

Children’s Rights and Future Generations

Section 2 of the Wellbeing of Future Generations (Wales) Act 2015 defines sustainable development as:

“the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the wellbeing goals.”

All named public bodies and Public Services Boards are required to work towards the sustainable development principle and ensure that the five ways of working are embedded throughout organizational culture, systems and processes. In maximizing their contribution to each of the Well-being Goals, the Children’s Commissioner for Wales and the Future Generations Commissioner expect public bodies and PSBs to ensure children’s rights are given apriority focus across all aspects of organizational planning, delivery and evaluation. To support public bodies and PSBs to consider children’s wellbeing, in the context of the UNCRC, a self-assessment process has been developed. The indicators below have drawn out the relationship between children’s rights and the sustainable development principle.

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Profile Questions

Name *

+

Results Type *

+

☐ Test Data



Real Data

Type of Assessment * ×



Individual Public Body



Public Services Board

Name of Organisation * ×

Please Select... ▼

Name of Programme or Lead Dept +

Name of Lead Official +

Email Address +

Direct Tel No +

Annual Budget

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PRINCIPLE 1: WORKING TOWARDS THE LONG TERM

Assessment - Find out what is important to children and their rights: The data *

+



We have given little or no consideration to children's wellbeing across the Wellbeing Goals. Where children's wellbeing has been included, presentation has been framed in whole population data.



We have considered children's wellbeing needs across some of the Wellbeing Goals. We have presented children's data in the wider context of whole population data. We have made some links to the National Indicator Set.



Our assessment data clearly and specifically outlines the local state of children's wellbeing across most of the Wellbeing Goals. Analysis gives special consideration to the most vulnerable children. We have made links to the National Indicator Set and identified some future trends for children.



Our assessment data clearly and specifically outlines the local state of children's wellbeing across all the Wellbeing Goals. Analysis is framed in the context of rights and gives special consideration to the most vulnerable; highlighting inequalities between and affecting children. We have made clear links to the National Indicator Set and have determined the future trends of children's wellbeing. We have undertaken analysis of assets available to children.

Briefly provide additional evidence and/or case studies
to support your answer. +

Assessment - Find out what is important to children
and their rights: Involvement * x



We carried out little or no consultation directly with children. Where children's views have been captured this has been part of wider citizen engagement.



We specifically consulted children during the assessment and used the National Participation Standards to guide involvement. Our information materials were published in a language and format appropriate to children's needs.



We have facilitated a range of opportunities to support children's involvement in assessment. We have given special consideration to involving the most vulnerable children. We have used to the National Participation Standards to design involvement and information materials have been published in a language and format appropriate to children's needs.

- ☐ We have facilitated an extensive range of opportunities to specifically involve children in assessment. We have given special consideration to involving the most vulnerable children. We have enabled children to play a lead role in capturing the data and used the National Participation Standards to design involvement. All of our information materials have been published in a language and format appropriate to children's needs.

Briefly provide additional evidence and/or case studies ×
to support your answer.

Corporate Plan/Wellbeing Plan - Make children a ×
priority and act in their best interests: The Plan *

- ☐ Our plan does not make a commitment to children. We have given little or no consideration to how it might impact on children. Children do not feature in our objectives.
- ☐ Our plan does not make a commitment to prioritising children's wellbeing. We have assessed our plan for its impact on children. There are some objectives for children but our predominant focus is centred on whole population wellbeing.
- ☐ Our plan makes a commitment to prioritising children's wellbeing and gives special consideration to the most vulnerable children. Our plan has been assessed for its impact on children and there are clear, child-specific wellbeing objectives across most of the Wellbeing Goals.
- ☐ Our plan makes an explicit commitment to the UNCRC and to prioritising children's wellbeing. It gives special consideration to the most vulnerable children. We carried out a children's rights impact assessment during the development of plan. Our plan has a comprehensive set of clear, child-specific wellbeing objectives across each of the Wellbeing Goals. Our plan clearly sets out lines of responsibility to children and arrangements for review.

Briefly provide additional evidence and/or case studies to support your answer. +

Corporate Plan/Wellbeing Plan - Make children a priority and act in their best interests: Involvement * x

☐

We carried out little or no consultation directly with children. Where children's views have been captured this has been part of wider citizen engagement.

☐

We have specifically consulted children during the planning stage and used the National Participation Standards to guide consultation. Our information materials have been published in a language and format appropriate to children's needs.

☐

We have facilitated a range of opportunities to support children's involvement in planning. Special consideration has been given to involving the most vulnerable children. We have used the National Participation Standards to design involvement and information materials have been published in a language and format appropriate to children's needs.

☐

We have facilitated an extensive range of opportunities to specifically involve children in planning. We have given special consideration to involving the most vulnerable children. Children have played a lead role in setting objectives. We have used the National Participation Standards to design involvement and all of our information materials have been published in a language and format appropriate to children's needs.

Briefly provide additional evidence and/or case studies to support your answer. +

Workforce Planning - Put the right people in the right place at the right time *

x



Our workforce planning has given little or no consideration to children's wellbeing needs. Our staff organisation has been structured to respond to whole population wellbeing needs.



We have given some consideration to children's wellbeing needs in workforce planning. We have carried out a staff audit of children's rights knowledge and awareness. Our staff organisation is predominantly structured to respond to whole population wellbeing needs.



Our data on children's wellbeing has been used to inform planning for our children's workforce. We have a sufficient children's workforce in place to meet commitments made to children in our plan. We have carried out a staff audit of children's rights knowledge and awareness. Our commitment to children's wellbeing has been included in the recruitment and development of staff.



Our current and future trends data on children's rights and wellbeing has been used to inform workforce planning. We have a sufficient children's workforce in place to meet the commitments made to children in our plan. We have carried out a staff audit on children rights knowledge and awareness. Our commitment to the UNCRC has been included in the recruitment and development of staff. We have explored and identified opportunities for partnership, skills sharing and knowledge transfer.

Briefly provide additional evidence and/or case studies to support your answer.

+

Financial Planning - Invest in children and make the best use of resources: The budget cycle *

x



Our budget allocation takes a whole population approach and does not prioritise children's wellbeing. We have not consider its long-term impact on children. Regular in-year arrangements are in place to monitor benefit to whole population.



Our budget has not been assessed for its long-term impact on children. Allocation of our resources gives some consideration to the most vulnerable children. Information on budget allocation and spend is made available annually. We have regular in-year arrangements are in place to monitor benefit to whole population.



Our budget has been assessed for its long-term impact on children's wellbeing and we have committed the maximum extent of available resources to prioritising children's wellbeing. Our budget gives special consideration to the most vulnerable children. Information on our spend for children is made available annually. We have regular in-year arrangements are in place to monitor benefits to children.



We have carried out a children's rights impact assessment on our budget and have appropriately analysed its long-term impact on children. Our budget commits the maximum extent of available resources to prioritising children's wellbeing and gives special consideration to the most vulnerable children. Information on our direct spend on children is clearly made available annually and we have regular in-year arrangements in place to monitor benefits to children. Our budget analysis is published in a language and format appropriate to children's needs.

Briefly provide additional evidence and/or case studies
to support your answer. +

Financial Planning - Invest in children and make the
best use of resources: Involvement * x



We carried out little or no consultation directly with children. Where children's views have been captured this has been part of wider citizen engagement.



We have specifically consulted children during budget setting and have used to the National Participation Standards to guide consultation. Our information materials have been published in a language and format appropriate to children's needs.



We have facilitated a range of opportunities to facilitate to children's involvement in budget setting. Special consideration has been given to involving the most vulnerable children and we have used the National Participation Standards to design involvement. Information materials have been published in a language and format appropriate to children's needs.



We have facilitated an extensive range of opportunities to involve children in budget setting. Special consideration has been given to the involvement of the most vulnerable children. Children have played a lead role in allocating spend and budget scrutiny. We have used the National Participation Standards to design involvement and all information materials have been published in a language and format appropriate to children's needs. Children have been involved in the design, decision-making and evaluation of commissioned services.

Briefly provide additional evidence and/or case studies ⁺ to support your answer.

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PRINCIPLE 2: EARLY INTERVENTION AND PREVENTION

Financial Planning - Invest in children and make the best use of resources *

+



Budgets and resource allocation does not prioritise early intervention and prevention services for children. Our budget allocation is predominantly focuses on rescue and crisis support.



Budgets prioritise the social and economic case for investing in age-inclusive early intervention and prevention services. Our monitoring arrangements assess the benefits of early intervention and prevention for the whole population.



Our budgets prioritise the social and economic case for investing in early intervention and prevention services for children, paying special attention to universal and targeted support for early years. Our monitoring arrangements assess the benefits of early intervention and prevention for these children and we are using this evidence to drive service improvements.



Our budgets clearly prioritise the social and economic case for investing in early intervention and prevention services for all children. Our resource allocation has sustained investment in universal, targeted and specialist services for all children under 18 years. We have explored and identified opportunities for joint budgets and resources allocation. Our monitoring arrangements assess the benefits of early intervention and prevention programmes for children and we are using this evidence to drive service improvements.

Briefly provide additional evidence and/or case studies x
to support your answer.

Prioritise EIP - Provide children with the right levels x
support *



We not consider early intervention and prevention for children. We have given no or little consideration to children's safeguarding arrangements.



We have prioritised early intervention and prevention in service design, however, our provision pathways predominantly take an age-inclusive approach. We have appropriate safeguarding arrangements in place to protect children's wellbeing in the organisation.



Early intervention and prevention is a key strand in our service design for children. We have a clear model in place to ensure appropriate provision pathways, specific to children, are able to respond to escalating/de-escalating needs. Safeguarding arrangements are in place to protect children's wellbeing in the organisation.



Early intervention and prevention is a key strand in our service design for children. We have given a considered focus to the implementation of education programmes. We have a clear model in place to ensure appropriate provision pathways, specific to children, are able to respond to escalating/de-escalating needs. We have appropriate safeguarding arrangements in place to protect children's wellbeing and have made links with regional safeguarding boards.

Briefly provide additional evidence and/or case studies⁺ to support your answer.

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PRINCIPLE 3: INVOLVEMENT

Structure - Listen to children and take account of their views *

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There is no bespoke Youth Council or children's participation programme. We consult children as part of a wider citizen engagement arrangements. We have a complaints mechanism.



Children's views are sought and taken into account as part of wider citizen engagement approaches. We have a Youth Council/Youth Forum but it is not representative. We recognise the National Participation Standards for Children and Young People but have not formally adopted them. We have a complaints mechanism.



We have a representative Youth Council/Youth Forum and regularly carry out child-specific consultations. We have a register of children's involvement and have adopted the National Participation Standards for Children and Young People. We have established a child-friendly complaints process.



We have a comprehensive structure in place to promote and facilitate children's involvement in decision-making. This includes a representative County Youth Council/Youth Forum, a continuous service-user participation programme and appropriate mechanisms for the most vulnerable children. Our participation programme is sufficiently staffed, sustainably resourced and linked to democratic/executive structures. We have a register of children's involvement in decision-making and have adopted the National Participation Standards for Children and Young People. We have established a child-friendly complaints process.

Briefly provide additional evidence and/or case studies
to support your answer. +

Promotion - Help children learn about their rights and
provide information * x



We have given little or no consideration to children's involvement in decision-making. Information on our involvement arrangements have not been made accessible to children.



Children's involvement arrangements have been publicized as part of wider citizen engagement mechanisms.



Our involvement arrangements for children have been published in a language and format accessible to children. We have some arrangements in place to help children learn about their rights in the UNCRC.



Our involvement arrangements for children have been published in a children's rights and participation strategy. We have clearly set out children's role in our organization, how we will help children to learn about their rights and how our work contributes to the UNCRC. Our strategy has been widely publicized in a language and format accessible to children.

Briefly provide additional evidence and/or case studies ⁺
to support your answer.

Transparency - Be open and honest * [×]



We do not regularly provide feedback to children.



Feedback to children has been presented in the context of wider citizen engagement arrangements.



Children are regularly provided with feedback about their involvement. Feedback has been produced and publicized in a format appropriate to children's needs.



We consistently provide children with feedback about their involvement in a language and format appropriate to their needs. We have appropriate mechanisms in place to support children's involvement in scrutinising our progress on children's rights and wellbeing.

Briefly provide additional evidence and/or case studies ⁺
to support your answer.

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PRINCIPLE 4: INTEGRATION

Alignment *

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Children's wellbeing is not specifically discussed with leadership and is considered within the wider context of citizen wellbeing.



We do not have a high-level leadership forum for children. Children's wellbeing needs are considered in the wider context of citizen wellbeing. Children are subject to a number of individual assessments across departments and agencies.



We have a high-level cross-discipline forum to discuss and advise leadership on matters concerning children's wellbeing. We have established an individual assessment protocol for children and our provision pathways for children are shared across departments and between agencies.



We have a high-level cross-discipline forum in place to discuss and advise leadership on matters concerning children rights and wellbeing. Our organisational structures give a clear and specific focus to children and service planning directly references our commitment to the UNCRC. We have established an individual assessment protocol for children and our provision pathways for children are shared across departments and between agencies.

Briefly provide additional evidence and/or case studies
to support your answer. +

Learning together * ×



We rarely consider the need for staff to receive children's rights training. Opportunities are ad hoc and a limited number of staff feel knowledge about how children's rights might apply to their role.



We have some opportunities in place to support for staff to take up children's rights training. This is particularly directed at children's support services. Our children's workforce demonstrates a commitment to children's rights in their practice.



Most of our staff have received structured training on how children's rights applies to their role. Most staff are able to demonstrate a commitment to children's rights. We have developed tools and guidance to support child-rights practices for the children's workforce.



We have a structured and comprehensive workforce induction, development and training programme are in place to facilitate support for children's rights across departments and agencies. All of our staff (inc. executive leadership and elected members) have received comprehensive training on children rights and are able demonstrate a clear commitment to these rights. We have developed tools and guidance to build capacity for child-rights practice in and across all departments/organisations.

Briefly provide additional evidence and/or case studies⁺ to support your answer.

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PRINCIPLE 5: COLLABORATION

Working together *

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Our strategic partnership arrangements do not specifically consider children's wellbeing needs.



We give some consideration to children's wellbeing but children do not specifically feature in our partnership structures. Arrangements have been established on the basis of a whole population approach and collaboration with other sectors is focused on wider citizen wellbeing.



We have given a specific and clear focus to children's wellbeing in our strategic partnership arrangements. There are clear efforts to collaborate with other sectors concerned with children. Practitioners from across agencies are regularly supported to work together and support one another.



We have given a specific and clear focus to children's rights and wellbeing in our strategic partnership arrangements. We have made considerable progress to collaborate with others sectors concerned with children. Where appropriate, we have considered and implemented the co-location of services for children. Our partnership arrangements regularly support practitioners from across agencies to work together. Skills-sharing to support staff development/wellbeing is common place throughout our partnership arrangements.

Briefly provide additional evidence and/or case studies
to support your answer. +

Review and improve together * x



Our governance and reporting arrangements on the national indicators remain individualised and do not give specific attention to children's wellbeing.



Staff/agency experiences of partnership are captured on an adhoc basis. Our governance and reporting arrangements on the national indicators remain individualised and do not give specific attention to children's wellbeing.



We have carried out an anonymous annual staff survey that captures their experiences of partnership. We have some joint governance and reporting arrangements on the national indicators and give consideration to children's wellbeing. Children are involved in evaluating our services



We have carried out an anonymous annual staff survey that captures their experience of partnership. We have used this information to reflect on the quality, benefits and challenges of collaboration and used this to drive practical improvements in partnership working for children. We have established joint governance and reporting arrangements on the national indicators and give specific consideration to children's rights and wellbeing. Children are routinely involved in evaluating and inspecting our services.

Briefly provide additional evidence and/or case studies⁺ to support your answer.

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Well-being Plan Update Report

Public Services Board 25th September 2018

Introduction

The Well-being Plan was launched on the 22nd May 2018 and is available on the PSB website. Although it is still early days in terms of reporting progress it is timely to consider what has been achieved since May. The plan is structured around four well-being objectives and there are 31 actions within the plan. Many of the actions will contribute to more than one objective and in recent months there has been a great deal of discussion about the delivery of the plan. There is a strategic lead for each objective as detailed below and they have formed a Well-being Plan Implementation Group to help shape the way forward. In addition, a workshop was held in July as part of the PSB meeting to enable all partners to explore ideas for implementation and to consider how their organisation can contribute to the Plan.

The four Well-being Objectives and Strategic leads are:

- Enable people to get involved, participate in their local communities and shape local services – South Wales Fire and Rescue Service – Christian Hadfield
- Reduce poverty and tackle inequalities linked to deprivation – Cardiff and Vale UHB – Fiona Kinghorn/Sian Griffiths
- Give children the best start in life – Vale of Glamorgan Council – Paula Ham
- Protect, enhance and value our environment – Natural Resources Wales –Gareth O'Shea/ Nadia De Longhi

An Overview of Progress

Attached as an appendix to this report is an updated action plan detailing the leads for the different actions in the plan and progress to date. This has been updated to reflect some of the ideas generated at the workshop and through other discussions and meetings which have taken place over the summer months.

Well-being Plan Workshop July 2018

The purpose of the workshop was to consider initial proposals for implementation and to discuss how different partners could contribute to the delivery of the plan. In the course of the discussion partners were able to identify synergies between the different actions in the plan and how a number of actions could be clustered together and would contribute to a number of objectives. Healthy living was identified as a recurring theme and a number of opportunities to build on existing work and learn from good practice elsewhere were also identified.

Headlines for each objective

The attached plan provides an update on all the actions in the plan but detailed below is a quick summary of progress for each objective.

Objective One: Enable people to get involved, participate in their local communities and shape local services – South Wales Fire Service – Christian Hadfield

An Engagement Task and Finish Group will be established to progress a number of actions under this objective. All partners have been asked to nominate a representative to attend meetings and contribute to the work of the group. The Council, the UHB, the National Probation Service and NRW have already identified representatives. Sian Griffiths from the Cardiff and Vale Public Health Team has expressed an interest in attending meetings as the group will potentially be able to assist with a number of workstreams that she is leading on including the promotion of healthy behaviour messages which sits under objective two.

A number of officers from across partner organisations met with the Director of Co-production Cymru to find out more about co-production and how this could be progressed in the Vale. The meeting was really productive and partners are currently exploring potential projects, including ideas around FoodVale and health and well-being linked to deprivation and also a local environment project. It is likely that the final proposal will link together a number of actions and cut across a number of objectives.

The PSB web page <https://www.valepsb.wales/en/Home.aspx> and twitter account were launched in May

Objective Two: Reduce poverty and tackle inequalities linked to deprivation – Cardiff and Vale UHB – Fiona Kinghorn/Sian Griffiths

A brief is being developed to recruit a PHD student from Cardiff University to build on the Well-being Assessment and undertake further research and analysis of data around inequalities and deprivation. This work will be funded through the Welsh Government PSB grant.

Lead officers for Supporting People, Flying Start and Families First continue to meet as a group which also includes representation from the Cardiff and Vale Public Health Team. The work of the group also links to the objective three, to give children the best start in life.

Objective Three: Give children the best start in life – Vale of Glamorgan Council – Paula Ham

A more strategic approach to parenting services across Flying Start and Families First has already been established and work will continue to improve the services on offer. A meeting has been arranged between relevant council officers and NRW to explore potential opportunities for how we can also make links to the environment with these services.

The Vale Early Years Partnership has been identified as the most appropriate starting point for discussions about implementing the findings of the 1,000 days pilot across the Vale.

The Vale Headteachers conference this summer focused on the issues around ACEs. A regional Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy 2018-2023 has been published which supports a number of actions.

Protect, enhance and value our environment – Natural Resources Wales –Gareth O’Shea/ Nadia De Longhi

An Active Travel Task and Finish Group has been established and will meet for the first time in September.

A meeting has been arranged between officers from NRW and the Council’s Operational Manager for property Services to discuss how work around ‘greening’ our estates and reviewing land assets can be taken forward and how it fits with the work of the national and regional Asset Management Group.

Performance Management

To date we have not developed a specific set of performance measures for the plan but some initial work has been undertaken looking at the measures previously reported to the PSB, the national indicators, work undertaken by Cardiff PSB and work undertaken by the LGDU around a set of indicators for a thriving Wales. It is intended that a report be brought to the December meeting of the PSB to enable a discussion about performance management arrangements for the PSB including the production of our Annual Report and how we report progress against our objectives during the year.

Our Vale – Ein Bro Well-being Plan – Implementation Action Plan

Well-being Objective One – To Enable People to Get Involved, Participate in their Local Communities and Shape Local Services
Strategic Lead – South Wales Fire and Rescue Service

No.	Well-being Plan Action	Lead Officer	Progress	Comments
E1.	Adopt the National Principles for Public Engagement in Wales	Christian Hadfield (CH) and Lewis Gwyther (LG) South Wales Fire and Rescue Service	Task and Finish Group to be established with representation across the PSB. All partners have been asked to nominate a representative.	The work of the group will also inform actions 4 and 6 Potential use of some of the WG grant funding Consider links to Cardiff PSB and the RPB and the local resilience forum
E2.	Research best practice in engagement and community participation within Wales, the UK and internationally to develop new approaches with a particular emphasis on: <ul style="list-style-type: none"> • Digital methods • Accessibility/plain language • Children and young people • Deprived communities • Hard to reach groups • Opportunities through sport, culture and environment 	Christian Hadfield (CH) and Lewis Gwyther (LG) South Wales Fire and Rescue Service	As above	To consider the role of the Arts in engagement UHB developing an engagement framework which could help inform the way forward

Well-being Objective One – To Enable People to Get Involved, Participate in their Local Communities and Shape Local Services

Strategic Lead – South Wales Fire and Rescue Service

No.	Well-being Plan Action	Lead Officer	Progress	Comments
E3.	Support and promote volunteering opportunities for staff and residents of all ages recognising the range of personal and community benefits.	Rachel Connor (RC) GVS	All partners to be asked to provide an initial contact point who is the lead for volunteering within their organisation to help deliver a picture of what is already in place.	Links to action 8 Potential to research how other PSBs are looking at actions around volunteering e.g. Cardiff PSB or Cwm Taf PSB Recognition that partners will be at different starting points.
E4.	Produce an engagement toolkit for partners across the PSB to support a more integrated approach to our engagement activities which places the community at the centre	Christian Hadfield (CH) and Lewis Gwyther (LG) South Wales Fire and Rescue Service	As per actions 1 and 2. Task and Finish Group to be established with representation across the PSB. All partners have been asked to nominate a representative.	Partners to pool knowledge and share expertise.
E5.	Work with one of our most deprived communities to identify and develop a co-produced project which involves the community right at the start to determine what is needed and the best solution.	Christian Hadfield (CH) South Wales Fire and Rescue Service	A number of partners have met with Co-production Cymru and will meet again to develop options.	Fire Service to take initial lead but as project develops this could change. This action potentially cuts across a number of other actions in the plan e.g. around the environment, healthy messages and FoodVale

Well-being Objective One – To Enable People to Get Involved, Participate in their Local Communities and Shape Local Services
Strategic Lead – South Wales Fire and Rescue Service

No.	Well-being Plan Action	Lead Officer	Progress	Comments
E6	Defer - Develop our understanding and knowledge about our local communities and how we can encourage more people to get involved in their community.	Christian Hadfield (CH) South Wales Fire and Rescue Service	No progress to date but when capacity allows it is the intention to further develop the community profiles which were produced as part of the WBA	Fire Service to be the initial lead but this may be an outcome achieved through a range of activities.
E7.	Work with staff and those working in the community e.g. sports coaches and volunteers to identify needs, raise awareness and signpost to services e.g. dementia, domestic abuse, isolation/loneliness, making healthy lifestyle changes.	Sian Griffiths (SG) Cardiff and Vale Public Health Team (C&V PH Team)	HM has discussed with Sian Griffiths possibilities and pace and links to healthy weight work. SG to develop ideas and link to Engagement T&F group	Links to (4) (6) and (11). Build on Experience of MECC and Well-being Network and potentially work around social prescribing
E8.	Build on the experience of local time banking schemes and those in neighbouring areas to explore the potential of a Vale wide/regional time banking scheme.	Mike Ingram (MI) (Head of Housing Services) Vale of Glamorgan Council (VoGC)	A scheme exists in the Vale which is led by the Council's Housing Dept and is just for Council tenants at present.	Progress of existing project to be monitored and reported to the PSB to inform options

Well-being Objective One – To Reduce Poverty and Tackle Inequalities Linked to Deprivation Strategic Lead – Cardiff and Vale University Health Board				
No.	Well-being Plan Action	Lead officer	Progress	Comments
D9.	Undertake further engagement, research and analysis regarding inequalities between our least and most deprived communities to inform how we can work together more effectively to tackle the challenges and reduce inequalities.	Poverty Alignment Group (PAG) Helen Moses (HM) Mark Davies (MD) (Prevention and Partnership Manager) VoGC	Cardiff University will be approached to advertise for a PHD student to undertake this work on behalf of the PSB utilising the WG grant	Results of this work will inform actions 10 and 13 in particular Link to work on engagement in action 2 Work will also help shape decisions around the WG flexible funding proposals around certain grants. Further progress will be made when the post in the Council's S&P team is filled
D10.	Defer - Work in partnership with other agencies, for example foodbanks, debt advice services and other projects already working in the community, to explore how we can better reach those living in poverty and improve access to services, information and support.	Cardiff and Vale UHB to initiate	UHB initial lead as lead for the objective but this work could be developed following work on action 9 and an appropriate lead identified	Link to assets identified in action 9 and work on community profiles and link to work on engagement in action 2
D11.	Work together to promote healthy behaviour messages recognising the need to adapt our approaches to reach different population groups including older people, young people and those in deprived areas.	Sian Griffiths (SG) C&V PH Team	SG to scope with HM and link with Engagement T&F Group when established – initial discussion around healthy weight	Link to engagement work and environment work Tie in with population health priority areas of work e.g. smoking, food, physical activity & alcohol misuse (drawn from health needs assessment) A key theme across the plan and can link to fire prevention work, Ageing well, loneliness, falls etc.

Well-being Objective One – To Reduce Poverty and Tackle Inequalities Linked to Deprivation
Strategic Lead – Cardiff and Vale University Health Board

No.	Well-being Plan Action	Lead officer	Progress	Comments
D12.	Work with local residents to identify and deliver an environmental project, recognising the opportunities for community participation and the links between the environment, physical activity and well-being.	Nadia De Longhi (NDL) Natural Resources Wales (NRW)	Nadia attended the meeting with Co-production Cymru and this could be the co-production project in action 5.	Links to volunteering and time banking actions (3 and 8)
D13.	Build on the foundations created by Communities First and work undertaken through programmes such as Flying Start, Families First and Supporting People to develop a more co-ordinated approach to tackling poverty across the Vale.	Poverty Alignment Group (PAG) (Amber Condy (AC) Operational Manager ,Social Services) VoGC	Current work of PAG includes consideration of flexible funding and focus of activities – PAG are assisting in the research for action 9	PAG – membership may be extended Links to actions in objective on a good start in life

Well-being Objective One – To Reduce Poverty and Tackle Inequalities Linked to Deprivation
Strategic Lead – Cardiff and Vale University Health Board

No.	Well-being Plan Action	Lead officer	Progress	Comments
D14.	Work together as local employers and education and training providers to develop new opportunities for work experience, placements, apprenticeships and develop skills aligned to future job opportunities in conjunction with the Capital City Region.	Emil Evans (EE) Cardiff and Vale College	Emil to develop some proposals for the PSB to consider	Links to Area Plan and neighbouring PSB plans Links to action 3 on volunteering A number of partners already have some schemes in place
D15.	Develop a co-ordinated approach to tackling fuel poverty recognising the expertise and contribution of Registered Social Landlords towards achieving this goal.	Mike Ingram (MI) (Head of Housing Services) VoGC	To arrange a meeting with the lead officer in Cardiff Council to discuss work being undertaken on affordable warmth	Link to action 11 and healthy behaviour messages Link to food poverty Important to include RSLs and private sector Could link with fire service falls and fire prevention work

Well-being Objective One – To Reduce Poverty and Tackle Inequalities Linked to Deprivation
Strategic Lead – Cardiff and Vale University Health Board

No.	Well-being Plan Action	Lead officer	Progress	Comments
D16.	Consider how we can improve the environment to support and encourage outdoor play and active travel in some of our more deprived areas through for example transport improvement schemes and street closures for play	Tom Porter (TP) C&V PH Team	To build in to work of new Active Travel T&F which will meet in September	Also link to work on volunteering (3), timebanking (8) and possible co-production (5) or environmental project (12)
D17.	Work with the Food Vale partnership to address issues relating to access and affordability of food and ensure people have the skills and resources to overcome food poverty and make healthier food choices.	Rhiannon Urquhart (RU) C&V PH Team (Food Vale Steering Group)	Food Vale Action Plan Steering group in place and engagement has taken place regarding priorities. Bid for funding to be developed.	Link to Healthy weight/obesity agenda Draft national obesity strategy to be published shortly

Well-being Objective Three – Give Children the Best Start in Life

Strategic Lead – Vale of Glamorgan Council

No.	Well-being Plan Action	Lead officer	Progress	Comments
C18.	Use the findings of the First 1000 Days pilot to challenge and inform early years provision in the Vale exploring the contribution that different partners can make to supporting prevention and early intervention.	Mark Davies (MD) (Prevention and Partnership Manager) And Debbie Maule (DM) (Learning and Skills) VoGC	<p>The Early Years Partnership (EYP) to be asked to take the lead on this action – this may need a review of membership and attendance. The UHB have been asked to give a presentation on the pilot to facilitate the discussion.</p> <p>Meeting to be arranged between EYP Chair, health lead and VoGC officers</p>	Potential for joint work with Cardiff PSB and RPB
C19.	Develop a more strategic and innovative approach to improving parenting skills linking activities to play and the natural environment to help reach more people and promote links to the environment and well-being from an early age.	Mark Davies (MD) and Amber Condy (AC) VoGC	<p>Flying Start and Families First have joined up their parenting strategy and activities.</p> <p>Next steps include a meeting with NRW to look at options around the environment, discussions with the Council's play team and some case studies around forest schools in the area.</p>	<p>Link to work with CRC around parent and child schemes</p> <p>Link to Early Years partnership and Family Information Services</p>

Well-being Objective Three – Give Children the Best Start in Life

Strategic Lead – Vale of Glamorgan Council

No.	Well-being Plan Action	Lead officer	Progress	Comments
C20.	Develop a better understanding of ACEs to take effective action to ensure people are protected, support systems are in place and the root causes of ACEs are prevented.	Paula Ham (PH) (Director of Learning and Skills) VoGC	<p>Discussions about an appropriate lead and co-ordination of work are ongoing. A request has been received for a PSB rep to sit on the Early Action Together Group</p> <p>Vale Headteacher conference focused on ACEs</p> <p>Bid for funding for resilience as part of Transformation fund through the RPB.</p> <p>Work is taking place in the Vale but need to bring it together</p>	<p>Links to 18, 19 and 23</p> <p>Explore potential for joint work/shared learning with Cardiff PSB and the RPB</p> <p>Need to have a common understanding and training</p> <p>Learn from work being undertaken in Bridgend</p> <p>Links to VAWDASV Strategy</p> <p>ACEs framework to be published</p>
C21.	Review services across partners and work together to identify the contribution that we can make towards giving all children the best start in life, recognising the role played by both universal and statutory services	Mark Davies (MD) and Amber Condry (AC) VoGC	<p>Consider the findings of the Rights of the Child Toolkit pilot if agreed.</p> <p>Options for taking this work forward are being developed in discussions with the Youth Service.</p>	Potentially to be informed by results of actions 18 and 20

Well-being Objective Three – Give Children the Best Start in Life

Strategic Lead – Vale of Glamorgan Council

No.	Well-being Plan Action	Lead officer	Progress	Comments
C22.	Review multi-agency arrangements for the delivery of preventative and statutory services for children and young people.	Mark Davies (MD) and Amber Condry (AC) VoGC	To start with a mapping exercise of universal and statutory services through the PAG	Links to 20 and 21
C23.	Recognising the role played by adults in children's lives, explore how partners can work together to provide the right support and preventative services for adults who may otherwise be at risk of losing their home or entering the criminal justice system through for example domestic abuse, poor mental health or anti-social behaviour.	Deb Gibbs (DG) (Safer Vale Manager) VoGC	<p>Work is being piloted with regard to PPN referrals through Safer Vale and close working with social services.</p> <p>Detailed update on the work of Safer Vale including this action to be included on a future PSB agenda</p>	<p>Links to 22 and regional activities?</p> <p>Links to VAWDASV Strategy</p> <p>Link to Probation – Maintain Family Ties project</p>

Well-being Objective Four – Protect, Enhance and Value Our Environment

Lead Partner – Natural Resources Wales

No.	Well-being Plan Action	Lead officer	Progress	Comments
Ev24.	<p>Deliver on a joint commitment to “green” our estates by:</p> <ul style="list-style-type: none"> - Developing a better understanding of our net carbon status and exploring opportunities to reduce our carbon impact (e.g. energy efficiency, renewable energy sources and emissions from our activities and the goods and services we buy) - Reviewing how we manage our open spaces to maximise their contribution to ecosystem resilience and to enhance biodiversity (e.g. managing for pollinators and other wildlife) - Minimising flood risk and water pollution - Understanding and mitigating our impacts on air quality - 	<p>Nadia De Longhi (NDL) NRW</p>	<p>Nadia to develop proposals for way forward and to bring key contacts together – will make links to asset management work where appropriate</p> <p>Meeting being arranged with VoGC Property OM who is involved in regional and national assets work to discuss options for a way forward and to avoid duplication</p>	<p>Third sector has just completed a survey on how to green our assets</p> <p>Links to influencing travel behaviour</p>

Well-being Objective Four – Protect, Enhance and Value Our Environment

Lead Partner – Natural Resources Wales

No.	Well-being Plan Action	Lead officer	Progress	Comments
Ev25.	Promote walking and cycling for staff, residents and visitors through shared messages and by providing facilities that enable active travel choices. This work will be undertaken in conjunction with the Capital City Region.	Tom Porter (TP) C&V PH Team	Task and Finish Group has been established and will meet for the first time in September	Link to action 11 about healthy messages and action 26
Ev26.	Work with the Capital City Region to promote and facilitate more sustainable travel within the Vale and across the region and where necessary influencing and lobbying transport providers for better public transport options.	Emma Reed (ER) Head of Neighbourhood Services and Transport VoGC	Paper brought to be brought to the PSB on key issues and City Region priorities later in the year as recent update provided in April.	Links to action 25 Consider rural transport issues
Ev27.	Review public land assets and maximise their potential for community use and value as an environmental resource.	Nadia De Longhi (NDL) NRW	To link in to initial discussion around action 24	Findings of the current Penarth Town Council survey and work may be of interest

Well-being Objective Four – Protect, Enhance and Value Our Environment

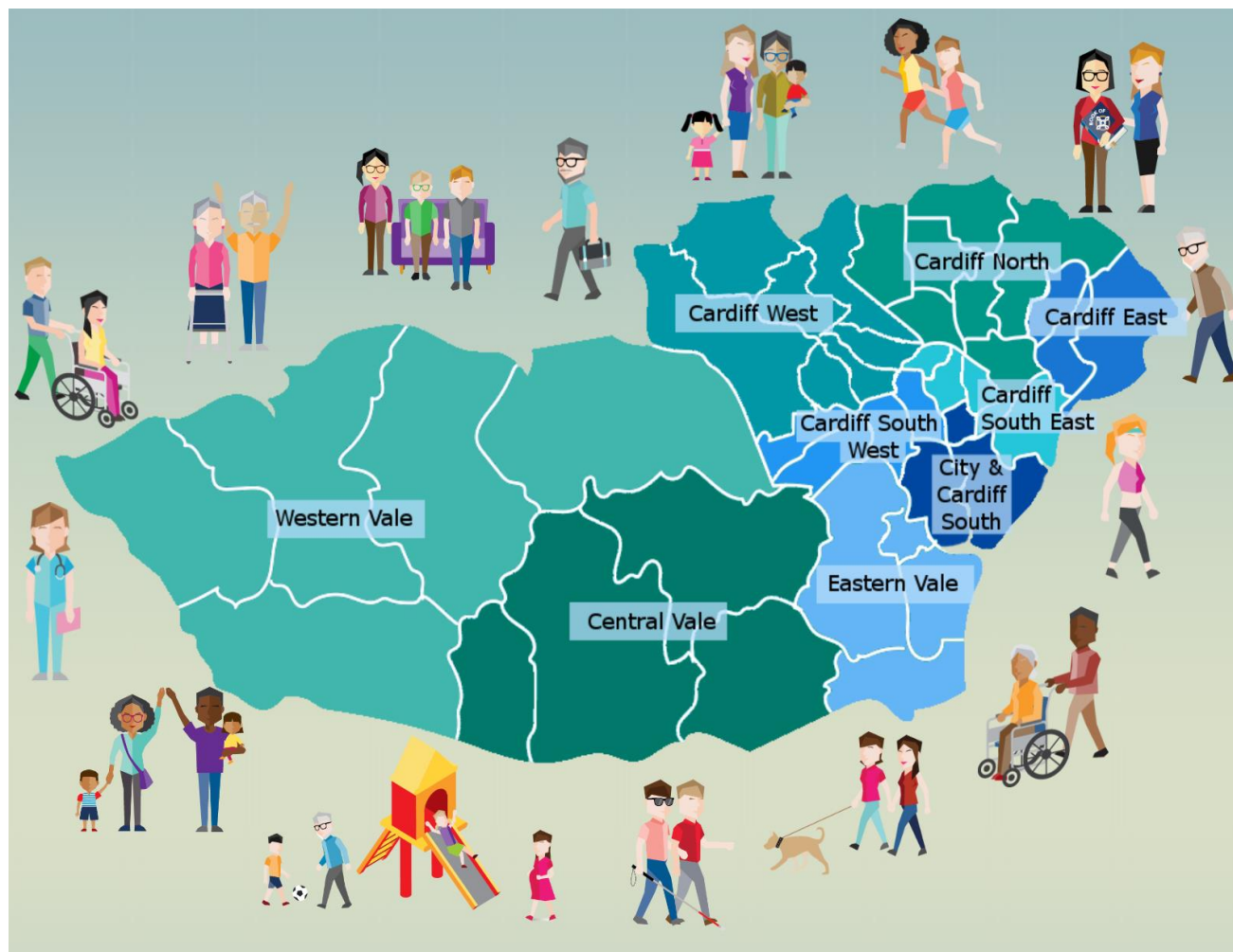
Lead Partner – Natural Resources Wales

No.	Well-being Plan Action	Lead officer	Progress	Comments
Ev28.	Defer - Develop a better understanding across our organisations of environmental issues, the impact of how we work/deliver services, and links between a poor environment and deprived communities.	Nadia De Longhi (NDL) NRW	May be an outcome of other work – to be reviewed at a later date	Opportunities for joint approach with Cardiff PSB Links to engagement and deprivation work
Ev29.	Work with local businesses and industry to maximise the economic benefits of our environment e.g. through tourism and agriculture whilst taking steps to minimise negative impacts and seek opportunities to enhance the environment of the Vale.	Marcus Goldsworthy (MG) Head of Regeneration and Planning VoGC	MG has agreed to lead and to develop some ideas	Links to Food Vale activities and findings of action 28

Well-being Objective Four – Protect, Enhance and Value Our Environment

Lead Partner – Natural Resources Wales

No.	Well-being Plan Action	Lead officer	Progress	Comments
Ev30.	Defer - Explore how procurement policies and practice can support the local economy and protect the local environment.	NRW/ Volunteer Partner	Later action when more information may be available nationally but a volunteer needed to lead	Potential to link with Cardiff PSB NRW have some good examples e.g. carbon positive project
Ev31.	Work through the Food Vale partnership to gain Sustainable Food Cities status, ensuring we have a shared understanding of the contribution food can make to all aspects of well-being and the Vale has a sustainable, quality food environment which supports our economy, agriculture and tourism.	Rhiannon Urquhart (RU) C&V PH Team (Food Vale Steering Group)	Food Vale Action Plan Established Steering Group Looking at funding bids to progress work	NRW to possibly join the group and tie in with work on agricultural land use and work with supermarkets on waste Link to Healthier Weight Plan framework Link to 29



“Me, My Home, My Community”

Cardiff and Vale of Glamorgan Regional Partnership Board Proposal in response to 'A Healthier Wales'

August 2018

3 August 2018

Dear Cabinet Secretary

Following the recent launch of *A Healthier Wales: our Plan for Health and Social Care*, we are delighted to attach our proposal to implement the recommendations of the Parliamentary Review.

As you will be aware, we have made tremendous progress on the integration agenda and are excited about this opportunity to build on the strengths of our partnership working. We very much view the Transformation Fund as an enabler to accelerate and begin to scale the changes that we want to make.

Our Population Needs Assessment has identified key priorities around improving information and access to services, tackling social isolation and loneliness, joining up services and making best use of assets, both physical and social. Our proposal has been shaped around these needs.

We have developed this proposal by engaging widely across the health and care system. We have held a series of workshops involving general practitioners, local authority and third sector representatives to identify the opportunities to work better together in the interests of our population and achieving better outcomes. We see co-production with citizens as a vital component to the design stage of the programme.

Our proposal also factors in value based healthcare with an emphasis on prevention and early intervention, utilising technology, improving the resilience of citizens and reducing demand on stretched primary and community care services.

We share the view that evaluation is of paramount importance. We have been exploring an opportunity to develop a Knowledge Transfer Partnership with Cardiff University, enabling us to benefit from academic

insight to contemporaneous evaluation. Our aim is that this learning can be used to spread and scale the changes that we wish to make.

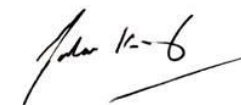
Our focus is on quickly delivering our proposal through a well-structured and planned process. We are fully cognisant of the need to make the best use of the resources that are already available to us and have developed a 'sustainability strategy' for each proposed change to ensure that we are not building recurrent cost into our system.

Our proposal is ambitious but we hope that you will find it compelling. We would welcome the opportunity to discuss this with you in more detail.

Yours sincerely,



Cllr Susan Elsmore
*Cabinet Member for
Health & Wellbeing,
Cardiff Council and Chair
of Cardiff and Vale RPB*



Cllr Gordon Kemp
*Cabinet Member for Social
Care, Health & Leisure, Vale
of Glamorgan Council and
Vice Chair of Cardiff and
Vale RPB*



Maria Battle
*Chair, Cardiff & Vale
University Health
Board and Chair of
Cardiff and Vale RPB*



Sheila Hendrickson-Brown
*Chief Executive,
Cardiff Third Sector Council*



Rachel Connor
*Chief Executive,
Glamorgan Voluntary Services*

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Strategic Context

Policy Context

A Healthier Wales: our Plan for Health and Social Care outlines an ambitious plan for a whole system revolution. The Plan emphasises the need to deliver population focused seamless services, making better use of technology and placing a much greater emphasis on prevention and early intervention.

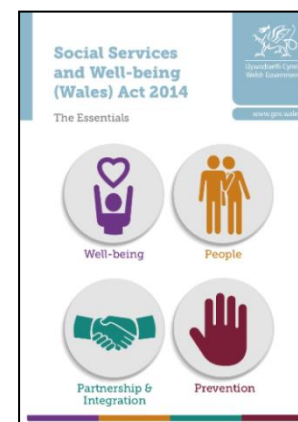


Prudent Healthcare is a core organising principle of our system. It challenges us to justify every intervention we make to consistently challenge unwarranted variation, and to ensure quality and patient safety are paramount. Prudent Healthcare enables us to challenge the status quo and adopt practices that result in better outcomes for patients and for the system.

Prudent Healthcare is a core organising principle of our system. It challenges us to justify every intervention we make to

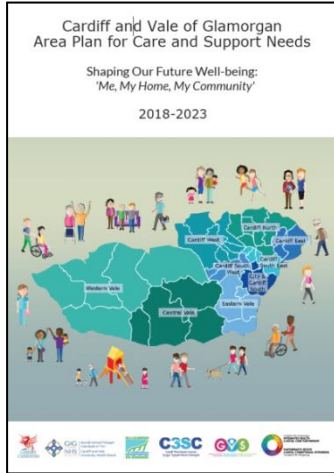
Legislative Context

The Well-being of Future Generations (Wales) Act 2015 places a duty on public bodies to ensure that they think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. The Act outlines seven wellbeing goals that organisations should work towards. The Act also articulates five ways of working to achieve these goals.



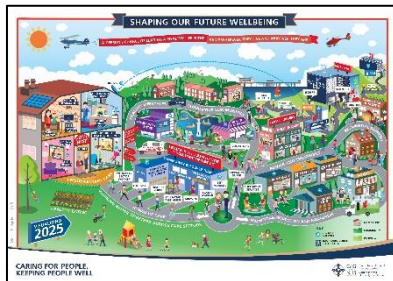
The ***Social Services and Well-being (Wales) Act 2014*** imposes duties on local authorities and health boards which require us to promote the well-being of those who need care and support, or carers who need support. The Act seeks to ensure that people have an equal say in the support they receive; partnership and co-operation drives service delivery; services promote the prevention of escalating need; and the right help is available at the right time.

Local Context



Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs 2018-2023

The Cardiff and Vale of Glamorgan Area Plan and Action Plan were published in March 2018, and set out our regional priorities and the detailed actions we will undertake over the next five years to meet the key care and support needs identified in our Population Needs Assessment.



Shaping Our Future Wellbeing

Cardiff and Vale University Health Board's ten year strategy was designed through a co-production process with patients and healthcare professionals. The Strategy emphasises the greater role that primary and community services can play in the

future provision of services for our population. The key design principles of empowering the person, home first, outcomes that matter to people and avoidance of harm, waste and variation are aligned with the national plan, *A Healthier Wales*.

Promoting early intervention and integrated services are key priorities within both Cardiff and the Vale of Glamorgan's Well-being Plan Objectives:

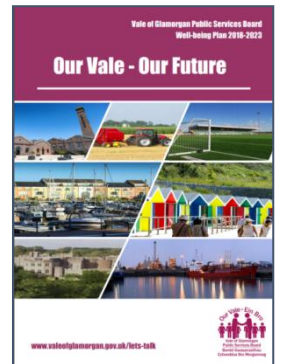
Cardiff Well-being Plan

- *A Capital City that works for Wales*
- *Cardiff grows in a resilient way*
- *Safe, confident and empowered communities*
- *Cardiff is a great place to grow up*
- *Supporting people out of poverty*
- *Cardiff is a great place to grow older*
- *Modernising and integrating our public services*

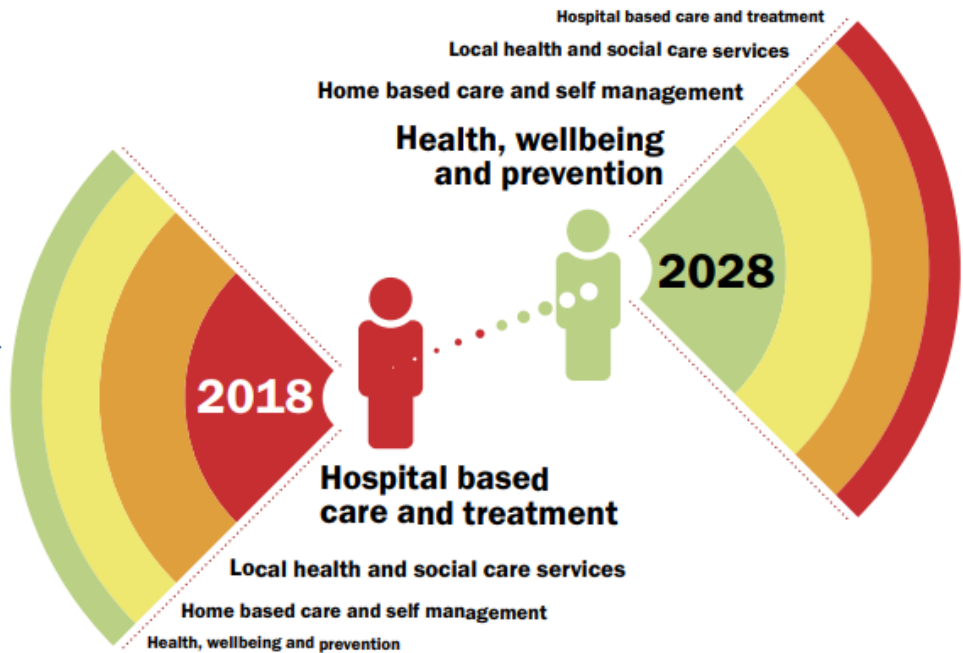
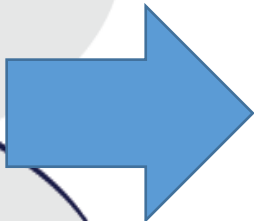
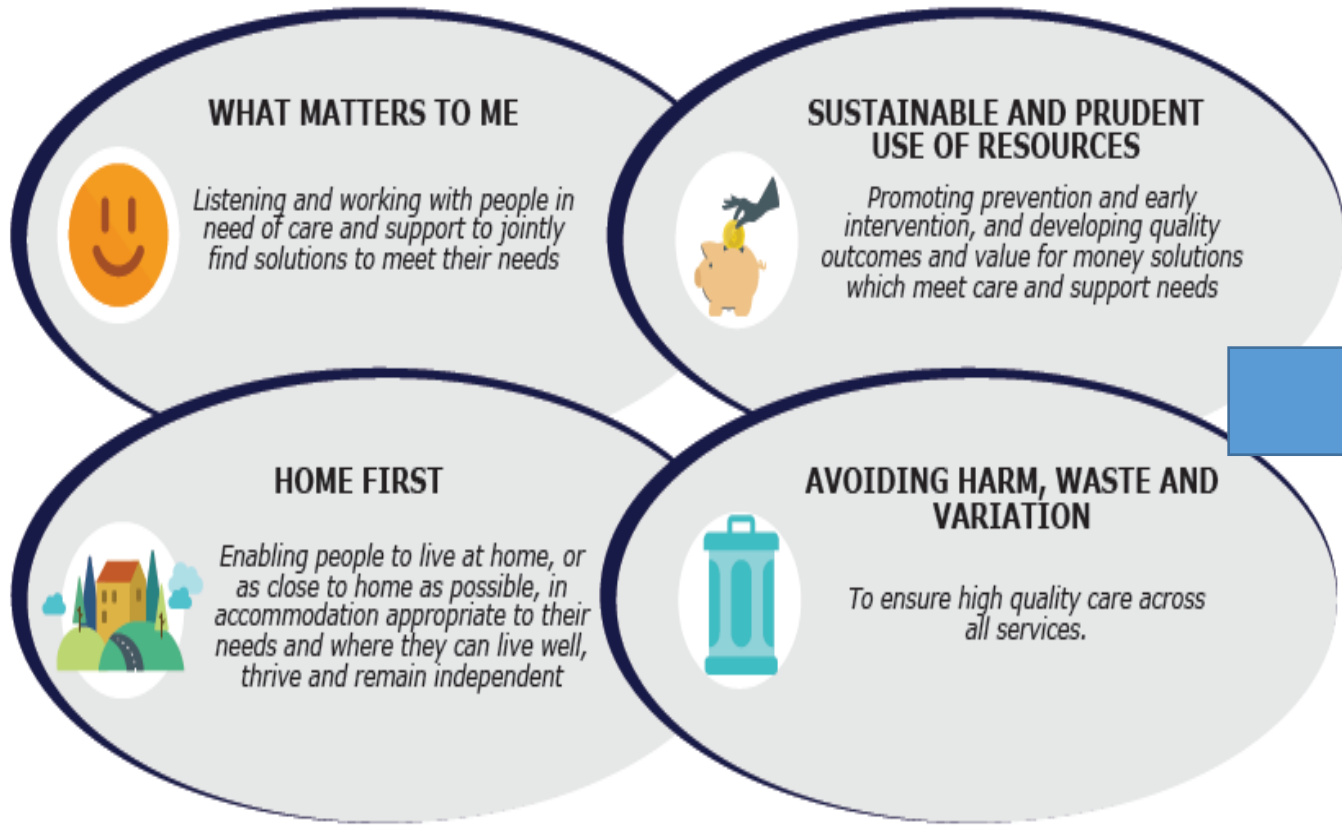


Vale of Glamorgan Well-being Plan

- *To enable people to get involved, participate in their local communities and shape local services*
- *To reduce poverty and tackle inequalities and deprivation*
- *To give children the best start in life*
- *To protect, enhance and value the environment*



Our vision for delivering seamless care is underpinned by our 4 design principles...



Cardiff and Vale of Glamorgan Regional Partnership Board 's Design Principles

Our Shared Vision

[illegible]

Within each of the nine clusters/neighbourhoods we are creating **Well-being Hubs** with partners.





Cardiff & Vale of Glamorgan
INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP

PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGRIDIG
Caerdydd & Bro Morgannwg

Our Seamless Care Model

We will deliver our vision and shape our seamless services under the following Integrated Service Model. Our service model is structured into five tiers, each delivering a different type of care and support and supporting a greater number of people than the one below.



Tier 1 - Services promote prevention, health and wellbeing, independence and empowerment, recognising that a wide range of social and health needs may have an impact on a persons wellbeing.

Tier 2 - Services provide a first point of contact, they screen and assess, providing early intervention and sign posting. Where a persons needs are stable and not complex, services provide routine on-going support.

Tier 3 - Services provide a flexible and coordinated response to a persons rising unstable need. They either provide, an intensive reablement service or an ambulatory care intervention. Both prevent inappropriate long term care and avoid hospital admissions.

Tier 4 - Services provide for people whose needs are not necessarily low but are stable, additional support may be needed to meet daily living needs. Rising complexity can mean care planning by specialist multi-disciplinary teams to avoid unstable acute hospital admission.

Tier 5 - Services provide for people whose needs are highly unstable and/or for highly specialist assessment and care. Integrated discharge planning supports timely discharge.

** NB some services will fall under more than one tier of intervention*



The Voice of Our Citizens

This Proposal is about people, we have therefore set out how each component works at a personal level. These citizens are typical of our population, with characteristics drawn from our Population Needs Assessment. It is an important test of our Proposal that it meets the needs of our citizens, as opposed to being for the benefit of service providers.



Sam - Age 11

- Experienced an Adverse Childhood Experience (ACE) as a result of divorcing parents following incidents of domestic abuse within the home
- Identified as being dyslexic
- Demonstrating anxiety and low mood as a result of bullying
- Underachieving at school
- Lack of physical activity
- Computer whizz



Cerys – Age 44

- Overweight/Inactive
- Low income due to part time employment
- Recently divorced
- Relationship difficulties with her 2 children due to behavioural problems
- Suffering stress
- Heart disease (Hypertension)
- Regularly drinks alone
- Loves gardening
- Caring for an elderly parent



Wynn - Age 77

- Lives alone and feels socially isolated
- Reduced mobility and at risk of falling
- Low mood
- Poor diet and loss of appetite
- Struggling to manage diabetes
- Financial concerns
- Former smoker - respiratory condition (COPD)
- Retired history teacher



Our Proposal

- ✓ Our Proposal is presented as 7 components in the first phase – all of which are scalable and can adapt as we learn from implementation.
- ✓ Our Proposal is aligned to the **design principles** outlined in *A Healthier Wales*.
- ✓ Each component supports achievement of the **Quadruple Aim**.
- ✓ The new models of care outlined in our Proposal have been developed with **sustainability** in mind.
- ✓ We have taken a **citizen view** of our services to develop our Proposal.
- ✓ We have recognised the importance of robust **governance** and **project management** to the success of this programme.
- ✓ We have articulated an **sustainability strategy** for each component to demonstrate our commitment to making the best use of current resources.

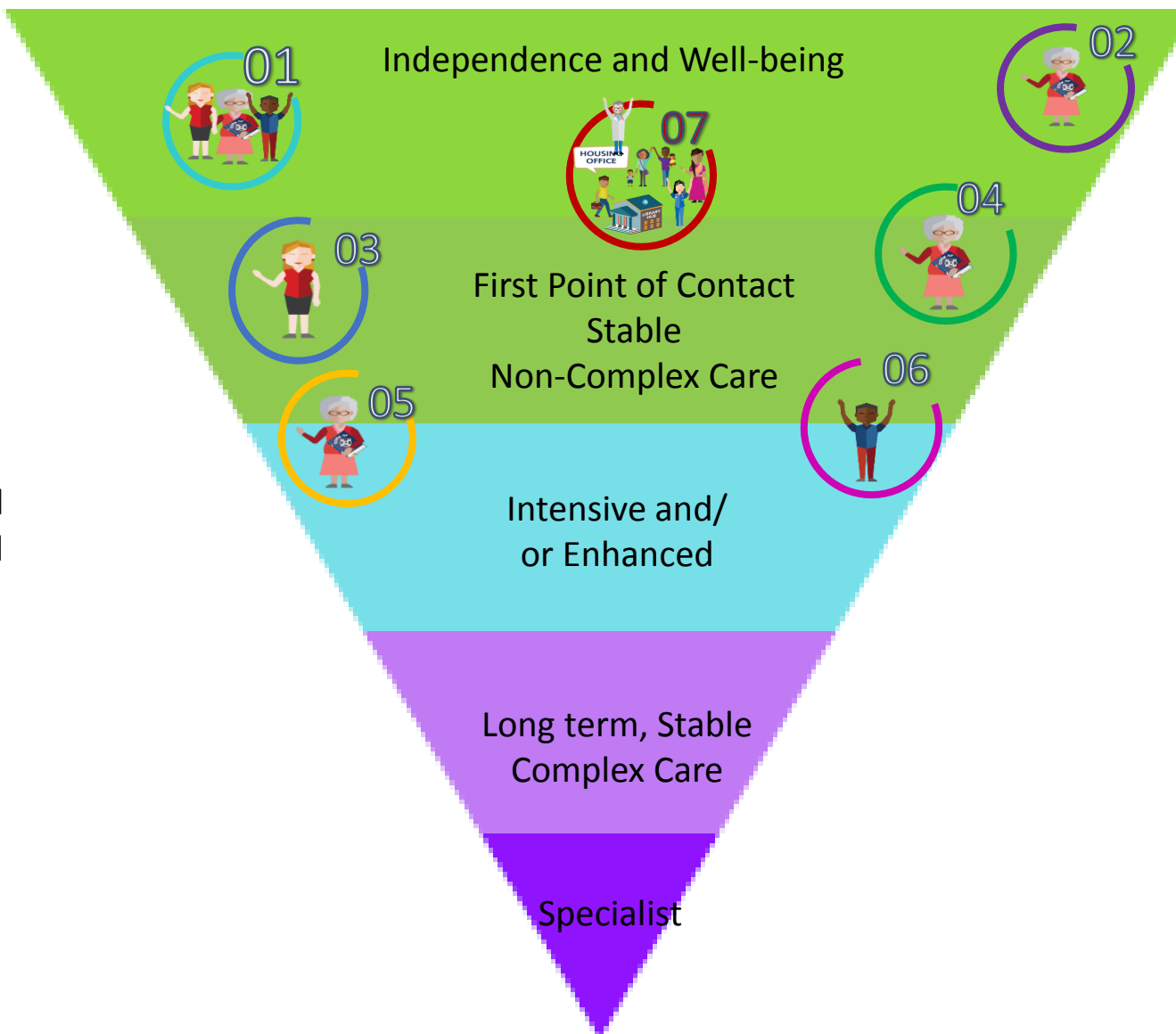


Our Seamless Services

Well-being Matters...

As a region we are establishing a collective partnership 'brand' for our Preventative Services called '**Well-being Matters**'. This brand will be used to provide a single gateway to accessing our services across Cardiff and Vale of Glamorgan and be used at a regional, local authority, locality and cluster level as appropriate.

Each of the 7 component parts of this Proposal are inter-connected and will contribute to the development of our seamless care model.



1 - Delivering an Accelerated Cluster Model

Wynn's Current Experience...

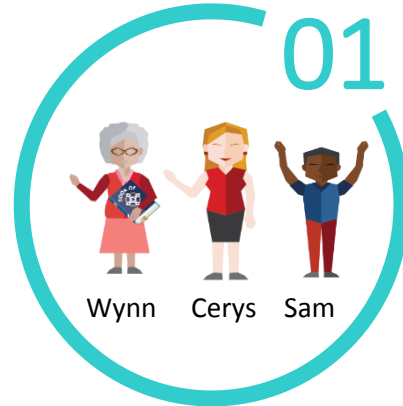
- Socially isolated
- Low mood
- Struggling to manage diabetes
- Former history teacher

Cerys' Current Experience...

- Recently divorced
- Regularly drinks alone
- Suffers from stress
- Caring for elderly mother
- Loves gardening

Sam's Current Experience...

- Experiencing ACEs
- Struggling to make friends
- Demonstrating anxiety and low mood as a result of bullying
- Underachieving at school
- Computer whizz



Wynn's Future Experience...

- Diabetes under control
- Joined local history group
- Volunteers in local primary school
- Undertakes some gardening with her daughter
- Feels connected

Cerys' Future Experience...

- Reduced alcohol consumption
- Volunteers at the local allotment
- Helping Wynn to garden
- Reconnected with friends
- Feels healthy and less stressed

Sam's Future Experience...

- Joined a Computer Programming Club
- Helping Wynn to skype her nephew
- Made friends at the Club
- Feeling optimistic about the future

Scope



Our vision for seamless working in Cardiff and the Vale of Glamorgan brings together all the assets and strengths of people and communities within localities. We will develop the optimal Cluster, using asset based community development approaches to understand, and facilitate connections between, the many strengths within people, groups and communities within a Cluster area. This project is a progressive approach to improving population health through a joined up system of communities, third and independent sector partners, primary and community services. All partners will work together to support individual, family and community resilience and, in so doing, enhance health and well-being, reducing the need for statutory services to meet well-being outcomes and combatting the health consequences of loneliness, isolation and disconnection.

The project will adapt the learning from 'Compassionate Communities' in Frome to the many strengths, diversity and vibrancy of the South West Cardiff Cluster. The proposal will provide a resource to appraise the options for an innovative governance model to support a seamless well-being, health and care system. This will include consideration of a social enterprise. This is a radical transformation from the current system. It will be supported by a workforce model which co-ordinates the well-being workforce at a locality level, including social prescribers, community connectors and importantly a community development resource. The scale of this shift from services which address deficits to assets to create community alternatives is considerable. A directory will be embedded in Practices enabling professionals to offer information and advice quickly and easily.

Social relationships – quality and quantity – affect mental health, behaviour, physical health and mortality risk. Attachment and belonging is at the heart of this approach. This proposal is based on sustainable social relationships and connections. Evidence is clear – social relationships have short and medium term effects on health and well-being. These effects emerge in childhood and foster cumulative advantage or disadvantage in health. This Project aims to develop an anatomy of resilience at individual and population level and will be developed alongside Project 2 of this Proposal.

The key elements of the Project are to:

- **Implement Asset Based Community Development at Cluster Level** – The asset based approach understands and connects current social capital, identifies gaps, and develops community solutions to identified needs. Work is underway to link community organisations. An IT platform is being developed as part of Project 2 to maintain an up to date directory and allow rapid referral and collection of outcome data. This will be available to the community and professionals. A well-being matters website will be developed which connects services across communities and links to DEWIS.
- **Community development** – Project 2 further enhances the well-being resource (through social prescribing) to connect people to community well-being opportunities. This Project requires investment in community development officers who will support the implementation of asset based community development. Experienced community development workers will identify, support and develop leaders from within the community, identify assets and strengths and support the development of groups which

address community needs – examples from elsewhere include 'men's sheds', community gardening projects and walking groups. In supporting secondary prevention, and learning from the Frome Compassionate Communities, the Cluster will develop health connections groups such as talking cafes, self management programmes, on track goal setting groups, exercise sessions and a health and well-being information programme.

- **Developing the well-being workforce** – In addition to social prescribers and existing well-being officers, this project will develop reception staff in active signposting and motivational interviewing. Connectors roles will be developed – in a natural and sustainable community, neighbours will signpost friends and neighbours, colleagues and acquaintances to what's out there. Facilitating communities to care for each other is the key to sustainability and our workforce plan will be a framework for voluntary community leaders as well as the employed well-being workforce.
- **Identifying people who are at risk and actively supporting them to remain as independent as possible** – This project will provide support for identifying and managing people in need of support. An administrator will be recruited and based in one of the Cluster Practices. A Discharge Liaison Nurse will access clinical records via the Vision 360 system linking the Cluster. A link worker in each practice to coordinate work of discharge liaison nurse with practices. Cluster pharmacists will facilitate medicines reconciliation post discharge. The Cluster will ensure at a population health level, through each Cluster practice, they identify those individuals in the community in need of support, provide patient centred goal setting and care planning, with a focus on well-being (rather than disease reduction), enhance naturally occurring networking. In order to do this protected time will be required on a Cluster basis for GP, Nurse and Administration resource, to focus on discharge summaries within each practice with protected time to review and take action to proactively manage these patients. In addition, the most vulnerable patients will be provided with a single point of contact directly to staff who are aware of their circumstances and can act to support these patients during their period of crisis or vulnerability.
- **Multi Disciplinary Team:** A Lead GP will be recruited with locum backfill for protected time. A Multi-disciplinary team will be set up with community based health and social services and secondary care. Meetings will be held on rotational basis in Cluster Practices. Outcomes will be recorded using IT guidelines set up in Vision system.
- **Evaluation of outcomes:** Collaboration will take place with existing academic partners. Learning from the Compassionate Communities work in Frome has demonstrated a significant and sustained reduction in emergency admissions as a result of investing in social interaction and proactive support of local communities. This project will track emergency admissions on a Cluster basis, using other Clusters' data as a comparator. A Quality Improvement methodology will also be used.

Delivery

Key Deliverables

- ✓ A greater range of community support, with up-to-date information and advice on health and well-being, accessed through self-referral or the use of link workers, social prescribers and technology to support signposting.
- ✓ Accelerated cluster development and operationalised cluster governance framework.
- ✓ Support for self care and activation, with people assisted to take responsibility for their health by building their knowledge, skills and confidence.
- ✓ Development of a range of new and extended roles - adding skills, competencies and experience to the multidisciplinary teams at a cluster level.
- ✓ Professional staff working across clusters to increase efficiency and ensure the local population has good access to clinical, social and managerial expertise.
- ✓ Understanding of community strengths (asset maps).
- ✓ Increased range of sustainable community owned opportunities as a consequence of understanding 'gaps'.

Outcomes

- ✓ A sustainable, resilient community in South West Cardiff.
- ✓ Sustained reduction in emergency admissions.
- ✓ Improved health and well-being to be measured via service outcomes.
- ✓ Number of people who feel connected to their community.
- ✓ Reduced number of people feeling lonely and isolated.

Scalability

The project will commence in South West Cardiff Cluster. The other eight Clusters will be used to compare emergency admission figures. The model will be rolled out to other Clusters once a sustained reduction in emergency admissions are realised in South West Cardiff.

Transformative

The projects meets all of the '*A Healthier Wales*' design principles



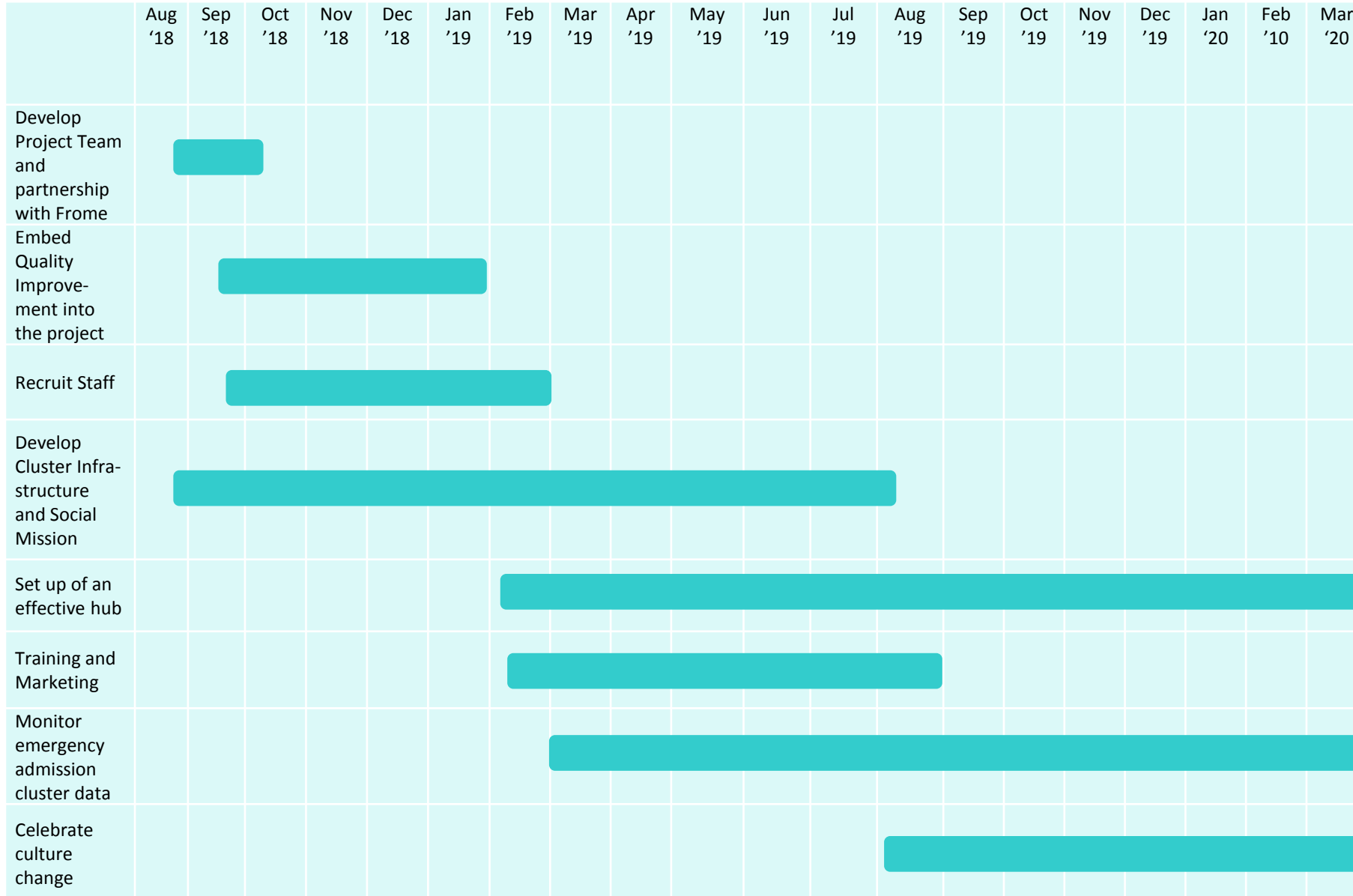
Stakeholders

This project will be developed with:

- ✓ Citizens and Patients
- ✓ GPs
- ✓ Cardiff and Vale University Health Board
- ✓ Cardiff Council and Vale of Glamorgan Council
- ✓ Registered Social Landlords
- ✓ C3SC
- ✓ Third Sector Well-being Services
- ✓ Signum Health Care
- ✓ Cluster Well-being Networks



Delivery Plan



Lead Partners:

Cardiff South West Cluster

Resources Required:

2018/19 - £481,376

2019/20 - £806,087

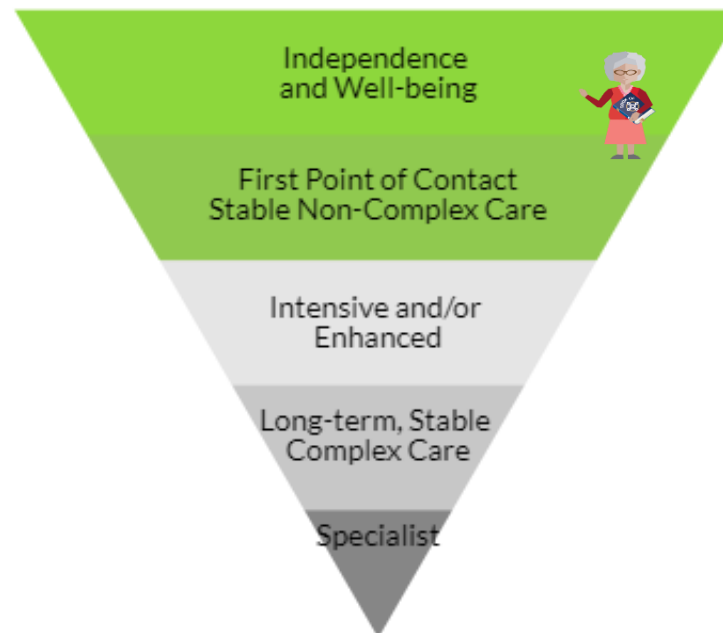
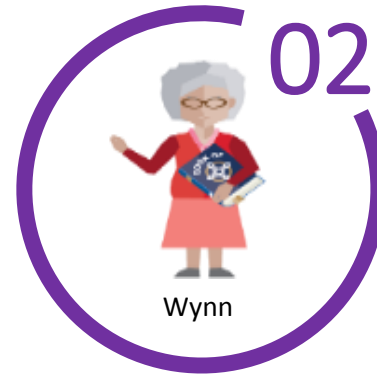
Sustainability Strategy:

The reduction in costs of admissions will be used to offset the roll-out of the model across the region. The Frome model showed a 21% reduction in actual costs (approximately £1.2m) between 2013-2016.

2: Seamless Social Prescribing

Wynn's Current Experience...

- Feeling isolated and suffering with a low mood – she still misses her husband after his death 2 years ago and most days she doesn't get to see anyone.
- Suffering from reduced mobility and has been scared by a near fall.
- Increasing financial concerns about her ability to pay her bills.
- Confused as to where to seek help and assistance – makes regular appointments with the GP as she doesn't know where else to go.



Wynn's Future Experience...

- Wynn has a visit from a Well-being Co-ordinator who supports her to try techniques to reduce her stress and be able to eat more healthier.
- A referral was sent to the Independent Living Service (ILS) who has arranged for the Day Opportunities Team to go along to the local coffee morning in the community centre . Wynn is less anxious as someone accompanies her and after meeting 2 old friends now goes along on a weekly basis.
- Wynn has an alarm installed via Telecare which makes her feel safer if she did fall. The ILS has also arranged for Grab rails to be installed to reduce slips and trips.
- Wynn has had her income reviewed and qualifies for support from an attendance allowance and water bill reduction.
- Wynn's daughter and grandson help her look for other activities via the new *Well-being Matters* Gateway which is accessible at home and community buildings.

Scope

A key part of our seamless care model for our area is creating a single entry point to our Independence and Well-being Services (Tier 1) and our Stable and Non-Complex Care Services (Tier 2), bringing together our information, advice and assistance services into an easily accessible point for both citizens and professionals working across the whole system.

Building on the success we have developed through our First Point of Contact in Cardiff and Single Point of Access in the Vale of Glamorgan we will create a single Well-being brand for the region (*Well-being Matters*) bringing together health, social care, housing and the third sector under one umbrella.

We will develop a new enhanced single entry point which will be web and telephone based to enable people to search for relevant well-being services or arrange for a 'What Matters' Assessment to be undertaken. The '*Well-being Matters*' service will be a 'front door' to services which can be accessed by people at home, in community settings or by professionals working across the region.

We have developed a partnership with *Signum Health Ltd* and are working together to create the *Well-being Matters* gateway to connect services across communities. Behind the gateway will be an on-line service directory which links with Dewis to provide an up-to-date database of relevant services.

Importantly, we will also be working with the Cardiff South West Cluster to develop this approach in relation to social prescribing referrals. GP practices in the Cluster will utilise the technology and connect with Vision so that data is presented and shared with the right person in the right format. Referrals will be sent to the Well-being Hubs hosted by the First Point of Contact/Single Point of Access in Cardiff and Vale of Glamorgan where they will be triaged to identify the most appropriate care and support required. Additionally GPs will be able to refer directly to Well-being Co-ordinators in the Cluster and we are currently exploring with partners about how we create a virtual Well-being team across third sector, housing associations and statutory partners.

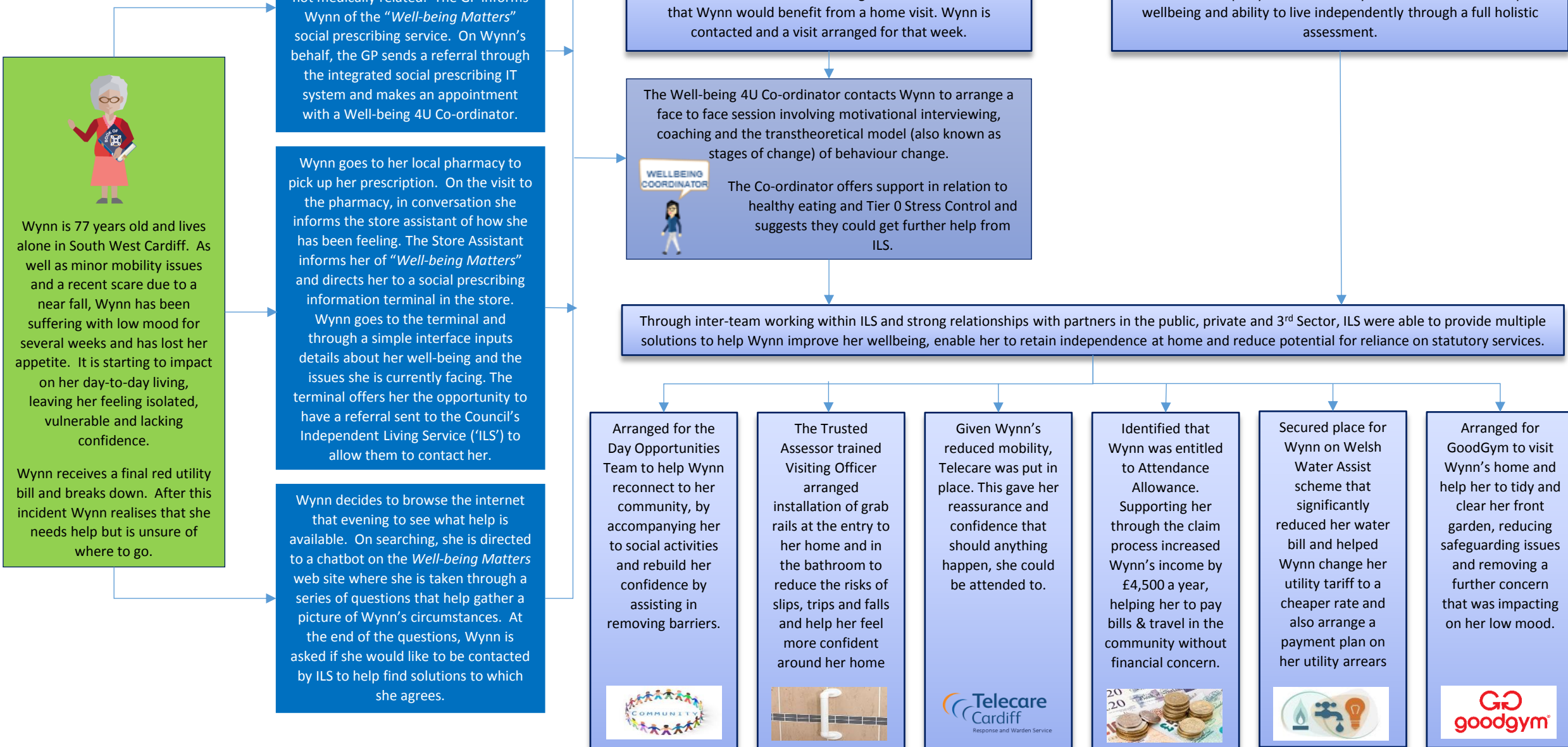
To enable early intervention and self referral we will develop a chatbot functionality on the website enabling people to identify where they can get appropriate help on a 24/7 basis. We see this as a critical feature for managing demand and responding to increasing numbers of people who are IT savvy and wish to seek help when it is convenient for them. We will also secure community access points for the *Well-being Matters* website in GP practices, pharmacies, hubs, community buildings etc. so people can review services available and self refer where appropriate.

Once referred, services will get in touch with individuals and there is an opportunity to feedback on the service received and whether it was successful in improving well-being outcomes. This function will play an invaluable role in informing commissioning decisions and identifying gaps in provision.

As part of the development of cluster based seamless care we will continue to work with third sector partners within our pilot Cluster and who have already come together as an informal Well-being Network to develop collaborative solutions and share best practice.



Our approach to “Well-being Matters” – Developing Seamless Social Prescribing



Delivery

Key Deliverables

- ✓ New single well-being brand across Cardiff and Vale of Glamorgan.
- ✓ Single access point to social prescribing across Cardiff and Vale.
- ✓ Direct referrals from GPs to Independent Living Services and Well-being Co-ordinators using an integrated IT system.
- ✓ Distance travelled tool to measure outcomes of interventions which feeds citizen/patient records.
- ✓ Partnership approach to delivering enhanced Independent Living Services across local authority and Registered Social Landlords.
- ✓ New regional well-being gateway and chatbot function to provide enhanced information, advice and assistance.
- ✓ Well-being community access points in hubs, pharmacies and community buildings.
- ✓ Cluster well-being networks to support co-production and sharing of best practice.

Outcomes

- ✓ Reduced numbers of people attending GPs.
- ✓ Reduced numbers of people requiring social care.
- ✓ Improved health and well-being to be measured via service outcomes.
- ✓ Reduced demand on statutory services.
- ✓ Number of people reporting they feel more independent.

Scalability

The project will commence in South West Cardiff cluster and be implemented across the region during the duration of the Fund. The approach can be implemented nationally once tested.

Transformative

The project meets all of the 'A Healthier Wales' design principles



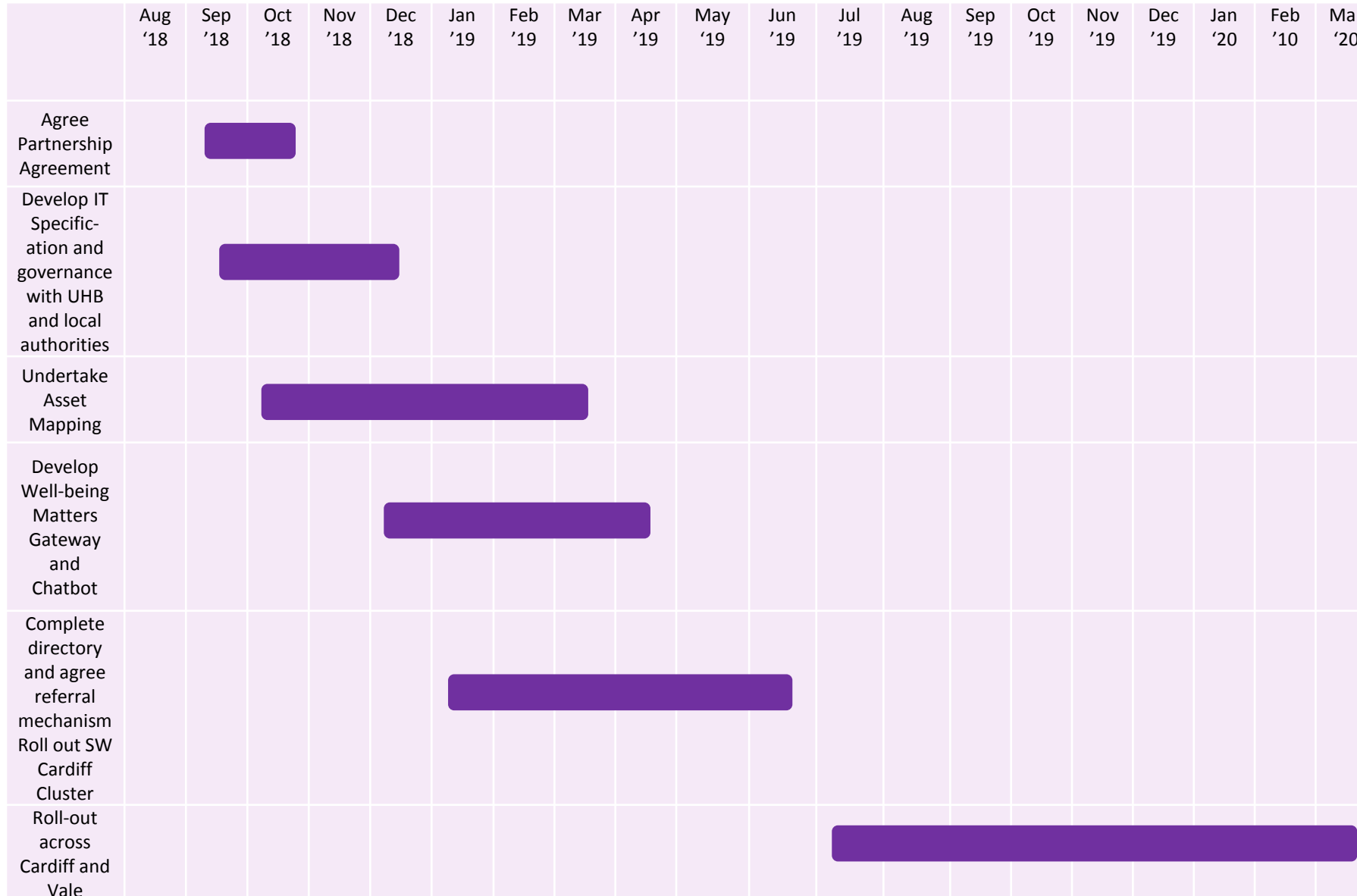
Stakeholders

This project will be developed with:

- ✓ Citizens and Patients
- ✓ GPs
- ✓ Cardiff and Vale University Health Board
- ✓ Cardiff Council and Vale of Glamorgan Council
- ✓ C3SC and GVS
- ✓ Registered Social Landlords
- ✓ Third Sector Well-being Services
- ✓ Signum Health Care
- ✓ Wales Co-operative Centre
- ✓ Cluster well-being networks



Delivery Plan



Lead Partners:

Cardiff and Vale UHB and
Cardiff Council

Resources Required:

2018/19 - £325,686

2019/20 - £476,140

Sustainability Strategy:

Funding will be used to provide set up costs of the website gateway, directory, chatbot and integrated social prescribing IT system, project management and additional capacity within the Independent Living Service, Well-being Co-ordinators and Well-being Services.

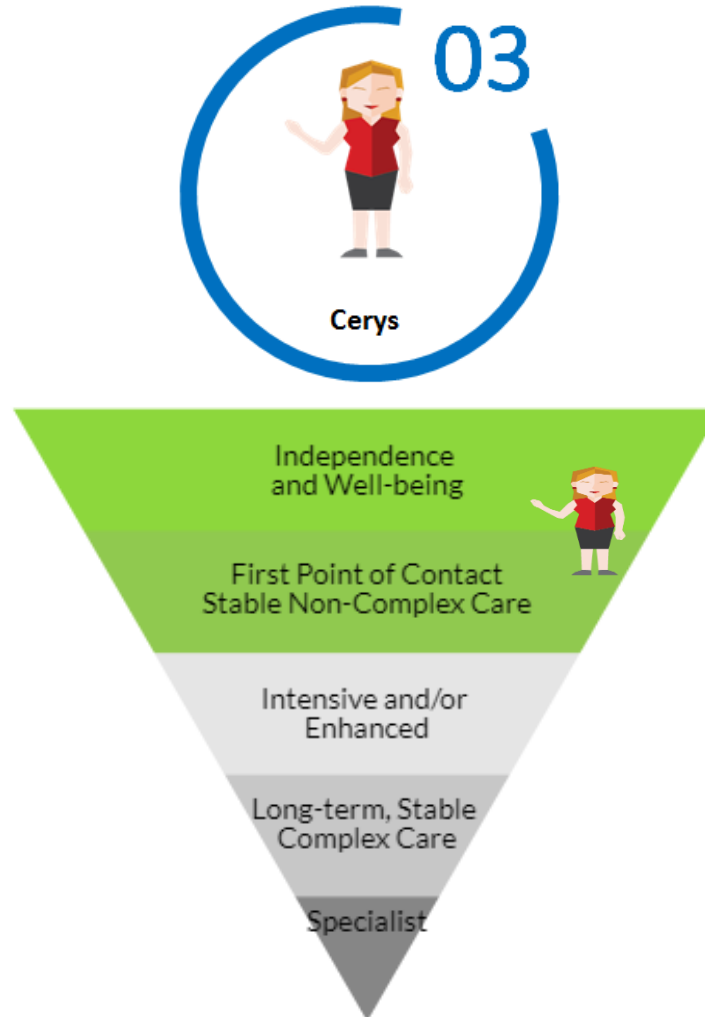
We will need to confirm any ongoing maintenance costs but this will be mainstreamed as part of core service following the end of the project.

We will be exploring partnership 'in kind' contributions to support a virtual Well-being Cluster Team.

3: Developing a Single Point of Access for GP Triage

Cerys' Current Experience...

- Frequent visitor to the GP for repeat appointments.
- Feeling isolated with her problems and in an cyclical process of medication, appointments and further symptoms.
- Anxious about her finances.
- Poor diet, nutrition and fitness
- Exacerbating her heart condition due to poor self-care.
- Feeling exhausted and concerned regarding her children's behaviour and her relationship with them.
- Exhausted at the thought of her caring responsibilities.
- Increasing use of alcohol
- Deteriorating health (physically and mentally).



Cerys' Future Experience...

Cerys makes call to 'Well-being Matters' with the intention of booking a GP appointment, she speaks with a Call handler who triages her call and:

- arranges for Cerys to have a carer's assessment via Social Services .
- directs her to the Family Information Service (FIS) and Families First Advice Line.
- makes Cerys aware of the parenting classes and courses to give her confidence to parent effectively, with a possible referral to Children's Services if assessed as meeting eligibility.
- links Cerys with third sector broker for community groups that support her with exercise or links to leisure centres/services in the area.
- signposts her to DEWIS Cymru for other support groups, including her welfare rights for benefits.
- notifies Wellbeing 4U Co-ordinators to support Cerys with nutrition, stress management and safe alcohol consumption.

Cerys does not feel a current need to see the GP today as she feels more empowered to use other sources of support.

Scope

Our proposal seeks to address GMS sustainability issues through the development of an effective GP triage service. This builds upon the successful model of the current Single Point of Access (SPoA) in the Vale of Glamorgan. The proposal seeks to add to the model by providing support and diverting people away from a GP appointment/home visit unless this is medically necessary. Achieving this through facilitating access to a suite of services and professionals across health, social care and third sector in a seamless manner. Thus eliminating boundaries and ensuring the 'patient' accesses the seamless system at the right point and with the right service/professional, reducing the number of 'hand-off's' between professions and organisations.

This transformative development will build on the successful SPoA which currently provides integrated health and social care services, offering referral points and booking systems for various regional health services and adult services in the Vale, and offers more than a managed primary care service.

It is envisaged that the patient would contact their GP surgery, which would then divert them into the *Well-being Matters* Contact Centre where they would be put through to either an on-line booking system

for various services across our system, or speak with a skilled call handler that can assess the person's presenting issue(s) through a 'What Matters' type conversation.

Citizens can then be signposted to a series of services to address their issue – this suite of options includes services based around the cluster models – Pharmacist, Frailty Nurse, Physio, OT, SALT, CPN, social worker, housing advisor, third sector broker, DEWIS, wellbeing co-ordinator etc. This seamless service will be enhanced following the implementation of Project 2 across the region and the ability of citizens to access well-being services via the new *Well-being Matters* gateway and Chatbot facility being rolled out across the region.

The model maximises the skills of the other professionals and services in the system, and by utilising a strengths based approach, seeks to enable the citizen to be responsible for their own well-being and to be supported closer to home and within their own network/community.

The proposal is transformational, we are not aware of any other local authority and health board partnering with independent contractors to manage demand and public expectations in this manner. It seeks to support the seamless approach for the citizen and addressing their wellbeing needs in as few 'contacts' as possible using LEAN thinking, reducing duplication and effective use of skills and resources. Delivery is challenging given the scale of the cultural shift required and the modelling of the call volumes/demand. Its success will be dependent on the 'buy in' of practitioners, the ability to join systems for information sharing, scoping the work for each practice, and success in shifting public expectations within the implementation timeframe.



Delivery

Key Deliverables

- ✓ Seamless service offered to the citizen.
- ✓ Improved GMS sustainability – less pressure on GP recruitment.
- ✓ Better use of skills and resources across the whole system.
- ✓ Delivering care 'closer to home' by facilitating access to services within Locality.
- ✓ Promotion of preventative services and well-being rather than a 'medical' model.
- ✓ Equity of service provision across all GP Practices due to triage.
- ✓ Managing patient expectations through an effective communication strategy.
- ✓ Shared information systems across seamless system to enable seamless care.

Outcomes

- ✓ Reduced number of GP appointments.
- ✓ Reduced number of 'hand-offs' between professionals / organisations .
- ✓ Improved times for response as accessing right service.
- ✓ Improved resilience for all services through managing demand and workflow centrally.
- ✓ Patient experiences good quality care from professionals / services without accessing the GP.

Scalability

The project will commence in Eastern Vale Cluster and be implemented across the Vale of Glamorgan Locality within the duration of the Fund. The approach can be implemented regionally and nationally once tested.

Transformative

The projects meets all of the 'A Healthier Wales' design principles

Stakeholders

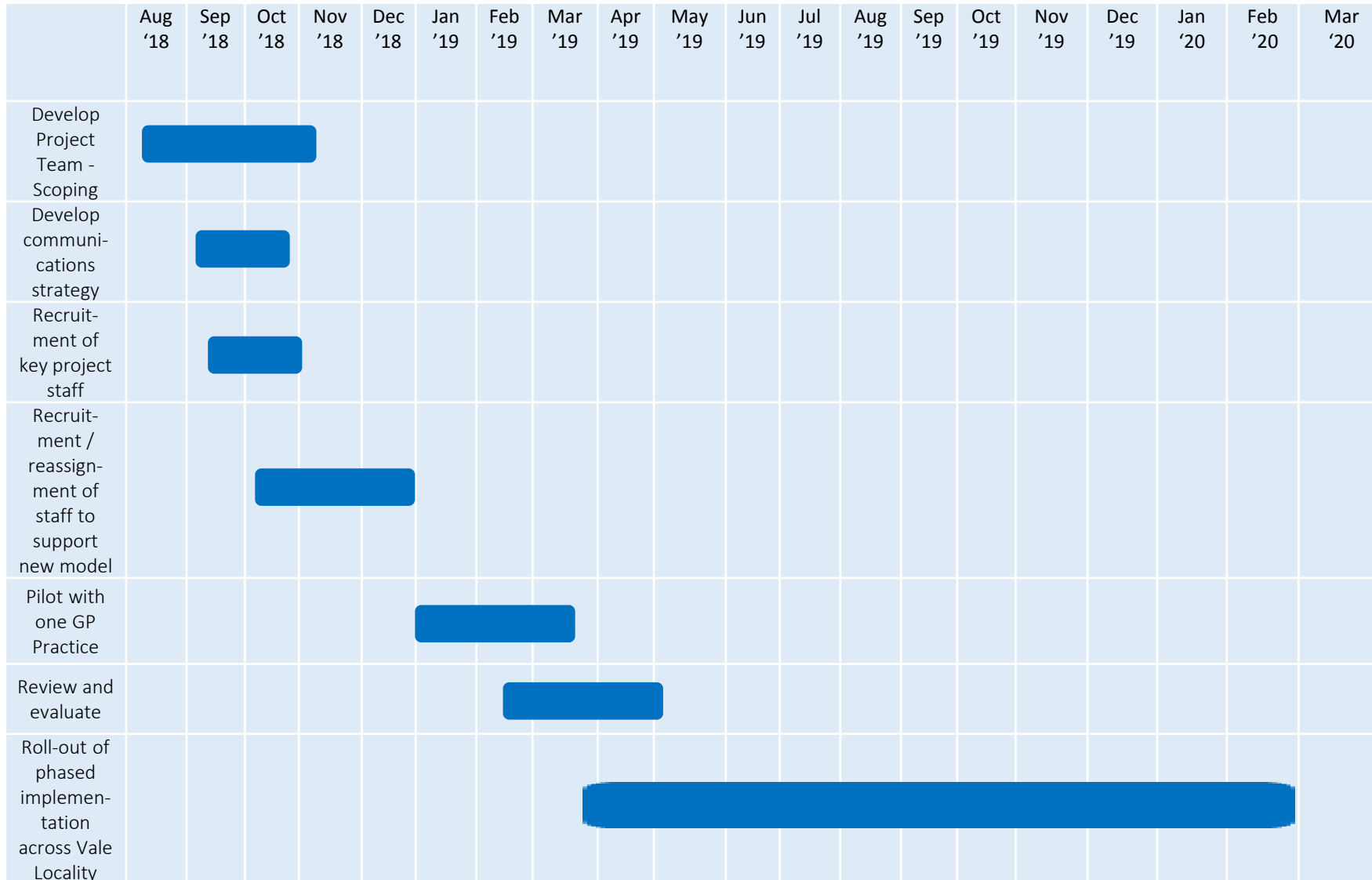
This project will be developed with:

- ✓ Citizens and Patients
- ✓ GPs and practice staff
- ✓ Cardiff and Vale University Health Board Primary and Secondary care representatives
- ✓ Vale of Glamorgan Council
- ✓ GVS
- ✓ Third Sector Well-being Services
- ✓ Community Health Council





Delivery Plan



Lead Partners: Cardiff and Vale UHB and Vale of Glamorgan Council

Resources Required:

2018/19 - £293,098

2019/20 - £940,861

Sustainability Strategy

Diverting workload away from GP practices through use of 'Well-being Matters' will enable independent contractors to 'buy' in the services of the GP Triage service once there is a proven reduction in the workload of practice support staff and clinical time.

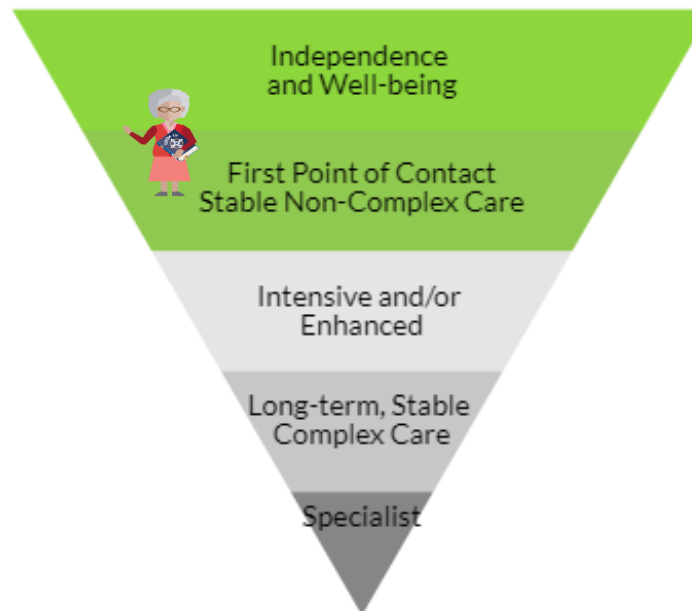
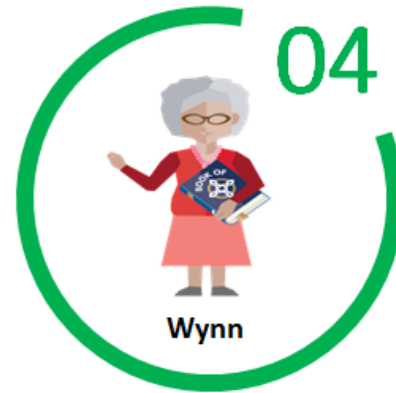
Diverting work from Secondary care and hosting roles within primary care where the patient/citizen receives their 'care' allows reinvestment in primary/community care.

Use of digital strand of contact centre will reduce the need for call handlers in other areas of the business which will enable reinvestment in structures to support this new model.

4: 'Get Me Home' Preventative Services - A Seamless Access Point for Community Based Services

Wynn's Current Experience...

- On admittance to hospital Wynn is treated for the fall she had at home but no one has asked her about her home life in order to plan for future discharge.
- Wynn has conversations with health and social services staff separately but doesn't understand why she is being asked the same things more than once.
- Wynn feels concerned when staff have suggested the option of a care home when she leaves hospital as she wants to stay at home.



Wynn's Future Experience...

- On admittance to hospital, Get Me Home officers met with Wynn and her daughter to understand her position at home and identify what additional support may be required.
- Get Me Home officers have attended board rounds and understand when Wynn is expected to be discharged – they have already made arrangements for adaptations to be made in Wynn's house to make it more mobile.
- Get Me Home officers have organised the Meals on Wheels service to be delivered when she leaves hospital.
- Get Me Home officers have liaised with the Community Resource Team to ensure there is some re-ablement to help Wynn build her strength and confidence.
- Wynn has signed up to the third sector befriending scheme and will be matched with a volunteer.

Scope

Building on the demonstrable achievements of the Preventative Services First Point of Contact in Cardiff, the new Get Me Home Service is a single access point within the hospital for all community based services.

Using a collaborative approach, a new way of working will be developed to improve the patient journey and increase integrated working between Cardiff Council, health and third sector partners to ensure patients have access to the full range of services offered by the Preventative Services programme, as well as community or home based social care services, as required. This will see multi skilled Council operatives working hand in hand with health colleagues in the hospital to facilitate the journey home.

The team will be on hand to meet patients using 'What Matters' conversations to provide holistic tailored support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living. Examples include income maximisation, social isolation, meal management, home safety and assistive technology which will maximise the individual's abilities, reducing the demand for social and primary care. There will be a whole system approach to the provision of health and social care by changing the concept of dependence to independence, looking at health and well-being throughout the journey from admission to home and continuing in the home environment to avoid readmission and higher dependencies on social care or primary care.

The service will ensure that:

- there is a single point of contact for discharge and community needs removing duplication and inconsistency; and improving co-ordination, communication and information sharing.
- assessments are rapid, effective and able to mobilise the required services, looking at holistic needs, not just care.
- people do not have to make decisions about long term care while they are in crisis.
- information moves with the person – by creating a system where once something is known about a person, everyone that needs to know within the system is informed (within the constraints of confidentiality/ information governance).
- a dynamic system is sustained which continues to change and improve.
- working relationships between health, social care and housing sectors are enhanced with increased development opportunities for staff.
- better use of step up is made for evaluation purposes.
- a culture change is adopted from a reactive to a proactive approach to discharge with an earlier link to community services enabling a speedier discharge.
- early family engagement is secured to foster self-help belief.
- there is improved population health and well-being through a focus on prevention.
- there is an improved experience and quality of care for individuals and families.



Get Me Home (GMH) Team Timeline Comparison

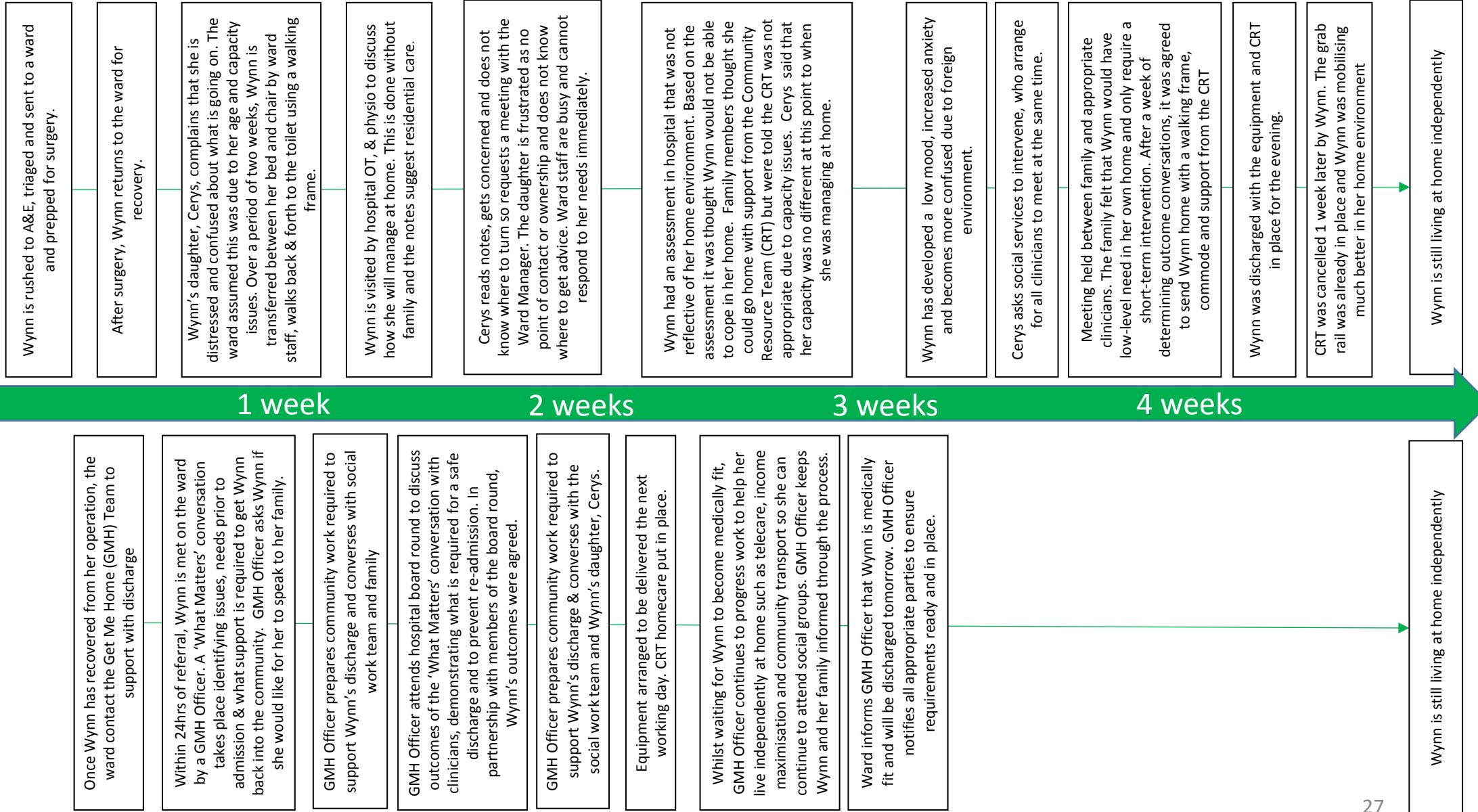
Current Experience



Wynn is 77 years old and has been living independently without issue or care needs.

During a visit to the supermarket Wynn fell and was rushed to hospital by ambulance, where it was discovered she had broken her femur and required surgery.

Get Me Home Experience



Delivery

Key Deliverables

- ✓ New single point of contact for discharge and community to remove duplication and inconsistency, whilst improving co-ordination, communication and information sharing.
- ✓ Additional occupational therapy capacity to provide equipment (not care) based solutions which accelerate discharge to home.
- ✓ New weekend service enabling increased discharges.

Outcomes

- ✓ Reduction in bed days.
- ✓ Improved patient flows.
- ✓ Reduced demand on social care.
- ✓ Low level needs delivered through non social care pathway.
- ✓ Patients able to live more independently once home.

Scalability

The project will commence in Cardiff during the initial phase. The approach can be implemented regionally and nationally once tested.

Transformative

The projects meets all of the 'A Healthier Wales' design principles



Stakeholders

This project will be developed with:

- ✓ Citizens and patients
- ✓ Cardiff and Vale University Health Board
- ✓ Cardiff Council
- ✓ C3SC, Age Connects and Third Sector Well-being Services



Delivery Plan

	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20
Agree Project Plan																				
Review and analysis of 'As Is' Position																				
Recruit Staff																				
Complete gap analysis for 'To Be'																				
Agree mechanism for service delivery																				
Go live on Pilot Ward and undertake review																				
Phased Roll-out to all wards																				

Lead Partners:

Cardiff Council and Cardiff & Vale UHB

Resources Required:

2018/19 - £226,549

2019/20 - £388,370

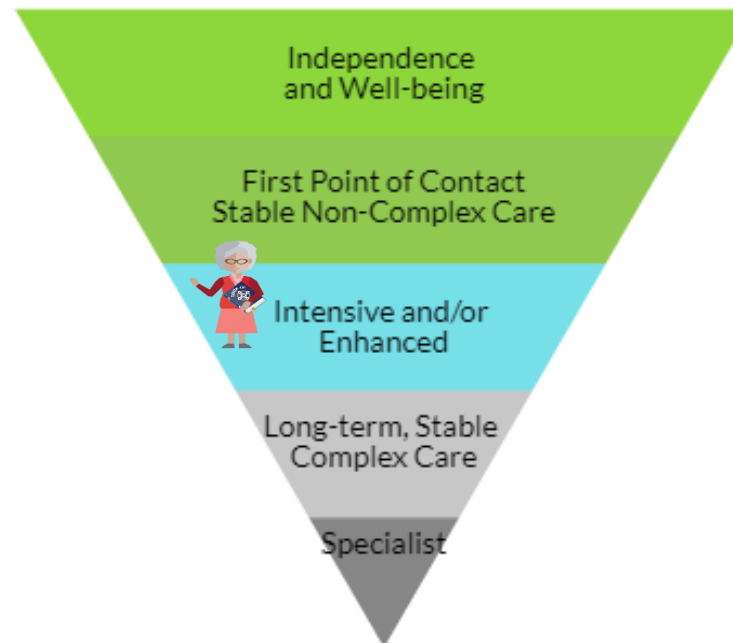
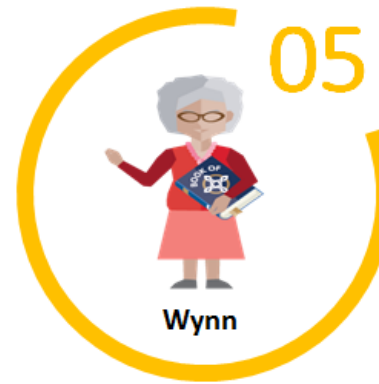
Sustainability Strategy:

This Project will initially be funded to trial the new model of working and then will be mainstreamed by the realignment of existing health and social care staff into a new integrated service.

5. Get Me Home Plus

Wynn's Current Experience...

- Wynn is now fit to go home but will need long term ongoing care - a Social Worker assessment is needed to arrange domiciliary care, which can take 15 days or more.
- Whilst Wynn is on the ward waiting for news of her care package and equipment, she remains at risk of hospital acquired harm and decompensation, often likely to deteriorate and potentially result in her needing residential care.
- Wynn's assessment is based on her abilities whilst in a hospital environment not her own home where she is far more familiar with her surroundings and therefore may lead to an inaccurate reflection of her needs.
- After a minimum of 15 days Wynn is discharged and receives ongoing care at home from a domiciliary care agency .



Wynn's Future Experience...

- Wynn is now fit to go home but is very likely to need ongoing long term support.
- Wynn is told that she will be going home very shortly and the nurse has made referral to the GMH+ service.
- Within 24hrs a team member from GMH+ , assesses her suitability and arranges for Wynn to be discharged within 24hrs.
- A GMH+ team member meets Wynn at the door, provides equipment and assesses Wynn's needs in her own environment.
- Wynn is discharged within 24 hrs avoiding all of the associated risks of a lengthy hospital stay, maintaining her independence in her own home and potentially avoiding residential placement.

Scope



The new model of care proposed will ensure that individuals remain in hospital for the minimum amount of time essential to their care needs. Care will be delivered in their own home and will be seamless, despite multiple organisations involved in the delivery. The focus of care will be around what matters to the individual and is aimed at maintaining them in their own home, assisting them to live as independently as possible, for as long as possible.

Current arrangements in the partnership between Cardiff/Vale Social Services and the UHB at the time of discharge arrangements are confined to in-hospital assessments of the patient and a long arm understanding of their home circumstances. Using the format in “Passing the Baton” we are now jointly using the concepts of “Simple, Supported and Complex” when evaluating discharges and identifying the most effective process.

There is a generally agreed view that for many patients this in-hospital assessment, whilst valuable in its health and therapy input, is not the best way of assessing how the individual may manage in their own home. People often respond well to going home, their strength returns, their mood improves and they are able to find ways of managing in the community with appropriate and targeted support.

The Integrated Discharge Service comprising of health and social care staff currently manages the discharge planning of individuals. The outcomes are:

- Discharge of a person with an existing care package.
- Discharge of a person with no care services but a clear need for formal support to remain in the community.
- Discharge of a person into a care home placement.
- Social care staff in most circumstances can restart an existing care package unless a full re-assessment is required, as the person’s condition has deteriorated.
- Social workers will work with the MDT to complete an assessment to evaluate a person’s needs on discharge. As with any assessment, this does mean a period spent in a hospital bed as arrangements are progressed.
- Social workers will assess and formally arrange for an individual to take up a place in a care home.

There is a need to consider the way that we currently discharge and to move away from the concept of “pushing” people out of hospital to a more community based concept of “pulling” them out from the community.

Current health and social care arrangements do not have existing structures to manage a discharge home for the assessment of patients who require more support than a typical individual going home with the Community Resource Team (CRT) service. Existing services work to a re-ablement model and, although there would be a re-ablement element to the services proposed, the cohort of patients would be more impaired and require a more intense package of support. There is also a clear need for an night-service that can offer wrap around care.

There is evidence that assessing people in their own homes, where they want to live and where they feel most confident is the most effective and person centred approach that health and social care can take. Get Me Home Plus offers a credible and effective option that takes the person’s recovery to their usual surroundings, reducing further deconditioning and the risk of hospital-acquired infections. The current delay in discharge can often lead to decompensation, loss of mobility, confidence and independence, potentially resulting in a consideration of residential care.

On analysis there are, on average, 14 patients per week identified within the UHB’s wards who require either restart or establishment of a new package of care within Cardiff and the Vale. This Project will provide a fast track Get Me Home Plus pathway for at least 8 patients per week who have been assessed as requiring level 2/3 support (Supported /Complex) - often a restart or establishment of a new package of care in order to return home.

This pathway will also include, where required, support from the Get Me Home Preventative Services In Project 4, to ensure a holistic assessment of needs which will include benefits advice, links to other community services, along with signposting to other third sector support with the aim of preventing further admissions and providing individuals with support to maintain their well-being within their own home.

Delivery

Key Deliverables

- ✓ Assessment for care undertaken in a home environment.
- ✓ A new night time service to cover calls for continence and other specific tasks.
- ✓ Improved patient flow of hospital discharge as the new system will move patients from wards to homes without the need for in-hospital therapy and social work assessment.
- ✓ Ongoing care support provided by social care to work alongside the patient, their family and their therapists to develop an appropriate care and support plan.
- ✓ A enhanced focus on Occupational Therapy solutions tailored to individual needs.
- ✓ Multi-disciplinary approach to discharge whereby District Nurses and GPs are part of the discharge along with the full range of therapeutic staff in the community.

Outcomes

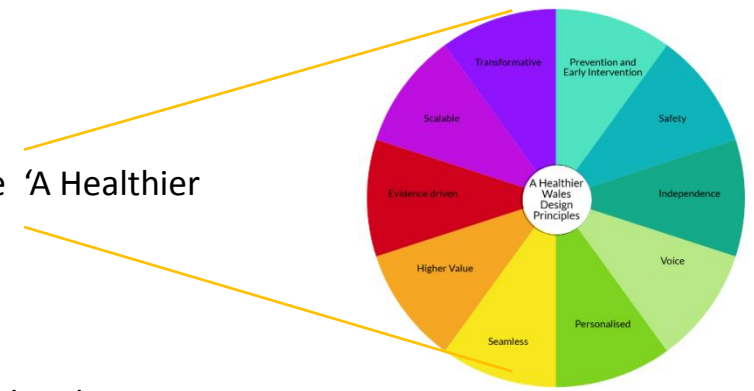
- ✓ Reduction in bed days.
- ✓ Improved patient flows.
- ✓ Reduced demand on social care.
- ✓ Reduction in number of assessments undertaken.
- ✓ Reduction in the risk of unintended hospital acquired harm.
- ✓ Reduction in ongoing care needs.
- ✓ Reduction in re-admission rate.
- ✓ Reduction in number referred into residential care.

Scalability

The project will be delivered across Cardiff and the Vale of Glamorgan. The approach has the potential to be rolled-out nationally once tested.

Transformative

The projects meets all of the 'A Healthier Wales' design principles



Stakeholders

This project will be developed with:

- ✓ Citizens and Patients
- ✓ Cardiff and Vale University Health Board
- ✓ Cardiff and Vale of Glamorgan Councils
- ✓ GPs
- ✓ Third Sector
- ✓ Independent Sector

Delivery Plan

	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20
Develop Project Team	■	■																		
Recruit Staff (UHB and Council)			■	■																
Develop Operational Policy	■	■																		
Agree mechanism for rapid provision of equipment to facilitate discharge	■	■																		
Agree Pilot Wards	■	■																		
Agree and implement Communications Plan to embed operational policy				■	■	■														
Commence Pilot					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Lead Partners:

Cardiff and Vale UHB and
Cardiff and Vale of
Glamorgan Councils

Resources Required:

2018/19 - £510,976

2019/20 - £1,110,379

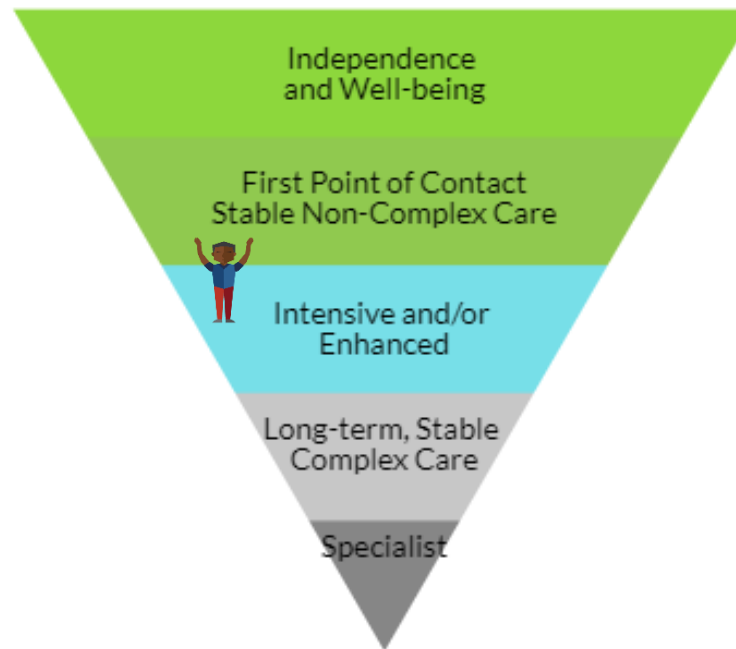
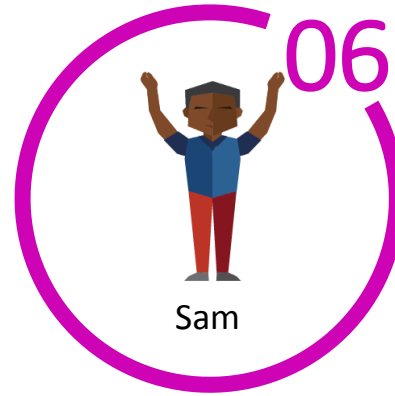
Sustainability Strategy:

This proposal is being piloted at limited risk to organisations. Local authority staff will be employed on a fixed term basis. In order to attract health staff, posts will need to be advertised permanently. However, if no future funding is made available or if the project is not successful, then therapy staff will be absorbed into the UHB where there are large numbers of vacancies.

6: Developing an ACE Aware Approach to Resilient Children and Young People

Sam's Current Experience...

- Sam is finding it difficult at school as a result of an Adverse Childhood Experience (ACE) but doesn't meet the criteria for Child and Adolescent Mental Health Services (CAMHs).
- Sam's behaviour and attendance is getting worse. There seem to be a number of services but all have different referral mechanisms resulting in both Sam's school and his mum (Cerys) not knowing where to turn to for advice.
- Sam is suffering from anxiety and low mood which Cerys suspects is as a result of bullying for being dyslexic. Sam is withdrawing and won't talk to her about it.



Sam's Future Experience...

- School identify Sam is struggling with issues in school and are concerned about his well-being.
- School liaise with the Education Wellbeing team and request support.
- Resilience workers visit the school; and talk to Sam's teachers, talk to Sam and observe his behaviour and meet Cerys.
- The resilience workers and psychologists formulate a plan with school and mum which enables Sam to feel supported and ensures positive interactions with adults and peers.
- The worker will visit Sam regularly and if Sam still has problems with anxiety and low mood, they will enable access to the appropriate emotional mental health services and support any recommended intervention.

Scope

Our Project has been developed in line with the findings and recommendations of the National Assembly for Wales' 'Mind over Matter' Report (2018) on the step change needed in emotional and mental health support for children and young people in Wales. An estimated one in four children will show some form of mental ill health and half of all mental health problems begin by the age of 14.

Our proposal is to implement a new way of working across health, social care, education and the third sector to increase resilience and awareness in children and young people (CYP) across the region through peer support, timely intervention and signposting.

This will be delivered by new Resilience Workers who will be employed by the UHB and supervised by existing clinical staff from Primary Mental Health Services, Clinical Psychology and CAMHS. However, as part of a transformative approach to changing professional culture and working practices, the resource will be based in the two existing Education teams (Cardiff Specialist Teacher Team and Vale Outreach Team). These teams work into school clusters to support children's emotional well-being but the new approach would be bringing the attachment, Adverse Childhood Experiences (ACEs) and mental health perspective to the teams in a holistic service spanning education, health and social care.

The Resilience Team will allocate a lead worker for each Cluster with the resource being flexed to meet demand. Each of the workers, where possible, would also have a key expertise in an area important to children and young people e.g. peer support, volunteering, Welsh language etc.

The provision of the new Resilience Team will enable capacity building and further skilling of the CYP workforce (including the third sector) and the school community to be able to support emotional well-being and specifically understanding ACE's and attachment. This will support the integration of emotional and mental health in existing CYP services such as Families First.

The Resilience Team will also work with the community to co-produce early intervention and training for the region.

We have developed a partnership with the Mental Health Foundation who will work with us to provide project management and evaluation support.



Delivery

Key Deliverables

- ✓ New holistic service bringing together attachment, Adverse Childhood Experiences and mental health services across education, health and social care.
- ✓ New Resilience Workers working across Clusters within Cardiff and Vale of Glamorgan.
- ✓ Early intervention and prevention approach through Resilience Workers based within the community.
- ✓ Development of peer support and volunteering.

Outcomes

- ✓ Improved mental health and well-being for children and young people.
- ✓ Decrease in referrals to mental health services .
- ✓ Increased knowledge and skills of non-mental health professionals in the community.
- ✓ An ACES/developmental trauma informed approach in the community.
- ✓ Establishment of an effective working model that can continue long term.

Scalability

The project will be implemented across Cardiff and the Vale of Glamorgan during the duration of the Fund. The approach can be implemented nationally once tested.

Transformative

The projects meets all of the 'A Healthier Wales' design principles

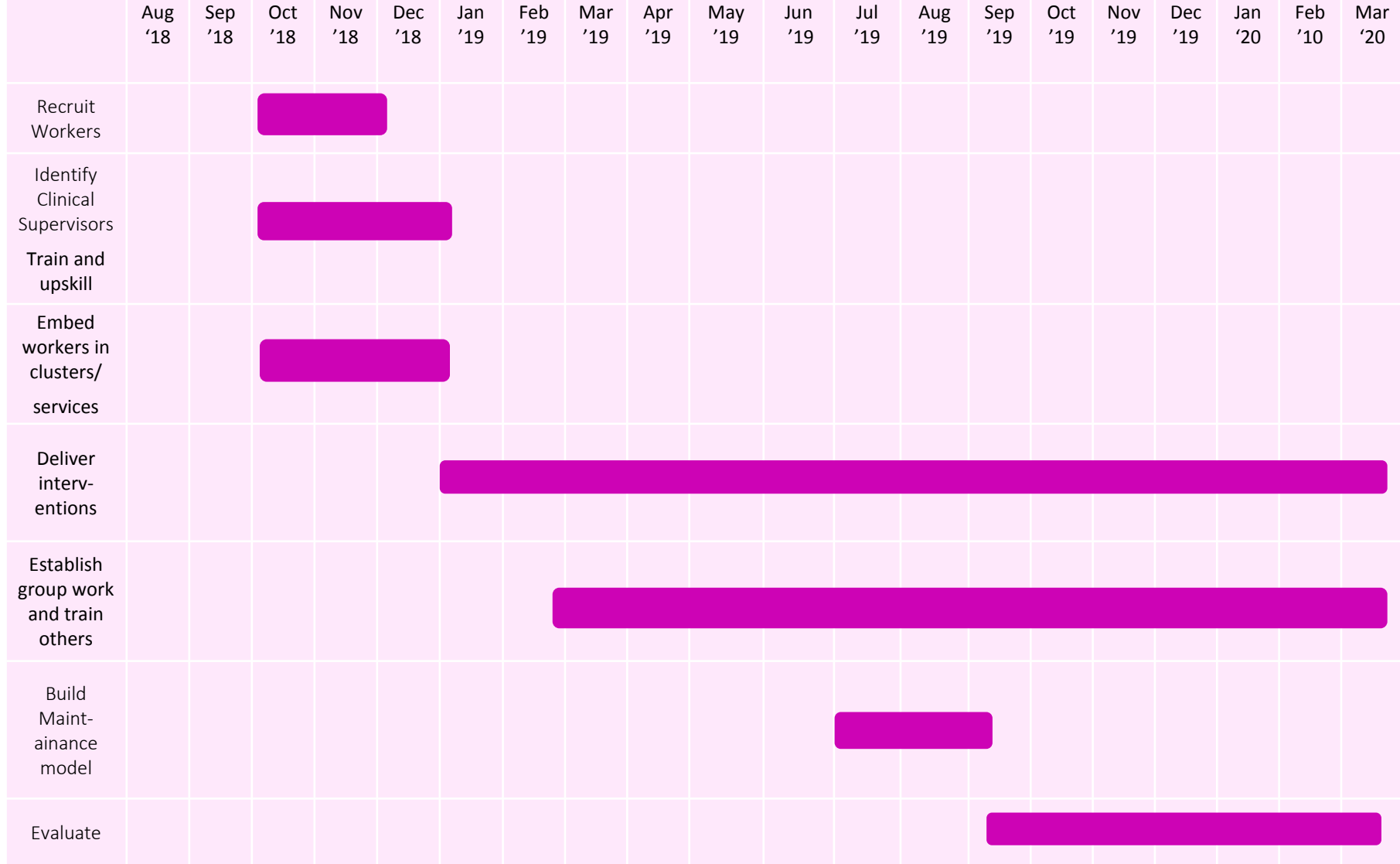


Stakeholders

This project will be developed with:

- ✓ Children and young people
- ✓ Families
- ✓ Cardiff and Vale University Health Board
- ✓ Cardiff and Vale of Glamorgan Councils – Social Care and Education
- ✓ Schools
- ✓ Third Sector

Delivery Plan



Lead Partners:

Cardiff and Vale UHB/Cardiff Council/ Vale of Glamorgan Council

Resources Required:

2018/19 - £252,369

2019/20 - £475,032

Sustainability Strategy:

Graduate Mental Health Workers will be recruited to make up the Resilience Team as they actively seek short-term contracts to build up experience and are easy to recruit. This will also mean that there are no on-going employment liabilities.

Peer support groups in schools and other settings will continue beyond the life of this pilot, run by the recruited trained volunteers.

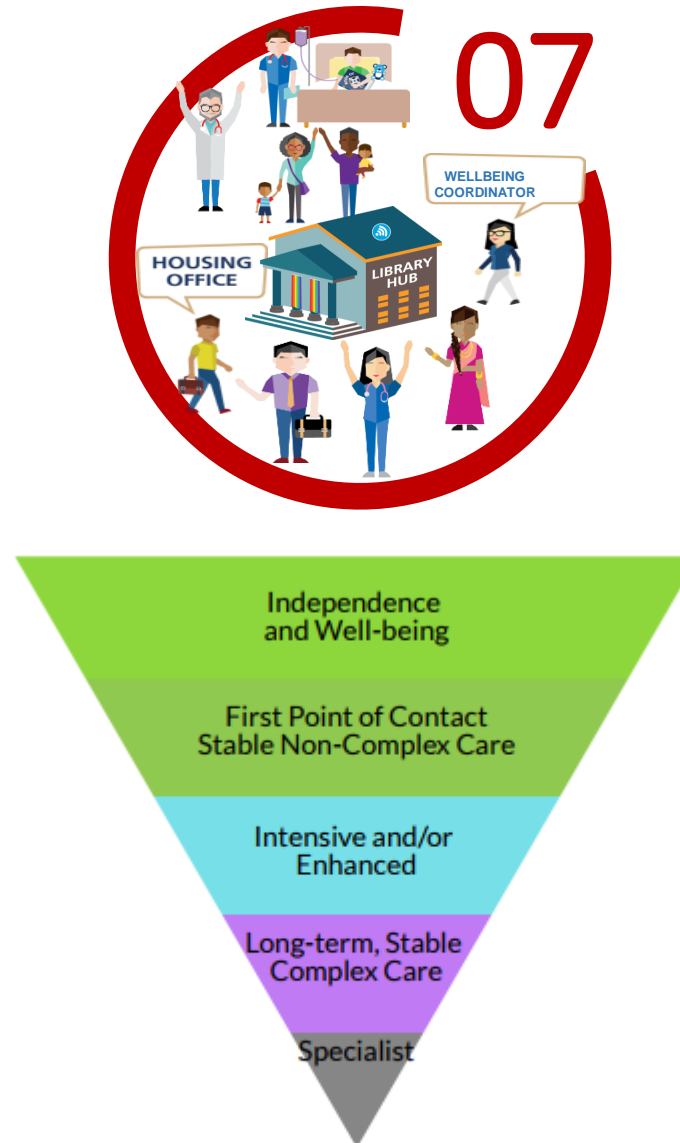
The training delivered during the pilot will be cascaded further by the schools and other agencies themselves beyond the life of the pilot. If the pilot is successful then it will be for partners to identify resources to mainstream as a cost effective 'invest to save' model.



7: Developing Place Based Integrated Community Teams

Current Experience...

- Care models are inconsistent across the region causing confusion and difficulties for scaling.
- Some 'joint' teams are not properly integrated.
- Some services don't operate on a place based approach and don't maximise opportunities of community assets.
- There can be a plethora of different teams as a result of funding streams, which don't always work together collectively.
- People tell their 'story' multiple times to multiple care and support staff.



Future Experience...

- A blueprint is in place outlining minimum services which are delivered on a UHB, Local Authority, Locality and Cluster footprint.
- Resources are delivered on a place based approach which meet the needs of different communities.
- Health and social care teams work in an integrated way alongside housing and third sector teams.
- We have a network of hubs and active Cluster Practices who deliver a wider range of well-being services.
- Asset Based Community Development (ABCD) is at the heart of our approach where we identify and mobilise individual and community 'assets', rather than focusing on problems and needs (i.e. 'deficits').

Scope

In line with 'A Healthier Wales', the Cardiff and Vale of Glamorgan Regional Partnership Board is fully committed to a place based approach which enables partners to listen and work with people in need of care or support, to jointly find solutions to meet their needs.

We are also using the notion of "Home First " to drive our joint working and enable people to live at home, or as close to home as possible, in accommodation appropriate to their needs and where they can live well, thrive and remain independent.

This project will provide short-term capacity to work with health and social care staff, GPs and the third sector across the region to inform a new place based blueprint for services which will:

- improve the quality of care and experience of care by joining up health and care services around the need of the person.
- support multi-agency integrated care delivery including developing links with effective local third sector organisations and volunteers.
- improve the quality of care for patients and reduce avoidable emergency admissions to hospital.

- improve the experience of those patients/service users with complex needs and/or multiple long term conditions by demonstrating a more joined up, planned approach to their care.
- Support people to have information about their health and well-being.
- Identify and maximise the contribution of community assets to support well-being.
- Further develop opportunities for co-location of services through hubs and other community buildings.

The Project will scope the minimum services which could be provided on a cluster/locality/local authority and UHB Footprint in a sustainable way. This will include consideration of resources such as Physiotherapists, Occupational Therapists, Speech and Language Therapists, District Nurses, Social Care Staff, Care Coordinators, Pharmacists, Well-being Co-ordinators, Mental Health Practitioners and Registered Social Landlords.

In addition we will work with the third sector to map our community assets and support the contribution of the emerging health and well-being networks in each of the clusters across the region. This will ensure there is a clear focus on early intervention and prevention.

The Project will also develop a shared vision, objectives and governance arrangements for the new integrated community teams to span organisational and service boundaries and which reflects the local context and the needs of each Locality and Cluster.



Delivery

Key Deliverables

- ✓ Workforce engagement across health, social care and third sector to inform blueprint.
- ✓ Agreed blueprint for minimum services on a UHB footprint, local authority footprint, Locality and Cluster footprint.
- ✓ Asset Maps for each Cluster.
- ✓ Identified venues for co-location and delivery of integrated services.
- ✓ Regular multi-disciplinary team meetings across health, social care and the third sector.
- ✓ Active Health and well-being networks in each Cluster informing joint working.

Outcomes

- ✓ Improved communication between staff.
- ✓ Reduced duplication and multiple visits to the same patient.
- ✓ Greater understanding and respect of roles.
- ✓ Staff responding to patients' needs that may have been passed onto another professional previously.

Scalability

The project will be implemented across Cardiff and the Vale of Glamorgan during the duration of the Fund. The approach can be implemented nationally once tested.

Transformative

The project meets all of the *'A Healthier Wales'* design principles



Stakeholders

This project will be developed with:

- ✓ Cardiff and Vale University Health Board
- ✓ Cardiff and Vale of Glamorgan Councils
- ✓ GPs
- ✓ C3SC and GVS
- ✓ Third Sector
- ✓ Registered Social Landlords



Delivery Plan

	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20
Recruit project capacity																				
Undertake engagement with workforce																				
Map regional/ locality/ Cluster assets																				
Test new delivery models/ proposed minimum service																				
Produce Draft Blueprint																				
Undertake engagement with workforce																				
Agree Blueprint and governance																				
Commence implementation																				

Lead Partners:

Cardiff Council/Vale of Glamorgan Council/Cardiff & Vale UHB/C3SC/GVS

Resources Required:

2018/19 - £157,311

2019/20 - £266,249

Sustainability Strategy:

The Project capacity will be recruited on a fixed term basis to support the development of the new model.

Delivery and Governance

Effective delivery of the Transformation Fund will be managed through the Regional Partnership Board reporting structures which will consist of :

- Monthly Transformation Programme Board which will include updates on the Integrated Care Fund, Primary Care Fund and Mental Health Transformation Funding on a quarterly basis to ensure alignment and joint working.
- Oversight at the Partnership's bi-monthly Strategic Leadership Group to ensure implementation is on track and to unblock any barriers to delivery.
- Quarterly progress reports to the Regional Partnership Board.

Progress reports will be submitted to the Welsh Government as required.



Evaluation

We recognise the importance of evaluation in assessing the projects and supporting the dissemination of learning across the health and social care services in Wales. We also recognise that evaluation is often overlooked or not fit for purpose.

We are working with leading academics at Cardiff University to develop a Knowledge Transfer Partnership ('KTP'). The purpose of this partnership would be to support the development of a contemporaneous evaluation approach to the new models of care articulated in this proposal. This will consider metrics around the quadruple aim, namely population health and wellbeing, quality of care, value for money and wellbeing of the workforce.

We propose to target this evaluation at two of the proposals (subject to approval) in order to provide a robust evidence base. The aim of a KTP is to transfer knowledge into the partner organisation. This would enable us to apply the approach to other changes as they are developed. It would also enable us to share learning across the health and social care sector throughout Wales.

We are currently working with academics from the School of Healthcare Sciences and Cardiff Business School to develop the KTP proposal for consideration. This blend of academic expertise will bring different experience and research interests to our proposal.

The academics' primary research interests are as follows:-

- using data to forecast for social good, linking with our aim to provide more of a population health focus to our work; and
- patient centred care and safety.

We feel that the input of these academics to developing an evaluation approach would be vital and would bring an alternative perspective to our work.

The KTP would operate for an 18 month period across two proposals with an estimated contribution through this proposal of £65,000. Building upon this approach, we will look to scale and spread the evaluation methodology across our other projects.

Budget Profile

Component	2018/19 (£)	2019/20 (£)
1. Cluster Acceleration	481,376	806,087
2. Social Prescribing	325,686	476,140
3. GP Triage	293,098	940,861
4. Get Me Home Preventative Services	226,549	388,370
5. Get Me Home Plus	510,976	1,110,379
6. ACE Aware Resilience	252,369	475,032
7. Integrated Community Teams	157,311	266,249
Programme Support and Evaluation	87,500	150,000
Total	2,334,865	4,613,118

VALE OF GLAMORGAN PUBLIC SERVICES BOARD

BRIEFING ON KEY HEALTHY LIFESTYLES RESULTS FROM JUNE 2018

1. Introduction

The National Survey for Wales results for healthy lifestyle behaviours were released in June 2018. This briefing paper outlines the results for the key lifestyles for the Vale of Glamorgan.

2. Background

The results from the National Survey for Wales were released in June 2018. The key topic areas of: smoking; alcohol; obesity; overweight/obesity; physical activity and food have been released for adults (aged 16+) and graphed across local authority areas in Wales. Prevalence figures use the age-standardised percentage, so as to account for the age structure within the population. Years 2016/17 and 2017/18 have been combined and the figures cannot be compared with previous Welsh Health Survey statistics as the methodology is different.

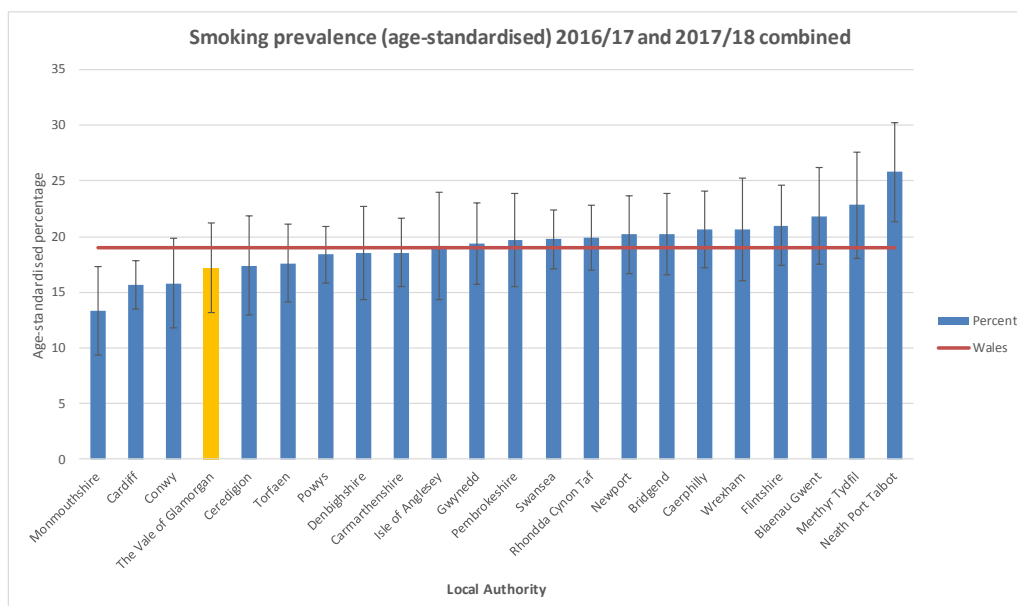
3. Results

The results for each topic area follow below.

3.1 Smoking prevalence

The Vale of Glamorgan adult smoking prevalence is 17.2%, and is ranked 4th best in Wales. It is not statistically significantly different from the Wales average of 19.0%. See Figure 1 below.

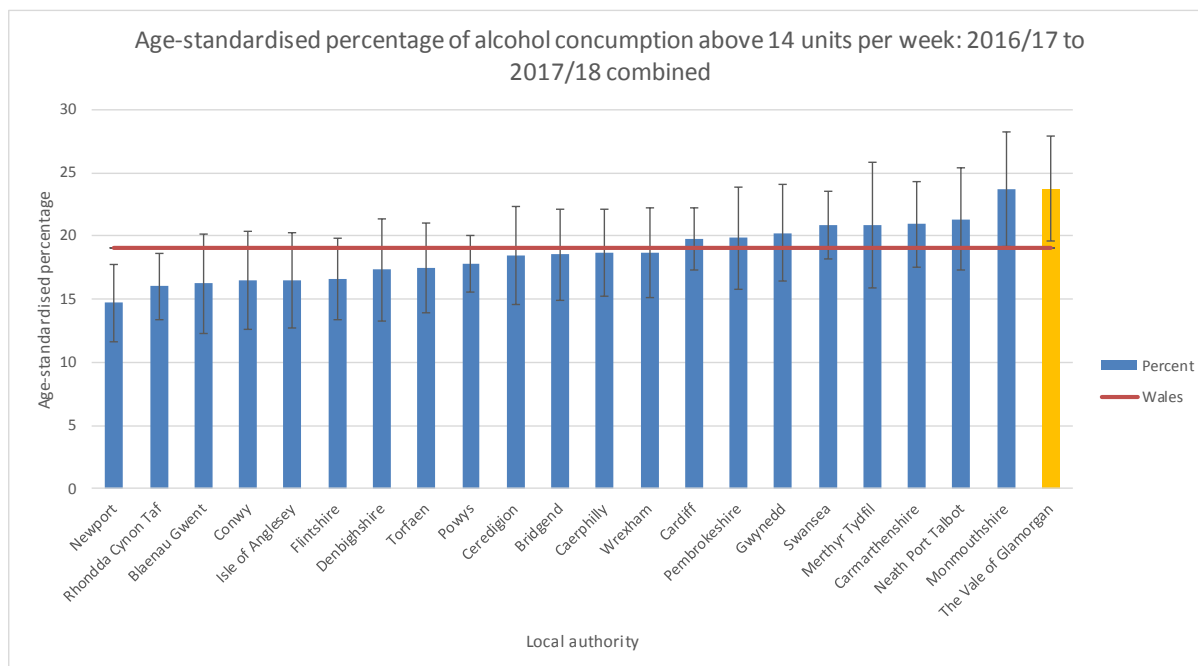
Figure1: Adult smoking prevalence across Wales local authorities



3.2 Alcohol consumption prevalence

Adults drinking above 14 units per week is 23.7% in the Vale of Glamorgan, and is ranked the highest in Wales. It is significantly higher than the Welsh average of 19.0%. See Figure 2 below.

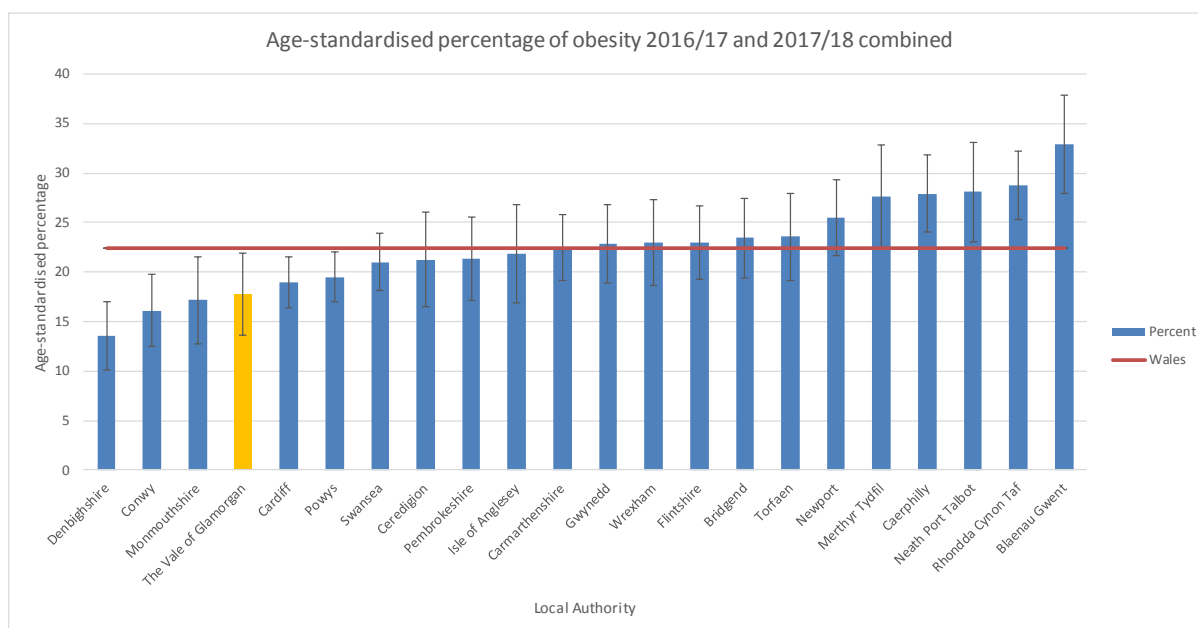
Figure 2: Adult alcohol consumption prevalence across Wales local authorities



3.3 Obesity prevalence

Adult obesity prevalence is 17.7% in the Vale of Glamorgan, which is ranked 4th best in Wales. It is significantly lower than the Wales average of 22.4%. See Figure 3 below

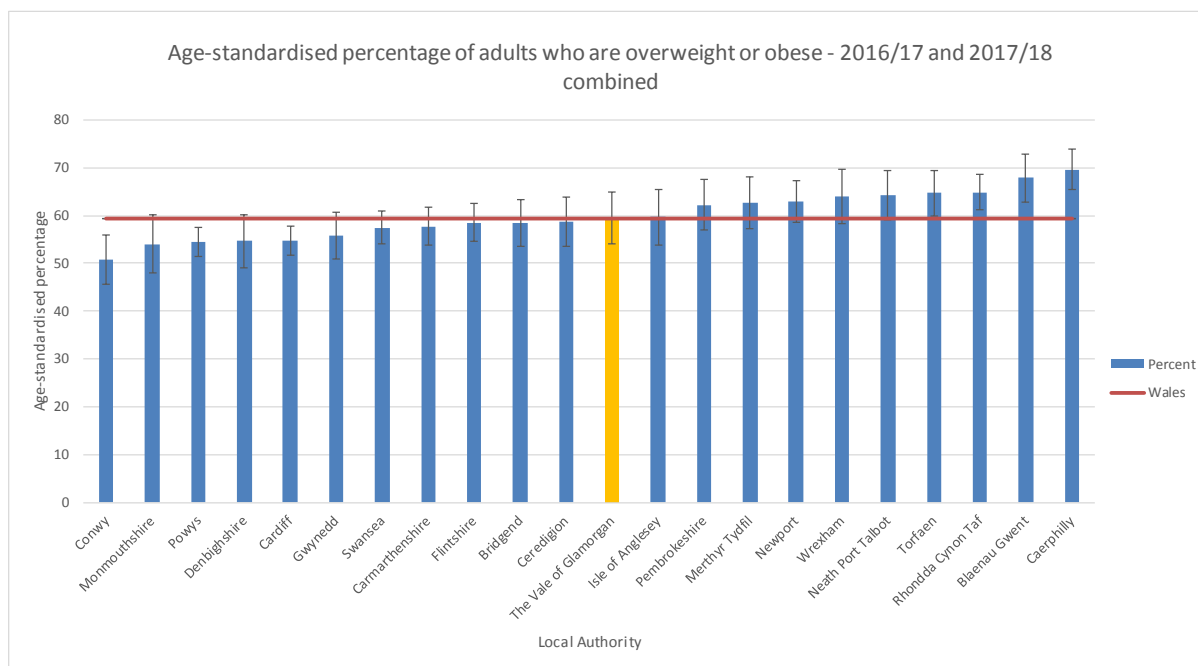
Figure 3: Adult obesity prevalence across Wales local authorities



3.4 Overweight and obesity prevalence

Adult overweight and obesity prevalence in the Vale of Glamorgan is 59.5%, and is ranked 11th worst in Wales. It is not significantly different from the Wales average of 59.5%. See Figure 4 below.

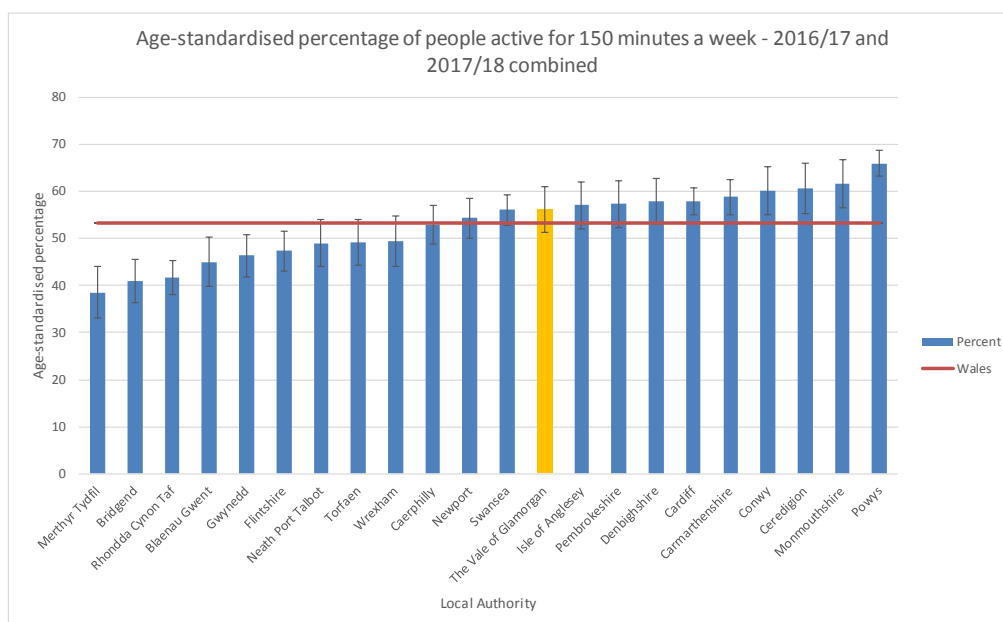
Figure 4: Adult overweight and obese prevalence across Wales local authorities



3.5 Physical activity prevalence

Adults doing 150 minutes of moderate to vigorous exercise or more a week is 56.2% in the Vale of Glamorgan. This is ranked 10th best in Wales, and is in line with the Wales average of 53.2%. See Figure 5 below.

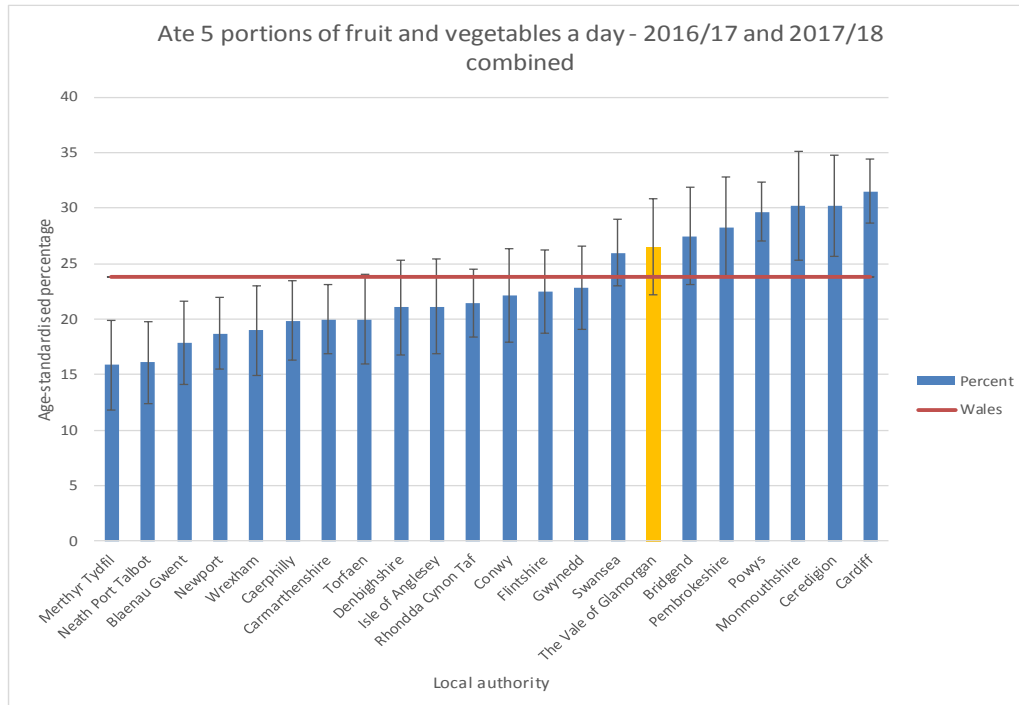
Figure 5: Adults physically active for 150 minutes or more a week across Wales local authorities



3.6 Eating five-a-day prevalence

Adults eating five fruit and vegetables a day was 26.5% in the Vale of Glamorgan, ranked 7th best in Wales. This is not statistically different from the Wales average of 23.8%. See Figure 6 below.

Figure 6: Prevalence of adults eating 5-a-day across Wales local authorities



Conclusion

The Vale of Glamorgan is around the Welsh average for smoking, physical activity, overweight/obesity and eating 5-a-day prevalence. It is better than the Welsh average for obesity and much worse than the Welsh average for alcohol consumption above guidelines.



Vale of Glamorgan Public Services Board 25th September 2018

Vale of Glamorgan Council Public Opinion Survey 2018

The Vale of Glamorgan Council undertakes a Public Opinion Survey on a biennial basis. The purpose of the survey is to gather residents' opinions on a range of issues and monitor changes in public perception.

The data gathered will be used to gain residents' views of various aspects of service delivery, to provide a strategic steer and in some cases as an evidence base for future decisions. As well as gathering data on Council services, the survey also collects monitoring information such as age, gender, ethnicity and economic status.

The last survey was undertaken in 2016, the results for which can be viewed on the Council's [website](#).

The Council will be carrying out a further survey in 2018, the results of which will be available by February 2019 to inform a number of performance indicators as well as the budget setting process.

The Council would like to invite questions from partners to be included in the next survey. The questions from the previous survey, attached at Appendix A, will form the basis for this year's survey and should provide the PSB with context to set their questions.

The final set of questions will need to be agreed by early November so that the research can be undertaken throughout November/December and the report finalised in the new year.

Public Opinion Survey 2016

Town Centres

How often have you visited the following town centres in the past year:

	Daily	At least once a week	At least once a month	Less than once a month	Not at all	Not answered
Barry (Holton Road)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barry (High Street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penarth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cowbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Llantwit Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the town centre(s) that you have visited, how would you rate the following:

	Very good	Fairly good	Fairly poor	Very poor	Don't know	Not answered
Range and choice of shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall attractiveness of the town centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The town centre overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barry Island and the Heritage Coast

How satisfied or dissatisfied are you with the following:

	Very satisfied	Fairly satisfied	Fairly dissatisfied	Very dissatisfied	Not answered
The facilities at Barry Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barry island overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coastal paths in the Vale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The heritage coast overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parks and Gardens

How satisfied or dissatisfied are you with the overall appearance of the following:

Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community transport e,g, Greenlinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with the following aspects of public transport and highways in the Vale of Glamorgan?

	Very satisfied	Fairly satisfied	Fairly dissatisfied	Very dissatisfied	Not answered
Public transport information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rail services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The condition of roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The condition of pavements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recycling and Waste Collection

Does your household participate in any of the following recycling schemes?

- ☐ Co-mingled recycling
- ☐ Food waste
- ☐ Garden waste
- ☐ Free compost
- ☐ Free wood chippings

How satisfied or dissatisfied are you with the following:

	Very satisfied	Fairly satisfied	Fairly dissatisfied	Very dissatisfied	Not answered
Co-mingled recycling facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food waste recycling facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden waste recycling facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General household waste collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recycling centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Safety

How safe do you feel in the following situations:

	Very safe	Fairly safe	Fairly unsafe	Very unsafe	Not answered
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by community transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communicating with the Council

If you wanted to influence a decision or decisions made by the Council which of the following would you do?

- ☐ Contact a council officer
- ☐ Contact my local councillor
- ☐ Contact another elected official (eg MP, AM, MEP)
- ☐ Contact a local voluntary or community group
- ☐ Contact local press
- ☐ Attend a Vale Council meeting
- ☐ Attend a Town or Community Council meeting
- ☐ Attend public/community meeting
- ☐ Sign a petition
- ☐ I would not attempt to influence a decision made by the Council

To what extent do you agree or disagree that you can influence decisions made by the Council?

- ☐ I strongly agree
- ☐ I agree
- ☐ I disagree
- ☐ I strongly disagree
- ☐ I don't know

Communication from the Council

How satisfied are you with the following communication methods:

	Very satisfied	Fairly satisfied	Fairly dissatisfied	Very dissatisfied	Not answered
Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on the Council's website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisements in the local paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall communication from the Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last 12 months have you received or accessed information about the Vale of Glamorgan Council via any of the following?

- | | |
|--|--|
| <input type="checkbox"/> The Council's website | <input type="checkbox"/> At public meetings |
| <input type="checkbox"/> The Council's social media accounts | <input type="checkbox"/> Through your local councillor |
| <input type="checkbox"/> The Council's Vale Connect e-newsletter | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Letters/ Leaflets through the post | <input type="checkbox"/> On local notice boards (community centre, library etc.) |
| <input type="checkbox"/> In person at Council offices | |

From which media outlets do you usually find about the work of the Vale of Glamorgan Council?

- | | | |
|---|--|--|
| <input type="checkbox"/> Western Mail newspaper | <input type="checkbox"/> Penarth Times website | <input type="checkbox"/> S4C television programmes |
| <input type="checkbox"/> South Wales Echo newspaper | <input type="checkbox"/> Barry & District News newspaper | <input type="checkbox"/> Bro Radio |
| <input type="checkbox"/> Wales Online website | <input type="checkbox"/> Barry and District News website | <input type="checkbox"/> Social media (twitter, facebook etc.) |
| <input type="checkbox"/> Glamorgan Gem newspaper | <input type="checkbox"/> BBC News website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Glamorgan Gem website | <input type="checkbox"/> BBC Wales television programmes | |
| <input type="checkbox"/> Penarth Times newspaper | <input type="checkbox"/> ITV Wales television programmes | |

How often, if at all, do you listen to Bro Radio (the Vale of Glamorgan's community radio station)?

- ☐ Daily
☐ At least once a week
☐ At least once a month
☐ Less than once a month
☐ Not at all

Accessing Services Online

Have you used the Council's website www.valeofglamorgan.gov.uk or www.bromorgannwg.gov.uk in the last 12 months?

- ☐ www.valeofglamorgan.gov.uk
- ☐ www.bromorgannwg.gov.uk

If yes, how often do you access the website?

- ☐ Daily
- ☐ At least once a week
- ☐ At least once a month
- ☐ Less than once a month

As well as offering information on all Council services are you aware, or would you expect, that the website also allows you to do the following online?

- | | |
|--|---|
| <input type="checkbox"/> Pay council tax bills or other charges | <input type="checkbox"/> Apply for a job |
| <input type="checkbox"/> Request a service, such as waste collection | <input type="checkbox"/> Make licensing applications |
| <input type="checkbox"/> Report an issue | <input type="checkbox"/> Make an appointment, e.g. for registrars or benefits |
| <input type="checkbox"/> View planning applications | |

If yes, why did you use the website for this?

- ☐ It was quicker/easier
- ☐ It was the only option
- ☐ It was available outside of office hours
- ☐ To avoid face to face contact
- ☐ Other

Do you agree that the Council should continue to invest in more online services above face to face for the reasons you've just stated?

- ☐ Yes
- ☐ No

Have you accessed the services of any other organisations online in the past 12 months?

- ☐ Online banking
- ☐ Online shopping
- ☐ Online ticket booking
- ☐ Online application for a service or product
- ☐ Online news services

Do you feel you would be able to access services online (for example requesting a new bin)?

- ☐ Yes
- ☐ No

If no, why is this?

We know that we will always have to offer a range of ways in which our residents can access our services. However, we would like to encourage more residents to access our services online.

What would encourage you to access more of the services that you use online?

- ☐ I already access services online where ever possible
- ☐ More computers or tablets in public places
- ☐ More information about what is available online
- ☐ More guidance on how to access services online
- ☐ Telephone or 'live chat' assistance when accessing online services for the first time
- ☐ Something else (please tell us)

Reshaping Services - The Budget

The Vale of Glamorgan Council projects that it needs to find £9.3m of savings in 2017/18. That is a 4% reduction of its current budget. Before today were you aware of this shortfall?

- ☐ Yes, I was fully aware
- ☐ Yes I was aware, but not of the extent
- ☐ No, I did not know the Council faced this

The Council has already had to take a number of difficult decisions to identify where savings can be made and this process will continue.

One of the ways in which we can deal with this shortfall is to look at delivering services in partnership with other organisations, such as local voluntary groups, social enterprises, the private sector and other councils.

As a resident, would you be happy for some services that are currently delivered by the council to be delivered by other organisations?

- ☐ Yes
- ☐ No

In order to generate income to meet the budget shortfall, the Council is looking at services that are performing well and trying to encourage other public or private sector organisations to allow us to deliver them on their behalf. Do you agree with this approach?

- ☐ Yes
- ☐ No

Volunteers currently play a significant role in delivering a wide range of services within the Vale of Glamorgan. It is possible that in the future the Council will work to deliver more community services by supporting volunteers.

Do you currently undertake any voluntary or community work in either a formal or informal capacity?

- ☐ Yes
☐ No

If no, if you were offered the opportunity would you consider volunteering in order to support a community service?

- ☐ Yes
☐ No

If you were interested in volunteering, where would you find more information about local opportunities?

- ☐ Search for information online
☐ Job centre
☐ Library
☐ Community centre
☐ Glamorgan Voluntary Services
☐ Approach an organisation directly e.g. charity

The Council cannot address its budget shortfall by savings alone.

In which order would you prioritise the following methods of addressing the budget shortfall? (1- 5, where 1 should be done first)

	1	2	3	4
Increase Council tax to the Welsh average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge for services that are currently free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase charges for services that people pay for already	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop new services that would generate revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide fewer services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Council is considering sponsorship in order to generate income and address the budget shortfall. Do you agree with this approach?

- ☐ Yes
☐ No

Overall, how satisfied are you with the following:

Very satisfied Fairly satisfied Fairly dissatisfied Very dissatisfied Not answered

Services provided by the Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Vale of Glamorgan as a place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Vale of Glamorgan Public Services Board Work Programme 2018	
Meeting Dates	Agenda Items
29 th January 2018	<ul style="list-style-type: none"> ✓ Draft well-being Plan ✓ FoodVale ✓ Academi Wales Graduate Programme ✓ Delivering the Public Service Board's Vision ✓ PSB Support
18 th April 2018	<ul style="list-style-type: none"> ✓ Approving , delivering and monitoring the draft Well-being Plan ✓ Cardiff Capital Region City Deal ✓ Website demonstration ✓ Asset Management ✓ Major Trauma Centre
3 rd July 2018	<ul style="list-style-type: none"> ✓ Well-being Plan Implementation Workshop ✓ NHS Wales' response to the Parliamentary Review of Health and Social Care ✓ Thoracic Surgery Services in South Wales - consultation
25 th September 2018	<p>Well-being Plan implementation update</p> <p>Children's Rights Toolkit (Children's Commissioner)</p> <p>Area Statements (NRW)</p> <p>Healthier Wales Transformation Fund Bid (UHB)</p> <p>Results of the National Survey for Wales on healthy lifestyle behaviours (UHB)</p> <p>Public Opinion Survey (Vale of Glamorgan Council)</p>
27 th November 2018	Healthy Boards Session – Academi Wales hour workshop
Early December	<p>Well-being Plan Progress Update</p> <p>PSB Performance Management</p> <p>Director of Public Health Report</p> <p>National Obesity Plan (UHB)</p> <p>The Development of a UHB Clinical Services Plan (UHB)</p> <p>Life expectancy trend – Cardiff and Vale UHB (Public Health Team)</p> <p>Biodiversity Duty (NRW)</p>



Future Items

- Dying to Work – Welsh Government
- Cardiff Capital Region City Deal – Vale of Glamorgan Council
- Asset Management
- Refuse and recycling centre impact report – South Wales Fire and Rescue Service