance capacity so that we can monitor the health and well-being effects of climate change, including the incorporation of early warning systems. This will include surveillance of some of the national indicators set out under section 10(8) of the Well-being of Future Generations (Wales) Act 2015, including:

- **Healthy life expectancy at birth including the gap between the least and most deprived**
  (Baseline: 13.3 years for male and 16.9 years for female, PHOF)
- **Percentage of journeys by walking, cycling or public transport**
  (Baseline: 16%, National Indicator)

Enabling the delivery of our Strategy

We will enable and drive the delivery of our strategy through embracing more agile digitally and data driven approaches

Enabling delivery

We will enable and drive the delivery of our strategy through embracing more agile digitally and data driven approaches. We will focus on delivering maximum impact by building on innovative approaches that work, placing users at the heart of what we do and through an unwavering focus on quality improvement.

A number of key strategic drivers will shape and inform our enabling activity, including the Health and Social Care Quality and Engagement (Wales) Act, particularly the Duty of Quality and Duty of Candour. Underpinning the delivery of our strategy will be a small number of 'enabling' strategies and approaches.

People

Overview

Our People Strategy sets out our vision for all those who work or aspire to work in Public Health Wales and our role supporting the development of the wider public health system workforce. Our ambition is to develop a flexible, sustainable and thriving workforce with the capacity, capability and desire to successfully deliver our Long Term Strategy.

Areas of focus

The People Strategy comprises nine themes:

- **Inspiring Culture and Compassionate Leadership:** We will ensure our culture and values are apparent in everyone's lived experience
- **Designed to Deliver:** We will increase our ability to deploy resources where needed, reducing silos and building collaboration and cross boundary working
- **Workforce Shape and Planning:** We will actively plan and manage towards our agreed optimum workforce size and shape
- **Employee Experience:** We will understand what matters most to our current and future employees and create a people promise that works for all
- **Harnessing Data:** We will increase our skills and access to expertise in harnessing and disseminating data to inform decision making
- **Exploiting Technology:** We will increase our people's confidence and capability to exploit technology opportunities in their work
- **Optimising Relationships:** We will increase the knowledge and interpersonal skills necessary for meaningful and mutually beneficial relationships with our partners
- **Attracting and Recruiting Talent:** We will widen access and identify, attract and recruit the best available talent which more accurately reflects the communities we serve
- **Skills for the Future:** We will create clear approaches and investment plans to develop or access the skills required to deliver our strategic priorities

Making it happen

We launched our People Strategy in March 2020 and have made significant progress delivering against the nine themes. During 2023, we will adjust or reframe aspects to ensure alignment with our new priorities and other key enabling strategies.

Digital and Data

Overview

Our Digital and Data Strategy will focus on applying the culture, practices, processes, and technologies of the internet-era to respond to people's raised expectations (digital) and making better use of the data held by Public Health Wales and beyond to maximise the impact on health and well-being outcomes in Wales.

We have also developed five core digital principles to guide our work:

- **User needs first:** people and their needs are at the heart of what we do
- **Accessible and equal:** everyone who needs our services can find and use them
- **Open by default:** in sharing openly and transparently, we increase the value of our services and earn the trust of others
- **Efficient:** we re-use what we can and use agile methods to assure the quality of our assumptions before we implement
- **People focussed:** we value the people who build and run our services

Areas of focus

Our Digital and Data Strategy will focus on a number of core areas, including building on solid foundations, ensuring that our developments deliver our organisational strategic priorities, and improve public health through digital solutions to increase our impact. The digital underpinning to the data side of our strategy focuses on ensuring that data makes a different. There are three core areas for our ambitions: improving and extending what we do, increasing our skills and capacity, and providing standards and good practice.

Making it happen

There are three core areas that will enable progress against our Digital and Data Strategy:

- Discovery work focused on development of a digital route-map for screening services, work around a single disease registry and our web estate
- Efficiency that will focus on the development of an automation agenda
- Development of skills, industry standards and embedding good practice

Research and Evaluation

Overview

Our ambition is to excel as a learning and developing organisation transforming public health by focusing on actionable research and evaluation that will help make a difference to public health practice.

Our strategic research and evaluation principles are:

- **Open by default:** developing and sharing areas of research interest, publishing outputs targeted to user needs, and being clear about what we are leading/supporting
- **Inclusive:** co-designing with communities when working with them, capturing equalities information systematically to enable evaluation, and working with communities to reach out and include those whose trust we don't have
- **Multi-disciplinary:** to celebrate the breadth of our agenda and to pull together the skills we need and the diverse expertise leading to an integrated model of research and evaluation
- **Influential:** to our funders to address evidence gaps and research and evaluations needs for population health aims
- **Joined-up:** to ensure we have common standards for products, a coherent and comprehensive package of research, and partnering with others to deliver

Areas of focus

We aim to ensure that excellent research and evaluation is understood and accessible throughout the organisation. In order to do that, our key areas of focus are that:

- Everyone understands the importance and need for evaluation and involving evaluation experts early in design of interventions
- Our Evaluation Community of Practice is open to those involved in either delivering or commissioning evaluations
- For our Central Evaluation Team to set standards, and undertake the core high priority evaluations that require organisational independence

Making it happen

We will monitor the impact of research and evidence across the organisation, ensuring there is a common follow-up process from all research and evaluation activities, and standard core questionnaires available for tailoring within projects. Our next steps include:

- Implementing our key research priorities focused around our six strategic priorities
- Engaging with Welsh Government research and policy leads to ensure alignment
- Sense checking with key academics evidence gaps in research questions identified

International Health

Overview

Our International Health Strategy aims to:

- Bring international/global health activity together to increase visibility and celebrate good practices and successes
- Strengthen existing and enable new international/global health activities, opportunities, synergies, and partnerships
- Help provide opportunities for professional development, recruitment, and retention, supporting the organisation as an inspiring workplace
- Promote and strengthen Wales' leading role and impact on the international stage

Our emerging international health vision is for Public Health Wales to be a globally connected and inspiring national public health organisation, working towards a healthier and more equitable Wales to address global challenges and shared goals.

Areas of focus

Our emerging areas of international health focus include:

- Planetary health and sustainable development
- Global health security, including emergency preparedness and response
- Reducing health inequities (within and between countries)
- Health systems and health workforce strengthening
- Chronic disease primary prevention and early intervention
- Build economies of well-being and strengthen health in all policies and investments

Making it happen

Following the publication of our refreshed International Health Strategy in 2023, develop an underpinning implementation plan that will set out how we take forward our work. This will include plans for how we will monitor and evaluate our progress.

Engagement

Overview

Our Approach to Engagement sets out an overarching approach to engagement for Public Health Wales and covers a wide range of engagement activities, from individuals sharing their lived experience, to geographical communities sharing experiences, to communities united in a specific topic to empowerment on a population basis.

Areas of focus

We will focus on two of the Well-being of Future Generations (Wales) Act ways of working: involvement and collaboration. Our approach must therefore place people at the centre, with a shared power base whilst considering the legislative context. Six main reasons for engagement activities have been identified within Public Health Wales. These are:

- Information to empower
- General consultation
- User feedback
- Issue specific participation
- Co-production
- Community empowerment

It is fundamental that we work from a position of doing no harm and that engagement activity is based on the philosophy of empowering individuals, communities and the public.

Making it happen

Implementation of 'Our Approach to Engagement' is built around five key drivers:

- **Committed Workforce:** Staff who understand and appreciate the benefits of engagement so that they are predisposed and committed to take on these activities
- **Skills & Capability:** Staff with the right skills and appropriate training opportunities so that engagement activity is delivered in an inclusive and empowering way, with impact and consistency, across the organisation
- **Relationship Building:** Strong relationships with the public and stakeholders who can work with us to support our reach
- **Tools & Resources:** A suite of tools that enable our teams to undertake engagement activity effectively, confidently and consistently
- **Monitoring & Evaluation:** Clear demonstration of the impact of engagement activity to drive improvements and strong feedback loops with those who engage with us

Behavioural Science

Overview

Our Behavioural Science Unit will provide specialist expertise and enable the increasingly routine application of behavioural science, to improve and protect population health and well-being. Support, guidance and capability building for stakeholders across the public health system, will help deliver a step change around achieving our strategic priorities.

Areas of focus

To lead and enable the increased use of behavioural science, action will be focused in the following areas:

- **Building understanding of its utility among key stakeholders** to integrate behavioural science as a way of optimising policy, services and communications
- **Increasing the routine application** of behavioural science through the responsive and proactive development of resources;
- **Developing sustainable capacity and capability** including through upskilling, timely engagement of expertise, and increasing opportunities for collaboration; and ,
- **Implementing a strategic plan** for the application of behavioural science for better health, including evidence-driven insight gathering, intervention design and evaluation

Making it happen

The following three core areas will enable progress around our mission of providing specialist expertise and building systematic application of behavioural science:

- Being action and equity-focused, our output will be relevant and applicable to population health priorities in Wales and seek to reduce inequity through segment-specific intervention design
- Providing reactive advice, support and guidance alongside proactive development of tools, methods and capability building to integrate and sustain the use of behavioural science, and
- Bringing global learning into focus in Wales, through active engagement nationally and internationally, and enabling collaboration through a community of practice

Budget Strategy

Overview

Our Budget Strategy will support our delivery by enabling and driving financial sustainability, improvement and value. We will ensure that our resources are aligned to our strategic priorities and we continue to maintain, within the challenging external environment, financial stability. We will challenge ourselves to ensure that we are delivering maximum value for the people of Wales, and our stakeholders, through the efficient and effective use of our resources.

Areas of focus

Our Budget Strategy focuses on:

- Enabling the delivery of our strategy through financial sustainability and the effective use of our resources
- Supporting the delivery of sustainable improvement in our services and enabling transformation
- Supporting us to deliver maximum value and impact to the public and stakeholders
- Aligning capital investment, digital solutions and estates developments to support improvements in population health outcomes

Making it happen

Our focus will be on delivering our financial balanced budget for the next three years to support the delivery of our new strategy. In addition, we will be developing and implementing our cross-organisational approach to value to drive value-based decision making and maximising population outcomes from the effective use of our resources.

Quality as an Organisational Strategy

Overview

Public Health Wales aspires to be an exemplar organisation in relation to quality, improvement, and innovation. We will use these as key drivers to shape and inform the implementation of our new Strategy. This aim is underpinned by the Health and Social Care (Quality and Engagement) (Wales) Act (2020) Quality Act, particularly around the Duty of Quality and Duty of Candour.

To enable Public Health Wales to embed quality and deliver strategic improvements and innovations, we will adopt Quality as an Organisational Strategy (QOS). The aim of QOS is to enable the organisation to provide user focused services and products and to help create an environment where our staff can enjoy and take pride in their work.

Areas of focus

We will focus on implementing the five core elements of QOS:

- **Purpose activity:** as part of our strategy review, we have developed a clear purpose statement that will shape and guide our future work and focus
- **System activity:** we have commenced work, which will run during 2023, to map our organisation as a system, which will drive focus on clarity on how we can most effectively support the delivery of our new strategy
- **Obtaining information:** a key element of our work will be focused on establishing systems to obtain information from our users, customers, and partners to help drive quality and performance improvements
- **Planning activity:** we will undertake a planned programme of improvement work focused on increasing the value and impact of our services and functions
- **Managing improvement methods:** we will utilise a range of methods to support the delivery of our strategy and to drive improvements

Making it happen

We commenced the phased implementation of QOS in 2022/23 and through the review of our strategy our initial focus has been on developing a clear purpose statement for Public Health Wales. As part of our initial work around the embedding of the QOS methodology, we have established a group that brings together leaders from across the organisation that will act as the catalyst for change and drive forward the delivery of this work. We have identified initial areas for improvement that will allow us to test and iteratively develop our approach to improve, including tools, techniques, and methods.

Conclusion

This strategy sets out our long term strategic ambitions for how we will tackle the population health challenges facing Wales in the coming years, and our commitment to working together for a healthier Wales. While the current challenges that we face are stark, and likely to be further exacerbated through the cost of living crisis, we believe that now is the time to set out a bold long term vision for achieving a healthier Wales by 2035.

The current pressures on individuals, families, communities and stakeholders cannot be underestimated. However, by setting out our vision and the contribution that we will make through the delivery of our six strategic priorities, we hope for it to serve as a catalyst for the change and actions that we need to take to help the people of Wales and support our partners across the public sector. Our focus and commitment will be on delivering our six strategic priorities and ensuring that we deliver maximum value for the people of Wales and our partners.

We will do this through embracing the Well-being of Future Generations (Wales) Act 2015 five ways of working, particularly maintaining a long term preventative focus, while prioritising our short term actions. We will work in collaboration across the public sector to effectively deliver our strategic priorities and look to integrated approaches, solutions and activity, wherever possible. We will also ensure that we place people at the heart of what we do, and how we do it, by involving them in the design, development and delivery of our services and functions.

In delivering our strategy, we have the opportunity to build on the partnership working and collaboration that underpinned our response to Covid-19. We have shown in recent years what we can achieve when we work together towards common goals. We must make that the way we work all of the time not some of the time. We have also seen the power and impact of embracing innovative ways of working, such as harnessing the potential of big data and new technologies. This will serve as a corner stone to the delivery of our strategy and how we work in the future.

We have empowered staff from across the organisation to come together, drawing on multidisciplinary knowledge and skills, to help shape our strategy. It will be through their expertise, skills, and knowledge that we will succeed in its delivery. To do this we will ensure that we create an environment that enables people to work across professional boundaries and embraces the commitment, professionalism, and expertise of all our staff.

We do not underestimate the challenges that we face. However, our commitment is to meet these challenges head-on, to collaborate and work with our partners, demonstrate dynamism and agility, to learn, innovative and evolve. And most of all, to create an environment where we succeed through the commitment, professionalism, and efforts of staff.

Annex

Annex A – Outcomes

*Baselines as per Public Health Outcomes Framework unless otherwise indicated

Overarching Outcome	Baseline
Healthy life expectancy at birth	Male: 61.5 years Female: 62.4 years
Influencing the wider determinants of health	
Socio-economic inequality in life expectancy – the gap in life expectancy at birth between the most and least deprived	Male: 7.6 years Female: 6.3 years
Socio-economic inequality in healthy life expectancy – the gap in healthy life expectancy at birth between the most and least deprived	Male: 13.3 years Female: 16.9 years
Socio-economic inequality in mental well-being – mean well-being score	48.92 *National Indicator
Child poverty (income poverty for children)	31%*National Indicator
Promoting mental and social well-being	
Improve population mental well-being and reduce the gap in mental well-being between the most affluent and most disadvantaged groups – mean well-being score	48.92 *National Indicator
Increase the proportion of the population who say they have a sense of community – sense of community	69.3%
Increase the proportion of children who achieve their developmental milestones (Social and Emotional)	Indicator to be developed
Reduce the proportion of the population who report experiencing violence or abuse	Indicator to be developed

Promoting healthy behaviours	Baseline
Reducing prevalence of smoking to 5% by 2030 – *adults who smoke*	13.8%
Increasing the proportion of the population who are a healthy weight – *Working age adults of healthy weight*	36.7%
Increasing the proportion of the population who are active – *adults meeting physical activity guidelines*	55.5%
Increasing the proportion of the population whose use of alcohol is low risk – *adults drinking above guidelines*	82.1%
Supporting the development of a sustainable health and care system focused on prevention and early intervention	
Increase the number of working age adults in good health	79.6%
Increase the proportion of working age adults free from limiting long term illness	60.1%
Increase the number of older people in good health	66.6%
Increase the proportion of older people free from limiting long term illness	33.3%
The gap in healthy life expectancy at birth between the most and least deprived	Male: 13.3 years Female: 16.9 years
Delivering excellent public health services to protect the public and maximise population health outcomes	
Increase vaccination rates for all vaccine preventable diseases: • 90% uptake of HPV by age 15 • 95% uptake of MMR by age 2 based on new schedule	 69.3%, *COVER Report 145* 93%, *COVER Report145*
Increase in the proportion of bowel and breast cancers diagnosed at early stage	Indicator to be developed

Reduction of the incidence of cervical cancers	Indicator to be developed
Reduction of sight loss from diabetic retinopathy	Indicator to be developed
Reduction of the mortality from ruptured abdominal aortic aneurysms	Indicator to be developed
Lowering the burden of healthcare associated infections in Wales to align with the UK AMR Strategy 20 year vision • to halve the number of healthcare associated Gram negative blood stream infections **Optimising the use of antimicrobials and good stewardship across the healthcare sectors in Wales again to align with the UK AMR Strategy 20 year vision** • 25% reduction in antibiotic use in the community (from baseline 2013)	TBC
Eliminate hepatitis B and C as a public health threat (by 2030)	approx. 12,000 hepatitis C infected individuals in 2017, *WHC/2017/048*
Tackling the public health effects of climate change	
Healthy life expectancy at birth including the gap between the least and most deprived	Male: 13.3 years Female: 16.9 years
Percentage of journeys by walking, cycling or public transport	16%, *National Indicator*