Vale of Glamorgan Public Services Board Meeting
30th November 2017 @ 10.00 am – 12.00 pm
Committee Room 2, Civic Offices Barry.

Agenda

No	Agenda Item	Lead	EST. Duration
1.	**Welcome and Introductions**	Chair, Cllr John Thomas	5 minutes
2.	**Apologies for Absence**	Helen Moses, Vale of Glamorgan Council	
3.	**Shaping Our Future Wellbeing in the Community programme**	Marie Davies Deputy Director of Strategy and Planning Cardiff and Vale UHB	20 minutes
4.	**Consultation on the development of a Major Trauma Network for south, west Wales and south Powys** http://www.wales.nhs.uk/sitesplus/888/page/94070	Marie Davies Deputy Director of Strategy and Planning Cardiff and Vale UHB	10 minutes
5.	**Moving Forward - Annual Report of the Director of Public Health for Cardiff and the Vale of Glamorgan**	Tom Porter, Consultant, Public Health, Cardiff and Vale	25 minutes
6.	**Minutes of the Public Services Board 19th September 2017**	Chair, Cllr John Thomas	10 minutes
7.	**Timetable for Approving and Publishing the Well-being Plan and Calendar of PSB Meetings for 2018**	Helen Moses, Strategy and Partnership Manager, Vale of Glamorgan Council	10 minutes

8.	**Delivering the Public Service Board's Vision: Leadership, Resources and Impact**	Huw Isaac – Head of Performance and Development, Vale of Glamorgan Council	25 minutes
9.	**Forward Work Programme**	Chair, Cllr John Thomas	5 minutes
10.	**Any Other Business**	Chair, Cllr John Thomas	10 minutes
11.	**Date of next meeting – 29th January 2018, 2-4pm, Committee Room 2, Civic Offices, Barry**		

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY **PROGRAMME UPDATE**
Name of Meeting: Vale PSB **Date of Meeting:** 30 November 2017
Senior Responsible Owner/Executive Lead: Director of Strategy and Planning
Programme Director: Deputy Director of Strategy and Planning
Author: Service Planning Project Lead. Tel. no. 029 2074 4098. Internal ext. 44098

RECOMMENDATION

The Vale PSB is asked to:

- **NOTE** the progress made in developing the Programme Business Case and Projects as described in the attached briefing
- **NOTE** the revised timescales for submission of the Programme Business Case to Welsh Government

SITUATION

The development of the Programme Business Case (PBC) for the SOFW: In Our Community (SOFW:IOC) continues to be progressed along with the development of business cases for the constituent projects that make up the first tranche of the programme.

This report provides an update on the current status of both the programme and projects.

BACKGROUND

In March 2016, the Shaping Our Future Wellbeing : In Our Community Programme was established with the aim to develop the major physical infrastructure required to support sustainable and prudent, collaborative health and wellbeing services provided closer to home, improving health outcomes and reducing health inequalities. This builds on earlier work to develop the Programme for Health Service Improvement (PHSI).

Access to Welsh Government capital funding to implement the programme and projects requires the development of robust business cases which set out the rationale for the proposals and demonstrate value for money.

The PBC will describe our overarching vision for delivering health and wellbeing services across Cardiff and the Vale of Glamorgan through a network of locality based health and wellbeing centres and more local cluster based wellbeing hubs. The nature of the programme is transformational and will involve new and innovative approaches to service delivery across the UHB and in collaboration with the local authority and third sector services. This complex work will be piloted within the first tranche of projects, which are

being developed in parallel with the programme, and will shape future phases of the programme.

ASSESSMENT

The presentation slides provide an update on the current status of both the programme and projects.

There has been considerable progress made in shaping the vision and service scope for the projects, working closely with primary care, local authorities, the third sector and local communities to identify how the vision can be turned into action. Clinical Boards are reviewing their service models to implement a shift of activity from hospital into the community, within the resources available to them.
The programme is transformational in nature and the timeframe for the completion of the relevant business cases for submission to Welsh Government has been revised to ensure that the development of our proposals is based on a robust financial model. The revised timescales are shown below:-

PROGRAMME/PROJECT	TIMESCALE
SOFW: In Our Community PBC	Spring 2018
H&WC@CRI:- • Development of the Masterplan	Winter 2017
• Chapel Re-development BJC	Summer 2018
• Relocation of SARC BJC	Autumn 2018
• Enabling Capital Safeguarding Works BJC	Summer 2018
• Replacement Links Building BJC	To be determined
WH@ParkView (Ely) OBC	Autumn 2019
WH@Maelfa (Llanedeyrn) OBC	Autumn 2019
WH@Penarth	To be determined

N.B. PBC – Programme Business Case
OBC – Outline Business Case
BJC – Business Justification Case

The SOFW: In Our Community webpage is now available on the UHB website. This shares information about the Programme and each of the Projects.

Shaping Our Future Wellbeing:
In Our Community NOVEMBER 2017

SOFW: IN OUR COMMUNITY PROGRAMME

The SOFW:IOC Programme will provide the community infrastructure required to support improved access to services, improve health outcomes, set the tone for co-production and deliver a social model of health and ultimately reduce health inequalities.

Programme Business Case (PBC): we are working to complete the PBC for submission to Welsh Government in Spring 2018.

Programme Objectives: for each of the objectives, outcome measures have been identified along with the baseline activity position. Anticipated target improvements to be determined and approved.

Service and Revenue Modelling: proposed activity associated with each of the first tranche projects has been confirmed by Clinical Board Directors of Operations, along with the level of assurance required for the proposed service change.

Clinical Boards, in collaboration with their respective Heads of Finance, to confirm the service and revenue model to deliver the service service scope for each project. The exercise is taking longer than planned and the programme plan has been adjusted to reflect this.

Outpatient Modelling: assessment also being undertaken to consider the level of hospital outpatient activity that could be delivered within the three proposed Health and Wellbeing Centres. Some services may require redesigned service models. Approach to be tested with clinical leads before being approved by the UHB's Planned Care Board in January 2018.

Benefits and Risks: a workshop is planned for November to identify the benefits and risks associated with the programme. A range of both internal and external stakeholders have been invited to take part.

EHIA: the programme has been assessed for potential impact on equality and health. This will be available on the SOFW web page in due course.

Health and Wellbeing Centres (3):

a Health and Wellbeing Centre is proposed for each of the three Localities to serve local residents.

The first proposed Health and Wellbeing Centre will continue to be developed at CRI, building on the current range of services delivered from the premises.

Wellbeing Hubs: locations for wellbeing hubs will take into account: deprivation within the cluster/local community; travel access; and opportunity to deliver collaborative services with the Local Authority and third sector. The review of community infrastructure will incorporate rationalisation where necessary.

The first proposed Wellbeing Hubs will be created at Park View in Ely; Maelfa in Llanedeyrn; and in Penarth

WHAT WILL LOCALITY AND CLUSTER FACILITIES DELIVER?

Health and Wellbeing Centres will include:

- Diagnostic and investigation facilities;
- Clinics to support the shift in service delivery from hospital to community;
- Redesigned service delivery models; and
- Delivery of specific services for a wider population, where critical mass is required.

Both Health and Wellbeing Centres and Wellbeing Hubs will:

- Deliver local access to health and wellbeing education, information and advice;
- Promote a social model of health in collaboration with our partners;
- Deliver local collaborative services which meet the health and wellbeing needs of local residents;
- Provide fit for purpose facilities that are flexible and multi-functional;
- Support services to improve utilisation, efficiency and sustainability.

Bold Improvement Goals

VALE of GLAMORGAN
BRO MORGANNWG

GVS
Empowering people. Inspiring excellence. Strengthening communities.

C3SC
Cardiff Third Sector Council
Cyngor Trydydd Sector Caerdydd

CARDIFF
CAERDYDD

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

HEALTH & WELLBEING CENTRE @ CRI

The continued development of CRI will create a health and wellbeing centre for the South and East Cardiff Locality and also incorporate wellbeing services for the more local South East Cluster residents.

CRI is a grade II listed building and will require significant refurbishment and remodelling to deliver the required range of services to meet the needs of Locality residents.

.Masterplan: the draft service scope has been assessed against the core principles and critical success factors to determine the most appropriate configuration of services to be delivered from the H&WC@CRI. Due to space limitations, priority has been given to client facing services. A summary is attached.

Schedules of accommodation have been revised to assess potential fit. A supplementary list of services has been identified, to be considered should there be sufficient space. A masterplan will set out the required capital work as a series of projects to be implemented over a number of phases.

Initial projects include:

Chapel Re-development: this is a collaborative project with Cardiff Council to convert the historic former chapel into a multi-use community facility to include a cafe, library and information centre. With sympathetic and sensitive conversion work, the chapel has the potential to become a vibrant hub for the Adamsdown and Roath community as well as providing an essential amenity for the Health and Wellbeing Centre.

The design of the chapel is underway, along with the supporting Business Justification Case (BJC) to be submitted to Welsh Government in Summer 2018.

Relocation of SARC: a BJC is in development to support the relocation of SARC from its current location in the main thoroughfare of CRI to a more discrete area which will provide more appropriate accommodation for both children and adults. The plan is for the BJC to be completed and submitted to Welsh Government in Autumn 2018

Enabling Capital Safeguarding Works: this will involve construction works to be undertaken to safeguard the fabric of the building and prepare areas for the future implementation of the masterplan. A BJC to be completed Summer 2018

Replacement Links Building: the condition of the Links building requires urgent action to provide safe and weatherproof accommodation. Consideration is being given to a temporary solution pending the relocation of mental health and substance misuse services into the main building.

WELLBEING HUB @ PARK VIEW

The proposed development at Park View in Ely, will see the creation of a Wellbeing Hub to replace the existing Park View Health Centre, adjacent to the existing Local Authority Ely and Caerau Community Hub. It will serve residents within the South West Cardiff Neighbourhood Cluster

Positive initial discussions have been had with Cardiff Council around the proposed location of the wellbeing hub adjacent to the community hub and the potential for developing a combined entrance/wellbeing area, which will help to seamlessly connect both the buildings and the services offered and promote a social model of health. This offers the potential for an active waiting area, which was one idea generated through discussion with the community, where patients can access information on health, wellbeing and social activities, or use the library, cafe or outdoor area when visiting for appointments.

The principles for shared use of space will need to be set out at an early stage to help provide clarity for all parties regarding facilities management, opening times, security and use of rooms.

The service scope includes the delivery of a range of community health clinics and GMS along with a wellbeing information area, teaching kitchen and group rooms to deliver health and wellbeing education and activities. The potential to accommodate some locally delivered outpatient clinics and local police services is under discussion. Identification of clinical requirements to inform the design are nearing completion. Third sector interest has been expressed in developing the Men's Shed concept in a separate building on the site and this is being explored.

The business case route for this project will be via an Outline Business Case (OBC) and a Full Business Case (FBC). We plan to complete and submit the OBC to Welsh Government in Autumn 2018.

WELLBEING HUB @ MAELFA

The proposed development at Maelfa in Llanedeyrn, will see the creation of a Wellbeing Hub to replace the existing Llanedeyrn Health Centre, adjacent to the existing Local Authority Powerhouse Community Hub

Engagement events with the local community and Health Centre service users have been held during August and September, where people told us what was important to them when creating a new facility. Information is being gathered regarding the required clinical facilities, which will inform the design of the wellbeing hub.

It is recognised that the location of the proposed wellbeing hub doesn't provide a natural focus for all the residents in either the Cardiff East Cluster, in which it sits managerially, nor the Cardiff North Cluster due to its' location on the periphery of both the Clusters. The position is further complicated by the forecast population impact of the Local Development Plan and the proposed housing developments in the Cardiff North Cluster. However, the local area around Maelfa has a high level of deprivation and consequent health and wellbeing need. This, combined with the need to replace the current health centre and the collaborative opportunity that co-location with the Powerhouse Community Hub offers in responding to the needs of the local community, indicates there would be real advantages to establishing a wellbeing facility in this location.

A desktop exercise has been undertaken to set out and quantify the challenges facing the current and future delivery of GMS services to the wider population across the North and West Cardiff Locality. This will inform discussions around the options for responding to the health and wellbeing needs of residents and the necessary community infrastructure required.

The business case route for this project will be via an Outline Business Case (OBC) and a Full Business Case (FBC). We plan to complete and submit the OBC to Welsh Government in Autumn 2018.

WELLBEING HUB @ PENARTH

The opportunity to develop a wellbeing hub in the Penarth area was identified in response to a number of GMS health and safety, and sustainability risks within the Penarth area. This has provided the starting point for developing the draft service scope. The Cluster and Clinical Boards have been asked to identify any other specific services or clinics that could usefully be delivered to meet the health and wellbeing needs of the local community.

A potential location has been identified in the Penarth area and the UHB is in discussion with the Local Authority regarding feasibility.

Business case route and timescales to be determined.

Like to Find out More?

Regular updates on the Shaping Our Future Wellbeing: In Our Community Programme and Projects can be found by visiting:

http://www.cardiffandvaleuhb.wales.nhs.uk/sofw-in-our-community

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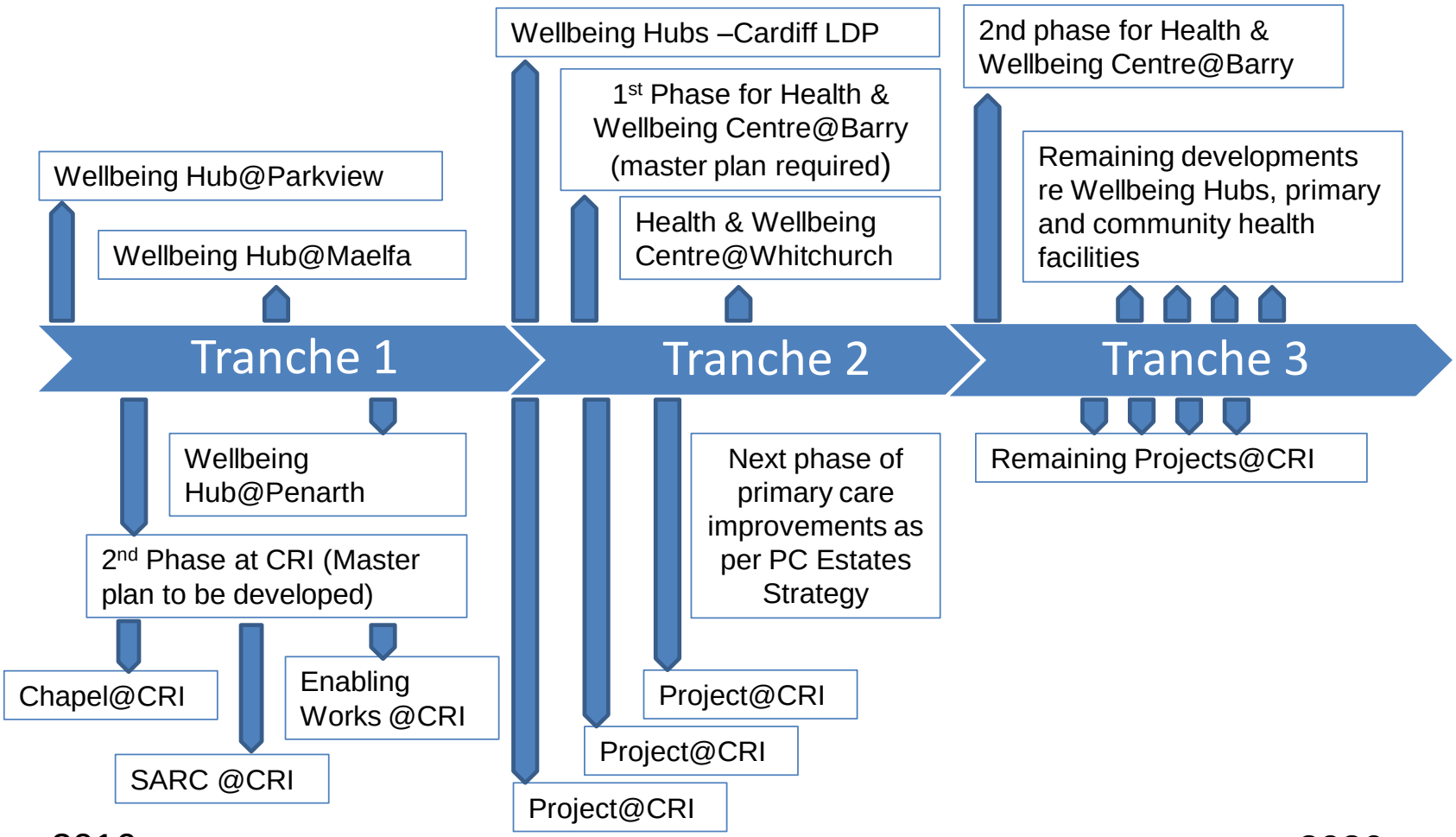
HEALTH AND WELLBEING CENTRE @ CRI
STATUS - SERVICE SCOPE PRIORITIES BY ZONE
Approved by SOFW:IOC Project Board October 2017

(excludes Phase 1 services – GMS, CHAP/OOH, Lymphoedaema, Pharmacy)

	WELLBEING ZONE	HEALTH ZONE	COMMUNITY SUPPORT ZONE	TEAM ZONE
PRIORITY 1 **Approved scope.** **Revise schedules of accommodation, then test for fit**	• Chapel – library/cafe/ meeting rooms (separate capital scheme) • Group/Community Rooms:- podiatry, dietetics, neurological rehab, substance misuse, smoking cessation, CMHT, C&YP, maternal health, perinatal mental health etc. • Teaching kitchen • Gym - eg pulmonary/cardiology rehab • Information and Advice Centre • Adult activities to enable carers to attend PPE courses/OPD – potential 3rd sector provision	• Audiology service (adults and paeds) • Cardiology clinics and ECG • Children & Young People's Hub • CMATS/MSK service • CMHT • Dental Service - CDS/GDS • Diagnostics Centre:- 1 x plain x-ray, 1 x ultrasound, 1 x doppler US • Dietetics • Locality nursing treatment room • Maternity – midwifery hub • Memory clinic • Ophthalmology Clinic • OP clinics – current clinics (gerontology, BCG, stroke, wound healing, RMTT, MTT, continence, physio, MS, AAA screening, CAMHS - as per current timetable) and potential (to be agreed) • Podiatry • SARC • Screening Clinics – DESW and AAA • Substance misuse/CAU	• One-stop shop – domestic abuse (including team base) •	• Operational Services (estates/facilities) • Operational Services (commercial) • Team bases/hot-desking:- C&YP hub, CMHT, Dental, DOSH, Maternity, memory team, podiatry, substance misuse, SARC • Hot-desking only (dietetics, neuro rehab, cardiac rehab) • IT server room
PRIORITY 2 **Include if space available.** **Explore alternative location**	•	• DOSH – young person's clinic/MSM • Locality Community Nursing Clinic (co-locate with Team base?)	• Flying Start Nursery Facility • Adolescent Resource Centre (including team base) •	• Locality Community Nursing Hub • S&E Locality Team base •
PRIORITY 3 **Does not contribute/ is not consistent with principles & CSFs**	• Child crèche to enable carers to attend PPE courses and OPD	• Enhanced Long Term Conditions Services (with Transformation Board for consideration) • Perenteral anti-microbial therapy service • Roathwell GP Practice	• Police (awaiting outcome of estates review) • Primary School	• PCIC Clinical Board • IH&SC Partnership Team •

Implementation



A Major Trauma Network for South and West Wales and South Powys

Consultation Document

9.00 a.m. 13th November 2017 –

9.00 a.m. 5th February 2018

Overview

We would like your views on the proposed development of a major trauma network for South and West Wales and South Powys. Throughout the document this will be referred to as South Wales.

Through this consultation, we aim to share with you the work we have done to develop a major trauma network for South Wales, including the recommendations for a single major trauma centre supported by a number of trauma units across the region.

We also aim to explain how the new major trauma network will work and how the changes will benefit the people of South Wales.

The work to support the contents of this report began in 2014 and has been developed with the following organisations.

- Health boards across South Wales: Abertawe Bro Morgannwg University Health Board, Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board, Hywel Dda University Health Board, and Powys Teaching Health Board
- Welsh Ambulance Service NHS Trust
- Emergency Medical Retrieval and Transfer Service
- Collaborative Commissioning Team
- Welsh Health Specialised Services Committee and Emergency Ambulance Service Commission
- Regular briefings with Community Health Council chief officers
- The third sector (charity and voluntary organisations), particularly in relation to rehabilitation
- Independent clinical specialists.

We would like you to consider the three questions below when responding to the consultation. (These questions are also included on the response form on page 27 of this document.)

1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?
2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel?
3. If we develop a major trauma network for South and West Wales and South Powys is there anything else we should consider?

Following the consultation, a report will be produced which will include details of the response to the consultation and the final proposal for a major trauma network for South Wales. This report will be considered in public by health boards in March 2018.

Foreword

There is a significant amount of evidence to show that patients who suffer a major trauma have a greater chance of survival and recover better if they are treated within a major trauma network. Examples of the benefits of a major trauma network have been demonstrated recently in the terror attacks in London and Manchester, where patients were treated across several major trauma centres and trauma units. Knowledge of the network and co-ordination between centres and units allowed ambulance teams to triage patients (decide where and in which order they should be treated) appropriately and so keep to a minimum the number of patients needing to be transferred to a major trauma centre. In the major trauma centres and trauma units, clinical teams had the expertise and resources to manage critical injuries. For the London attacks, the London major trauma network turned a mass casualty event into several smaller incidents that the hospitals receiving the patients were able deal with (kingsfund, 2017).

People living in North Wales benefit from Betsi Cadwaladr UHB being part of the West Midlands major trauma network that supports the major trauma centre in North Staffordshire. Patients in North Powys also benefit from being part of the West Midlands major trauma network. South Wales is the only region in England and Wales that is not part of a major trauma network, which means that patients do not have access to a designated major trauma centre. The development of a major trauma network for the region will be a significant step forward in providing emergency care in Wales and will build on the current service, providing greater expertise to meet the needs of individuals and cope with mass casualty events. The network will lead to additional roles for a number of hospitals across the region but particularly for the University Hospital of Wales, Cardiff and Morriston Hospital, Swansea.

The Consultation
A Major Trauma Network for South and West Wales and South Powys

This consultation document sets out the proposals for developing a major trauma network for South and West Wales and South Powys. Throughout the document this will be referred to as South Wales.

It will explain:

- What we mean by major trauma and a major trauma network
- Why we are recommending a major trauma network be developed
- What a major trauma network would look like in South Wales
- How the development of a major trauma network may affect you.

The consultation affects South Wales. South Wales is the only region across England and Wales that is not part of a major trauma network and does not have access to a major trauma centre.

North Wales and North Powys are not part of this consultation, they are already part of the West Midlands major trauma network, and the major trauma centre for the region is in Stoke, North Staffordshire.

Less than 0.2% of people (two out of 1,000) attending their local emergency department will have suffered a major trauma. Each individual emergency department will see only one or two major trauma cases a week. This makes it a challenge for hospital staff to maintain the highly specialist skills needed for these patients. In 2016/2017 in South Wales, approximately 1,234 people attended a local emergency department with a major trauma, compared with 617,000 people attending emergency departments in total (www.statswales.gov.wales).

In recent years, organisations such as the National Confidential Enquiry into Patient Outcome and Death, National Institute for Health and Care Excellence, the Department of Health Clinical Advisory Group and the National Audit Office have produced a number of reports looking at how trauma care is provided across England, Northern Ireland and Wales. The reports consistently show that better care and outcomes are achieved when a formal major trauma network is in place.

Across South Wales, major trauma cases are currently managed through informal arrangements across the health boards, with some more complicated cases either admitted directly or transferred to the bigger regional centres – mostly University Hospital of Wales or Morriston Hospital. While this clearly benefits patients, it does not have the proven advantages of an established major trauma network.

What is major trauma?

'Major trauma' can be defined as multiple and serious injuries that could result in disability or death. These may include serious head injuries, multiple injuries cause by road traffic accidents, industrial accidents, falls, mass casualty events, attempted suicide, knife and gunshot wounds. Major trauma is the leading cause of death in people under the age of 45 and is a significant cause of short and long-term illness or poor health. Evidence from across England and Wales also shows a significant increase in the number of patients aged over 60 who suffer severe injuries as a result of falling from a standing height (Tarn, 2017).

What is a major trauma network?

A major trauma network is a group of hospitals, emergency services and rehabilitation services that work together to make sure a patient receives the best care for life-threatening or life-changing injuries. There are 26 major trauma networks across England, serving (on average) more than 2 million people. (South Wales has a population of approximately 2.3

million.) A major trauma network will normally have one major trauma centre and a number of trauma units spread across the region. Networks like these are important in managing patients who are further away from the major trauma centre.

You are more likely to survive and make a full recovery if you have a major trauma in a region where there is a major trauma network, regardless of how far away you are from the major trauma centre.

Why are you recommending a major trauma network for South Wales?

There are a number of reasons why we want to develop a major trauma network in South Wales:

- More people survive. Evidence shows that if you are severely injured, you are 15% to 20% more likely to survive if you are admitted to a major trauma centre
- You would receive the best possible care from specialised teams providing emergency access to consultant care 24 hours a day, seven days a week
- You are less likely to have a long-term disability
- You will need less long-term NHS care
- You will be more able to return to work and do other activities
- The NHS is able to better plan for and respond to major incidents, improving the care you would receive
- Hospitals specialising in major trauma need to have specialist doctors and clinical support staff available at all times. The major trauma network will help deliver this, making the best use of resources

- Local emergency departments are less likely to be disrupted by inappropriate major cases being admitted that can affect the ability of the department to manage its routine work.

Establishing a major trauma network also has significant benefits for the individual organisations who are part of the network:

- It provides an opportunity to develop the skills and expertise of existing staff at the trauma units and local hospital sites through closer working with the highly specialist clinicians and other staff at the major trauma centre
- A network with a clearly identified major trauma centre and trauma units is likely to have a positive impact on recruitment across the network
- A major trauma network is likely to receive support from the Deanery, making it more likely that trainee doctors will be allocated to hospitals across the network to do their training
- Services are delivered within a clinical network which allows improvements to be made through an integrated, 'whole system' approach, resulting in standardised services and improved patient outcomes and experience
- Clinical services in South Wales for major trauma will be in line with the rest of the UK and will allow the Welsh NHS to be more effective as part of the national response to major emergencies.

What will the major trauma network look like in South Wales?

Good trauma care involves:

- Getting you to the right place at the right time for the right care
- Identifying how serious your injury is as soon as possible, ideally at the scene of the incident
- Detailed investigation as soon as you arrive at hospital. If you suffer a lot of complicated and serious major trauma injuries you should be taken directly to (or transferred to) a major trauma centre.

Major trauma centre

A major trauma network normally has one major trauma centre. As major trauma is uncommon and complex to manage, the services provided in the major trauma centre are highly specialised. They are available 24 hours a day, seven days a week and are normally needed quickly when managing a patient with acute major trauma. These highly specialised services will not be available at the trauma units.

Trauma units

The major trauma centre will be supported by a number of trauma units. These hospitals have a higher level of specialist services and care available than a local emergency department. Trauma units will be important in providing immediate life-saving services to patients who are further than 60 minutes from a major trauma centre. Trauma units will need to be able to recognise if they cannot treat certain patients and be able to transfer them quickly to the major trauma centre.

As soon as a patient is well enough to be discharged from the major trauma centre, they may be moved to a trauma unit in their local region to continue their treatment and care.

Local emergency department

A local emergency department does not routinely receive patients who suffer a major trauma. You will continue to go to the local emergency department if you are seriously ill or have an injury which does not need the highly specialist services only available at the major trauma centre or the specialist services only available at the trauma units.

As a local emergency department does not have specialist services available to treat major trauma patients, it will have processes in place to make sure that if you arrive at the local emergency department with a major trauma, you are transferred to the major trauma centre or trauma unit.

Rehabilitation

Rehabilitation is a key part of the major trauma network and essential to good trauma care and good recovery. Patients' rehabilitation needs will be assessed shortly after they are admitted to the major trauma centre. Their rehabilitation will take place in the major trauma centre and continue in a trauma unit or in the local community. Highly specialist rehabilitation services will continue to be provided across South Wales from Rookwood Hospital in Cardiff and Neath Port Talbot Hospital.

Pre-hospital care

A major trauma network will also need to be supported by effective pre-hospital care, which may include assessing the patient and transferring them to the most appropriate place for treatment.

How are patients currently managed?

The individual circumstances of every patient are considered at the scene. However, if you have a suspected major trauma, the ambulance service will take you to the nearest hospital with an emergency department. You may then need a secondary transfer by ambulance to receive specialist

services only available in particular parts of Wales – for example neurological services at University Hospital of Wales and burns and/or plastic surgery at Morriston Hospital. The clinicians at the emergency department where you will first be taken will decide whether you need to be transferred for specialist services to another hospital.

Some patients need higher levels of support, either at the scene of the incident or during their transfer to specialist services. The consultant-led Emergency Medical Retrieval and Transfer Service has supported the Welsh Ambulance Service Trust since 2015 via the Wales Air Ambulance helicopters and response cars. The service currently operates 12 hours a day, seven days a week across Wales, and hopes to become a 24-hour service.

How would a major trauma network in South Wales affect me?

A trauma network is important in managing patients who are further away from the major trauma centre. The major trauma network will help hospitals across the region work together to make sure you get to the best place to be treated.

If you suffer a major trauma, the ambulance crew that attends the call will assess you and, where possible, take you straight to the major trauma centre for urgent treatment. This could be by helicopter or by road. This may mean they drive past another local hospital to get to the major trauma centre. This is so you can immediately receive access to highly specialist services, equipment and appropriately trained staff.

If you are a long way from a major trauma centre or you need to be treated urgently and cannot be managed by the ambulance, you may be taken to a local trauma unit first, where you will be stabilised and your immediate injuries will be managed before you are taken to the major trauma centre.

What have you already done to develop a major trauma network for South Wales?

We have done a lot of work to look at how we can develop a major trauma network for South Wales. In 2014 we set up a project board and clinical reference group to look at developing the major trauma network. A service model for major trauma services for adults and children was developed and agreed by the project board and health boards.

The service model is based on national standards, which say what services should be in a major trauma centre and trauma units and how the network should work. The standards are based on expert opinion and latest medical research and include guidelines from organisations such as the National Institute for Health and Care Excellence, the Royal Colleges, Brain Trauma Foundation, and the British Orthopaedic Association.

In 2015, a workshop led by clinicians looked at the options available to develop a major trauma network in South Wales. The workshop included health boards and the Welsh Ambulance Service Trust. We invited patient representatives from voluntary and charity support groups from across the region. We also invited community health councils to observe. The workshop considered the following options:

- Do nothing
- No major trauma centre in South Wales, but patients would access services in England (Bristol)
- One major trauma centre for South Wales based at Morriston Hospital
- One major trauma centre for South Wales based at University Hospital of Wales
- Two sites, based at Morriston Hospital and University Hospital of Wales.

It was agreed that the option to do nothing and continue with the South Wales area as the only region without a major trauma network should be removed. It was also agreed that, to support a population of approximately 2 million, the network would need to be supported by a major trauma centre based within the region. This ruled out the Bristol option. The workshop considered the option of having two sites but disregarded this as the size of the region would make a major trauma centre on two sites impossible to sustain.

So, the option the people attending the workshop preferred was a major trauma centre on a single site, supported by a number of trauma units. Local emergency hospitals would continue to see people with serious illness and injuries.

Following the workshop, we carried out an equality impact assessment. (We must carry out these assessments when making any change to services to prevent discrimination against people who are identified as being disadvantaged or vulnerable within society.) The equality impact assessment notes that whilst major trauma affects everyone it is the leading cause of death in people under the age of 45 and is affecting an increasing number of patients aged over 60 who suffer severe injuries as a result of falling from a standing height (www.tarn.ac.uk).

Why did you only consider Morriston Hospital, Swansea and University Hospital of Wales, Cardiff for the Major Trauma Centre?

Morriston Hospital in Swansea and University Hospital of Wales, Cardiff were the only two hospitals in the region that could maybe meet the criteria for a major trauma centre.
This is due to the specialist nature of the service and the need for it to be located with other specialist services.

Where will the major trauma centre be based?

Building on the work of the project board and the outcome of the clinical workshop, we asked an independent panel of expert clinicians working in major trauma to look at the evidence and provide advice on the best hospital site for the major trauma centre. This process was supported by each health board and agreed through individual board meetings held in public. We also briefed community health council chief officers.

The independent panel was chaired by Professor Chris Moran, the National Clinical Director for Trauma to the NHS in England and Professor of Orthopaedic Trauma Surgery at Nottingham University Hospital. The panel members included eight people invited to take part because of their national and international reputations as experts in trauma care and the development of trauma systems.

We also invited representatives from across the health service in the region and other key stakeholders to attend the independent panel event. They included clinical representatives from Aneurin Bevan, Cwm Taf, Hywel Dda and Powys health boards, Public Health Wales, Welsh Government, Community Health Councils, Emergency Medical Retrieval and Transfer Service, Welsh Ambulance Service Trust, Welsh Health Specialised Service Committee and Emergency Ambulance Services Committee.

When considering where the major trauma centre should be based, the panel identified the following three main factors:

- Clinical interdependencies (services that must be located together)

Major trauma standards set out the services that need to be available at a major trauma centre. Most of the specialist services are already provided in Morriston Hospital and University Hospital of Wales. However, specialist neurosurgery and the Children's Hospital for Wales are provided only from

University Hospital of Wales. Burns and plastic surgery services are provided only from Morriston Hospital.

- Critical mass

Critical mass refers to the minimum number of people needed to make a service, in this case major trauma, sustainable. As the population of Wales is small and services such as neurosurgery, burns and plastic surgery are so specialist, they can only be provided from one hospital site for the whole of South Wales. The same is true for a major trauma centre.

- Travel times

The panel considered the geography of Wales and made it clear that where there is a major trauma centre you are more likely to survive a major trauma, regardless of the time it takes to travel to the major trauma centre. Wherever the major trauma centre is located some people in Hywel Dda and Powys will be a considerable distance from it. This is not an unusual situation and most trauma networks in England also support services which are a considerable distance from the major trauma centre. The panel did not believe that either Morriston Hospital or University Hospital of Wales as a major trauma centre would have any significant advantage over the other in terms of geography.

The wider network, including trauma units, the policies and guidelines to support the transfer of patients to a major trauma centre, the Welsh Ambulance Service NHS Trust and the Emergency Medical Retrieval and Transfer Service, has a key role to play in managing patients who may be further away from the major trauma centre.

However, taking into account these three factors, the panel made the following recommendations:

- A major trauma network for South Wales with a clinical governance infrastructure should be quickly developed. The aim of a clinical governance infrastructure is to make sure a service is high quality, focuses on the patients, and has strong clinical leadership
- The adults' and children's' major trauma centres should be on the same site
- The major trauma centre should be at University Hospital of Wales, Cardiff
- Morriston Hospital, Swansea should become a large trauma unit and should have a lead role for the major trauma network
- A clear and realistic timetable for putting the trauma network in place should be set.

Why did the panel recommend University Hospital of Wales as the major trauma centre?

After looking at the evidence, the panel decided that providing specific highly specialist services such as neurosurgery and paediatric neurosurgery on the same site as the major trauma centre was the main factor in deciding where to base the major trauma centre. This is because it is important to have these specialist services available immediately if you suffer a major trauma. Approximately 60% of trauma cases need support for head injuries and providing this service on-site is a minimum requirement.

The panel recognised the importance of burns and plastic services as part of the network and, while it is not critical that the burns and plastic centre is on the same site as the major trauma centre, it is important that they work together.

What does a large trauma unit for Morriston Hospital mean?

The panel recommended that Morriston Hospital should be a large trauma unit. As a large trauma unit, Morriston Hospital is likely to be able to manage some conditions that other trauma units will not. This means that after a patient has been assessed they may not need to be transferred to the major trauma centre but continue to be managed at Morriston Hospital. This may be different for other trauma units in the region.

Morriston Hospital will also have a lead role in the major trauma network. This follows what happens in England, where the major trauma network is led from a hospital other than the hospital where the major trauma centre is located. A lead hospital is necessary to make sure the major trauma network is co-ordinated and that the patients are the main focus.

How will you decide where the other trauma units will be located?

The location of the trauma units and how the plans for rehabilitation are put in place is important, but we did not include it as a matter for the independent panel to discuss. However, we don't plan for all parts of the major trauma network to be in place immediately. The development of the major trauma network in South Wales will take place over a number of years. Identifying where the major trauma centre should be based first is helpful when deciding where to have the trauma units. Wherever the major trauma centre is based, both Morriston Hospital in Swansea and University Hospital of Wales in Cardiff will need to have a trauma unit.

The remaining trauma units (if any) will need to be identified by individual health boards for their local area. The Wales Critical Care and Trauma Network will help them decide this by looking at how they meet the criteria for a trauma unit, contained in the national standards and guidelines for major trauma. If a hospital is not a trauma unit, it will continue as a local emergency hospital, treating people with injuries and

illnesses that do not need the facilities of a trauma unit or major trauma centre.

What will a major trauma network cost?

We recognise that we will need to invest more money in the buildings and the staff to meet the standards of a major trauma network. In England the development of major trauma networks happened over time, with some money being made available to support the immediate developments needed. This was approximately £2million per network. Also, in England major trauma is commissioned as a specialist service. This means money is paid to individual hospitals and services to cover the cost of the cases it sees. The system is designed to improve services and patient outcomes, meet major trauma standards and support patients to return to their local hospital as soon as possible.

Recent research carried out by Sheffield University for NHS England shows that, in England, investment in major trauma networks has been highly cost-effective when judged against the National Institute for Health and Care Excellence guidelines on the cost of achieving improved outcomes for patients (ScHARR report, 2015).

Following the consultation period, we will need to do further work to develop more detailed costs and to consider how the network should be funded. Health boards will need to look at the agreed costs of the network through the formal planning process.

What happens next?

The public consultation will run for 12 weeks from 9.00 a.m. 13th November 2017 until 9.00 a.m. 5th February 2018. We would like your views on the following.

1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?
2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel?
3. If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?

During the public consultation we will hold a wide range of discussions with the public to make sure that they clearly understand the developments we are proposing, including how the trauma system will work to benefit patients and help the NHS in Wales to meet patients' needs. These discussions will give people the opportunity to share their views.

Following the consultation a report will be produced which will include details of the response to the consultation and the final proposal for a major trauma network for South Wales. This will be considered in public by health boards in March 2018.

How can I get involved?

If you would like to know more about proposals for a major trauma network in South & West Wales and South Powys or wish to respond to the consultation you can visit the website www.publichealthwales.org/majortraumaconsultation or contact us by the following:

Email: NHSWHC.strategicplanning@wales.nhs.uk

Post: Freepost MAJOR TRAUMA CONSULTATION
(This address must be written exactly as above including capital letters).

Phone: 02920 502674

Or you can contact your local Community Health Council for more information:

Abertawe Bro Morgannwg CHC
First Floor
Cimla Hospital
Neath SA11 3SU
Phone: 01639 683490
Email: office.abm@waleschc.org.uk

Aneurin Bevan CHC
Raglan House
6-8 William Brown Close
Llantarnam Business Park
Cwmbran
NP44 3AB
Phone: 01633 838516
Email: enquiries.aneurinbevanchc@waleschc.org.uk

Cardiff and Vale CHC
Pro-Copy Business Centre (Rear)
Parc Tŷ Glas
Llanishen
Cardiff
CF14 5DU
Phone: 02920 750112
Email: Cavog.chiefofficer@waleschc.org.uk

Cwm Taf CHC
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Woodland Terrace
Maesycoed
Pontypridd
CF37 1DZ
Phone: 01443 405830
Email: Enquiries.CwmTafCHC@waleschc.org.uk

Hywel Dda CHC

Carmarthenshire Local Committee

Suite 5, First Floor,
Ty Myrddin,
Old Station Road,
Carmarthen.
SA31 1BT
Phone: 01646 697610

Ceredigion Local Committee

Welsh Government Building,
Rhodfa Padarn,
Llanbadarn Fawr,
Aberystwyth
SY23 3UR
Phone: 01646 697610

Pembrokeshire Local Committee

Suite 18, Cedar Court,
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Milford Haven,
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Powys CHC

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Newtown Office

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Newtown

SY16 1JB

Phone: 01686 627632

E-mail: Jayne.thornhill@waleschc.org.uk

Glossary

Burns and plastic surgery	Morriston Hospital is the Adult Burn Centre for the South West UK Burns Network. It treats patients with complex burn injuries, congenital deformity, infections, cancer, and so on. (www.wales.nhs.uk/sitesplus/863/page/39301)
Care pathway	Care pathways, also known as clinical pathways, critical pathways, care paths, integrated care pathways, case management plans, clinical care pathways or care maps, are used to plan and follow up a patient's care programme. (www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/CPA-Effectiveness_of_care_pathways.pdf?dtrk=true) Care pathways set out the best practice to follow when treating a patient with a particular condition or particular needs. They are intended to be a guide to treatment and an aid to recording a patient's or client's progress. They are based on evidence and include input from different areas of work and specialist services.
Clinical reference group	A groups of clinicians, commissioners, public-health experts, patients and carers who use their knowledge and expertise to advise on the best ways to provide specialist services.
Clinical specialist	A person with expertise in certain types of diseases or particular areas of medicine.
Community health councils	Independent bodies, set up by law, who listen to what people across Wales have to say about their NHS and make sure that those responsible for providing health services listen – and act.

	(www.wales.nhs.uk/sitesplus/899/page/71598).
Consultation	A process where the public are asked for their input on matters affecting them. The main goal of consultation is to improve efficiency, transparency and public involvement in large-scale projects or laws and policies.
National Clinical Advisory Group – major trauma	Provides recommendations on how trauma care is regionalised, setting out service standards for providing and delivering major trauma care. (www.nhs.uk/NHSEngland/AboutNHSservices/ Emergencyandurgentcareservices/Pages/ Majortraumaservices.aspx)
Emergency Ambulance Services Committee	Acts on behalf of health boards and holds Welsh Ambulance Service Trust (WAST) to account as the provider of emergency ambulance services.
Emergency care	Providing life-saving measures in life-threatening situations.
Emergency Medical Retrieval and Transfer Service	Provides advanced decision-making and critical care for life- or limb-threatening emergencies that need to be transferred to an appropriate centre quickly for immediate specialist treatment.
Equality impact assessment	A tool for identifying the effect of policies, services and functions on patients and staff. It helps health boards provide and deliver excellent services by making sure that all services reflect the needs of their patients and stakeholders.
Freedom of Information Act	Provides public access to information held by public authorities in England, Wales and Northern Ireland, and by UK-wide public authorities based in Scotland.
Health board or trust	NHS organisations providing health and wellbeing services to their local population.

Local emergency department	The department of a hospital responsible for providing medical and surgical care to patients who need immediate care. Also known as Casualty or Accident and Emergency.
Major incident	A significant event which demands a response beyond the routine. A major incident can affect large numbers of people.
Major trauma	Major trauma describes serious injuries, including head injuries, severe wounds and multiple fractures, that are life-changing and could result in death or serious disability. (www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf)
Major trauma centre	A multi-specialty hospital, on a single site, providing trauma care. It is the focus of the trauma network and manages all types of injuries, providing consultant-level care.
Major trauma network	A major trauma network is a group of hospitals, emergency services and rehabilitation services that work together to make sure a patient receives the best care for life-threatening or life-changing injuries.
Mass casualty	Any large number of casualties produced in a relatively short period, usually as the result of a single incident such as an aircraft accident, extreme weather or armed attack, and which needs more than local support.
National Institute for Health and Care Excellence	Provides guidance, advice and information services for health, public-health and social-care professionals.

National Audit Office	An independent parliamentary body in the UK which is responsible for auditing central government departments, government agencies and non-departmental public bodies. (https://en.wikipedia.org/wiki/National_Audit_Office_%28United_Kingdom%29)
NHS Wales Health Collaborative	A team commissioned by the health boards and trusts in Wales to take on work which affects more than one region of Wales. Recommendations from the Health Collaborative are advisory and need to be approved by all the health boards involved.
National Confidential Enquiry into Patient Outcome and Death	Helps to maintain and improve standards of care for adults and children for the benefit of the public by: • reviewing how patients are managed; • carrying out confidential surveys and research to help maintain and improve the quality of patient care; and • publishing and making available the results of these activities.
Neurosurgery	The surgical specialisation that treats diseases and disorders of the brain and spinal cord.
Pathway	The patient pathway is the route that a patient will take from their first contact with an NHS member of staff. This starts with prevention and includes primary care, diagnosis and rehabilitation.
Policy	A set of principles, rules and guidelines put together or adopted by an organisation to reach its long-term goals.
Project board	The project board is responsible for the success of the project and draws up the guidelines the Project

	Manager will follow.The project board is intended to represent all stakeholders in the project. (http://prince2.wikidot.com/project-board)
Pre-hospital care	Where the ambulance service and the helicopter emergency medical service work closely with the major trauma network to make sure the most urgent patients are sent to the most appropriate place. Ambulance crews will use triage to assess patients at the scene to make sure that those with major trauma are taken directly to a major trauma centre for urgent treatment. (www.england.nhs.uk/commissioning/spec-services/)
Rehabilitation	Treatment designed to help a person recover from injury, illness or disease and to return to as normal a condition as possible.
Service model	A detailed design for a particular type of healthcare service that is shaped by theory and based on evidence and defined standards which broadly define the way health services are delivered.
Specialist services	Specialist services support people with a range of rare and complex conditions. Specialist services are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialist services are planned nationally and regionally. (www.healthknowledge.org.uk/public-health-textbook/organisation-management/5b-

	understanding-ofs/managing-internal-external-stakeholders)
Stakeholder	A stakeholder is a person who has something to gain or lose through the outcome of a planning process, programme or project. (www.england.nhs.uk/commissioning/spec-services/)
TARN	The trauma audit and research network.
Third sector	Charitable or voluntary organisations.
Trauma unit	A hospital that is part of the major trauma network and which provides care for all except the most severe major trauma patients.
Triage	The process of assessing victims to decide which are a medical priority, to increase the number of survivors.
Welsh Ambulance Service Trust	Provides high-quality, pre-hospital emergency care and treatment throughout Wales.
Welsh Health Specialised Services Committee	Responsible for the joint planning of specialist and services on behalf of health boards in Wales.

References and supporting documents

All Wales Injury Surveillance System: Swansea University, Public Health Wales -
www.awiss.org.uk/category/injuries

National Audit Office Major Trauma in England February 2010 – (NAO 2010) www.nao.org.uk/wp-content/uploads/2010/02/0910213.pdf

National Institute of Clinical Excellence (NICE)
www.nice.org.uk/guidance/ng39

Regional networks for Major Trauma: Clinical Advisory Group Report September 2010 (CAG 2010)
www.uhs.nhs.uk/Media/SUHTInternet/Services/Emergencymedicine/Regionalnetworksformajortrauma.pdf

SAIL Emergency Department Data Set (EDDS): Swansea University 2016
www.saildatabank.com/data-dictionary/sail-datasets/emergency-department-data-set-(edds).aspx

ScHARR report, 2015

Specialist major trauma networks and terrorist events: to care for many, care for one. TheKing'sFund https://www.kingsfund.org.uk/blog/2017/07/specialist-major-trauma-networks-and-terrorist-events-care-many-care-one

Urgent and emergency care services in England
www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/Majortraumaservices.aspx

The Trauma Audit & Research Network www.tarn.ac.uk

A Major Trauma Network for South and West Wales and South Powys

Consultation response

How to respond

The closing date for responses is 9.00 a.m. Monday 5th February 2018.

Please fill in the following forms and send your responses to:

Email: NHSWHC.strategicplanning@wales.nhs.uk

Post: Freepost MAJOR TRAUMA CONSULTATION
(This address must be written exactly as above including capital letters).

You can download a copy of the response form from the website www.publichealthwales.org/majortraumaconsultation
For more information, please visit the website above or contact the NHS Wales Health Collaborative at the above email or postal address or phone them on 02920 502674.

Data protection

How we will use the views and information you give us.

Any response you send us will be seen in full by NHS Wales staff dealing with the issues which this consultation is about. It may also be seen by other NHS Wales staff to help them plan future consultations.

Sections of responses or complete response forms may be published as part of the report on the response to the consultation for consideration at public board meetings in March 2018. We will always identify organisations.

Your response

Your postcode:

Are you replying on behalf of an organisation?
Please tick

Yes ☐ No ☐

If yes, what is the name of the organisation?

What is your age range? Please tick

Under 16	☐
16 to 24	☐
25 to 34	☐
35 to 44	☐
45 to 54	☐
55 to 64	☐
65 to 74	☐
75 or over	☐
Prefer not to say	☐

Interests to be declared
(For example, do you work for the NHS or a health board? If so, please provide the name of the organisation.)

Answer the questions over the page. Please add extra pages as necessary.

- Please underline and highlight any confidential information or other material that you do not want to be made public
- Do not include medical information about yourself or another person that could identify you or that person
- Spell out any abbreviations you use
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.

We are interested in your views on the following.

There is a significant amount of evidence to show that patients who suffer a major trauma have a greater chance of survival and recover better if they are treated within a major trauma network.

The independent panel has looked at the evidence for developing a major trauma network in South and West Wales and South Powys and made the following recommendations:

- A major trauma network for South Wales with a clinical governance infrastructure should be quickly developed
- The adults' and children's major trauma centres should be on the same site
- The major trauma centre should be at University Hospital of Wales, Cardiff
- Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network
- A clear and realistic timetable for putting the trauma network in place should be set.

1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys? (Tick the appropriate box)

Agree	☐
Neither agree nor disagree	☐
Disagree	☐

Please give us reasons for your choice.

2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel? (Tick the appropriate box)

Agree	☐
Neither agree nor disagree	☐
Disagree	☐

Please give us reasons for your choice.

3. If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?

4. Do you have any other comments?

Equality monitoring

We are committed to making sure that we treat the people who use our services fairly and with dignity and respect. We can achieve this if we know more about you. Please support our aim by providing the information below. We will keep this information anonymous and use it only to analyse people's responses. We will keep it confidential and not share your identity with anyone.

Please tick only one box for each question.

What was your age on your last birthday?

Under 16 ☐
16 to 24 ☐
25 to 34 ☐
35 to 44 ☐
45 to 54 ☐
55 to 64 ☐
65 to 74 ☐
75 or over ☐
Prefer not to say ☐

What sex are you?

Female ☐
Male ☐
Other ☐
Prefer not to say ☐

Do you identify as the sex you were assigned at birth?

Yes ☐
No ☐
Prefer not to say ☐

What is your ethnic group?

White ☐
Mixed or multiple ethnic groups ☐
Asian or Asian British ☐
Black, African, Caribbean or Black British ☐
Any other ethnic group ☐
Prefer not to say ☐

Disability
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes, limited a lot ☐
Yes, limited a little ☐
No ☐
Prefer not to say ☐

What is you sexuality?

Heterosexual or straight ☐
Gay or lesbian ☐
Bisexual ☐
Other ☐
Prefer not to say ☐

Religion
What is your religion?

No religion ☐
Christian (all denominations) ☐
Buddhist ☐
Hindu ☐
Jewish ☐
Muslim ☐
Sikh ☐
Any other religion (please describe)..... ☐

Are you a Welsh speaker?

Yes ☐

No ☐

Prefer not to say ☐

Are you a carer?

Yes ☐

No ☐

Prefer not to say ☐

Are you employed by the NHS?

Yes ☐

No ☐

Prefer not to say ☐

Moving forwards: Healthy travel for all in Cardiff and the Vale of Glamorgan

Annual Report of the Director of Public Health for Cardiff and Vale of Glamorgan 2017

CARING FOR PEOPLE
KEEPING PEOPLE WELL

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Moving forwards: Healthy travel for all in Cardiff and the Vale of Glamorgan

Annual Report of the Director of Public Health for Cardiff and Vale of Glamorgan 2017

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My thanks to Dr Tom Porter as the chief author of the report.

Executive summary

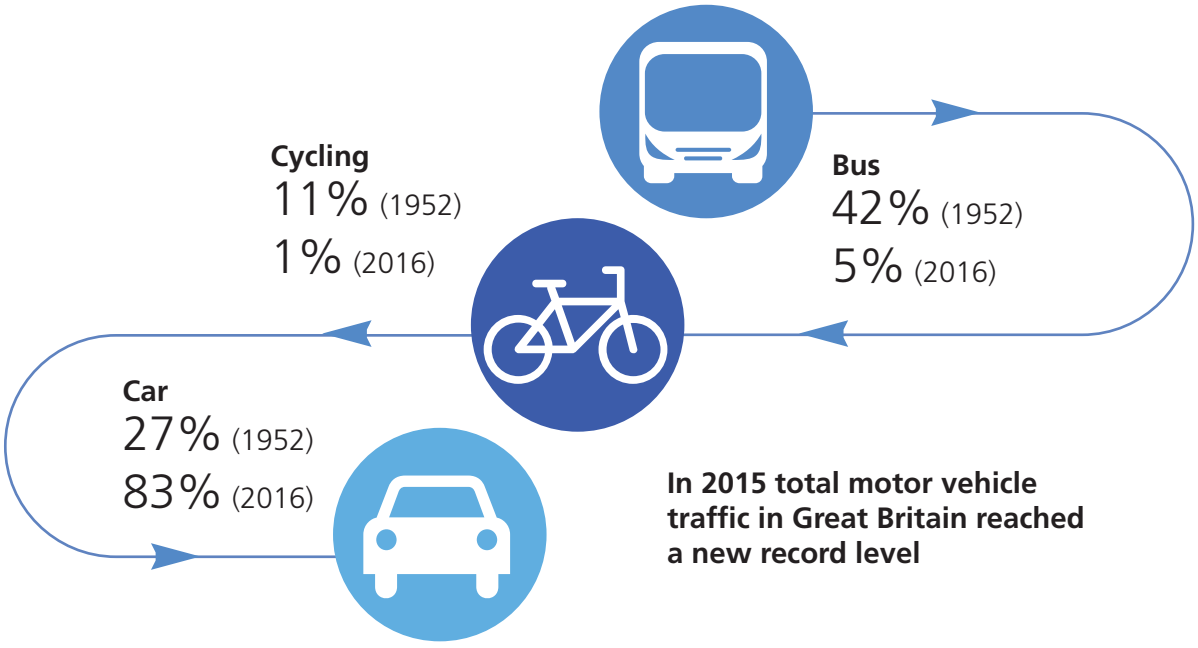
Declining levels of physical activity, increasing levels of obesity and diabetes, widespread air pollution, social isolation, and worsening health inequalities are all pressing public health issues in our area. Climate change is a severe threat which is already being felt in the UK and across the world.

Changing patterns in the way we travel and how we design our environments for travel have played a significant role in these issues. Bold action is required locally if we are to reverse these trends in population and global health, and create a healthier more sustainable future for our residents.

How did we get here?

While car use has sharply increased over the last 50 years, walking and cycling levels, and public transport use, have declined. Most housing and commercial developments over the last half century have been shaped by cars, not people.

Change in travel mode in UK
% of journeys



In 2015 total motor vehicle traffic in Great Britain reached a new record level

The effects on health and well-being

This shift in travel mode has contributed to a significant decrease in physical activity, which in turn is associated with an increased risk of ill health, including cardiovascular disease, cancer and diabetes.

Road transport is a major contributor to harmful air pollution, and is responsible for nearly 1000 accidents causing injury or death each year in Wales. As our environments have been shaped around the car, interactions within and between communities have dropped. Many of the adverse impacts of road transport are felt more in more deprived communities, contributing to worsening health inequalities.

Climate change increases the risk of severe weather events including flooding which will increasingly affect our communities and our infrastructure.

- Over half (54%) of adults in Cardiff and Vale are overweight or obese, and are classed as 'inactive' because they do less than half an hour of physical activity in an entire week
- An estimated 5% of deaths in Cardiff and Vale are due to particulate matter air pollution
- Nearly 1 in 4 vulnerable people in Cardiff and Vale report being lonely some or all of the time
- A man living in one of our most deprived communities in Cardiff can expect to live 11 years fewer than someone in the least deprived areas
- Flood-related displacement of communities has been found in the UK to cause significant and enduring mental health issues

We could do things differently

Health and well-being in our communities could be significantly improved if active travel becomes the norm for short journeys, public transport is used for longer journeys, and air quality improves.

- Daytime journeys of less than 2km should be walkable for individuals aged 5 to 74 without a disability
- For many people the trigger to take up active travel is a significant life event
- People who walk and cycle in a neighbourhood are more likely to spend money in local shops
- Public transport use is facilitated by affordable ticket prices, flexibility in stops, high quality travel information and regular services
- Clean Air Zones deliver benefits worth £29 for every £1 spent
- The NHS should set the benchmark for clean air and safe workplaces
- The London congestion charge resulted in an 80% increase in cycling

The time is right for change

A number of opportunities exist through legislation, national and local policy, and a gradually changing culture around the use of cars, which make now the time to act.

- Four recent major pieces of legislation support active travel in Wales
- Driving a car has become less popular among young people
- Examples of good practice in Cardiff and the Vale of Glamorgan include support to residents to encourage children's street play, helping Vale Council staff travel sustainably, and the UHW Park and Ride scheme.

Seizing the day: a vision for Cardiff and the Vale

This report sets out a vision based on five key themes, showing what we could achieve in Cardiff and Vale.

- Active travel is the default for short journeys
- There is a well used, fully integrated transport system
- We have well connected, active and social communities
- Transport emissions are significantly reduced
- Cardiff and Vale are leaders in this field

If we get this right, potential benefits include reduced rates of cardiovascular disease, cancer, obesity and diabetes; improvements in mental well-being; and reduced sickness absence.

- Reduced illness and deaths from cancer (20-30% lower risk of colon and breast cancer)
- Reduced illness and deaths from cardiovascular disease and stroke (20-35% fewer cases)
- Reduced type 2 diabetes (30-40% fewer cases)
- Reduced risk of depression and dementia (20-30% lower risk)
- Reduced inequality in life expectancy between most and least deprived areas
- More cohesive communities and reduced loneliness
- Reduced air pollution and lower carbon emissions contributing to global warming
- Reduce demand for health and social care services

Everyone playing their part: what we need to do together

To make a significant and sustained improvement in our health and well-being we need to take decisive action now and over the next 5-10 years, in four main areas.

- Accelerate improvements to infrastructure to support active travel and low emission transport
- Support staff to choose active travel
- Engage with the local communities and businesses on the benefits of active travel
- Discourage unhealthy and polluting travel

Foreword

We all want the best health and well-being we can have for our population. To achieve that the inequalities gap between our most and least deprived communities has to narrow. To achieve that we need to take every opportunity we can, working together as individuals and communities with all of our partners in public health.

Frequently, taking opportunities will mean embracing change, doing things differently, driving continuous improvement as hard as we can and telling the story about why health and well-being should be important for each and every one of us. Opportunities to improve health and well-being will always involve behavioural change at population, individual and organisational levels. This is tricky as most of us will say 'I support change but I don't want to change,' but we, each of us, have to become the change we need to see if we are to achieve sustainable improvement in our health and well-being.

Some of the opportunities we have open to us today have not been fully exploited by us as individuals, collectively as leaders or as organisations. This probably isn't surprising as change and continuous improvement are challenging and often question our current beliefs, practices and systems. Yet today across our public sector and third sector organisations we are better placed than ever before to take up those opportunities. In Cardiff and Vale excellent partnership working has led to a common understanding of the needs of the population we serve and what we need to do, to enable better health and well-being. This has been hugely strengthened by the recent Well-being of Future Generations (Wales) Act 2015,[134] the Social Services and Well-being (Wales) Act 2014[24] and the Public Health (Wales) Act 2017.[137] These put our health and well-being firmly at the top of the agenda.

Added to this we know that as a Cardiff and Vale population, people want better health and well-being and the understanding that this will involve change, including behaviour change,[168] is evident. This was evidenced in the surveys and discussions which have taken place to inform our most recent needs assessments in Cardiff and Vale.[11,48,161] Added to that we have some emerging examples of positive change in two of our biggest causes of poor health and well-being. The numbers of people smoking tobacco in Cardiff and Vale is lower than it has ever been and is continuing to decrease and the rate of obesity in our children is slowly decreasing.

This report looks at one of the opportunities that we haven't yet fully exploited, active travel. It is an issue that affects every single person in our population as well as every single organisation operating within our communities. It is an issue which demands an understanding of the past, an understanding of the disruptive technologies which our younger generations are rapidly embracing, an understanding of what the evidence is telling us, and most importantly a willingness to seriously drive rapid continuous improvement which utilises the evidence and new technologies. Inevitably it demands that we ourselves begin to adopt and adapt to active travel as part of how we live each and every day.

I hope you will enjoy reading the report and that it will stimulate you to think about your role in making active travel a part of achieving sustainable improvements in our health and well-being.

Dr Sharon Hopkins, Executive Director of Public Health

What is at stake?

Our health and well-being: local and global

Declining levels of physical activity, increasing levels of obesity and diabetes, widespread air pollution, social isolation, and worsening health inequalities: these are all pressing public health issues in Cardiff and the Vale of Glamorgan.

Globally, climate change is a severe threat which is already being felt in the UK and across the world in extreme weather events such as flooding and heatwaves, with impacts increasing every year as the earth warms.

These issues all have something in common: changing patterns in the way we travel over the last half century, along with how we design our environments for travel, have played a significant role.

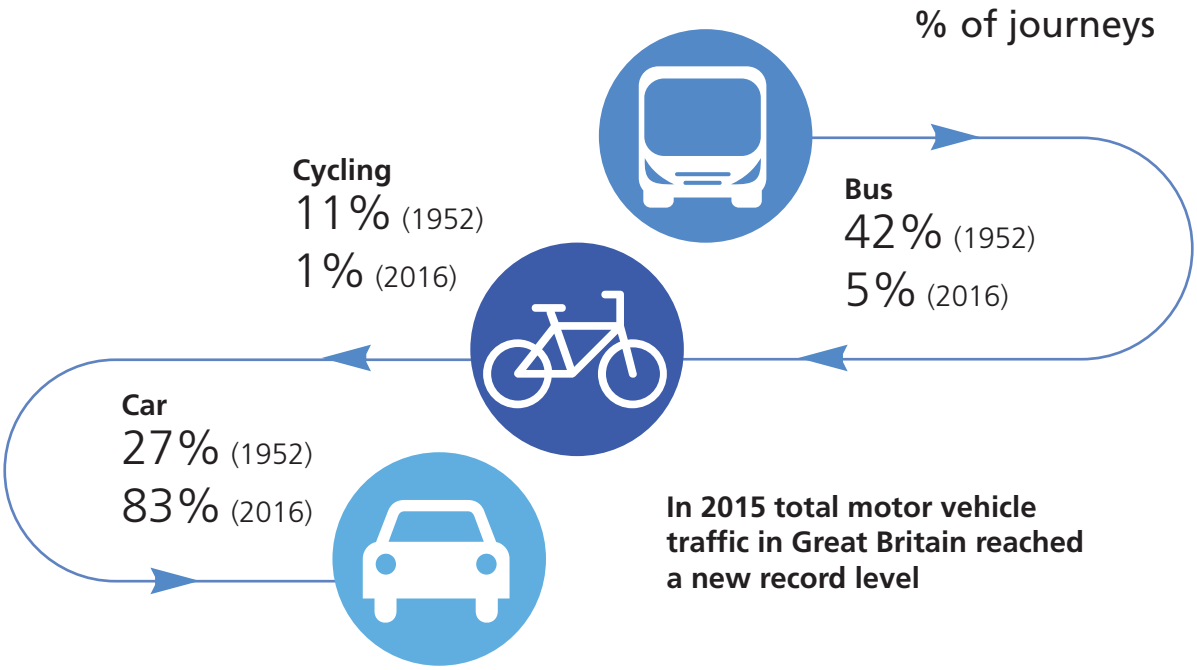
We need to take positive action now

Bold action is required locally if we are to reverse these trends in population and global health, and create a healthier more sustainable future for our residents.

A slew of evidence available now suggests a brighter future is possible, with positive impacts on health, well-being and community cohesion, as well as reducing our reliance on fossil fuels and their impact on climate change.

The intention of this report is to stimulate thinking and discussion locally about the issues described and encourage co-ordinated and decisive action to address them.

How did we get here?



Changing patterns of travel

A dramatic transformation has taken place over the last century in how people in the UK travel for work and leisure.

Until the 1950s, most people got around on foot or by public transport. Since then car ownership has increased rapidly, and the last fifty years has seen a huge shift to journeys by car, with public transport use dropping precipitously. For example, in 1952, 42% of journeys in the UK were by bus, but by 2016 this figure had dropped to just 5%. Car journeys rocketed from 27% to 83% over the same period.[1]

Locally we don't have to go far back to see this stark transition. In the 1920s trams were at their peak in Cardiff, with an extensive network throughout the city and a staggering 42 million passenger journeys taken in the city each year, or around 180 journeys per resident each year.[2] The tram system closed in Cardiff in 1950, but trolleybuses – a form of electric bus – were a common sight after this, until the network closed in 1970.[3]

Figure 1. A tram running along Newport Road in Cardiff[2]

> 42 million journeys were taken by tram in Cardiff in 1928. The tram closed in 1950

The railway line in the Vale between Barry and Bridgend was closed with the Beeching programme in the 1960s, and only re-opened in 2005. However, over the previous century there had been a much more extensive rail network in the Vale including a Cowbridge Railway line, which opened in 1865.

Figure 2. Cowbridge railway station[13]

Initially the car brought with it a sense of new-found freedom, and the ability for people to keep in touch more easily with friends and family, facilitating further geographic spread of these important social networks.

But this transformation in transportation came with a price: a steep decline in physical activity levels, with many adults now routinely spending their waking life sitting in the car, at the office desk, or on the sofa, with little meaningful physical activity in between. Indeed a quarter of adults in Cardiff and the Vale of Glamorgan are now classed as 'inactive' because they do less than half an hour of physical activity in an entire week.[4]

Effects on health are not limited to changes in physical activity: air pollution, social isolation, noise pollution, access to green space and health inequalities have also been impacted on by car use.

The surge in car use has reduced demand for public transport, resulting in a decline in frequency and routes. Fewer services has made public transport a less viable option for some journeys, further reducing demand. Between 2007 and 2014, bus use declined by 4% in Cardiff,[5] and yet a third of residents (35%) in Cardiff cite frequency and availability of public transport as a major issue.[5] Although 90% of residents say they are satisfied with public transport in the Vale, rates of use are much lower.[6]

Over the last five years the cost of rail fares have increased by 15%, and bus/taxi costs have increased by 14%, while the cost of running a car has decreased by 5%.[7] Over 1 in 10 (11%) journeys in the UK in the 1950s were made by bicycle, but that figure now stands at just 1%. Increasing motorised transport on the roads, both rural and urban, has also had an impact on how safe people feel cycling.

Over the last five years the cost of running a car has decreased by 5% while the cost of the bus has increased by 14%

The UK still loves its cars. In 2015, total motor vehicle traffic in Great Britain reached a new record, of 317 billion miles travelled in one year, the majority travelled by cars and taxis.[8] Growth in traffic levels over the last 10 years has been higher in Wales (5.9%) than the other home countries.[9] There are currently 206,000 licensed cars in Cardiff and Vale.[10] Population growth in the region, particularly in Cardiff, will put an increasing strain on the road network without a change in approach.[5]

In 2015 total motor vehicle traffic in Great Britain reached a new record level

Commuting into Cardiff is a snapshot of this: each day over 80,000 people travel to Cardiff for work from neighbouring local authorities, including 20,000 from the Vale.[5] This makes up around a third of people working in Cardiff. The vast majority (about 80%) of those travelling in from neighbouring local authority areas currently do so by car.[5] There are around 59,000 working residents in the Vale, of whom around half (28,500) work in the area and half (30,300) commute out of the area; around 14,000 people commute into the Vale. The majority commuting out work in Cardiff, with smaller numbers commuting to Bridgend and Rhondda Cynon Taf.[11]

Among staff working in the Cardiff and Vale UHB, over 1 in 6 (17%) report walking or cycling to work, 8% take public transport, and 8% share their car journey with a colleague, with the remainder travelling alone by car.[12]

One bright spot is that while overall rail use remains lower than the 1950s (10% of journeys now compared with 17% previously) this has been steadily increasing following a low of 5% in the mid-1990s.[1]

Our built environment

As our transport modes have changed over the past century, our built environment has followed. As well as a decline in the previously extensive public transport infrastructure for trams, buses and railways, our rural and urban environments have been indelibly shaped by the car. Reversing this long-standing trend will take significant effort.[14]

Unused, parked vehicles take up a significant part of our urban space - on roads and outside houses, shops and work. Despite encouraging efforts to reverse the trend in recent years, our road network is designed to facilitate the movement of cars, rather than meeting the needs of pedestrians or cyclists. Road junctions frequently prioritise cars over cyclists and pedestrians.

While there are some examples of excellent cycling infrastructure locally, there are still too many examples of cycle lanes which start and stop inconsistently, with little in the way of continuity of flow car drivers have come to expect.

Most housing and commercial developments over the last 50 years have been shaped by cars, not people

Most housing and commercial developments over the last 50 years have been shaped by cars, not people. The rise in out-of-town shopping centres and offices has necessitated car travel (and ownership) for many people.

At the same time, increasing traffic on the road has led to a progressive reduction in urban green space, and in uninterrupted peaceful green spaces in rural areas.

The effects on health and well-being

The profound shift in how people get around, and the built environment changes which accompanied this, are exposing us to a combination of risk factors which we now know lead directly to serious illness and reduced life expectancy.

Physical inactivity and sedentary lifestyles

Health impacts: increased risk of death from any cause; increase in risk of cardiovascular disease, cancer, and type 2 diabetes; adverse impacts on mental well-being

> Over half (54%) of adults in Cardiff and Vale are overweight or obese

Over half (54%) of adults, and a fifth (21.5%) of 4-5 year olds in Cardiff and Vale are overweight or obese,[4] with the rates higher in more deprived areas. Obesity is a complex issue which has been discussed in previous annual reports, but we know that changes in physical activity levels are a key driver of the current epidemic.[15] Physical activity levels for many people are insufficient to maintain good health: two in five (41%) of adults in our area don't do sufficient physical activity, with over a quarter (27%) classed as being inactive (less than 30 minutes physical activity in a week).[4]

While physical activity levels across Wales are broadly static, this masks a recent increase in activity among the least deprived communities. This hasn't been seen among the most deprived, leading to worsening health inequalities.[16] Teenage girls have the lowest physical activity levels out of the UK countries, with only 8% of Welsh teenage girls meeting the physical activity guidelines.[16]

> Fewer than 1 in 10 (8%) of teenage girls in Wales meet the physical activity guidelines.

Car ownership is linked to how much walking and cycling people do, with a perception that car journeys are invariably quicker and easier than active travel. You are much less likely to undertake active travel if you have a car (37% with a car, compared to 71% without).[17] Use of a car is associated with an increased risk of obesity, while walking and use of public transport is associated with not being overweight or obese.[18] Active travel is less common in rural compared with urban environments in the UK, and becomes less common as people age.[17]

> You are much less likely to undertake active travel if you have a car

We now know that insufficient physical activity and being sedentary are dangerous to our health.[19,20] Being sedentary is associated with an increase in death from any cause of over a fifth (22%), and an increase of around one in seven in the risk of death from cardiovascular disease (15%) and cancer (13%). There is a staggering near doubling (91%) of the risk of acquiring type 2 diabetes. These effects are even more pronounced if sedentary activity is not offset by regular physical activity.[19] Over 24,000 people are currently recorded as having diabetes in Cardiff and Vale.[21]

The Academy of Medical Royal Colleges has recommended that "a change in culture is needed so that it is no longer considered 'normal' to spend a large amount of time sitting in cars."[22]

> Sedentary lifestyles are associated with a 91% increase in risk of type 2 diabetes

Air pollution

Health impacts: associated with cardiovascular and respiratory disease, stroke, cancer, diabetes, low birth weight, dementia

The nature of air pollution

Great progress was made in environmental protection in the 1950s with the introduction of the Clean Air Act, which enforced smoke control areas in some cities to reduce smog and air pollution from sulphur dioxide.[23]

The main pollutants of concern today are nitrogen dioxide (NO_2), and particulate matter ($PM_{2.5}$ and PM_{10}). The primary source of both pollutants are vehicle emissions, especially those from diesel vehicles, although there are industrial, agricultural and domestic sources too. Exhaust emissions continue to be produced when diesel or petrol vehicles are stationary and the engine is on, and traffic congestion tends to worsen emissions.

Deaths from particulates increase steadily with exposure for over 65s, even at concentrations below the current WHO guidelines and EU legal levels, for both short-term and long-term exposure.[25]

Benzoapyrene (BaP) is a component of PM10 generated by diesels; maternal exposure to BaP has been linked to mental health problems in childhood and neurocognitive delay.[26] BaP emissions rose by 52% in the EU between 2000 and 2014, with 80% of the urban population exposed to levels above WHO limits.[26]

Roadside concentrations of NO_2, which are mainly emitted by diesel vehicles, has been above the legal limit in nearly 90% of urban areas of the UK since 2010.[27] HGVs, LGVs and buses make up just over half of the emissions, with private cars and taxis the remainder.[28] Levels of NO_2 in Cardiff and Vale residential areas are the highest in Wales.[29]

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Box 1. Air quality management areas in Cardiff and the Vale[30]

Cardiff City Centre, Cardiff
Llandaff, Cardiff
Stephenson Court, Cardiff
Ely Bridge, Cardiff
Cogan, Penarth

Transport pollution isn't just from cars: diesel buses and trains can also be significant contributors and any plan to reduce air pollution needs to address this as well.[31,32] A recent study found air pollution levels in a large railway station in London exceeded those on a busy road outside.[31]

The general trend for air pollution from transport is a reduction over the last two decades,[8] but it remains much higher than it should be for good health.

Exposure to air pollution

The relationship between exposure to air pollution and mode of transport is complex.[27,33-35]

Exposure to air pollution is generally higher sitting inside a vehicle than outside on the road itself, because vehicle ventilation systems suck in polluted air from the vehicle in front and recirculate and concentrate it in a small area. However, because active travel increases the breathing rate, the amount of inhaled pollutant is generally higher for active travel modes. In spite of this, because of the overwhelming benefits of physical activity on cardiovascular and general health, people who travel in motorised transport still reduce their life expectancy by a year on average compared with people who actively travel.[36] When active travel routes are built away from busy roads, and less polluting vehicles become more common, the benefits of active travel increase further.

> "Children sitting in the backseat of vehicles are likely to be exposed to dangerous levels of air pollution. If more drivers knew the damage they could be doing to their children, they'd think twice about getting in the car."
>
> Prof Sir David King, former government Chief Scientific Adviser[27]

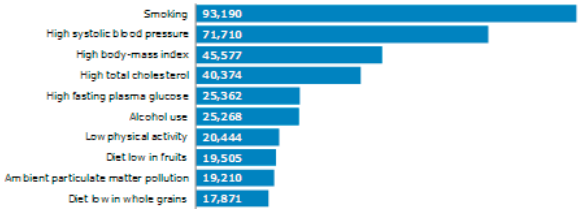
High levels of air pollution aren't confined to main roads. A recent study of estimated air pollution around health facilities in London found that over half of the NHS sites in the capital exceeded legal limits.[37] The authors recommend that organisations across the UK review air pollution levels around health facilities as a matter of urgency.

Health impacts of air pollution

Using international modelling, it has been estimated that across the UK around 40,000 deaths each year are due to air pollution ($PM_{2.5}$ and NO_2).[38] In Wales, an equivalent of around 1,600 avoidable deaths are estimated each year due to particulate matter, and 1,100 due to NO_2 exposure.[29]

It is estimated 143 deaths each year in Cardiff and 53 each year in the Vale among over 25s are due to air pollution caused by particulate matter, and 2,100 life years are lost each year.[39] Long-term exposure to particulates is estimated to be responsible for 5.1% of all deaths in Cardiff and Vale. [29,39] Across Wales, the years of life lost due to air pollution puts it ninth out of the top 10 modifiable risk factors, but three other risk factors associated with a car-dependent environment, namely high blood pressure, high body mass index, and low physical activity are also in the top 10 (see Figure).[16]

Figure 3. Top 10 risk factors for years of life lost (YLL) in Wales (2015). Four of the top ten are impacted by car use.[16]



> An estimated 5% of deaths in Cardiff and Vale are due to particulate matter air pollution

Air pollution has been linked to cancer, asthma, COPD, pneumonia, stroke and heart disease, diabetes, obesity and changes linked to dementia.[38,40] Long-term exposure reduces life expectancy, principally due to increases in cardiovascular disease, respiratory disease and lung cancer.[40,41]

Children are four times more likely to have significantly reduced lung function in adulthood if they live in highly polluted areas.[40] The risk of adults developing type 2 diabetes has been found in large prospective studies to increase by up to 10% for every 10μgm^{-3} increase in exposure to pollutants.[40]

Dirty air has also been associated with premature birth, and low birth weight. It is estimated that one fifth of cases of low birth weight are due to traffic-related air pollution, with the greatest harm occurring with exposure in early pregnancy.[40] NO_2 exposure has been linked to neurodevelopmental impairment, and increased risk of attention deficit hyperactivity disorder (ADHD) in children.[40]

It is estimated that one fifth of cases of low birth weight are due to traffic-related air pollution.

Short-term exposure to air pollution can lead to negative effects on lung function, exacerbation of conditions such as asthma, and increases in hospital admissions and deaths.[41]

Health problems from air pollution in the UK have been estimated to cost society, businesses and the NHS over £20bn per year (Box 2).[40]

Box 2. The health impacts of air pollution

"Damage [caused by air pollution] occurs across a lifetime, from a baby's first weeks in the womb all the way through to the years of old age.... Harm to babies and children will have an impact that lasts far into the future. For the same reason, any air quality improvements we make now will have long-lasting benefits. Older people, and adults with long-term conditions are also vulnerable to the effects of air pollution. Improving air quality will help them to stay independent and well, benefiting individuals and easing the pressure on our NHS and social services." Every breath we take: the lifelong impact of air pollution. Royal College of Physicians and Royal College of Paediatrics and Child Health (2016)[40]

Road traffic injuries and deaths

Health impacts: serious injuries and deaths due to physical trauma; knock-on impact on active travel levels in population; reduced outdoor play by children

Even with significant improvements in road safety over the last 30 years, with progressive advances in car safety equipment, a change in drink-driving culture, and speed limit enforcement, deaths and injuries associated with cars remain common.

There are 20 road accidents causing death or serious injury each week in Wales

In Wales there were 975 road accidents which caused death or serious injury in 2016, or nearly 20 serious accidents each week. 103 people died last year in road accidents in Wales, or two people each week. Such statistics are unfortunately so common and an accepted part of driving that they no longer cause public concern – but if there were that number of incidents or deaths on the railways in Wales each year there would be a public outcry.

Half of car drivers in 30mph zones routinely exceed the speed limit

Enforcement of speed limits is important, with half (52%) of car drivers in 30mph zones routinely exceeding the speed limit.[8] Figures for Great Britain found that a quarter (24%) of road fatalities were pedestrians.[42] The number of incidents and casualties is highly sensitive to speed. A drop of just 1mph in average speed is estimated to reduce incidents by 5-6% on urban roads.[43]

The most common cause of death for children aged 5-14 years is being hit by a vehicle.[44] Those aged over 60 are seven times more likely to die from being hit by a car at 30mph compared with other age groups;44 over a third (35%) of all pedestrian fatalities are people aged 70 or over.

The most common cause of death for children aged 5-14 years is being hit by a vehicle.

The perception of road safety has also had a significant impact on people's willingness to cycle for work and leisure, as well as parents' willingness to let their children play outdoors in the street. This coincides with an increase in children's 'screen time', the amount of time spent by children and young people on electronic devices.[45] Play, including outdoor play, is incredibly important to children's physical development and mental well-being.[46]

Increase in loneliness and social isolation

Health impacts: Reduced mental well-being and lower life expectancy

Seventeen percent of people in Wales report being lonely,[47] with results from a recent local survey in Cardiff and Vale putting the figure at nearly 1 in 4 (23.3%) among people in more vulnerable groups.[48] As car use has become more prevalent, people's social and support networks have also become more geographically dispersed.

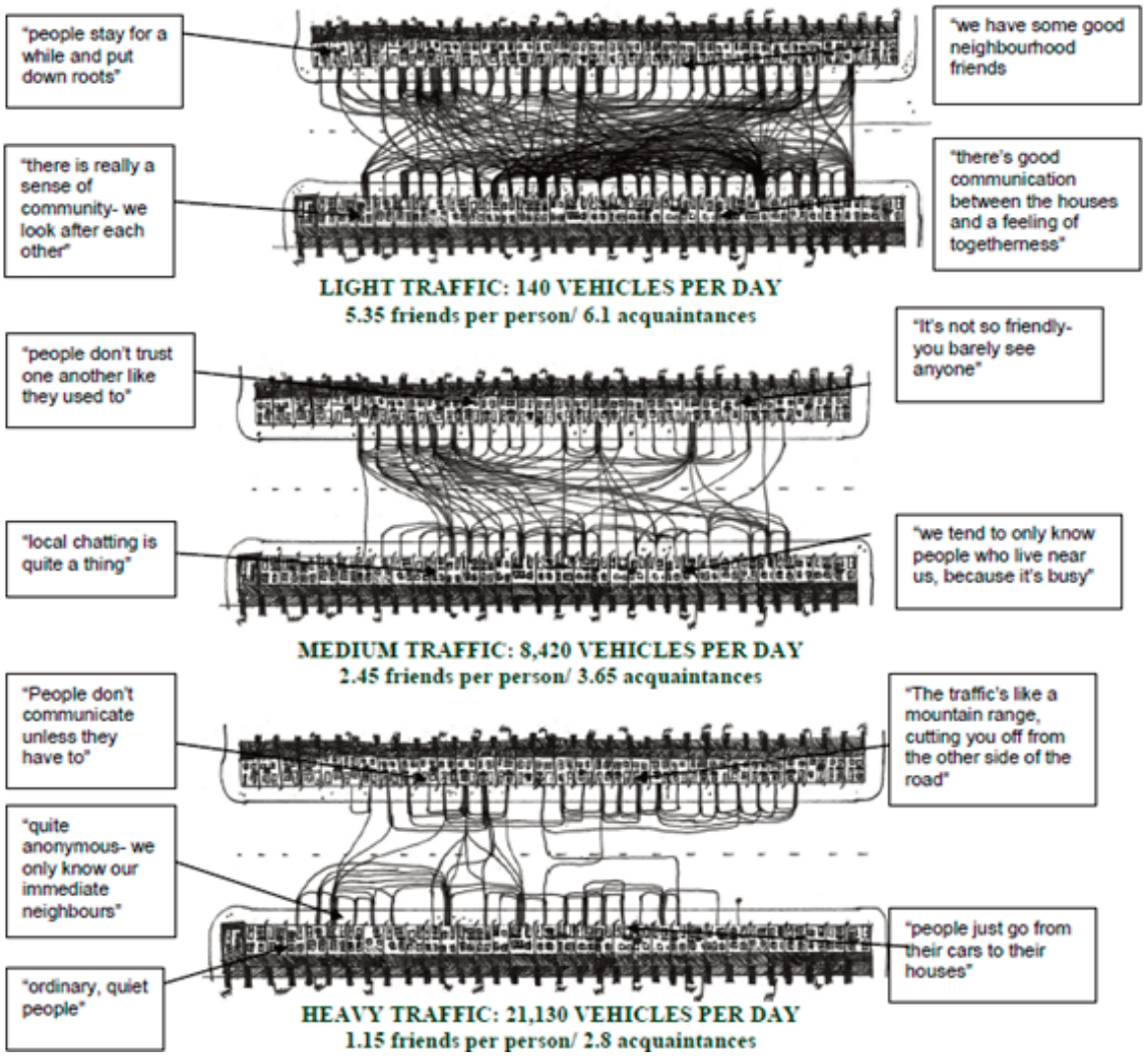
Nearly 1 in 4 vulnerable people in Cardiff and Vale report being lonely some or all of the time

How well people are connected to their neighbours, and how many they count as friends, has been found to be directly associated in the UK and internationally with the traffic volume in their street.

Replicating a classic US study from the 1960s, a study in Bristol in 2008 found that the number of friends and acquaintances reported by residents was significantly lower on streets with higher volumes of motorised vehicles.[49] The study asked residents on quiet, medium

and busy traffic streets to draw lines on a map of their street representing where their friends and acquaintances were on the street (see Figure 4). The average number of friends of each resident on the light traffic street was 5.35, compared to 2.45 on the medium traffic street and 1.15 on the heavy traffic street. Residents on the light traffic street also reported more of a sense of community and togetherness.

Figure 4. How community interactions vary by traffic volume.[49]



Residents on the light traffic street reported more of a sense of community and togetherness

The increasing reliance on the use of a car to reach shops, banks and community facilities has had a particular impact in rural

communities. While a minor inconvenience for people with a car, those without become reliant on easily accessible and frequent public transport to access facilities and maintain their social networks and independence.

Increased car use has been associated with 'severance', the isolation of individuals and communities for example where a wide, busy road makes short local walks difficult.[18]

Loneliness and social isolation has a direct impact on length, as well as quality, of life. Studies have found that low levels of social integration, and isolation, significantly increase mortality. One study found social isolation increased the risk of death by a quarter (26%), partly but not wholly mediated by long-term illness and social deprivation.[50] Social participation acts as a protective factor against dementia and cognitive decline in the over 65s.[51]

Reducing car use and traffic speeds, and increasing access to public transport and active travel have been highlighted as priorities in an international report looking at healthy ageing in cities.[52]

> Reducing car use and increasing access to public transport support healthy ageing in urban environments

Transport noise

Health impacts: associated with high blood pressure

There is evidence that road transport produces noise pollution resulting in noise levels in excess of WHO guidelines for over 200,000 people in Wales.[53] The majority of these are in South Wales; in our area they are focused around key trunk roads including the M4, A4232, A48 and key routes in Cardiff.54 Although transport noise may be seen as an inevitable consequence of living in an urban area, or near a large road, it has a long-term adverse impact on cardiovascular health, being associated with a small but significant increase in blood pressure.[55] In addition it has been associated with impaired intellectual development in children, sleep disturbance and reduced well-being.[18,56]

> Traffic noise is associated with high blood pressure, impaired intellectual development in children, and sleep disturbance

Traffic noise should not be inevitable: it is possible to reduce the volume of traffic by encouraging healthier forms of travel. Reducing speeds, and moving away from petrol and diesel powered trains and motor vehicles, also have the potential to reduce noise pollution.

Reduction in green space

Health impacts: associated with reduced physical activity, reduced mental well-being, increased mortality

Across the UK there has been a historic and ongoing steady decline in green spaces, due to net deforestation and urbanisation.[57] At the same time there is a growing evidence base on the positive effect on mental health and well-being of living near and visiting green spaces.[51,58,59]

The rise in cars has led to increasing areas of our rural and urban landscape being concreted over, including the trend of paving over gardens to allow cars to be parked outside homes.[60] As well as reducing the space for nature to thrive, this impacts on the ability of urban areas to soak up rain and reduce flooding naturally.

A recent World Health Organisation (WHO) review of the health benefits of urban green spaces found multiple impacts,[61] including improved social interactions and social capital, positive effects on the immune system, enhanced physical activity and reduced obesity, reduced exposure to air pollution, noise buffering, improved cardiovascular health, reduced prevalence of type 2 diabetes, improved cognitive functioning, and reduced mortality.

> Green spaces are associated with improved social interactions, increased physical activity and cardiovascular health, and reduced mortality

Exacerbating health inequalities

Health impacts: gap in life expectancy of around 11 years (Cardiff) and 8 years (Vale) between least and most deprived areas; pollution tends to be worse in more deprived areas; higher incidence and poorer outcomes across a wide range of health conditions

There are significant and persistent health inequalities in Cardiff and the Vale of Glamorgan. This is most clearly illustrated by the dramatic difference in life expectancy depending on where people live. A man living in one of our most deprived communities in Cardiff can expect to live 11 years fewer than someone in the least deprived areas. A similar gradient exists for women and for people in the Vale.

> A man living in one of our most deprived communities in Cardiff can expect to live 11 years fewer than someone in the least deprived areas.

The rise in car use has exacerbated health inequalities. On the one hand, people in the least deprived communities are more likely to have a car than those in the most deprived areas. On the other, the impact of pollution (particularly NO_2)[62] is felt more in deprived areas, which tend to be located closer to main highways, have a higher proportion of 'imported' traffic (from less deprived areas), and have a higher proportion of people with chronic illness which makes them more vulnerable to air pollution exposure.[51,63]

Carbon dioxide (CO_2) emissions due to transport are significantly higher from the 10% least deprived households than the 10% most deprived, with the least deprived contributing to 17% of CO_2 emissions and the most deprived 2%.[64]

Road traffic injuries and deaths are also higher in more deprived areas. Children in more deprived wards are four times more likely to be hit by a car compared with the least deprived wards.[51] Fatal accidents on the road are also particularly high among children of unemployed parents.[51]

> Children in more deprived wards are four times more likely to be hit by a car compared with the least deprived wards

Car-dependent environments isolate people without a car, making it difficult for them to access employment and education opportunities, further exacerbating and embedding inequalities.[65,66] This is a particular issue in rural areas which are more reliant on good public transport networks. Young people, and older people who can't drive, are particularly affected.

UK public spending to support transportation is nearly four times higher for the richest 10% (who primarily use a car or the train) than for the most deprived 10% (who primarily use the bus).[44]

Access and visits to green space, often curtailed by highway expansion and an important contributor to physical activity, obesity and well-being levels, are also lower in more deprived areas.[51]

Thus there is a double-whammy on health inequalities: cars are owned and used more by the least deprived, but the negative consequences from car use impact most on the most deprived.

> Cars are owned and used more by the least deprived, but adverse impacts are felt most by the most deprived

We could do things differently

What we need to do

A growing body of evidence describes the positive impacts on health and well-being across society which are possible if we increase our active travel rates, reduce air pollution, and prioritise designing well-connected and attractive urban and rural communities. Recent technological advances may also help with this.

Support active travel and public transport

Reduce car use

In order to increase physical activity it is necessary to reduce use of the car.[66] Many of the journeys which are currently made by car in Cardiff and the Vale could be made by walking, cycling or public transport. Daytime journeys of less than 2km, which do not involve carrying bulky loads, should generally be walkable for individuals aged 5 to 74 without a disability.[81] When combined with public transport as part of an integrated transport system, active travel can also be a sustainable and healthy alternative to car-based travel for longer journeys.[65]

Daytime journeys of less than 2km should be walkable for individuals aged 5 to 74 without a disability

Over half of residents in Toronto (54%) and Copenhagen (63%) cycle regularly.[5] A similar proportion in Cardiff (56%) say they would like to ride a bike more, and three quarters (74%) think it would be better if there was more cycling.[5] Furthermore, over half of Cardiff residents (57%) travel less than 5km to work.[5] 84% of residents in the Vale use a car once a week or more, compared to 7% who cycle weekly.[6]

Because lifestyles have developed around near-universal car use, alternatives to the car must provide a level of accessibility similar to the car to be widely adopted.[66] In Cardiff, use of the car for commuting is only one quarter of journeys, with a similar proportion due to each of leisure, shopping, and other purposes.[5]

NICE recommends the use of car-free days to raise awareness and interest in active travel,[41] and has published evidence-based guidance on increasing walking and cycling levels.[82]

'Designed to move: Active Cities' cites an extensive evidence base on the economic, well-being and environmental benefits of cities becoming more active.[83] Examples include significant increases in employment and visitors and community involvement; and falls in crime (74%), pollution and stress.

Improve infrastructure to support active travel

Well-designed infrastructure to support active travel, as well as frequent, reliable public

transport which covers all major local destinations, are essential elements in increasing take up of these travel modes.[51] Eight in ten Cardiff residents think that safety for cycling needs to improve.[5]

Historically, investment in infrastructure for cars has dwarfed that of walking and cycling routes. The UK Faculty of Public Health has called for 10% of transport budgets to be committed to walking and cycling.[84] NICE found that off-road cycle routes were good value for money, with every £1 investment in off-road routes returning around £14 in benefits.[41] They advise that cycle routes should ideally be on quiet streets or segregated, in order to minimise exposure to air pollution. Investments in walking infrastructure return £37 for every £1 invested.[85]

NICE found that off-road cycle routes were good value for money, with every £1 investment in off-road routes returning around £14 in benefits

Road space should be progressively reallocated to active travel modes as their share of journeys increases;[22,66] this prevents car use from increasing again as congestion starts to fall, and is also highly efficient, especially for a growing population: 12 bicycles can be stored in a single car parking space.[86] Road crossings should be modelled around pedestrians and follow their 'desire' lines.[51]

12 bicycles can be stored in a single car parking space

In designing environments to encourage active travel, evaluation of success may include the use of data from smartphone apps, for example cycle app data which can reveal changing patterns of local travel.[87]

Box 2. Road design in Europe

The Netherlands adopted five principles of **sustainable safety** in 1992, to prevent severe crashes and reduce the severity of injuries when crashes do occur.[88] The principles include clearly defined road categorisations which separate road users according to speed and purpose, and segregating traffic where speed differences cannot be eliminated. Motorized vehicles are considered as 'guests' in residential areas, with pedestrians and cyclists prioritised.[89] Predictable road layout is encouraged, with a 'forgiving' environment should errors occur (e.g. 45° rather than 90° pavement edges to reduce the likelihood of a cyclist falling if they hit the kerb edge). Sustainable safety has been found to contribute to a significant reduction in fatalities.[90] **Filtered permeability** is another concept common in European transport planning, with pedestrians and cyclists given an advantage, in terms of speed and convenience, compared to motor traffic – for example, a two-way cycle route but one-way car traffic.[84]

Support people to take up active travel at trigger points in their life

Suitable active travel infrastructure is necessary to enable a modal shift, although not sufficient in itself.[91] In addition to investing in infrastructure, for many people the trigger to take up active travel is a significant life event.[92] For example, starting a new job or moving to a new workplace location, becoming a parent, people recovering from ill health, and people retiring, have all been found to be triggers which make people more likely to review their travel options and switch to active travel. Raising the topic of active travel at these critical points is something which could be done systematically throughout the public sector locally, which will be involved in these events for many people.

> For many people the trigger to take up active travel is a significant life event

Provide high quality, flexible public transport

Public transport use is facilitated by affordable ticket prices, flexibility in stops, high quality travel information and regular services.[22,93] Modelling in Australia found that there was significant potential to increase the number of adults physically active by encouraging people to take public transport.[94] The study reviewed international evidence and found that on average around 15 minutes' walking time was associated with public transport use each day. Mixed mode travel, especially important in rural areas where combined active travel and public transport is the most pragmatic approach for many journeys, can be enabled by allowing easy transport of bicycles on buses and trains.[93] In Germany a controlled study which gave free public transport tickets and a personal schedule to people who had recently moved house resulted in a doubling of public transport use (18% to 36%) and a decline in car use (53% to 39%).[66]

> Public transport use is facilitated by affordable ticket prices, flexibility in stops, high quality travel information and regular services

Reduce air pollution and carbon emissions

National Institute for Health and Care Excellence (NICE) recently issued detailed guidance on improving air quality and health. Recommendations include supporting active travel, providing infrastructure for electric vehicle charging, introducing clean air zones, and bringing in 'no idling' bylaws outside schools (see Box).[41]

> NICE recommends the introduction of Clean Air Zones which support low-emission travel

NICE found that clean air zones cost around £2 per head annually (based on Amsterdam costs), but deliver benefits which far exceed this, of around £29 benefit for every £1 spent.[41] Low emissions zones should ideally cover all motor traffic, including cars and vans, to be effective at improving air quality.[26]

No idling zones outside schools were estimated to have a return on investment of up to £44 for every £1 spent.[41]

Clean Air Zones deliver benefits worth £29 for every £1 spent

Box 3. Selected recommendations from NICE guidelines on improving air quality.[41]

Support active travel. There should be a choice of cycle routes, including routes avoiding highly polluted roads
Support car sharing schemes and car clubs
Provide electric vehicle (EV) charging points in workplaces, commercial developments and residential areas
Consider introducing a clean air zone that introduces restrictions or charges on certain classes of vehicle, and supports zero- and low-emission travel (including active travel)
Where traffic congestion is contributing to poor air quality, consider incorporating a congestion charging zone within the clean air zone
Introduce bylaws to support 'no idling' areas where vulnerable groups congregate such as outside schools, hospitals and care homes
Specify emission standards for private hire and other licensed vehicles
Address emissions from public sector transport
Introduce 20mph zones without physical measures, to avoid unnecessary accelerations and decelerations which contribute to air pollution

Many of the NICE guidelines are echoed by a major joint Royal College report into air pollution,[95] which also recommends promoting safer 'school runs' which avoid using the car, encouraging employers to support alternatives to commuting by car, promoting leisure cycling, and monitoring and displaying air pollution around schools. They also recommend local authorities should publish serious incident alerts when levels exceed WHO and EU limits.[40] The report calls on the NHS to lead by example and set the benchmark for clean air and safe workplaces.

The NHS should set the benchmark for clean air and safe workplaces

While electric vehicles are preferable to petrol and diesel-fuelled vehicles in terms of air pollution, it is important to note that EVs still produce particulate matter, albeit at lower levels than diesel vehicles especially. Therefore strategies to improve air quality and health should still focus primarily on active travel and low emission public transport. Where vehicles are still required, EVs (and other ultra low emission technologies) should be prioritised over internal combustion engine (ICE) vehicles.

Shifting the model of car ownership to a shared or rental model would change the cost profile of driving; instead of a large up-front investment (buying a car) with individual journeys relatively cheap to make after that (thus encouraging them), the costs would be more evenly distributed. This would not only lower the barrier to use of car when required (e.g. carrying bulky goods) but also discourage use of the car when public transport or active travel may be as easy. This would also potentially be cost-saving for more deprived households, reducing inequalities.[66]

Case studies demonstrating systematic approaches to improving air quality are available on Defra's website,[96] and guidance to local areas in Wales from Welsh Government and Public Health Wales is due shortly.

Design well-connected and attractive communities

Street layout and proximity to other routes has been found to relate to active travel behaviour, with more active travel and less car use in more 'integrated' streets (those linking better to other streets).[97,98] Streets with lower traffic volumes have also been found to have stronger social networks between neighbours,[49] reducing social isolation.

Walking is encouraged by safe, traffic free walking routes and large public open spaces.[51] A UK survey on walkability in large cities found Cardiff had a lower score for accessing green spaces (50%) compared with the UK mean (54%), but did score well for safety of walking.[99] The Faculty of Public Health suggests transport and land use proposals with a negative impact on walking and cycling should routinely be rejected, and towns and cities should be 'people friendly' rather than car-friendly.[84] Higher density development should be encouraged near public transport hubs,[22] and commercial developments should have zero car parking except for blue-badge users.[22]

Reducing traffic speed with 20mph limits make streets more inviting for walking, socialising and cycling. Published modelling for Wales has estimated that if all 30mph roads were reduced to 20mph in Wales, between 1,200-2,000 casualties would be avoided each year, along with a net reduction in deaths and years of life lost due to air pollution.[100] The Faculty of Public Health has called for 20mph limits to be the norm for residential streets, with higher limits only on strategic traffic routes.[84]

Reducing traffic speed with 20mph limits make streets more inviting for walking, socialising and cycling

People who walk and cycle in a neighbourhood are more likely to spend money in local shops than people in cars who are more likely to drive through.[51,65] Retail sales have been found to increase by around 30% where walking and cycling projects have been undertaken.[101] It is therefore important to engage with local business communities to raise awareness of the financial benefits associated with prioritising walkability, active travel and public transport access.[93]

People who walk and cycle in a neighbourhood are more likely to spend money in local shops

Tools to help people moving to an area identify neighbourhoods which are more walkable are becoming available, such as Walk Score in the US.[102] A newly devised walkability score for London was tested against walking behaviour in a large cohort study, and found that people in more walkable areas were – unsurprisingly – more likely to walk.[103] Understanding the key characteristics of walkable neighbourhoods and incorporating these into future developments and works is therefore important in improving physical activity.

In some areas of the UK residents are working with local authorities to allow children to safely play in the streets outside their houses, by temporarily closing the street.[104] Many examples are in England, but there have also been recent examples in Cardiff (see Good practice locally, below) which have been well received and demonstrate this approach can work in a local context.

Protect and enhance our green space

Ensuring everyone has access to good quality open and green spaces is a key recommendation of the Marmot report on spatial planning and health inequalities.[51] Green space encourages physical activity and play, and should be accessible for those walking, cycling and using public transport, and have sufficient cycle parking.[51] In a rural context, outdoor recreation and activities are a key driver of the economy.[53]

Trees naturally absorb air pollution and improve air quality,[60] reducing particulate matter by up to a quarter (24%) in their vicinity.[105] Furthermore, trees sequester carbon (mitigating climate change), reduce summer air temperatures by 0.5 to 2.0°C (for example during heatwaves), and reduce noise pollution.[105]

Provide leadership

Senior, visible leadership and role-modelling on these issues is essential, in order to raise awareness and knowledge and build a broad consensus on action required. Engagement with local residents and organisations is a key part of this.[65] Active travel should be prioritised in urban planning and infrastructure development.[65]

A passionate call has been made in the British Medical Journal (BMJ) for healthcare professionals to lead by example on this, reducing their own car use and providing leadership to help others do so.[106]

Moves such as the introduction of the London congestion charge, which resulted in an 80% increase in cycling in central London since its inception in 2000,[84] and the UK government's timetable for phasing out fossil-fuelled cars by 2040,[28] have both reset expectations of what is possible, and the terms of public debate around travel and transport.

This is important: we are currently working from a 'norm' of routine petrol and diesel car use and this will only shift if leadership continues to be shown in this area.

The London congestion charge resulted in an 80% increase in cycling

Recent technological progress

The evidence of how we could make positive changes is supported by, and in some cases being overtaken by, significant progress in a number of different technologies over the last decade.

Being able to understand and respond to disruptive technologies will be an essential part of future strategy.

Bicycles

Dockless bike hire

Bike hire schemes have been around for a long time, and have increased in popularity and visibility in the last decade with schemes such as 'Boris bikes' in London. However, the cost to set up such schemes are high, and they rely on people finding docks near the start and end of their journey.

More recently 'dockless' bike schemes have started to appear, firstly in South East Asia and now in Europe.[107,108] These schemes do not require docks, with users finding the nearest available bicycle through a smartphone app, and leaving the bike at any convenient location near their destination. The schemes are run directly by the bicycle hire company, with no investment required by the host city. While promising increased convenience for residents with no startup cost for the city, there have been concerns voiced by city authorities, principally where large numbers of bicycles have been discarded or left in inappropriate locations. Working with scheme operators to agree an approach which benefits local residents and addresses concerns would be a win-win for local authorities and the private firms.

> Bicycle sharing schemes including bike hire and pooled bicycles increase the availability of bicycles

More broadly, other bicycle schemes such as pooled bicycles at workplaces, peer-to-peer sharing of bicycles, and workplace bicycle purchase schemes also offer ways to increase the availability of bicycles.[109]

E-bikes

One of the barriers for people taking up cycling, especially in more rural areas where journeys may be longer and hilly, is the physical effort required to cycle. E-bikes offer power assisted cycling with power provided by a rechargeable battery integrated into the bike. Pedalling is still required to move the bicycle, but the motor assists when there is significant resistance such as a hill.

E-bike technology is improving and coming down in price rapidly, and is a price-competitive option for personal ownership, bicycle hire or shared bike schemes.

Car pooling and sharing

Car pooling, where individuals use a shared car (e.g. operated at their workplace, or with other residents in a local area), aims to reduce the number of journeys made by car while maintaining access when required. For example, if staff in an office need to make house visits or journeys for meetings during the day by car, a car pool would enable them to commute to work by public transport, then use a pooled car when required during the day.

Pool car systems can be locally organised, or large providers including some car hire firms offer this service. Prioritising parking for pooled cars encourages their use. Smartphones have enabled car pool systems to be used in residential areas, with residents locating the nearest pool car through an app when they make a journey for which they need a car.

Car sharing schemes aim to put co-workers in touch who live near each other, to help them save fuel and reduce emissions by sharing journeys on the same route.[22]

Real-time pollution monitoring

Technology to monitor pollution is becoming cheaper and more portable. A personal monitoring device is already available which costs less than £50, CleanSpace.[110] An accompanying app tracks your exposure to carbon monoxide during your daily journeys (a measure of vehicle exhaust exposure), presenting you with a summary of your journey on a map. This allows people travelling by foot or bicycle to avoid particularly polluted areas for future journeys.

Although delayed in its development and implementation, a system is due to start imminently in Swansea (Nowcaster) which will monitor air quality and divert drivers via electronic signs when pollution is above a certain level.[111]

Ultra low emissions vehicles

Cars

Reducing emissions from vehicles is important to improve air quality and reduce harmful greenhouse gas production.

The most developed ultra low emission technology currently available is the battery electric vehicle (EV), with charging infrastructure and vehicle ranges improving rapidly. The car industry is undergoing rapid change, with the number of manufacturers launching pure EVs rapidly increasing, and Volvo recently committing to all new models being hybrid or pure electric from 2019.[112]

> The car industry is undergoing rapid change, with the number of manufacturers launching pure EVs rapidly increasing

To further stimulate a transition to EVs, the rollout of charging facilities needs to continue, and particularly address charging where off-road parking isn't available. For example, there are now trials in London and elsewhere in the UK of EV charging from streetlamps.[113] For transitional uses where current driving range and charging infrastructure is insufficient, plug-in hybrid models offer significantly lower emissions and fuel consumption than pure ICE vehicles.

Did you know...?

Electric vehicles aren't new. The first production electric vehicle was built in 1884, over 20 years before the Ford Model T started production in 1908

A number of cities across the UK are now incentivising or mandating taxis to be plug-in hybrids or pure electric vehicles, including London where all new taxis presented for licensing from 1 January 2018 will need to be able to travel at least 30 miles with zero emissions.[114] A UK Government plug-in taxi grant has also been introduced to incentivise electric taxis, and taxi charging infrastructure is being subsidised in 10 cities.[115] Fleet-owned vehicles are another opportunity for

introducing ultra low emission vehicles. A number of NHS organisations in the UK including acute trusts and ambulance services have already started introducing electric vehicles to their fleets,[116,117] and Royal Mail has started trialling electric delivery vans.[118]

Box 4. Moving to cleaner energy sources

Switching to zero emissions vehicles is an important contribution to reducing local air pollution. Electric vehicles are inherently 3-5 times more efficient in their use of energy than internal combustion engine (ICE) vehicles.[120] However, to reduce wider air pollution and carbon emissions, it is important that the transition to EVs is accompanied by the continuing decarbonisation of the UK electricity grid, through increasing use of renewable energy sources.[53,95]

There is an opportunity to marry some new demands for energy with generation at the point of use, such as through solar car parks,[121] or e-bike charging stations. Wales is currently generating around 9,000 gigawatt hours of energy from renewable resources, with this figure rising.[60]

> A number of cities across the UK are now incentivising or mandating new taxis to be electric

While EVs certainly help in reducing local air pollution, they do not eliminate it altogether (due to particulates produced from tyre wear), and do nothing to improve physical activity rates, so measures to move people to active travel and public transport are still essential.[119]

Buses

Buses are a major source of pollution, particularly older diesel vehicles. Newer technology (such as Euro VI diesels) have much lower NOx emissions than previous generations of engines. Cardiff Bus has recently purchased ten Euro VI models.[122] Bus fleets elsewhere in the UK have also introduced hybrid, plug-in hybrid and full electric buses into their fleets.[32] While converting an entire fleet may be expensive, this could be done over time, with the busiest routes converted first; and with costs of conversion being directly subsidised by levies on polluting vehicles.

Retrofit technology for buses has been taken up extensively across the UK, with around 3,000 older diesel buses retrofitted with selective catalytic reduction (SCR) to reduce NOx emissions by over 90%, reductions which have been confirmed in real-life testing by Transport for London (TfL).[32] TfL alone have retrofitted over 2,100 buses with SCR.

> Retrofitting buses can reduce NOx emissions by 90%

Another option in some cases would be to replace bus routes served by polluting buses with electrified light rail services.

Box 5. Cardiff Capital Region Metro proposals

A £1.2bn City Deal was agreed in March 2016 covering ten South East Wales local authorities, including a substantial investment in a Cardiff Capital Region Metro integrated public transport system. The details of the Metro are still being worked through, but the proposal includes electrified rail; integrated transport hubs; park and ride facilities; light rail and/or bus rapid transit routes; better integration across modes and operators; and active travel interventions.[123] The City Deal also included a commitment to electrification of the Valley Lines rail network by 2023.[5]

Trains

Diesel trains are also responsible for high levels of pollutants. Electrification of lines will reduce the use of diesel locomotives, but can be very expensive to roll out. This is planned already for the main line to Cardiff,[124] although a previous policy to extend electrification further west has recently been cancelled. Trials have suggested that battery-operated locomotives may be able to provide a solution for areas where electrification is too costly.[31]

Home working and remote meeting technology

A further alternative to car-based travel to work or during work time is avoiding travel altogether by making use of remote technologies. This includes home working but also a reduction in travelling during work hours by substituting face-to-face meetings with teleconferences or videoconferences.

While homeworking and remote meetings are only suitable for some roles, some of the time, they are nonetheless important options as part of an overall solution. Homeworking one day a week, for example, is likely to reduce transported-related air pollution and carbon emissions for an employee by one fifth.

Using data to analyse gaps in public transport

There is now a huge amount of anonymised data collected at a population level on people's movements, using information from smartphones. This data can be used to improve public transport. The makers of a popular transport app, CityMapper, used data in London to identify gaps in existing routes and have now set up a night bus route to meet this need. [125]

Technology on the horizon

Improvements in electric vehicle technology

The range and affordability of electric vehicles is increasing rapidly, with most major manufacturers now planning to release EVs within the next 1-2 years. Prices of EVs are expected to fall progressively.

Increases in EV uptake rates will require the introduction of smart charging technology to avoid overloading the electricity grid, for example by scheduling charging at various points overnight to even out demand.

Technology to allow on-the-go charging of vehicles ('dynamic charging') through the road surface, is already being trialled in South Korea and the US.[126] This has the potential to allow public transport vehicles to stay in service while charging.

Autonomous and connected vehicles

While some vehicles already available connect to the internet, the scope and nature of this connectivity has the potential to evolve further over the coming years, with cars communicating with traffic lights or other cars, to better understand local traffic conditions, pollution levels, and to avoid collisions.[127]

Self-driving cars are on the verge of becoming a reality due to improvements in sensors and advances in artificial intelligence. Cars are already on the market which can brake by themselves to avoid collisions, park themselves, and drive autonomously on motorways. Major manufacturers plan to have almost fully autonomous cars on the road within the next 4 years.[128] Autonomous freight vehicles are also planned.

> Major manufacturers plan to have high automation cars on the road in the next 4 years

The potential impact of autonomous or driverless vehicles within the next 10-15 years is noted in the Welsh Government Future Trends report.[71]

Within the context of an integrated transport system, perhaps the biggest potential for autonomous vehicles is a role in 'mobility as a service'. This would see autonomous vehicles running a fixed route, or being summoned on demand (essentially a driverless taxi), and could help plug holes in public transport coverage. Driverless pods have been used at London Heathrow airport for over 5 years now, and are now being trialled in Greenwich.[129] Car-sharing technology firms such as Uber, which are already having a disruptive impact on the transport sector, are also trialling autonomous technology.[130]

As the technology matures, autonomous vehicles have the potential to have a broad range of impacts, from improvements in road safety, to reducing personal car ownership, and impacts on jobs in the transport industry.

How health and well-being could improve

Encouraging walking and cycling, and reducing air pollution, should result in significant improvements in cardiovascular health, rates of diabetes, overweight and obesity, falls, cancer and mental health, as well as overall increases in life expectancy.

For example, increases in physical activity result in a reduction in the overall death rate by up to 30%, a 20% to 35% lower risk of cardiovascular disease and stroke, a 30% to 40% reduction in type 2 diabetes, a 30% lower risk of falling among older adults, a 30% lower risk of colon cancer and 20% lower risk of breast cancer, and a 20-30% lower risk of depression and dementia among adults.[93,131-133]

Other benefits include reductions in low birth weight babies, reduced staff sickness absence and improved productivity, and increased time children spend playing outdoors.

The time is right for change

A number of opportunities exist through legislation, national and local policy, and a gradually changing culture around the use of cars, which make now the time to act. This chapter describes the main opportunities we need to seize.

Bringing about cultural change in our communities and large organisations will not take place overnight. Using existing tried and tested approaches to change such as continuous improvement methodology, and making the most of the opportunities posed by disruptive technologies, will need to be fundamental to our approach.

Legislation

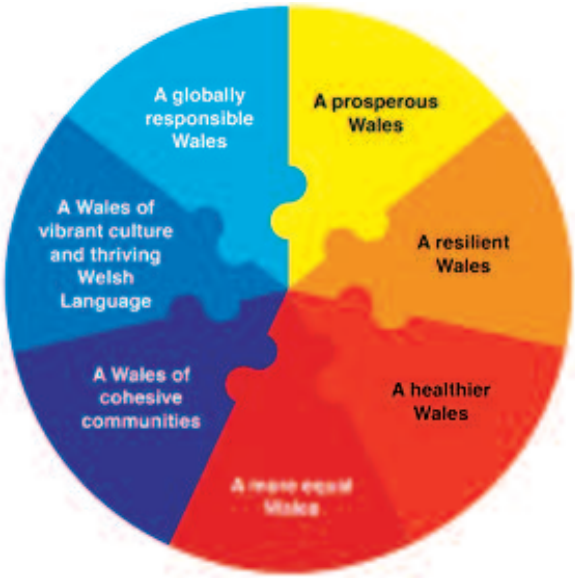
National

Four key pieces of legislation have recently been passed in Wales which pertain to improving health, well-being and environmental sustainability (see Box 6).

Box 6. Recent Welsh legislation relevant to sustainable travel, health and well-being

Well-being of Future Generations (WFG) (Wales) Act 2015[134]	Introduces duties on public sector organisations in Wales to take into account future generations when planning services and making decisions
Active Travel (Wales) Act 2013[135]	Makes it a legal requirement for local authorities in Wales to map and plan for suitable routes for active travel, and to build and improve their infrastructure for walking and cycling every year.
Environment (Wales) Act 2016[136]	Places a duty on Welsh Ministers to ensure that the net Welsh emissions account in 2050 is at least 80% lower than the baseline.[a55]
Public Health (Wales) Act 2017[137]	Introduces a duty to carry out Health Impact Assessments

Figure 5. Well-being goals established under the Well-being of Future Generations Act



The WFG Act set up public services boards (PSBs) in each local authority area with a duty for members to act together and individually to meet challenges in the area identified through a well-being assessment. The WFG Act, and its implementation presents a significant opportunity in addressing the issues highlighted in this report.

The Future Generations Commissioner (FGC) role is to act as an advocate for future generations and guide implementation of the WFG Act. Of the top seven priorities listed by the Commissioner in office, five are directly related to the issues discussed here: City Region Deals, integrated transport systems including South Wales Metro, prevention, early years, and climate change.[138] Separately, the FGC has reiterated the requirement for urgent action on climate change.[139,140]

International

Internationally, the UK is a signatory to the 2015 Paris Agreement on climate change. This legally binding agreement commits the UK to take significant steps to reduce greenhouse gas emissions to restrict global warming to less than 2°C, with an aim of 1.5°C maximum warming.[141] For the UK to meet its obligations under the Paris Agreement a significant reduction in emissions from road transport will be required.

Strategy and policy

There are a number of strategies and policies relevant to the issues described here. International and national strategies are listed in Box 7, and local strategies in Box 8. A description and reference for each is given in the Appendix.

In addition to the local strategies shown, each public sector organisation has an active travel strategy; and an air quality strategy is currently being developed for Cardiff.

Box 7. Key international and national strategy and policy

UK plan for tackling roadside nitrogen dioxide concentrations
Real Driving Emissions (RDE) regulations Office for Low Emission Vehicles (OLEV) grants
Town & Country Planning Association (TCPA) guidance: Planning for better health and well-being in Wales
Royal Town Planning Institute (RTPI) policy Local air quality management (LAQM) Wales guidance 2017
Manual for Streets
UN Convention on the Rights of the Child (UNCRC) and Rights of Children and Young Persons (Wales) Measure 2011
Public Health Wales (PHW) Well-being Objectives
Future Generations Commissioner for Wales – Draft strategic plan 2017-23

Box 8. Key local and regional strategy

Public Services Boards – Well-being objectives and plans
Regional Partnership Board – Area plan (in development)
Local Development Plans (LDPs)
Local Transport Plans (LTPs)
Shaping our Future Well-being
Cardiff Transport Strategy
Cardiff Cycling Strategy
City Region Deal

Culture change

The green shoots of a shift away from cars are starting to be seen. Residents in our area are keen to cycle more, take more physical activity, and want to see improvements in public transport.

Driving a car has become less popular among young people over the last few years, partly as a result of large increases in insurance costs, as well as the availability of ride-sharing apps such as Uber.[8] There has also been an increase in shoppers visiting high streets rather than out of town sites in Wales.[142]

Driving a car has become less popular among young people

While the car used to be an essential means to keep in touch with friends and relatives, the recent explosion in the use of social media, video calls and instant messaging, has made many of these journeys unnecessary.

Public transport accessibility for people with mobility difficulties has increased significantly over the last 10 years, with nearly all (94%) of buses now accessible in England, up 65% since 2005.[8] (comparative figures for Wales are not available).

Although petrol and diesel cars still dominate sales, ultra low emission vehicle sales are rising rapidly in our area, from below 20 vehicles sold in Cardiff and Vale each quarter three years ago, to over 300 now.[143]

Good practice locally

There are already some fantastic examples of projects which are paving the way for a brighter future in our area.

Cardiff and Vale University Health Board

There are a number of examples of good practice across the Health Board, including a new Park and Ride scheme for the Heath site (see Box 9); development of the Orchard at University Hospital Llandough, to encourage physical activity in a nearby green space; a bicycle purchase scheme; the establishment of a 'Park and Stride' scheme at Severn Road Primary School in North Cardiff, to reduce car emissions and hazards outside school gates; plans for an integrated bus hub at the UHW site, working with the local authorities; including ease of access by public transport and active travel in decisions around developing new health and well-being centres across the area; and the establishment of a group to review air quality data for schools to help promote active travel.

Box 9. Park and ride service for University Hospital of Wales

A new Park and Ride bus service has been introduced for the University Hospital of Wales, in conjunction with Cardiff Bus and the City of Cardiff Council. The regular bus service reduces traffic-related congestion and emissions on-site, helping to make the environment more conducive over time for active travel and pedestrians. Using the Park and Ride is cheaper for staff and visitors than parking on site.

Vale of Glamorgan Council

Vale of Glamorgan Council are keen to see their staff travel sustainably (see Box 10). The Greenlinks scheme in the Vale is a form of on-demand transport, enabling people without regular access to a car to make ad hoc journeys which are not served by the public transport network.[144]

Box 10. Helping staff travel sustainably

Vale of Glamorgan Council are taking the lead in encouraging their staff to travel sustainably. Their approach includes provision of pool bikes to get between nearby offices; pool cars; and a travel expenses policy which encourages short journeys to be made actively.

City of Cardiff Council

In addition to the ambitious Cardiff Transport Strategy,5 there are a number of projects encouraging people to ditch their cars in Cardiff. These include street play (see Box 11); a programme to encourage active travel among staff who work at County Hall; Cardiff shared car scheme; and the ongoing development of a local air quality strategy.

Box 11. Encouraging street play

Ely and Whitchurch in Cardiff saw streets closed on 2 August 2017 to allow safe play for children in a residential area. The events, organised by Play Wales and following the 'Playing Out' model, with the support of the City of Cardiff Council, are hoped to be the first of many such examples, allowing children to get outdoors and get active, reducing screen time and increasing physical activity. Children were encouraged to come together to play on the street along with their families and bring their scooters, footballs, chalk and skipping ropes.

Cardiff resident and mother of two, Toni Morgan said 'I wanted to kick start the project in my street as I was aware of the many families living in the street, however I had never actually encountered any children at any time playing outside in the three years of living here.'

Other examples

Public Health Wales Environmental Health is working closely with public health teams and councils across Wales to foster closer collaboration between local specialists to improve local air quality, and has played a key role in raising the profile and awareness of air pollution as a health issue in Wales. Information on air pollution for primary and secondary schools in Wales is being developed,145 based on experiences in Scotland and Northern Ireland.

Seizing the day: a vision for Cardiff and the Vale

What future do we want for ourselves and our communities? A vision is presented here around five key themes, showing what we could achieve in Cardiff and Vale.

Active travel is the default for short journeys	Built infrastructure consistently enables and promotes walking and cycling as the default for short journeys
	Residents including schoolchildren routinely travel by active means for short journeys
	Active travel is routinely raised and promoted at key life points for residents and staff in Cardiff and Vale
	Employers positively encourage active travel, recognising benefits in staff well-being, sickness absence, and productivity
	Infrastructure developments for active and sustainable travel are funded through ring-fenced charges on polluting transport
	Local businesses support active travel by customers
	There are one or more annual car-free days co-ordinated across Cardiff city centre and Vale towns
	Some journeys for work are avoided by using remote technologies
There is a well used, fully integrated transport system	There is a comprehensive public transport system with timetables and ticketing integrated across travel modes
	Residents routinely travel by public transport (and/or active travel) for journeys over 2km within the region
	There is a steady decline in private car use for commuting and leisure
Well connected, active and social communities	20mph town and city-wide speed limits are introduced throughout the region
	The planning system and people moving into the area recognise the importance of walkability of residential and mixed use areas
	Children regularly play safely in residential streets
	Green space (including trees) is protected and enhanced, with good access to areas by active travel and public transport
	Communities are more cohesive, with increased social networks on streets
	Improvements in active travel and air pollution are seen first in our most deprived communities
	There is an ongoing re-vitalisation of local high streets for shopping and leisure, with these locations chosen by local shops and national chains in preference to 'out of town' areas

Transport emissions are significantly reduced	Low emission buses, trains, taxis and public sector fleets
	There are one or more low emission zone(s) in Cardiff
	There is a comprehensive charging infrastructure for electric vehicles
	Public awareness of local air pollution is high
	'No idling' zones are introduced around all schools and health facilities in Cardiff and Vale
	Local planning principles include expectations around reducing private vehicle use and ownership, and promoting ultra low emission vehicles
	Decarbonising transport is accompanied by an increase in locally generated renewable energy
Cardiff and Vale are leaders in this field	Cardiff and Vale is recognised as an exemplar for active travel and reducing car use within the UK and internationally

This is a summary of a more detailed vision which has been prepared for this report.

The potential impact...

The impact of achieving our vision	What this could mean for us...
Reduced illness and deaths from cancer	30% lower risk of colon cancer & 20% lower risk of breast cancer
Reduced illness and deaths from cardiovascular disease and stroke	20-35% fewer cases
Reduced rates of overweight and obesity	Decrease in BMI of 0.3-0.45kg/m^2
Reduced type 2 diabetes	30-40% fewer cases
Improved mental well-being	20-30% lower risk of depression and dementia
Reduced rates of falls among older adults	30% less risk
Reduced sickness absence	46% reduction if people cycle to work
Improved employee productivity	15% increase in concentration, reductions in stress
Increased retail sales	30% increase in retail sales
Other benefits...	Reduced inequality in life expectancy between most and least deprived areas
	More cohesive communities and reduced loneliness
	Reduced air pollution and lower carbon emissions contributing to global warming
	Reduce demand for health and social care services

References: 50,51,53,58,59,93,98,100,132,133,146-148

Everyone playing their part: what we need to do together

We have set out a bold vision of the future locally. This vision is entirely achievable; indeed many aspects of it are already a reality in cities such as Amsterdam; and other European cities including Hamburg and Madrid have set out plans to drastically reduce the number of cars in them in the next 20 years.[149]

To make a significant and sustained improvement in our health and well-being we need to take decisive action now and over the next 5-10 years. Doing so will mark out Cardiff and the Vale of Glamorgan as leaders in this field in Wales and across the UK. The public sector has a vital role to play in leading and modelling behaviours.

Throughout the chapters we have suggested many actions which will make a lasting difference in improving health, by making active and healthy travel the norm in our communities. The most important and achievable actions are highlighted below.

Who	What should be done
City of Cardiff Council and Vale of Glamorgan Council	**(a) Accelerate improvements to infrastructure to support active travel and low emission transport** • continue improvements and ongoing development of dedicated walking and cycling infrastructure, prioritising deprived areas first • provide access to local green spaces by active travel • maximise opportunities presented by Metro programme, including in rural areas • introduce bike hire schemes (including e-bikes) • consider widespread introduction of 20mph zones • increase electric vehicle charging infrastructure, particularly for areas without off-street parking • reject planning proposals which have an adverse impact on walking or cycling • support local renewable energy generation **b) Support staff to choose active travel** • encourage all staff to travel actively, to reduce sickness absence and increase productivity • visible senior leadership and role-modelling • assess opportunities at times of workplace moves • support employees preparing for retirement

	(c) Engage with the local community and businesses on the benefits of active travel • agree consistent communication across local public sector • emphasise increased customer spend in walkable areas • organise and promote co-ordinated car free days across the region **(d) Discourage unhealthy and polluting travel** • introduce 'no idling' zones outside all schools • consider gradual increases in public car parking charges to fund and accelerate improvements in active travel facilities and public transport • scope the introduction of a low emission zone in Cardiff, with any charges levied used to fund active travel and public transport improvements • introduce low emission pool cars for major sites where they are not already in place
Cardiff and Vale UHB	**(a) Accelerate improvements to infrastructure to support active travel and low emission transport** • work closely with local authorities to maximise opportunities for active travel to current and future sites, including links with new strategic cycle routes • introduce electric vehicle charging infrastructure • introduce pool bikes on UHW campus, and further improve off-road cycle routes through UHW site **b) Support staff and students to choose active travel** • visible senior leadership and role-modelling • encourage all staff to travel actively, to reduce sickness absence and increase productivity • assess opportunities at times of workplace moves • encourage healthcare students to travel sustainably, as future health leaders • support employees preparing for retirement **(c) Engage with our local communities on the benefits of active travel** • increase communications encouraging visitors to sites to use active travel and public transport • agree consistent communication across local public sector • promote and participate in co-ordinated car free days across the region • additional messages at key transitions, including new parents

	(d) Discourage unhealthy and polluting travel • introduce low emission pool cars for major sites • scope introduction of ultra low emission vehicles to fleet • review prices of staff car parking at congested sites. Changes in charging could directly fund improvements in active travel facilities and public transport
Cardiff and Vale Local Public Health team	**(a) Prioritise promoting healthy travel in the public health work plan** • identify promotion of active travel and addressing air pollution as cross-cutting themes in workplan • include active travel and air pollution references and actions in Making Every Contact Count • agree suitable performance indicators to measure progress and impact **(b) Work with partners to promote healthy travel** • work with PHW Environmental Health to produce local geographic maps of air pollution exposure, including exposure at schools and health sites • take action in response to forthcoming guidance from Welsh Government and PHW on addressing local air quality • work with Cardiff and Vale Healthy Schools Schemes to review air pollution levels around schools, to engage in conversations with staff and parents around active travel and impact of bringing cars to school gates • consolidate and strengthen links between Local Public Health team and local authority planning and transport departments, including in developing LDPs and the Health Board IMTP, to support action on active travel and air pollution **(c) Engage with our local communities and businesses on the benefits of active travel** • engage with Employers' Network • support the development and promotion of co-ordinated car-free days across our region
Public Services Boards	Identify actions relating to active travel and air pollution which would benefit from a co-ordinated approach across the partnership, e.g. active travel support for staff, car-free days, joint procurement of low emission vehicles Agree key public messaging across the public sector in Cardiff and the Vale on the rationale and health benefits associated with increased active travel, reducing car use, and low emission transport

	Provide visible senior leadership and role modelling at a PSB and organisational level to promote active travel
Current and future bus and train operators in Cardiff and the Vale	• Provide clean, frequent and reliable services across the network • Transition to low emission buses / electric trains • Provide routine space for carrying bicycles on buses/trains, including key routes at busy times and in rural areas • Support the introduction of integrated ticketing across travel modes • Make data available to support real-time travel information
Public Health Wales (national)	Support local campaigns to increase active travel and reduce air pollution through • standard promotion materials • support to produce local air pollution profiles with map of area highlighting schools and health facilities • continuing national leadership on active travel and air pollution as health issues
Welsh Government	**(a) Consider policy changes to support healthy travel** • make it easier for residents and local authorities to make temporary street closures to encourage children's outdoor play • prohibit secondary schools from offering car parking places for pupils who live within 2km of the school, except if they are disabled • consider allowing Local Health Boards to introduce proportionate parking fees for staff where alternative modes of transport are available, in order to incentivise appropriate active travel and public transport use • review NHS travel expenses policies to ensure they promote active travel where appropriate, for example by not routinely reimbursing for distances <2km **(b) Consider further legislative changes to support healthy travel** • introduce legal requirements for public transport operators to participate in region-wide integrated ticket programmes • introduce legal requirements for large public sector organisations to have sufficient cycle parking spaces (e.g. a minimum specified ratio of spaces per employee) **(c) Engage with citizens across Wales to encourage healthy travel** • undertake a national communications campaign to improve the image of active travel

Appendix

Summary of relevant strategies and policies

International and national strategies and policies

UK plan for tackling roadside nitrogen dioxide concentrations[28]	Defra and DfT plan to reduce NO2 emissions. Includes proposal for a Clean Air Zone framework for Wales, suggesting Cardiff may be one of the first areas to implement, by 2021; also guidance to be issued to Directors of Public Health and Local Authorities to support delivery of LAQM plans; and schemes to encourage bus retrofitting and electric taxis. Also commits that UK Government will 'end the sale of all new conventional petrol and diesel cars and vans by 2040'
Real Driving Emissions (RDE) regulations	Requirement for vehicle manufacturers to ensure real world NOx emissions are controlled across a range of driving conditions, from September 2017.[28]
Office for Low Emission Vehicles (OLEV) grants	Grants available from UK Government for local authorities to support on-street charging,[150] and for employers, including the public sector, to support workplace charging[151] for staff and fleet vehicles
Town & Country Planning Association (TCPA) guidance: Planning for better health and well-being in Wales[98]	This guidance was developed in conjunction with Public Health Wales and the Wales Health Impact Assessment Support Unit. It sets out opportunities for public health to work with planning, for each to positively influence the others' work programme using their area of expertise.[98] It also recommends using the Director of Public Health Annual report to tackle unhealthy environments.
Royal Town Planning Institute (RTPI) policy[152,153]	Policy paper on transport infrastructure investment, including challenge to integrate schemes to encourage inter-modal transport
Local air quality management (LAQM) Wales guidance 2017[154]	Guidance for LAQM in Wales in light of the WFG Act. Specifically, LAQM should not be carried out to seek short-term solutions; and should be carried out in an integrated way to find solutions to related outcomes including reduced carbon emissions and healthier lifestyles. Also recommends LA and public health should work together to reduce health risks and inequalities; and special consideration should be given to long-term risks of exposure by babies and children, including in homes, schools and nurseries, and travel between these locations

Manual for Streets[155]	UK Department for Transport guidance on designing streets. Recognises a user hierarchy which places pedestrians and cyclists above cars, explained more in Making Space for Cycling.[156]
UN Convention on the Rights of the Child (UNCRC)[157] and Rights of Children and Young Persons (Wales) Measure 2011[158]	Rights of children applicable under international law and domestic law in Wales. Article 31: Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities. Article 24 includes the right to a safe environment
Public Health Wales (PHW) Well-being Objectives[159]	Objectives required under the WFG Act. One of the 7 well-being objectives is to 'maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales'. Giving children opportunities to play and learn in a healthy and safe environment is another objective.
Future Generations Commissioner for Wales - Draft strategic plan 2017-23[140]	Sets out four key purposes for the plan period. Includes highlighting the big issues facing future generations – the first of four being climate change, for which the focus should be reducing emissions and tackling impacts.

Local and regional strategies

Public Services Boards – Well-being objectives and plans	Well-being assessments and plans are required for each local authority area under the WFG Act, overseen by the local PSB. In the Vale, the objectives in the draft well-being plan focuses on four priority areas, including giving children the best start in life, and protecting, enhancing and valuing the environment, and tackling inequalities.[160] In Cardiff, the draft objectives include resilient growth, giving children the best start in life, tackling poverty, and caring for older people (including tackling social isolation).[161]
Regional Partnership Board – Area plan	An assessment identified needs including social isolation and loneliness; insufficient physical activity; and accessibility to green space. An Area Plan is being developed to respond to the assessment.

Local Development Plans (LDPs)	Cardiff's LDP was adopted in 2016 and includes a commitment to over 40,000 new homes and a similar number of new jobs; 162 specific aims include to reduce reliance on the car, by improving travel choices for communities, integrated travel, orbital rather than radial bus networks, and improved traveller safety. Achieving a 50/50 modal split is described as a necessity for the transport network to cope with growth. It also sets out plans to retain and protect trees and green infrastructure in the city. The Vale LDP was adopted in June 2017 and includes improvements to walking, cycling and public transport infrastructure (including a proposed coastal cycle route, NCN 88, running east/west through the Vale), modernising the Valley rail line as part of the Cardiff Metro, and identifying areas for potential renewable energy regeneration.[163]
Local Transport Plans (LTPs)	The Vale LTP promotes a shift from car use to sustainable travel, including increasing the number of cycle routes and encouraging integrated transport as the Vale of Glamorgan railway line is electrified. Where active travel is difficult due to the rural nature of the Vale, public transport accessibility will be enhanced.[164] The Cardiff LTP promotes a shift away from hub and spoke bus lines to a grid system, which links communities better and prevents all traffic having to go through the centre of the City.[165] The supporting masterplanning principles laid out by Cardiff Council recommend high density residential and mixed-use development along public transport corridors; and providing strategic walking and cycling corridors.[166] Streets will give priority to pedestrians and cyclists, and infrastructure should enable easy interchange between and active travel and public transport. All residents will be within easy access of off road paths. Varied green space open corridors will be provided.
Shaping our Future Well-being	Cardiff and Vale UHB's 10 year strategy prioritises prevention as a key theme, keeping people well for longer.[81] It also aims to support people to choose healthy behaviours and reduce health inequalities; and also be an excellent employer to work for. Air pollution, obesity and physical activity are recognised as key issues in the population profile in the Health Board's integrated medium term plan.[167]

Cardiff Transport Strategy Cardiff Cycling	The Cardiff Transport Strategy sets out an ambitious aim to create a modal shift to a 60/40 split of sustainable travel compared with car use by 2026, preceded by a 50/50 split in 2021.[5] The strategy includes commitments to a city-wide cycling network, central cycle parking hub, transport interchanges at strategic points throughout the city, green bus technologies, integrated ticketing, and support for car clubs. This follows on from a laudable decline in city centre traffic of one quarter (26%) between 2004 and 2014
Strategy	The draft strategy sets out a vision of a city where cycling is normal, practical and safe for short trips, for people of all cycling abilities, and to double the number of cycle trips by 2026. Sets out plans for two primary route corridors in Cardiff – North/South and East/West; and promoting cycling in schools, workplaces, for shopping.
City Region Deal	A £1.2bn City Deal was agreed in March 2016 for 10 South East Wales local authorities, including a substantial investment in a Cardiff Capital Region Metro integrated public transport system. The City Deal also included a commitment to electrification of the Valley Lines rail network by 2023.[5] The details of the Metro are still being worked through, but the proposal includes electrified rail; integrated transport hubs; park and ride facilities; light rail and/or bus rapid transit routes; better integration across modes and operators; and active travel interventions.[123]

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Vale of Glamorgan Public Services Board
19th September 2017
Minutes

In attendance:		
Name	**Title**	**Organisation**
Cllr John Thomas (JT)	Leader	Vale of Glamorgan Council
Huw Jakeway (HJ)	Chief Fire Officer	South Wales Fire & Rescue Service
Mark Brace (MB)	Assistant Commissioner	South Wales Police and Crime Commissioner
Nadia De Longhi (ND)	Operations Manager	Natural Resources Wales
Fiona Kinghorn (FK)	Deputy Director of Public Health	Cardiff and Vale University Health Board
Rachel Connor (RC)	Executive Director	Glamorgan Voluntary Services
Stuart Parfitt (SP)	Chief Superintendent	South Wales Police
Darren Panniers (DP)	(Interim) Head of Operations (Cardiff and Vale)	Welsh Ambulance Trust
Cllr Mike Cuddy (MC)	Nominated Town and Community Council Representative	Penarth Town Council
Emil Evans (EE)	Vice Principal	Cardiff and Vale College
Anne Wei (AW)	Strategic Partnership and Planning Manager	Cardiff and Vale University Health Board
Huw Isaac (HI)	Head of Performance and Development	Vale Of Glamorgan Council
Helen Moses (HM)	Strategy and Partnership Manager	Vale Of Glamorgan Council
Lloyd Fisher (LF)	Policy Officer	Vale Of Glamorgan Council
In attendance for Agenda Item 4:		
Elen Keen	Team Leader, Housing and Community Regeneration	Vale of Glamorgan Council
In attendance for Agenda Item 5:		
Dr Suzanne Wood	Consultant in Public Health Medicine	Cardiff and Vale Public Health Team
Apologies:		
Rob Thomas (RT)	Managing Director	Vale of Glamorgan Council
Abigail Harris (AH)	Executive Director of Strategy and Planning	Cardiff and Vale University Health Board
Judith Cole (JC)	Deputy Director Workforce and Social Partnerships (Local Government)	Welsh Government
Peter Greenhill (PG)	Head of Local Delivery Unit	National Probation Service

	Actions
1. Welcome and Introductions JT welcomed everyone to the meeting and introductions were made.	
2. Apologies See above.	
3. Minutes of the Public Services Board 16th August 2017 The minutes of the previous meeting were agreed.	
4. Communities First Update The report circulated details of proposals for the use of the two funding streams being introduced by Welsh Government in 2018 when the Communities First Programme comes to an end. The two funding streams are a Legacy Fund and an Employability Grant which will be available for at least two years post Communities First. The Council acts as the lead delivery body in managing the Barry Communities First Cluster and in consultation with partners has developed proposals for how the funding could be used in the Vale. EK explained that the report had been brought to the PSB in line with Welsh Government guidance for the Communities First Legacy Fund. EK requested comments from the PSB on the proposed use of the Legacy Fund and whether it reflects the PSB's priorities for local well-being. The purpose of the Legacy Fund is to maintain some of the most effective Communities First interventions and projects and to ensure their retention beyond 2018. It has been indicated that an annual sum of £106,000 will be available to the Vale through the Legacy Fund. This compares to the £400,000 in funding received for this year's Barry Communities First programme. The second form of funding, the Employability Grant, is principally to secure the infrastructure required to support the Communities for Work Programme and to take forward the learning from the LIFT programme, which is targeted at those who have spent more than six months out of work or training. There will be a flexibility attached to funding in order to enable support to be given to individuals who are not currently eligible for the Communities for Work programme and to enable work beyond current Communities First area boundaries. Research is currently being undertaken to identify gaps in employability provision across the Vale in order to inform a business case for the Employability Grant and to ensure that proposals take account of local priorities and are aligned to existing local provision. Welsh Government guidance for the Employability Grant is in development, but the grant will be in the form of an entrustment, and will be more prescriptive than Communities First funding and the new Legacy Fund. The Employability Grant cannot be used to support management costs and non-person specific project costs and as a result these would need to be met through the Legacy Fund.	

EK advised that final guidance on the Legacy Fund has not yet been received and therefore the proposals have been shaped by the advice and guidance from Welsh Government to date. The proposals detailed in the report may need to be revised when the final guidance is published. The proposed use of the Legacy Fund is to build on existing projects to support people into employment. A key aspect of this will be the continued support for the Transitions Project that supports 10-12 year olds and their families who have been identified as needing support with the transition from Primary to Secondary School. Work will be aligned to the two Vale-wide transition posts currently supported by the Families First programme and provide added value to the current delivery model. The second project to be supported through the Fund would be to provide for the continuation of Communities First prosperity projects such as weekly job club and training sessions on specific skills which break down barriers and encourage further engagement and participation in 1-2-1 employability support. The third use of funding would be to support management and administration costs attached to the Communities for Work programme, the Legacy fund itself and the Employability Grant. Finally the fourth use of the funding will be to provide low level mental health support to help people access employment and training. EK clarified that as the Legacy Fund will not be large enough to support all existing Communities First projects and interventions, the projects that support healthy living, including, healthy eating, smoking cessation, sexual health and becoming more active, will cease. RC said that there had been some amazing achievements by the Barry Communities First team and it is a real shame that it must be scaled back to this extent. RC queried whether there had been clarification on how long the funding would be available for. EK clarified that funding has been made available for the next two years. HJ highlighted that a key question for the PSB is what they and their organisations can do to assist in the delivery of Communities First programme, for example the Fire Service involvement in the LIFT and Phoenix programmes. Addressing the issues of the scaling back of funding should be seen more as a partnership approach rather than a Local Authority issue. FK said that taking out the public health aspects of delivery in deprived communities will present a real gap in services and that it will be useful to discuss the scale of delivery at a local community level. The proposal for low level mental health support was however welcomed and it was suggested that conversations take place between the University Health Board's new mental health lead in order to join up provision. RC also stated that PavetheWay, a third sector project, could be aligned to mental health funding. ND welcomed the approach set out within the report, and enquired whether the PSB could move beyond the Barry specific focus so that projects become Vale wide. EK said that this funding does present an opportunity to look beyond Barry.	**EK/FK**

For example, it has been recognised that there is a lot of employability support in Barry, but that this provision does not necessarily extend to rural areas of the Vale such as St Athan. HJ enquired how we might take forward a more partnership focused approach to the Legacy Fund and Employability Grant proposals. HM suggested that these discussions could be integrated into wider discussions around the delivery of the PSB's Well-being Plan, and that the proposals outlined within the report would be complementary to discussions around the tackling inequalities and improving engagement and community involvement aspects of the Plan.	
5. Draft Cardiff and Vale Dementia Strategy SW introduced the draft Cardiff and Vale Dementia Strategy and gave a detailed presentation on the draft Strategy. The Strategy has been developed following the completion of a Dementia Needs Assessment undertaken from July 2016 to January 2017 and includes both quantitative and qualitative research. Consultation on the draft strategy closed on Friday 15th September but the PSB still has an opportunity to comment. SW informed the board that there is an ageing population across Cardiff and the Vale. The numbers of those diagnosed with dementia continues to grow but there is a need in Wales to optimise diagnosis as there is a disparity between the diagnosis rate in Wales and England. There is also a disparity between the place of death between those with dementia and all deaths, with a smaller proportion of dementia patients staying at home or in a hospice than for all deaths. Loneliness is a big issue, both as a cause and an aspect of dementia and this can be exacerbated by a lack of transport. A number of other issues were raised through qualitative research including kindness and compassion, better co-ordination of services, better care for carers, an inequality in access to services and an appreciation that dementia is everyone's business. A co-produced ten year vision for Cardiff and the Vale has been developed by the Strategy Steering Group and nine Strategic Objectives have been set. SW informed that the next steps in the development of the Dementia Strategy will be to respond to the feedback received through the consultation and engagement period. The Cardiff and Vale Strategy will then be launched following the publication of the national Dementia Strategy for Wales to ensure that the Strategy is reflective of any national priorities. FK explained that as part of the consultation period the draft Dementia Strategy was also taken to the meeting of the Health and Social Care Scrutiny Committee on 11th September. HJ was supportive of the approach that has been taken to develop the strategy and emphasised that data sharing will be essential in order to adopt a partnership approach to progressing the strategy. HJ asked whether there was an intention to share data with partners, especially data on dementia sufferers in order to support people in their own homes. SP also stated that data sharing between organisations, especially for the emergency services, will be very important. SW noted that the importance of data sharing could be more explicit within the strategy.	**SW**

RC stated that GVS has given a formal response to the consultation, and it should be noted that there is a carers directory to highlight the services that are available from both health and volunteer sectors. RC also highlighted that those with dementia can also be engaged to become volunteers themselves which can in turn help prevent issues such as social isolation. DP enquired how the sharing of best practice was being addressed, as the Aneurin Bevan Health Board has adopted a good approach. SW advised that best practice and innovation in the UK and wider within the EU was looked at as part of the Dementia Needs Assessment and some of these ideas have been taken forward into the Strategy. RC noted that old age doesn't necessarily come alone and that this can make it difficult to provide all encompassing support, but if we do not work to tackle this now then we may not be able to do so in the future. FK advised that the strategy highlights the importance of prevention. RC said that it will be important that this is considered a priority for the Regional Partnership Board to invest in prevention and tackle loneliness and isolation. HJ asked how engagement on the Strategy has been undertaken with seldom heard and Black Minority and Ethnic communities. SW advised that there is an awareness that there are higher risks of dementia in Afro-Caribbean and South-East Asian demographic groups. As part of the drafting of the strategy engagement was undertaken with Alzheimer Society groups and it is intended that this work with groups and communities continues once the strategy has been finalised.	

6. Environment Act Update

ND introduced an update on the progress of the implementation of the Environment Act and its links with the Well-being of Future Generations Act and the work of the PSB.

ND informed the PSB that in August Welsh Government published the Natural Resources Policy, which sets out the Welsh Ministers' general and specific policies for contributing to the sustainable management of natural resources. ND advised that Section 6 of the Environment Act established a new biodiversity duty on a number of public bodies who would also be involved in PSBs.

Although the Act doesn't place a statutory duty on the PSB itself, there is likely to be value in partners working together to develop their response to the biodiversity duty. There is an opportunity to do this through the draft Well-being Plan which includes protecting, enhancing and valuing the environment as one of the PSB's well-being objectives. It is important that partners take the opportunity to work together and consider our responsibilities regarding the environment and its contribution to our well-being.

ND advised that Area Statements will be produced as part of the Environment Act. There will be 7 Area Statements for Wales and the Vale will form part of the Area Statement for South Central Wales which also includes Cardiff, RCT, Bridgend and Merthyr Tydfil. The statement will identify risks and priorities in the management of these areas. ND emphasised that it will be important for the statements to be developed collaboratively, bringing together evidence from a range of partners. The statements should also stimulate action and collaboration around the management of natural resources.

HI said that the our duties under the Act and our objective to protect, enhance and value the environment highlights that the PSB now needs to start discussing how we put the Well-being plan into action.

FK noted that it would be necessary to find out who from the Health Board would lead on the Biodiversity duty; however, it is important that this is also taken forward collectively by the PSB.

MC asked about the rationale for the areas for the Area Statements. ND advised that the areas are large enough to be meaningful but small enough to manage and that the boundaries for the statements had been discussed at length to ensure that they will meet a range of needs.

7. Draft Well-being Plan

HI introduced the draft Well-being Plan which needs to be signed off to enable the 12 weeks consultation to commence. HI advised that the plan been had been informed by the Well-being Assessment, expert workshops and ongoing discussions with partners. The actions detailed in the draft plan reflect the areas where partners have identified there are opportunities for collective action and where the PSB can add value and improve local well-being.

The plan will complement the Area Plan being developed by the Regional Partnership Board and which focuses on care and support needs. The PSB were

asked to approve the plan for consultation and also the consultation programme which details the activities that will be undertaken during the 12 week consultation period. HM advised that where possible the consultation will be joined up with the consultation on the regional Area Plan and it will all be undertaken under the Let's Talk banner. HM also asked partners for their assistance with the consultation as it will require significant resource but also to send a clear message that this is a partnership plan. Partners endorsed the draft plan and executive summary, recognising that the consultation period would allow further scope to consider the commitments within the plan and how these could be refined and taken forward. There was support for the 2050 vision and for the approach taken in developing the plan. MC asked how questions about the delivery and impact of the plan would be dealt with during the consultation period. HI agreed that this is work that the PSB still needs to progress in terms of how the plan will be taken forward. HI also emphasised that due to demanding timescales for publishing the plan it is necessary to still consider it as work in progress and that the consultation period and feedback will provide an opportunity to reflect on how the PSB can work most effectively to deliver the plan. HM noted that other PSBs and Welsh Government are taking a view that the Well-being Plans at this stage will include actions that need to be developed further through discussions and potentially further research and analysis of the evidence in order to agree the best way forward and identify the most sustainable solutions. The consultation draft of the Well-being Plan is reflective of feedback that has been received from the Future Generations Commissioner and partners, and HM thanked partners for their input and support. HM said that the draft is slightly more detailed than was initially hoped and work will continue with regard to exploring different formats and how the final Well-being Plan will be published on-line to ensure it is accessible and engaging. It is recognised that different audiences will require different formats and levels of detail. FK said that when undertaking engagement activities queries may be raised around the place of older people within the Well-being Plan, and there will need to be a developed response that explains this easily. HM explained that although not specifically outlined within the draft Plan, older people are reflected across the four Objectives and also specifically within the Area Plan and the Strategy, and the partnership team will be working with the Area Plan team to align engagement activities. AW proposed that it will be important to signpost within our own organisations to promote engagement on the draft Well-being Plan. HM advised that a crib sheet and presentation are being developed to help partners to undertake engagement and promote consultation activities within their own organisations. JT thanked the PSB for their input into the draft Plan and it was decided that the Plan should be progressed for consultation.	

8. Any Other Business None raised.	
9. Date of next meeting 30th November 2017, Board Room, Dock Offices, Barry	

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Cyhoeddus Bro Morgannwg

Well-being Plan Timetable

Date	Action
19th September 2017	PSB approve draft plan
25th September – 20th December 2017	12 weeks Consultation
16th November 2017	Corporate Performance and Resources Scrutiny Committee
29th November and 6th December 2017	Stakeholder Workshops
December 2017 – January 2018	Editorial and final PSB comments on revisions
29th January 2018	PSB Meeting to agree plan for approvals process
15th or 29th January 2018	FAPM (Fire) Working Group
19th February 2018	Vale of Glamorgan Council Cabinet Meeting
XX February 2018	NRW sub-group meeting
28th February 2018	Vale of Glamorgan Council Meeting
13th March 2018	Cardiff and Vale UHB Strategy and Engagement Sub-committee
22nd March	NRW Board meeting
26th March 2018	Fire Authority Meeting
29th March 2018	Cardiff and Vale UHB Board Meeting
18th April 2018	PSB Meeting - Final sign off of Well-being Plan
April 2018	Design and Translation
May 2018	Publication

Vale of Glamorgan Public Services Board Calendar of Meetings 2018

Date and Time of Meeting	Venue
29th January 2-4 pm	Committee Room 2
18th April 2-4 pm	Committee Room 2
3rd July 2 – 4 pm	Committee Room 2
25th September 10 – 12 pm	Committee Room 1
27th November 10-12 pm	Committee Room 1

Vale of Glamorgan Public Services Board - 30th November 2017

Delivering the Vision: Leadership, Resources and Impact

1. Introduction

The purpose of this report is to inform a discussion about how the PSB develops over the coming years. This discussion will need to include:

- How the Well-being Plan is delivered
- How progress is monitored and reported
- How the PSB and its work becomes a recognised brand with the public and local organisations (including our own)
- How we maintain a strong evidence base to inform our work

The PSB has been established since May 2016, it has an agreed membership and terms of reference. It has published a Well-being Assessment and is currently consulting on the draft Well-being Plan which must be published by May 2018.

It is timely to consider what needs to be done to progress the work of the PSB and in particular the implementation of the Well-being Plan. The discussion will need to focus on responsibilities and resources and the role that all partners will need to play.

It is worth noting that in the recent feedback from the Future Generations Commissioner regarding the approach to the development of the Well-being Plan that the following was highlighted:

'As a PSB, it is important that you understand each other's motives and feel that the well-being plan reflects your shared vision for the future of the Vale of Glamorgan. I was pleased to hear that some members have taken their responsibility as a PSB member seriously and that you are trying to foster a culture of collaboration. In some PSBs, they have done this through giving members objectives they will lead on, which I advise you to consider as an option. As such, continuity of membership, as you seek to collectively take steps to meet these objectives is vital.

In order to gain this mutual understanding and respect of each other's professions, in some areas, PSB meetings are now PSB workshop sessions, taking place in each of the member organisation's workplaces or in a place relevant to the topic for discussion. With credit to your support officers, I am pleased to hear that you have started to adopt this method of meeting and I would encourage you to explore all options, which facilitate a better understanding of each other's work and opportunities for better integration and collaboration.

This leadership and mutual understanding at PSB permeates into the member organisations at all levels. I am keen to understand how different PSBs are supported across Wales and the impact that this has on well-being planning. Although not a 'water-tight' model, where support is multi-agency, this enables better resourcing of the PSB and, inevitably, allows easier integration between

organisations, departments and issues. Although I am encouraged that your support team work closely with officers in other organisations and have established an editorial group to work on the plan, in order to truly own this plan and ensure the steps you take are understood and undertaken by the member bodies of the PSB, you may want to consider closer working arrangements or more formal secondments and co-location.

As above, you should also consider how to involve 'unusual suspects' and the people you serve in your work to gain a much richer picture of the effective steps you can take to meet your draft objectives. Across Wales, it is important that we move away from seeing PSBs as a local authority-led committee meeting and an opportunity to deliver services that are rooted in the reality of people's lives and that will benefit the well-being of future generations. This will require you, people in positions of leadership, to play your part in helping to drive the changes needed. I hope you continue to lead an intelligence-based approach to finding different solutions to how things have been previously done. '

2. Current Position – Activities

At present the majority of the work has focused on the Well-being Assessment and Well-being Plan. PSB work to date includes:

Well-being Assessment

- Co-ordinating, drafting and engaging on the Well-being Assessment
- Translation of the Well-being Assessment and associated papers

Well-being Plan

- Co-ordinating, drafting and consulting on the draft Well-being Plan
- Translation of the draft Well-being Plan and associated papers

Performance Management

- Preparing progress reports on the Community Strategy Delivery Plan
- Maintaining a performance management system
- Preparing and translating the Annual Report

PSB Secretariat

- Organising and minuting PSB meetings and sub-group meetings e.g. Business Intelligence Group, Financial Inclusion Group, Improving Opportunities Board, Poverty Alignment Group
- Meetings with the Future Generations Commissioner, Welsh Government and attending PSB Officer network meetings
- Applying for the grant funding from Welsh Government and preparing monitoring reports
- Preparing reports for the PSB

Other Activities

- Attendance at sub-group meetings e.g. Business Intelligence Group, Financial Inclusion Group, Improving Opportunities Board, Poverty Alignment Group
- Maintaining the PSB web pages within the Council's website

- Information to support the work of the PSB e.g. NRW evidence pack for the WBA, 'How do we address health inequities? Should we be doing more' a paper prepared by the Cardiff and Vale Local Public Health Team.

3. Current Position - Resources

The issue of resourcing the work of the PSB was originally raised when the PSB was being established and it is worth noting what is stated in the statutory guidance for PSBS. The guidance states on page 10 that *'the local authority must make administrative support available to the public services board.'* This is considered to be *'ensuring the public services board is established and meets regularly; preparing the agenda and commissioning papers for meetings; inviting participants and managing attendance; work on the annual report and preparation of evidence for scrutiny.'*

The guidance continues '*it is for the board to determine how it will resource the functions it has to undertake, which are a responsibility of all the statutory members equally. It is for the board to determine appropriate and proportionate resourcing of the board's collective functions.'*

Partners have clearly participated in the development of the Well-being Assessment and draft Plan and have been involved in the necessary engagement and consultation. However the majority of the co-ordination, planning, drafting and 'making it happen' has rested with the Council. This will not be sustainable moving forward and it is timely for partners to consider how the ongoing work of the PSB should be resourced.

It is estimated that the annual cost to the Council for the first two years of the PSB has been over £100k. This is made up of a percentage salary and oncosts for posts within the Council's Strategy and Partnership Team and the Communications Team and also translation costs. The figure does not include any costs for venue hire, materials and refreshments associated with the various consultation and engagement activities undertaken in the past two years.

Resource/Activity	**Cost £**
2..5 FTE (across 4 posts) Undertaking a range of work including: Secretariat Engagement – planning, conducting, analysing and report preparation Well-being Assessment Well-being Plan Performance Management	£97,407 (salary and oncosts) per annum for 2016/17 and 2017/18
Average Welsh Translation Cost Per Annum (taking account of the costs of translating consultation materials, draft and final assessment and plan documentation and the Annual Report)	£5,192.88 in 2016/17 £2,424.96 in 2017/18 to date

Grant funding has been made available from Welsh Government on a regional basis for the financial years 2016/17 and 2017/18. This has helped resource some of the PSB's activities and has offset some of the costs incurred by the Council to date but future grant funding for PSBs is not known.

This funding represents less than 25% of the costs incurred. The funding has been utilised as follows.

2016/17 – Total £22,500	**2017/18 – Total £23, 376**
Data Gathering and Analysis - £17,500	Development of the Well-being Assessment evidence base and response analysis - £12,500
Engagement Activities £5,000	Engagement Activities - £5,000
	Response Analysis and Future Trends Work - £5,876

4. Establishing a Way Forward

Taking account of the work undertaken to date, resources available and the work that the PSB needs to undertake the PSB are asked to consider what they want to do and how they want to achieve it. It is also recognised that some partners sit on a number of PSBs.

The table below sets out some of the key activities that it is suggested need to be undertaken and partners are asked to consider how this work can best be taken forward. Some options for supporting the work of the PSB include:

- establishing a pooled budget to cover the costs of a project team
- seconding staff in to a team or to undertake a piece of work
- different organisations taking a lead on different activities and absorbing costs within their existing budgets
- looking to identify additional resources/funding.

It is likely that over time a combination of these approaches will be used as the PSB develops as a partnership and progresses with the delivery of the Well-being Plan. The tasks set out below reflect some of the issues that the PSB currently faces:

- Delivering the Well-being Plan
- Maintaining a robust evidence base
- Performance Management Arrangements
- Raising the profile of the PSB so it is a recognised 'brand'
- PSB secretariat
- Publication and translation of documents

Task	Proposed Way forward	Resources
Delivering the Well-being Plan In order to progress the plan further work is needed to determine who will do what at both a board member level and an organisational level.	It is proposed that for each objective a lead and deputy from the board are tasked with taking the work forward, working through how best to progress the activities and providing regular progress reports to the PSB. Some actions may sit with existing groups for others a Task and Finish Group may be necessary. It is not envisaged that a standing group should be established for each objective due to the wide ranging actions under each objective. The leads will either personally or through other relevant officers within their organisation need to identify a way forward, bring people together as necessary and challenge and monitor progress. The Council's Strategy and Partnership Team could at the outset produce a paper for each objective detailing the range of ideas/issues and thoughts behind the various actions to assist the leads in taking this work forward. This would include information from the WBA, self-assessment and engagement. They would also work with the leads to consider the potential groups/individuals to be involved and assist with initial arrangements. This would help kick start the process.	Lead organisations to arrange necessary meetings, allocate tasks and produce progress reports
Maintaining a robust evidence base This would include building on the well-being assessment, taking forward the issues raised by the FGC in her feedback report and	Revised terms of reference and membership of BIG to be tasked with collectively taking responsibility for progressing work around performance management and the WBA. This could be in the form of a network.	Different research/data tasks to be led by different officers/organisations from across the PSB Support from the Council's Policy and Research

ensuring that we enhance and develop the evidence available to the PSB. This could include further work on future trends, expanding the community profiles, looking at information against different age profiles and protected characteristics. This would help change the way we work, support the delivery of the Well-being Plan and assist with the next Assessment in 2021/22 There is also a need to develop a suite of performance measures for the Well-being Plan There is a clear expectation from FGC and WG that PSBs will continue to enhance and develop the WBAs. Work must also be undertaken regarding Future trends.	Chair of BIG/network to be a PSB member who will take an active lead. BIG could be commissioned to undertake pieces of work to enhance the WBA and inform the actions under each objective. Where necessary specific pieces of work may need to be commissioned where the capacity and or skills are not available through the PSB. Each PSB member would nominate an officer from within their organisation to participate in this work and to be the first point of contact.	Officer e.g. to maintain a PM system and work with partners on identified tasks and overall co-ordinate the WBA.
Annual Review and Report	Strategy and Partnership team to work with objective leads and BIG chair to develop an approach and collate information.	Work to be undertaken by all the statutory partners and co-ordinated by the Strategy and Partnership team
Reviewing Existing Sub-Group Structures To determine which partnership groups should remain	In light of the content of the Plan and existing workstreams it is proposed that: Safer Vale – to remain but to be challenged with adopting the 5 ways of working and demonstrating how they contribute to the PSB objectives Children and Young Peoples Partnership (CYPP) – Management Boards exist for Flying Start and Families First so this board may no longer be necessary Business Intelligence Group (BIG) – Membership and terms of reference to be revised as above	Strategy and Partnership Team to liaise with Safer Vale leads Strategy and Partnership Team to undertake a piece of work in conjunction with objective leads.

	Improving Opportunities Board (IOB) – Potentially no longer needed but members of the IOB to be canvassed for a view. Financial Inclusion Group (FIG) – Potentially no longer needed in current form of quarterly meetings but possibly move to a network with two meetings a year. This could support the work of the inequalities objective Poverty Alignment Group (PAG) – to continue with the involvement of the lead organisation for the inequalities objective.	
Website and raised profile The current PSB pages are on the Council's website as such they do not have a distinct identity and potentially confuse people about who/what the PSB is.	It would be possible to develop these pages within the Council system but to be a stand alone website with a distinct look and potentially to be more interactive. It is also proposed that the PSB has a separate social media profile so that for example tweets are clearly PSB and not Council tweets. Option 1 – stay the same but no cost and issues remain Option 2 – Developed within the Council system £2k for the licence and £400 per annum for maintenance. This would have the support of the Council's system but be a stand alone website with a separate identity. PSB partners to contribute to costs. Option 3 - Another partner takes over the development and running of the website and social media and absorbs the work and costs	Officer time – Council Officer time – Council Council willing to cover licence cost but contribution to annual costs would be welcome. Officer time and any licence/maintenance costs absorbed by lead organisation
Translation Costs Key documents and communications must be translated in to Welsh**.**	Option 1 This cost could be shared across all or just the statutory partners – to be billed quarterly	Example costs: Annual Report £584 Draft WB Plan £1071.36 (£80 per 1,000 words)

	Option 2 Partners could take it in turns to arrange for/pay for translate documents and absorb the costs. Option 3 A partner volunteers to arrange all translations and cover all costs.	
PSB Secretariat	The Council must arrange meetings and therefore will continue to perform this role.	Council to absorb costs within role of the Strategy and Partnership team

5. <u>Discussion</u>

- How do we resource the work of the PSB and deliver our plan?
- How do we share out responsibilities across partners?
- Some PSBs are undertaking some work around behaviour change across the PSB – do we need to do this? If so what would be a useful approach and how should we resource it?

Vale of Glamorgan Public Services Board Work Programme 2016/17	
Future Meetings	
Meeting Dates	**Agenda Items**
30th November 2017	Well-being Plan update Director of Public Health Report Calendar of Meetings for 2018 Engagement on Major Trauma Services in South Wales Shaping our Future well-being in our community Delivering the PSB Vision – Leadership, resources and impact
Past Meetings	
Meeting Dates	**Agenda Items**
19th September 2017	✓ Draft Dementia Strategy ✓ Communities First ✓ Environment Act Update ✓ Draft Well-being Plan
16th August 2017	✓ Draft Well-being Plan ✓ PSB Annual Report ✓ Collaboration between Fire and Rescue Services and Health and Social Services in Wales ✓ Strong Communities Fund ✓ Business Intelligence Group revised terms of reference
13th June 2017	✓ Invitation to participants ✓ Appointment of Chair ✓ Review of Terms of Reference ✓ Well-being Objectives and Plan
9th March 2017	✓ Agree revised Well-being Assessment ✓ Well-being Plan workshop
31st January 2017	✓ Youth Employment in public services ✓ Apprenticeship Levy ✓ Development of the Wellbeing Plan and objectives ✓ Cardiff Capital Region City Deal ✓ Well-being Assessment update

15th December 2016	✓ Approve draft Well-being Assessment for consultation ✓ Community Strategy Delivery Plan (Tackling Poverty) Progress Report ✓ SoNaaR - Natural Resources Wales ✓ Resilient Communities - Welsh Government ✓ Calendar of meetings for 2017
27th September 2016	✓ Well-being Assessment update(life expectancy) ✓ Annual Report ✓ Ageing Well Plan Progress Report ✓ Social Services and Well-being Act update ✓ Food Poverty and School Holiday Enrichment Programme ✓ UHB Big Improvement Goals ✓ 'Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales'
7th July 2016	✓ Well-being Assessment update ✓ Core indicators report ✓ Community Safety Report ✓ Forward Work Programme ✓ Environment Bill ✓ Vale of Glamorgan Council Corporate Plan ✓ EU Referendum
19th May 2016	✓ PSB membership ✓ Terms of Reference ✓ Name and logo ✓ Delivery Plan Progress Report ✓ Well-being Assessment update ✓ Social Services and Well-being Act update ✓ South Wales Programme ✓ Forward Work Programme

Potential Future Items

- Transformation Programme - Cardiff and Vale UHB
- South Wales Programme - Cardiff and Vale UHB
- Future Generations Commissioner
- Local Government Reform update
- Cardiff Capital Region City Deal update – Vale of Glamorgan Council

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Vale of Glamorgan
Public Services Board
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