Greater Gwent Health, Social Care & Well-being Partnership
Partneriaeth Lles, Iechyd a Gofal Cymdeithasol Gwent Fwyaf

Well-being Area Plan

2018/19

Cyngor Bwrdeisdref Sirol Blaenau Gwent County Borough Council
CAERPHILLY CAERFFILI
monmouthshire sir fynwy
Newport City Council Cyngor Dinas Casnewydd
TORFAEN COUNTY BOROUGH BWRDEISTREF SIROL TORFAEN

GIG CYMRU NHS WALES
Bwrdd Iechyd Aneurin Bevan Health Board

CONTENT

FOREWORD

To be added

INTRODUCTION

What this draft Area Plan is and what it is not!

- This draft Area Plan sets out the high level outcomes and priorities for ***regional working*** across health, social care and the third sector.

- It does not contain all priorities as the plan would be too large but focuses on areas of work that are 'larger' than one partner and require ***partnership working***

- It focuses on priorities that have been highlighted by ***citizens***

- It is a starting point for ***formalised*** regional working under the Social Services and Well-being Act and aligns to the Well-being objectives in local Well-being Plans, under the Well-being of Future Generations Act

- It also sets out how the ***principles of working*** under the Social Services and Well-being Act will be delivered especially in relation to integration and preventative working

- It is not a huge collection of detailed actions lifted from partner's work plans as this is duplication; instead the plan will ***'signpost'*** to other statutory and formalised actions plans where necessary

- It sets out the ***success measures*** that will ensure ***collective accountability and effectiveness*** of partnership working under the Regional Partnership Board,

- This Area Plans sets the ***framework*** for all health and social care partners to work together to a common agenda for now, and in the future.

Developing an integrated system of care and well-being for Gwent

Delivering integrated services, which improve the well-being of the population of Gwent is the shared objective of the Area Plan. This plan establishes our ambition to create a unified vision for the health and social care system which includes third sector partners and is underpinned by quality, improvement and prevention.

The content of the plan is ambitious, and will be challenging in its delivery; it is structured around the 8 core themes from the Population Needs Assessment (PNA) and translates the agreed 'Outcome Priorities' into ambitious programmes of delivery.

Across Gwent, there is already a strong commitment to partnership working to deliver effective health and social care services. We want to enhance the range of integrated services provided closer to home and within the community, and we want to do this in partnership with our communities, our partners in housing and our partners in the voluntary sector. The plan articulates how we intend to do this, and deliver integrated services, which improve the well-being of the population of Gwent over the next three years; it establishes a set of outcomes, measures and milestones and appropriate governance arrangements, to provide assurance to the Regional Partnership Board and Cabinet Secretary.

Partnership Working

The new legislative framework in Wales, requires a step change in the pace of integration, partnership working and collaboration. Whilst many challenges will remain in overcoming organisational boundaries, and cultures, a set of shared working principles in addition to the principles in the Act have been developed, and which provide a foundation for the implementation of the Area Plan. By working in collaboration, with a focus on long term sustainability we will transform services, to provide more care closer to home, improving well-being, and citizen outcomes.
Principles of joint working:

- An integrated approach to planning and service development
- A shared approach to workforce development and sustainability
- Development of shared financial arrangements
- Enabling those with a care and support need to be informed and able to self-manage their care
- A seamless service pathway of care which is truly citizen centred

Strategic Context

The Plan has been written to reflect the national direction of travel established in Welsh Government's 'Prosperity for All' and to translate the requirements of the Social Services and the Well-being (Wales) Act and Well-being of Future Generations (Wales) Act into deliverable, measurable and substantive action. In line with Welsh Government's ambition outlined in 'Prosperity for All' and the new legal

framework for well-being, there is a clear expectation of service transformation, to provide more integrated, sustainable and responsive care and support services. This includes an enhanced focus on prevention, early intervention and providing more care closer to home and the Area Plan is predicated on these services areas.

The Social Services and Wellbeing (Wales) Act provides the new legal framework, for the development of a new statutory partnership landscape, in terms of planning, designing, funding and commissioning integrated services for those people with a care and support need in Gwent. It enables a stronger emphasis to be placed on the development of early intervention and prevention services, and promotes wellbeing as a priority across the public services. Underpinning the plan are the principles of working established in the Wellbeing of Future Generations (Wales) Act, to ensure that in the planning and delivery of services, we are actively considering how the wellbeing of future generations is improved. The emphasis on new models of care, on ICT and on sustainability, reflect in practice the ambitions of the Act.

As the plan has been developed, it has been done so in tandem with the development of the required Public Service Board's (PSBs) Well-being Plans, to ensure duplication is avoided but a clear shared approach to improved well-being is established, to this end we will consider a Memorandum of Understanding between the PSB's and the Regional Partnership Board for Well-being, ensuring our activity is complementary and aligned.

Critically, the plan aligns with the emerging findings from the Parliamentary review of health and social care. The review found that the case for change in the welsh health and social care system was *'compelling'* with the system needing to adapt to the changing population needs of the future. It found that a '*unified vision for the health and social care system' was required 'underpinned by quality, improvement and prevention'.* The review places an emphasis on the need to develop new models of care and the plan confidently articulates the intention to develop a range of new models of integrated services, e.g. '*Integrated Wellbeing Networks'*, further development of the Neighbourhood Care Networks model – which is unique to Gwent – models of care for children with complex needs, '*Care Closer to Home'* and models of rehabilitation for sensory impairment and whole person model for mental health crisis. In addition, the infrastructure required to deliver the vision is a prominent commitment, with proposals to deliver new urgent care hubs, and primary care health and well-being centres including ones in Newport East and Tredegar by 2021.

Gwent

Gwent, has a varied demography which presents a unique set of challenges in delivering both a sustainable and consistent offer of care. The provision of care and support in the county is provided by one health board, Aneurin Bevan University Health Board (ABUHB), but the social care element is met by five local authorities. Each borough has its own challenges however, at a strategic level, they can be summarised as:

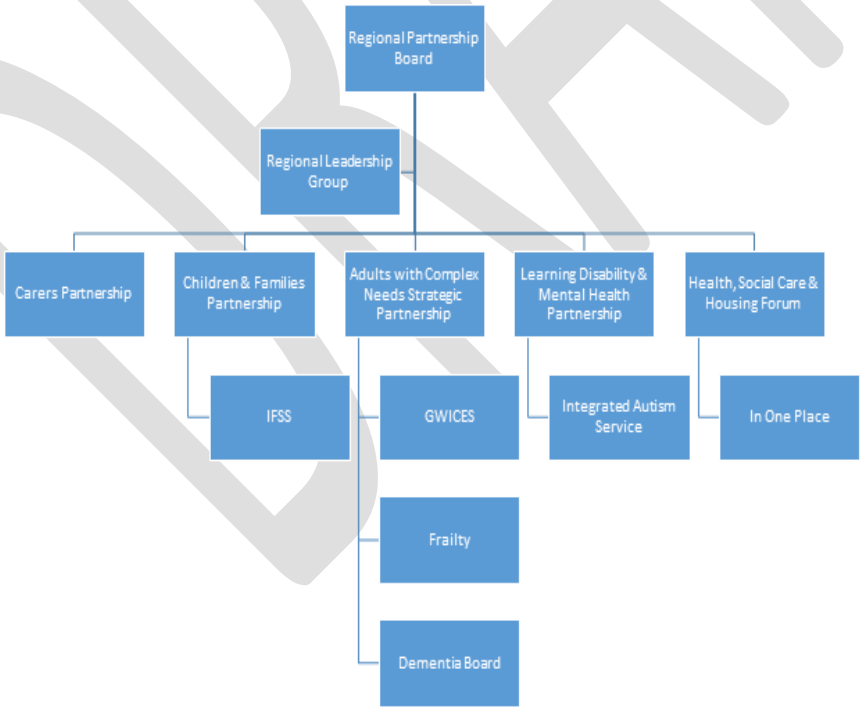
- Blaenau Gwent, Caerphilly and Torfaen – deprived areas with high levels of child poverty, poor health and unemployment

- Monmouthshire – affluent, increasing very elderly population, very rural
- Newport – pockets of deprivation, high concentration of multi-cultural citizens, high demand on public services

With a population of 601,000 by 2036, the Area Plan has focused on responding to the areas that matter most to our local population, as derived from the PNA, and which the evidence tells us will be areas of increased complexity and demand. This includes providing an integrated system of health and social care services for the over 65's population, which is predicted to increase to every 1 in four people, and for the over 85 population, where the increase is predicted to spike by 147%. In addition there are high levels of poverty and economic deprivation, which result in a particular challenge for the prevention and early intervention agenda, and a need to enhance community based universal support through the development of more integrated working with local government, and a shared emphasis on developing new models of care and support. Some transformative models are now embedding, including Neighbourhood Care Networks (NCN'S) and from 2017, the Care Closer to Home strategy.

Governance & Assurance

The aspirations encapsulated within this plan are ambitious, and for a step change in the pace of collaboration, of partnership working and service transformation. It is therefore crucial that there is effective governance and assurance mechanisms in place through the Regional Partnership structure.



Enablers

To deliver the ambition established within this Area Plan for Gwent, there are significant areas of challenge which must be overcome, to ensure ambition can be

translated into reality. Whilst these are dealt with through the specific partnerships as overarching themes, it is prudent to identify them at the front of the plan.

A) I**nformation Technology**

There must be a strong emphasis on the ability of IT to help develop enhanced services including through the implementation of DEWIS, my health online, SMS reminder services, telehealth, telecare, the implementation of WCCIS, development of mobile working for professionals and ambulatory diagnostics. The WCCIS programme will deliver service redesign for care across health and social care. Mobility is being tested out as readiness to WCCIS, as part of patient flow evaluation and with corporate departments in the AGILE programme. A business case is being developed, this deliverable will be updated once the business case is complete. In addition Telehealth Pilots will be delivered for out of hours Care Homes, Prisons and Tele-swallowing (speech & language therapy). The pilots will provide the learning for scaling up delivery and support of telehealth solutions.

B) Integrated financial systems and incentives

The development of a statutory regional board, will enable funding decisions to be made strategically and in partnership, for health and social care services, where partnership activity is required. Continued austerity has presented challenges for both local authorities and health boards in managing demand, whilst investing in new services. In line with the spirit of the legislation pooled budget arrangements, will be a valuable tool for some services areas, where we can align financial resources with outcomes, to create value for the whole system. But this remains an area of significant challenge, with governance arrangements and different organisational boundaries. As part of the delivery of the plan work will continue to consider how across Gwent, resources can be better aligned physically, and virtually to allow for mechanisms to allow resources to flow across organisational boundaries to achieve change**.**

C) Workforce

Ensuring there is a strong and sustainable workforce across health and social care is imperative, and that the spirit of the Act is translated into regional shared organisational development programmes. This is why in Gwent we have established a regional workforce development Board, the Board will work in partnership with the four strategic partnerships to ensure that workforce development needs, recruitment and retention remain prevalent. Critical challenges will be around the domiciliary care workforce and the establishment of ‘integrated multi-disciplinary community teams’.

D) Housing

Developing new models of care for vulnerable and older adults with complex needs is a critical need, it will ensure people are supported to remain in their homes, which are developed to accommodate the specific needs of an ageing population. The Health, social care and Housing forum, have developed a programme of work which will provide leadership and strategic direction from which to develop new service specifications, and the development of an older peoples housing needs assessment tool is a key step forward.

E) Estates Infrastructure

There is a need for appropriate, effective and modernised capital infrastructure across Gwent, in order to deliver the services described in the plan. Both primary care services and adult social care provision present significant challenges, alongside questions on future viability. Whilst Integrated Care Funding has provided resources, alongside local projects this area remains one where considerable and focused activity is required. Integrated capital planning and making better use of the public sector estate are necessary, and these are shared issues that will be taken forward in partnership with Public Service Boards.

ABUHB Clinical Futures: An integrated system of health, care and well-being (including *'Care Closer to Home'* and Neighbourhood Care Networks)

ABUHB's ambition is to create a new system of primary, community care and well-being across Gwent, in partnership with local government and the third sector. They aim for people to be able to access the care they need in their own community and homes, improving independence and wellbeing, and avoiding the need for unnecessary hospital admission. To do this they will require a radical transformation of services, and the development of new models of care, based in the community. ABUHB's vision in is to create a system of primary, community and well-being services, based around the Neighbourhood Care Network (NCN) footprint, where there is a consistent regional service offer, and effective locality based multi-disciplinary teams. A framework has been developed to set out a vision, with a 5 year programme plan developed from 2018/19 to deliver change. The four stages are:

1. Keeping people healthy and well
2. Self-care
3. Primary Care and NCN Team
4. NCN Hub with specialist and enhanced services

ABUHB we will draw on the findings of the Parliamentary review, recognising their expectations of a community focused, seamless service. Integrated commissioning, and a clear set of service principles will underpin the development of a consistent NCN model

- Establishing a Gwent wide unified vision for health and social care
- Increasing the pace of transformative change and integration
- Developing new models underpinned by the principles of prudent healthcare and the Social Services and wellbeing Act

The system is predicated on the shared agreement by both Health and Local Government to provide more care closer to home, to reduce a reliance on primary care services, and prevent unnecessary hospital admissions. The system will build on the existing innovation across Gwent, and use the NCN footprint, as the basis from which services will be planned and delivered, around a model of community well-being. To drive action, a set of 10 high impact actions will be adopted to drive forward change, and which are focused on partnership working, the development of more productive flows, and the creation of a standard model of multi-disciplinary teams. Taken together, these principles can be translated into high impact actions

including:

1. The development of a new model of integrated care predicated on improved wellbeing, based on an NCN/IWN footprint
2. The development of active signposting through Information Advice and Assistance (DEWIS) to empower citizens to make informed choices about their healthcare needs and actions
3. Greater partnership working to deliver a consistent specification for NCN's across organisational boundaries to provide a seamless pathway to accessible local community services
4. Developing an appropriate skills mix within a modernised and more integrated workforce, aligned to the population needs assessments
5. Enhancing self-care through social prescribing, and new consultation methods in line with the principles of prudent health care.
6. Further pathways establishing secondary care and primary care responsibilities and enhancing the leadership of Primary Care, Particularly for chronic conditions.

<u>Proposed Outcomes for ABUHB Integrated System</u>

- People are identified early if they need care or support and they are prevented from ill health or decline in wellbeing wherever possible
- Improved community to capacity to support improved health behaviours
- Reduced unnecessary hospital admissions through the provision of integrated community capacity, that is responsive and accessible
- A seamless pathway of care for patients, by integrating social services, health and third sector provision at a local level
- Improving the sharing of information across health and social care

What is the purpose of the plan?

The purpose of the Area Plan is to turn 'priorities into action'

Population Needs Assessment

The Social Services and Well-being (Wales) Act 2014 introduced a duty on local authorities and local health boards to prepare and publish a Population Needs Assessment (PNA) of the needs of people requiring care and support, including carers who need support. A code of practice was published to support the PNA process and set out 8 core themes for the population assessment

1. Children & Young People
2. Older People, including People with Dementia
3. Health & Physical Disabilities
4. Mental Health
5. Learning Disability & Autism
6. Sensory Loss & Impairment
7. Carers
8. Violence Against Women, Domestic Abuse & Sexual Violence

Core themes are not addressed in isolation and there is an element of cross cutting working. In addition to the above, the Regional Partnership Board identified other priority themes as cross cutting and include

- Substance misuse
- Adult protection, child protection and safeguarding
- Housing
- Autism

The PNA code of practice also sets out the statutory duty to undertake an assessment of need across the region, identification of the range and level of services required and the definition of Well-being, per the Social Services and Well-being Act. The regional PNA report also sets out, for each core theme,

- What we know - what did the population assessment tell us?
- What we are doing currently doing to address priorities
- How the priorities meet the principles of the Act and how this fits with well-being under the Act
- Who helped us develop the priorities
- High level key Actions

The PNA report was developed by the Regional Partnership Board and was published 1st April 2017 – a full report is included here and includes further detail in relation to above points, and the matrix used to identify the priorities under each core theme.

Area Plan guidance

This Area Plan sets out the response of the Regional Partnership Board to the findings of the regional PNA report and has been prepared to meet the requirements of the Statutory Guidance in relation to Area Plans under section 14A of the Social Services and Well-being (Wales) Act 2014. The Act requires description of the range and level of **integrated** services proposed to be provided or arranged to deliver the priorities identified under each of the core themes. As part of this, joint area plans must include:

- the actions partners will take in relation to the priority areas of integration for regional partnership boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and
- actions required to deliver services through the medium of Welsh.

Focussed work with minority groups

We have engaged the views of those who would otherwise be hard to reach and marginalised including those of minority groups such as homeless people and travellers. We have used existing mechanisms to engage with vulnerable groups such as those set out below

- Looked After Children and young carers
- People in secure estates and their families
- Homeless people
- Lesbian Gay Bisexual Transgender (LGBT) community
- Black Minority Ethnic groups
- Military veterans
- Asylum seekers and refugees

The Area Plan will consider how each of the above groups needs can be addressed across the core themes and will also consider separated families and role of fathers. An Equality Impact Assessment will accompany the final plan.

Who developed the plan?

This draft Area Plan has been developed by the Regional Partnership Board through engagement with citizens, partners and providers across the region (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen). The views of citizens is

paramount to the development of the Area Plan and to ensure the actions identified will be effective, and help develop support services required going forward to help people support themselves in the future. The regional citizen panel and provider forum have also been key partners in ensuring the identified actions are focussed on the needs of citizens and partners.

This Area Plan has been overseen by the Regional Partnership Board and third sector partners. The individual core themes sections have been developed by strategic partnerships and supported by the regional Leadership Group. The following strategic groups have coordinated related core theme sections

Strategic Partnership	**Core Theme**
Children and Families Board	Children and Young People
Older People Strategic Partnership	Older People, Health and Physical Disabilities and Sensory Impairment
Carers Board	Carers
Mental Health & Learning Disabilities Partnership	Mental Health, Learning Disabilities and Autism
VAWDASV Partnership Board	Violence Against Women, Domestic Abuse & Sexual Violence

Other strategic partnerships such as:

- Area Planning Board,
- Safeguarding Boards and the
- Health, Social Care and Housing Partnership

will also play a lead role in ensuring cross cutting themes such as substance misuse, safeguarding and housing are aligned in this Area Plan. The Regional Partnership Board (RPB) will set the partnership framework for the above partnerships to link, align priorities and avoid duplication.

How we keep track of what we're doing

It is crucial that the RPB monitor and evaluate the core theme action plan sections to ensure effective governance. Each core theme section will set out success measures to be reported to the RPB and a performance management framework and reporting structure will accompany the Area Plan and set out

- Position statement – where we are and the curves we have turned
- Progress factors – story behind the curves
- Successes – good practice identified
- Challenges – barriers to progress
- Next steps – what the RPB are being asked to support

What is being done elsewhere in the region and how do we know it is being

addressed?

The RPB will align the performance management process with existing reporting frameworks (Area Planning Board, VAWDASV Board, Safeguarding Boards) to ensure priorities are being supported. The PRB will also explore governance arrangements and shared reporting with local Public Service Boards to ensure effective alignment across the Area Plan and 5 Well-being plans.

Performance measures

The success measures identified in the core theme sections reflect performance measures in the National Outcome Framework and Public Health Outcome Framework. The RPB will also reference and align to the performance measures in local Well-being Plans and Local Authority Improvement Plans; and consider data development through the implementation of the Area Plan as some success measures may not be currently measured.

Part 1 OUTCOMES: Regional Priorities, & Core Theme Sections

CHILDREN AND YOUNG PEOPLE

Regional Priority / Outcome:

- **To improve outcomes for children and young people with complex needs through earlier intervention, community based support and placements closer to home &**
- **To ensure good mental health and emotional well-being for children young people through effective partnership working (priority under Mental Health core theme)**

HOW WILL WE MEASURE SUCCESS?

NATIONAL OUTCOME FRAMEWORK measures

Priority 1 (below)

- **Proportion of looked after children per local authority area**
- **Proportion of looked after children placed in different types of accommodation per 10,000 of under 18 population**
- **The percentage of children supported to remain living within their family**
- **The percentage of looked after children returned home from care during the year**
- **The percentage of looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March**

Priority 2 (below)

- **The percentage of re-registrations of children on local authority Child Protection Registers (CPR)**
- **The average length of time for all children who were on the CPR during the year**
- **Number of children assessments of need for care and support undertaken during the year and of those, the number that led to a care and support plan**
- **Number of requests for repeat assessment of need for care and support and need for support made by a child, young carer or person with parental responsibility during the year Of those, the number of repeat assessments undertaken Of those, the number of repeat assessments that led to a care and support plan or support plan**

Priority 3 (below)

- **Number of ACE awareness/training sessions**
- **Number of Information Advice and Assistance contacts**
- **ACE related programme measures (TBC)**

<u>QUALITATIVE QUESTIONNAIRE – below measures are currently measured using national survey but are subject to review.</u>

- **Young adults reporting they received advice, help and support to prepare them for adulthood**
- **Children and young people reporting that they are happy with who they live with**

(WHAT we are doing) **Action**	(WHO) **Partner Agencies**	(HOW) **will we deliver**	(WHEN) **Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**

Support Children and Family Partnership Board's review of local arrangements for children with complex needs and delivery of work programme with a focus on Looked After Children.	Children & Family Board	Respond to recommendations in consultant reports and implement appropriate next steps
		• Cordis Bright - Research on children & young people with escalating & complex needs
		  ○ Recruitment of (and potentially use of) foster carers.
		  ○ Supporting children who are experiencing attachment and trauma based problems.
		  ○ More in-region residential care.
		• Institute of Public Care – Development of accommodation and support for care leavers with complex needs and regional Integrated Implementation Plan. Considerations in relation to
		  ○ Emergency, respite and crisis accommodation
		  ○ Practical and psychological therapeutic support
		  ○ Expand the provision of suitable move-on accommodation
		
		Develop business case and appropriate service models (to include mechanism to identify cohort) where required
		
		Review and coordinate integration and alignment of existing programmes e.g Integrated Family Support Services
		
		Explore new programmes e.g. Roots of Empathy
			April 2019	ICF funded projects to be confirmed	Working Pathway step up and step down in a planned way
					
					Increased investment in children's services

Consistent models of practice and alignment of Welsh Government's early intervention and preventative programmes including development and delivery of a regional ACE approach with a focus on earlier intervention and mental health support for children and young people through community based assets.	Regional Partnership Board & Public Service Boards	• Explore consistent use of Social Services and Well-being Act assessment principles across all programmes to aid 'pass porting' of assessments across agencies and local authority boundaries • Explore joint commissioning across all programmes • Align and develop joint training across programme workforces with common language and awareness • Explore consistent resilience model across the region • Link to 'Flexible Funding' pilot sites to explore good practice in maximising funding across prevention programmes Develop a regional approach for organisations to become ACE aware and aligned to national ACE hub programme and to include • ACE awareness • ACE prevention/detection including the use of an ACE 'lens' when undertaking risk assessment included as part of assessment process • Develop and strengthen existing trauma services to ensure effective ACE intervention	April 2019	N/A	See success measures All PSBs commit to becoming ACE aware Number of ACE awareness sessions and training

OLDER PEOPLE (1)

Regional Priority / Outcome:
To improve emotional well-being for older people by reducing loneliness and social isolation with earlier intervention and community resilience

HOW WILL WE MEASURE SUCCESS?

NATIONAL OUTCOME FRAMEWORK measures

1. **The percentage of unscheduled admissions of older people (aged 65 or over) to hospital who were receiving care and support services**
2. **The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over**
3. **The percentage of adults at the end of a completed period of reablement phase who:**
    a. **have no package of care and support 6 months later**
    b. **have no package of care and support 12 months later**
4. **The percentage of adults who have received advice and assistance and have not contacted social services for 6 months for the same outcome during the year**
5. **The percentage of people supported to remain in their own home with a home adaptation**

QUALITATIVE QUESTIONNAIRE – below measures are currently measured using national survey but are subject to review.

1. **I have been treated with dignity and respect (aged 10+);**
2. **I have received the right information, advice or assistance when I have needed it (aged 10+);**
3. **I have been given written information about a named team in social services (aged 10+);**
4. **I have been involved in decisions made about my care and support (aged 10+);**
5. **The care and support I have received has helped me to live in a home that is right for me (aged 10+);**
6. **The care and support I have received has helped me to do the things that matter to me (aged 10+);**
7. **The care and support I have received has helped me to feel safe (aged 10+);**
8. **The care and support I have received has helped me to feel like I belong to my community (aged 18+).**

(WHAT we are doing) **Action**	(WHO) **Partner Agencies**	(HOW) **will we deliver**	(WHEN) **Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**
Develop place based approach *'Care Closer to Home'* including consistent delivery of community connectors across the region to reduce social isolation	Adult Strategic Partnership	Development of a placed-based approach via **Care Closer to Home Strategy** which will include a focus on social isolation & include • Develop a sustainable work force. • Links to Housing Associations • Support to carers • To develop health and well-being hubs • To identify opportunities to "shift" care from secondary services to primary care, providing care closer to home. **Frailty Service** - The future direction is captured as part of Care Closer To Home strategy. As the Borough action plans develop, the contribution of the Frailty service will need to be incorporated as part of the range of interventions available in each Neighbourhood Care Network and Borough. This development will tackle the "stand alone" issues. *Continuing Health Care and* Gwent Wide Integrated Community Equipment. Services (*GWICES) action plans to be aligned to Care Closer to Home*	Final CC2H draft near completion and Health Board sign-off (Sept 2017) Local Councils sign-off (Nov 2017) Links to the Regional	ICF funded projects to be confirmed	Workforce Development Partnership and the development of a regional workforce strategy and the work of Social Care Wales.

OLDER PEOPLE (2)

Regional Priority / Outcome:

- **To improve outcomes for people living with dementia and their carers**

HOW WILL WE MEASURE SUCCESS?

1. **Number of people receiving Dementia Friends awareness**
2. **Number of Dementia Champions trained**
3. **Number of organisations awarded Dementia Friendly Community kitemark**
4. **Increase dementia diagnosis rate**
5. **Number of people living with dementia and their carers supported through Dementia Support Workers and reporting positive support**

***Welsh Government will be launching a new national Dementia Strategy and success measures will be updated accordingly**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Further develop *'Dementia Friendly Communities'*	Dementia Board	Dementia Board coordinates delivery of work programme* and is currently reviewing to align with new national dementia strategy with a focus on • Dementia diagnosis • Training • Dementia Friendly Communities • Accurate information and advice • Support for carers ***Dementia Board programme plan to be published alongside Area Plan to provide more details.***	TBC – awaiting WG sign off of national strategy		Dementia Board review work programme as standing agenda

OLDER PEOPLE (3)

Regional Priority / Outcome:

- **Appropriate housing and accommodation for older people**

HOW WILL WE MEASURE SUCCESS?

***Success measures will be included and reflect Health, Housing & Social Care Partnership programme of work**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Develop and implement Health, Housing and Social Care Partnership delivery plan	Health, Housing and Social Care (HHSC) Partnership	The Health, Housing and Social Care Partnership are updating their delivery programme in line with the regional Population Needs Assessment with the main focus of activity • Older Persons wellbeing and housing needs • Analysis of current older person specialist accommodation provision • Priority regional accommodation needs identified by Children & Families Partnership • Priority regional accommodation needs identified by LD & MH Partnership • Analysis and evidence base for ICF capital projects linked to the above ***HHSC programme plan to be published alongside Area Plan to provide more details.***	TBC in work programme	TBC in work programme	TBC in work programme

HEALTH & PHYSICAL DISABILITIES (1)

Regional Priority / Outcome:

- **To support disabled people through an all age approach to live independently in appropriate accommodation and access community based services, including transport.**

HOW WILL WE MEASURE SUCCESS?

*** Measures to be included and reflect Care Closer to Home Strategy**
**** Measures will reflect ICF projects e.g. Community Connectors**
***** To include quantitative measures from national survey where relevant**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Implement 'Care Closer to Home' Strategy	Adult Strategic Partnership	***See Older People section above.***			

HEALTH & PHYSICAL DISABILITIES (2)

Regional Priority / Outcome:

- **Align with 5 local Wellbeing Assessments required under Wellbeing of Future Generations Act and explore joint action planning for wider detriments to health**

HOW WILL WE MEASURE SUCCESS?

***Success measures will link to 5 Well-being Assessments and Well-being Plans required under the WFG Act – to be included following publication of draft plans**

****Link to Public Health Outcome Framework**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Align with 5 local Wellbeing Assessments required under Wellbeing of Future Generations Act and explore joint action planning for wider detriments to health	Regional Partnership Board	Align this area plan with Public Service Board Well-being Plans to ensure objectives are aligned and avoid duplication • Map priorities across plans • Identify which board is best placed to deliver priorities • Develop common action planning and outcome framework • Develop governance and reporting framework between boards • Explore joint development/workshop sessions	April 18	N/A	TBC

MENTAL HEALTH (1)

Regional Priority / Outcome:

- **To improve emotional well-being and mental health for adults and children through early intervention and community support.**

HOW WILL WE MEASURE SUCCESS?

There are a number of measures included in the national strategy 'Together for Mental Health Delivery Plan 2016/19' and the Mental Health & Learning Disability Partnership will identify key measures to be included in the Area Plan including qualitative measures.

Public Health Outcome Framework

- **Mental well-being among adults**
- **Mental well-being among children and young people - Not currently available**
- **The gap in life expectancy at birth between the most and least deprived - Not currently available**
- **The gap in healthy life expectancy at birth between the most and least deprived - Not currently available**
- **Gap in mental well-being among children and young people - Not currently available**
- **The gap in mental well-being between the most and least deprived among adults - Not currently available**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Review and align regional strategies to Together for Mental Health Delivery plan	Mental Health & Learning Disability Partnership	The MH&LD Partnership are currently reviewing the regional Mental Health Strategy and will set out how priorities in • 'Together for Mental Health' • 'Talk 2 Me' and • 'Together for Children and Young People'	April 18	TBC	To be identified in new regional strategy

Coordination of consistent community based services such as community connectors/social prescribers	Heads of Adult Services, ABUHB officers	Respond to recommendations from Integrated Care Funding (ICF) evaluation of community connecter projects across the region. To align with 'Ffrind I Mi' befriending programme	April 2018	TBC	TBC Number of Befrienders trained Number of people supported by befriender
Multi-agency place based models which include wider partners such as Housing Associations, employment support and community programmes	ABUHB/ Integrated Partnership Boards/ Neighbourhood Care Networks/Housing Social Care Network	Development of a placed-based approach via **Care Closer to Home Strategy** which will include a focus on social isolation & include • Develop a sustainable work force • Links to Housing Associations • Support to carers • To develop health and well-being hubs • To identify opportunities to "shift" care from secondary services to primary care, providing care closer to home.	Final CC2H draft near completion and Health Board sign-off (Sept 2017) Local Councils sign-off (Nov 2017)	TBC	To be identified

MENTAL HEALTH (2)

Regional Priority / Outcome:

- **Increased understanding and awareness of mental health amongst the public to reduce stigma and help people to seek support earlier.**

HOW WILL WE MEASURE SUCCESS?

There are a number of measures included in the national strategy 'Together for Mental Health Delivery Plan 2016/19' and the Mental Health & Learning Disability Partnership will identify key measures to be included in the Area Plan.

NATIONAL OUTCOME FRAMEWORK Relevant performance indicators

- **The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year**

QUALITATIVE QUESTIONNAIRE – below measures are currently measured using national survey but are subject to review. Success measures to include quality measures

- **People reporting they have received the right information or advice when they needed it**
- **People reporting they have received care and support through their language of choice**
- **People reporting they were treated with dignity and respect**

(WHAT we are doing) **Action**	(WHO) **Partner Agencies**	(HOW) **will we deliver**	(WHEN) **Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**
Accurate Information, Advice and Assistance through DEWIS and Five Ways to Wellbeing	DEWIS regional group & GAVO & TVA Public Service Boards	• DEWIS regional group will continue to coordinate accurate IAA with a focus on mental health • Continue to deliver 5 ways to well-being and consider roll-out in schools • Consider a communication campaign to raise awareness of mental health amongst public and in schools	TBC	TBC	Number of DEWIS website hits Number of people accessing 5 Ways to Well-being

PEOPLE WITH LEARNING DISABILITIES

Regional Priority / Outcome:

- **To support people with learning disabilities to live independently with access to early intervention services in the community; and greater public awareness and understanding of people with learning disabilities needs**

HOW WILL WE MEASURE SUCCESS?

To be identified through review of regional Mental Health & Learning Disability strategy.

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Support Mental Health and Learning Disability Partnership Board review Gwent Strategy for Adults with a Learning Disability 2012/17 and set out key regional commissioning, integration actions	Mental Health & Learning Disability Partnership	The MH&LD Partnership are currently reviewing the regional Learning Disability Strategy and will identify key actions and progress measures.	April 18	TBC	To be identified in new regional strategy

SENSORY IMPAIREMENT

Regional Priority / Outcome:

- **Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required and to include the need to Improve emotional well-being especially through peer to peer support**

HOW WILL WE MEASURE SUCCESS?

The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year (National Outcome Framework)

QUALITATIVE QUESTIONNAIRE – below measures are currently measured using national survey but are subject to review.

1. **People reporting that they live in the right home for them**
2. **People reporting they can do what matters to them**
3. **People reporting that they feel safe**
4. **People reporting that they feel a part of their community**
5. **People reporting they feel satisfied with their social networks**
6. **People reporting they have received the right information or advice when they needed it**
7. **People reporting they were treated with dignity and respect**
8. **Young adults reporting they received advice, help and support to prepare them for adulthood**
9. **People with a care and support plan reporting that they have been given written information of their named worker in social services**
10. **People reporting they felt involved in any decisions made about their care and support**
11. **People who are satisfied with care and support that they received**
12. **Parents reporting that they felt involved in any decisions made about their child's care and support**

(WHAT we are doing) **Action**	(WHO) **Partner Agencies**	(HOW) **will we deliver**	(WHEN) **Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**
Use good practice and effective pathways to develop regional commissioning principles	Integrated Eye Care Collaborative Board	Deliver Integrated Eye Care Collaborative Board regional programme Link to regional commissioning group	TBC	TBC	TBC
Ensure accurate, accessible and timely Information, Advice and Assistance through DEWIS and other means	DEWIS regional group & GAVO & TVA	• DEWIS regional group will continue to coordinate accurate IAA with a focus on sensory impairment	TBC	TBC	Number of DEWIS website hits
Work in partnership with third sector to identify new models to support rehabilitation process and supply of low vision tools.	**GAVO/TVA**	TBC	TBC	TBC	TBC

CARERS

Regional Priority / Outcome:

- **Support carers to care through flexible respite, access to accurate information, peer to peer support and effective care planning**
- **Improve well-being of young carers and young adult carers through an increased public understanding (this is a priority highlighted in Together For Mental Health)**

HOW WILL WE MEASURE SUCCESS

NATIONAL OUTCOME FRAMEWORK Relevant performance indicators:

- **The percentage of adults who have received advice and assistance and have not contacted social services for 6 months for the same outcome during the year**
- **Number of assessments of need for support for carers undertaken during the year**
    a. **Of those, the number that led to a support plan**
    b. **Number of carers who refused an assessment during the year**

QUALITATIVE QUESTIONNAIRE – below measures are currently measured using national survey but are subject to review.

Success measures to include quality measures

- **I have been treated with dignity and respect (aged 10+);**
- **I have received the right information, advice or assistance when I have needed it (aged 10+);**
- **The care and support I have received has helped me to do the things that matter to me (aged 10+);**
- **Carers reporting they feel supported to continue in their caring role**
- **Carers reporting they felt involved in designing the care and support plan for the person that they care for**

- **Further quantitative measures to be identified by Carer's Reference Group**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Coordination of consistent community based services such as community connectors/social prescribers to identify and support carers	**Lead Partner: Heads of Adult Services, ABUHB officers**	• Respond to recommendations from Integrated Care Funding (ICF) evaluation of community connecter projects across the region.	April 2018	ICF	• Number or people supported through community connectors • Qualitative measures TBC
Accurate Information, Advice and Assistance through DEWIS and Five Ways to Wellbeing	**DEWIS regional group & GAVO & TVA** Public Service Boards	• DEWIS regional group will continue to coordinate accurate IAA with a focus on carers • Continue to deliver 5 ways to well-being and consider roll-out in schools to target young carers • Consider a communication campaign to raise awareness of carers amongst public and in schools to identify young carers • Review local authority IAA 'front doors' performance management information and identify good practice and lessons learnt 1 year on.	Ongoing	TBC through consultation exercise	• Number of DEWIS website hits • Number of people accessing 5 Ways to Well-being
Ensure that the implementation of the care closer to home strategy increases the community level support for carers	**ABUHB/ Integrated Partnership Boards/** Neighbourhood Care Networks/Housing Social Care	Development of a placed-based approach via **Care Closer to Home Strategy** which will include a focus on social isolation & include • Develop a sustainable work force • Links to Housing Associations • Support to carers • To develop health and well-being hubs • To identify opportunities to "shift" care from secondary services to primary care, providing	Final CC2H draft near completion and Health Board sign-off (Sept 2017) Local Councils sign-off (Nov 2017)	TBC through consultation exercise	To be identified

	Network	care closer to home.			
Review of and align third sector commissioning principles to support befriending for carers requiring support	ABUHB & Regional Commissioning Group	Work with Third Sector Partner • **Carers Trust South East Wales** (cross region survey of young adult carers and development of a sustainable model for supporting young carers in school); • **Barnardos Cymru** (scoping a regional Young Carers ID Card Scheme); • **Dewis Centre for Independent Living** (developing an evidence base for a regional advocacy for carers service model). Befriending • Support ABUHB rollout 'Ffrind I Mi' befriending programme across partners and consider inclusion through wider regional commissioning priorities.	April 2018	TBC through consultation exercise	• No of people supported by befriender • No of Befrienders trained
Consistent commissioning across health and social care to ensure equitable, region wide and effective models of carer support including • **flexible respite** • **Training and awareness** • **Support to Young Carers** • **Advocacy provision**	Regional Commissioning Group	• Welsh Government will be reviewing respite at a national level through new Dementia Strategy • Respond to national recommendations • Develop regional task and finish group • *Rollout of small grants scheme* • Sustaining staff awareness raising and training of staff • Consider bronze level Investors in Carers (IiC) scheme across GP	TBC through consultation exercise	TBC through consultation exercise	TBC through consultation exercise • No of staff trained

		• *Rollout of Young Carers in Schools Award Scheme and Young Carers ID Card Scheme* **Advocacy for Carers** • Develop a regional advocacy service model and service specification linked to Independent Professional Advocacy (IPA) for adults and 'Golden Thread of Advocacy' national model service specification for advocacy. •			
Review of medical prompting to better support carers	**Carers Board**	• Develop task and finish group to develop scope • Consider development of new models and assisted technology to support carers in the community	TBC through consultation exercise	TBC through consultation exercise	• T&F group established with Terms of Reference • Scoping report

PEOPLE WITH AUTISM SPECTRUM DISORDERS

Regional Priority / Outcome:

- **To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice**

HOW WILL WE MEASURE SUCCESS

TBC through new regional strategy but will consider

- **Reduction in waiting time for adult diagnostic assessment**
- **Adults with autism who do not have a learning disability and/or moderate – severe mental health difficulty access to multi-disciplinary health interventions**
- **Children with a diagnosis have access to support and interventions**
- **Adults with a diagnosis of ASD (who do not have an LD and/or moderate – severe mental health difficulty) access to post diagnostic support & interventions**
- **Individuals with autism and their families have direct access to specialist support through a self-referral model**
- **Increasing awareness of service (number of referrals)**
- **Parents, carers and families of individuals with autism access advice, information and support.**

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures

Local implementation of Welsh Strategic Action Plan including development of new Integrated Autism Service.	New Regional ASD Strategy Group	The development of the Integrated Autism Service is the main delivery objective of the refreshed ASD Strategic Action Plan which will include • debvelopment of a Regional Strategy Group • post diagnostic support & interventions for children/parents of children with autism • training program for parents/carers of children with autism. • Analysis of regional data	TBC	TBC	TBC

LINKS WITH OTHER PARTNERSHIPS

Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV) Board.

The Violence against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015 focusses on the prevention of issues, the protection of victims and support for those affected by such issues. Welsh Ministers are required to prepare and publish a National Strategy in relation to these matters and appoint a National Adviser on Violence against Women and other forms of Gender-based Violence, Domestic Abuse and Sexual Violence. Relevant authorities are required to prepare and publish strategies to contribute to the pursuit of the purpose of the Act. A South East Wales VAWDASV Board has been established and supported by a VAWDASV regional team. The board has identified a number of emerging regional priorities and the RPB will support the work of the VAWDASV Board in achieving the required outcomes.

- ***Strategic Priority 1:*** Increase awareness and challenge attitudes of violence against women, domestic abuse and sexual violence across Gwent.
- ***Strategic Priority 2:*** Increase awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong
- ***Strategic Priority 3:*** Increase focus on holding perpetrators to account and provide opportunities to change their behaviour based around victim safety
- ***Strategic Priority 4:*** Make early intervention and prevention a priority
- ***Strategic Priority 5:*** Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors
- ***Strategic Priority 6:*** Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services throughout the region.

Area Planning Board

The substance misuse Gwent Area Planning Board Board works across the Gwent region to reduce substance misuse through a combination of education, prevention, treatment and rehabilitation. The current priorities the board are working to address are below and the RPB will work in partnership to avoid duplication and create a synergism across partners.

Priorities

- Improving emergency service substance misuse training and Naloxone roll out
- Increasing alcohol provision both in terms of treatment and education
- Improved primary prevention
- Co-occurring mental health and substance misuse
- Improved housing options
- Securing capital estates funding (impact to service delivery if reduced)

Safeguarding Boards

As of the 6th April 2016, the Gwent-wide Adult Safeguarding Board and South east Wales Safeguarding Children Board became statutory boards as set out in the Social Services and Well-Being (Wales) Act 2014. The boards were formed in 2011 covering the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. Both boards have developed work programmes which ensuring the continued effectiveness of safeguarding practice during the implementation and transition of the Social Services and Well-being (Wales) Act 2014. The individual priorities are set out below and the RPB will support the delivery of priorities through joint working.

Adult Board Priorities

- Targeting Interventions towards adults who are at risk of specific types of abuse
- Improving the Quality of Care across the region
- Improving the effectiveness of the Regional Adult Safeguarding Board

Children Board Priorities

- Reducing the effects of compromised parenting on children's well-being
- Improving our work with adolescents who exhibit risky behaviours
- Improving the effectiveness of the Regional Safeguarding Children Board

Part 2 PROCESS: Principles of working

Links with Public Service Boards under the Well-being of Future Generations Act

The Social Services and Well-being Act (the Act) shares similar principles with a number of national strategies and legislation. However, the Act shares almost identical principles with the Well-being of Future Generations Act with the main difference between the acts being the time frame: the Area Plan under the Act reflects the Population Needs Assessment and covers a 3-5 year period based on electoral cycle and the Well-being Assessment under the Well-being of Future Generations Act covers a suggested period of 20-30 years.

Social Services and Well-being Act Principles	**Sustainable Principles: Well-being of Future Generations**
Services will promote the **prevention** of escalating need and the right help is available at the right time	**Prevention:** How acting to prevent problems occurring or getting worse
Partnership and co-operation drives service delivery	**Collaboration**: how acting in collaboration with any other person or any other part of an organisation could help meet wellbeing objectives
	Integration: Consider how the proposals will impact on wellbeing objectives, wellbeing goals, other objectives or those of other public bodies
People are at the heart of the new system by giving them an equal say in the support they receive	Involvement: The importance of **involving people** with an interest in achieving the wellbeing goals, and ensuring that those people reflect the diversity of local communities.
The Act supports people who have care and support needs to achieve well-being	Long term: the importance of balancing short- term needs with the need to safeguard the ability to also meet long – term needs

A strategic network of PSB managers and partners has been established to ensure good practice is shared when developing individual Well-being Plans and an opportunity for PSBs to undertake joint planning against regional priorities. The Gwent Strategic Well-being Assessment Group (GSWAG) includes wider partners from Gwent Police, Public Health Wales, Welsh government and South Wales Fire Service. The Regional Partnership Team is also represented on the group and promoting a consistent approach to the plans where they can easily be read and

referenced in tandem to promote alignment. Appendix 1 sets out a mapping of Well-being Plan priorities against the Area Plan and a common definition of terms used across the plans – which could be the basis of a Memorandum of Understanding. Going forward an alignment of success measures will be required with the ultimate aim to avoid duplication across the plans and apportion priorities across the RPB and PSBs.

Integration: Why we are taking an integrated approach?

The Well-being of Future Generations Act sets out integration as one of five sustainable development principles however there is no set definition for 'Integration' under the Social Services and Well-being Act or supporting codes of practice. Under Part 9 of the Act Regional Partnership Boards (RPB) are required to prioritise the integration of services in relation to:

- Older people with complex needs and long term conditions, including dementia.
- People with learning disabilities.
- Carers, including young carers.
- Integrated Family Support Services.
- Children with complex needs due to disability or illness.

For the purpose of this Area Plan the Regional Partnership Board will adopt a principle of integration based on the following areas of working

- ***Joint commissioning of services and pooled budgets***
- ***Joint workforce development and training***
- ***Consistent and portable assessment processes including outcome and distance travelled toolkits***
- ***Co-located teams***
- ***Sharing of resources***
- ***Similar understanding of information provision and consistent key messages to citizens***

The above definition of integration will be adopted when implementing the Area Plan and there is an expectation that the strategic partnerships charged with implementing the Area Plan will consider the above areas of work when delivering actions to achieve the identified outcomes.

REGIONAL JOINT COMMISSIONING PRIORITIES

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Implement Regional Joint Commissioning Group (RJCG) action plan to deliver joint commissioning arrangements for identified priorities for Act Part 9 requirements.	Regional Joint Commissioning Group	Regional group developed and Governance, Terms of Reference and outline Project Plan agreed. Regional Partnership Board appraised. Member briefing drafted Task & finish Groups and their briefs established - Finance Modelling and alignment of commissioning functions. Stakeholder engagement. Section 33 Agreement and appointment of Pooled Fund Manager. Final Section 33 Arrangement for Care Homes for Older People selected and agreed by RPB	Completed September 2017 December 2017 April 2018 April 2018		Completed Completed April 2018 January RPB will recommend decision to Councils and Health Board
Develop domiciliary care joint commissioning process with National Commissioning Board and linked to Care Standards Social Improvement Wales 'Above and Beyond' Report and the 'Care and Support at Home' Strategic Plan currently being developed by Social Care Council for Wales.		Develop regional approaches where it makes sense to do so: Medication and Falls policies, feasibility of developing a local social care academy, workforce challenges and alignment of contact management functions	Initial review report completed. Work streams being progressed by end of 2017 Interim report due early 2018		

Continue to link with National Commissioning Board to progress national work priorities and proposals across the region	National Commissioning Board	To consider recommendations from NCB and respond as a region	TBC	TBC	TBC

Prevention and Early Intervention

(WHAT we are doing) **Action**	(WHO) **Partner Agencies**	(HOW) **will we deliver**	(WHEN) **Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**
Explore a single prevention agenda across the region with PSBs and linked to Wellbeing of Future Generations and SSWB Acts which also includes Housing Associations.	RPB and PSB Health Housing and Social Care Partnership	Develop a task and finish group to identify common principles of prevention	Sept 2018	N/A	Report submitted to RPB, PSBs and G7 group
Align anti-poverty programmes across the region to set out a single preventative model based on consistent assessment principles, joint workforce and joint commissioning	See Children and Young People section				
Through the implementation of the 'Care Closer to Home' strategy ensure that prevention and early	See Older People section				

intervention is supported and enabled in a consistent manner across the region					
Delivery of Regional Joint Commissioning Group (RJCG) work plan with third sector to maximise and align activity to prevent escalation of need and build on existing models of good practice such as befriending, social prescribing etc. and to promulgate the development of social enterprises and co-operatives where possible.	RPB GAVO and TVA	*Work has started but will need to be revisited within year 2 of the Area Plan as limited capacity amongst partners	TBC		
Support Early Years Pathfinder pilot and use key messages to shape early intervention models	**Early Years Pathfinder group**	• Identify key messages and good practice from pathfinder project and share with RPB and PSBs • Incorporate good practices across the region • Respond to recommendations from national EYP board	April 18		

Information, Advice and Assistance

(WHAT we are doing) Action	**(WHO) Partner Agencies**	**(HOW) will we deliver**	**(WHEN) Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**
Further support and develop DEWIS website so it becomes the 'go to' place for information on	Dewis regional group	Deliver the regional Dewis action plan and review progress annually	April 18	TBC	Number of hits on website Number of pages

support, advice and assistance.					populated Number of DEWIS authors trained
Continue to support consistent information dissemination and stakeholder engagement through regional communications group	Regional Communication Group	Regular newsletters	April 18	TBC	
Use IAA performance management data to inform design of services	Local Authorities	Annual review of IAA data and development of annual report	April 18	TBC	
To support further initiatives across the region that supports consistency of approach to IAA e.g. self-assessment exercises, peer reviews	Citizen Panel	• Citizen Panel to review IAA across region once per year and identify recommendations for RPB • Develop RPB website	April 18 and annually	TBC	
To work with regional workforce managers and Social Care Wales to ensure that cultural change programmes are embedded and on-going	Workforce Development Board & Social Care Wales	Deliver and review WFD board regional plan	April 18	TBC	

New models, user led services and third sector working

(WHAT we are doing) **Action**	(WHO) **Partner Agencies**	(HOW) **will we deliver**	(WHEN) **Timescales / Milestones**	**Resources (including ICF projects)**	**Progress measures**
Work with Wales	Wales Cooperative				

Cooperative Centre to increase and support number of voluntary led services in local communities through 'Care to Co-operate'.	Centre & Provider Forum				

Workforce Development

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Integration of care and support provision to key client groups as set out in Part 9 of the Act and emphasised through RPBs Statements of Strategic Intent for older people, children with complex needs and carers, as well as strategy statements for Mental Health and Learning Disability (including Autism)	Workforce Development Regional Board	Deliver WFD programme plan and review progress annually -breakdown of priorities to be added	April 18	TBC	TBC

Advocacy

(WHAT we are doing) Action	(WHO) Partner Agencies	(HOW) will we deliver	(WHEN) Timescales / Milestones	Resources (including ICF projects)	Progress measures
Work with the Golden Thread Advocacy Programme across the region through regional provider forum with focus on • **Alignment of advocacy provision to identified priorities across partner agencies** • **Joint approach to advocacy provision with third sector partners especially in promotion of independent advocacy**	Golden Thread Advocacy Programme (GTAP) & Regional Provider Forum	Deliver regional Advocacy programme with GTAP 1. Establishing a Gwent Advocacy Commissioners' Group. 2. Establishing a Gwent Advocacy Providers' Forum. 3. Progressing towards a regional approach to advocacy commissioning. 4. Adopting a co-productive approach to advocacy commissioning, including a multi-stakeholder workshop in early 2018. 5. Developing a strategic plan for advocacy commissioning in the region in 2019-2024, covering both IPA and wider forms of advocacy	April 2018	TBC	TBC
Support Children's Services joint commissioning of a single advocacy service	**HOCS NYAS**	Develop new service and review annually	April 2018	TBC	

Annexe 1 : Mapping of draft Area Plan priorities against draft local Well-being Plan priorities

CORE THEME	Outcome Priority	Actions to be progressed through regional Area Plan	Lead Partner (ship)	BG 31/01/18	Caer 18/12/17	Mon 15/01/18	Newp 14/02/18	Torf 7/1/18
Children & Young People	• To improve outcomes for children and young people with complex needs through earlier intervention, community based support and placements closer to home • To ensure good mental health and emotional well-being for children young people through effective partnership working	▪ Support Children and Family Partnership Board's review of local arrangements for children with complex needs and delivery of work programme with a focus on Looked After Children. ▪ Consistent models of practice and alignment of Welsh Government's early intervention and preventative programmes ▪ Develop and deliver a regional ACE action plan with a focus on earlier intervention and mental health support for children and young people through community based assets.	**Children and Families Board**	Best Start in Life	Positive Start Early years ACE**s**	**B**est possible start in life ACE**s** **Childhood** Obesity Well-being resilience	**B**est possible start in life.	Best Start Early years ACE**s** Childhood obesity Parenting
Older People	• To improve emotional well-being for older people by reducing	▪ Develop place based approach *'Care Closer to Home'* including	**Adult Strategic Partnership**	Age friendly communiti	<u>Positive People</u>		People have access to stable homes	**L**imit the impact of chronic

	loneliness and social isolation with earlier intervention and community resilience • To improve outcomes for people living with dementia and their carers • Appropriate housing and accommodation for older people	consistent delivery of community connectors across the region to reduce social isolation ▪ Further develop *'Dementia Friendly Communities'* ▪ Develop domiciliary care joint commissioning process with National Commissioning Board and linked to Care Standards Social Improvement Wales 'Above and Beyond' Report and the 'Care and Support at Home' Strategic Plan currently being developed by Care Council for Wales		es	prevention to address current and future health and **well-being** challenges C**are Closer to** H**ome**	Respond to the challenges associated with demographic change Housing Intergenerational living Volunteering Community support Social prescribing	in a s**ustainable supportive community** **Long and healthy lives for all** **Ensuring people feel safe in their communities** **People feel part of their community and have a sense of belonging**	health conditions through supporting healthy lifestyles and enabling people to age well. C**are Closer to** H**ome**
Health & physical disabled people	• To support disabled people through an all age approach to live independently in appropriate accommodation and access community based services, including transport. • To help people reduce the risk of poor health and well-being	▪ Implement 'Care Closer to Home' Strategy ▪ Align with 5 local Well-being Assessments required under Wellbeing of Future Generations Act and explore joint action planning for wider detriments to health	**Adult Strategic Partnership**	**Healthy Lifestyle Choices**	Positive People physical and mental health and well-being needs programme **volunteering maximising route to**		**Long and healthy lives for all equalise up health life expectancy and life expectancy and health inequalities).**	**L**imit the impact of chronic health conditions through supporting healthy lifestyles and enabling people to age well.

	through earlier intervention and community support				well-being prevention to addre**ss current and future well-being** challenges			
People with Learning Disabilities and Autism Spectrum Disorders	• To support people with learning disabilities to live independently with access to early intervention services in the community; and greater public awareness and understanding of people with learning disabilities needs • To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice	▪ Support Mental Health and Learning Disability Partnership Board review Gwent Strategy for Adults with a Learning Disability 2012/17 and set out key regional commissioning, integration actions ▪ Local implementation of Welsh Strategic Action Plan including development of new Integrated Autism Service.	**Mental Health & Learning Disabilities Partnership**					
Mental Health	• Increased understanding and awareness of mental health amongst the public to reduce stigma and help people to seek support earlier.	▪ Review and align regional strategies to Together for Mental Health Delivery plan ▪ Coordination of consistent community based services such as	**Mental Health & Learning Disabilities Partnership**		<u>Positive People</u> physical and mental health and well-being	Emotional well-being for children and young people	Participation in sports and physical activity is important for people's physical and	

	• To improve emotional well-being and mental health for adults and children through early intervention and community support.	community connectors/social prescribers ▪ Multi-agency place based models which include wider partners such as Housing Associations, employment support and community programmes ▪ Accurate Information, Advice and Assistance through DEWIS and Five Ways to Wellbeing			needs programme volunteering maximising it as a route to personal well-being		mental well-being and resilience. Participation in arts, heritage and history is important for people's well-being.	
Sensory Impairment	• Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required • Improve emotional well-being especially through peer to peer support	▪ Use good practice and effective pathways to develop regional commissioning principles ▪ Ensure accurate, accessible and timely Information, Advice and Assistance through DEWIS and other means ▪ Work in partnership with third sector to identify new models to support rehabilitation process and supply of low vision tools.	**Adult Strategic Partnership**					
Carers who need support	• Support carers to care through flexible res-	▪ Coordination of consistent community	**Carers Board**					

	pite, access to accurate information, peer to peer support and effective care planning • Improve well-being of young carers and young adult carers through an increased public understanding	based services such as community connectors/social prescribers to identify and support carers ▪ Review of medical prompting to better support carers ▪ Accurate Information, Advice and Assistance through DEWIS and Five Ways to Wellbeing ▪ Review of and align third sector commissioning principles to support befriending for carers requiring support ▪ Ensure that the implementation of the care closer to home strategy increases the community level support for carers ▪ Consistent commissioning across health and social care to ensure equitable, region wide and effective models of carer support including flexible respite.						

Violence against women domestic abuse and sexual violence	• Provide earlier intervention and safeguarding arrangements to potential victims through 'Ask and Act' • Safeguard victims, including men, through effective partnership support	▪ Implementation of 'Ask and Act' as part of Welsh Government pilot. ▪ Strategic alignment with VAWDASV Board, needs assessment and strategic plan.	**VAWDASV Board**	Safe communities	<u>Positive Places</u> Support our most disadvantaged communities to be resilient, cohesive and enable them to help themselves		**Ensuring people feel safe in their communities**	**C**reate safe, confident communities and promote community cohesion.

Annexe 2 : Common language across Area Plan and local Well-being Plans

Common Term	Area Plan	Well-being Plan(s)				
		Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
National	**Core Themes**	**Well-being Goals**	**Well-being Goals**	**Well-being Goals**	**Well-being Goals**	**Well-being Goals**
Outcome Priority expressed in public speak	Outcomes Priority	Well-being Objectives Best Start Safe Communities Healthy lifestyles	Well-being Objectives Positive Start, People and Place	Well-being Objectives Best Start Demographic challenges	Well-being Objectives Good place to live Skills for work Empowered well-being Healthy/safe/resilient environments & Emerging Priorities	Well-being Objectives Best Start Healthy Lifestyles Mitigate poverty
Primary Action	High Level Action	What do we need to do next	High Level Action	Delivering the solution	What steps will we take (S,M, L)	What we will do short, medium and long term
Secondary Action	The HOW actions	What activity could look like				
Indicators	Success Measures				How will we measure success	