



**Partneriaeth**  
Ranbarthol  
Gorllewin  
Morgannwg

West  
Glamorgan  
Regional  
**Partnership**



# Annual Report

# 2019-20

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@WGlamPship

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# Foreword

I am pleased to present our Annual Report for 2019/20, the first of its kind under the banner of the 'West Glamorgan Regional Partnership'.

The report looks back over an eventful year for us as we've transitioned from 'Western Bay' to 'West Glamorgan' following the Health Board boundary change in April 2019. We seized the opportunity to take stock of all that 'Western Bay' had achieved, and have applied our learning to the ongoing development of this next phase of our journey.

Creating a new governance structure and devising a programme of work was our main focus at the beginning of the year. This saw the establishment of three new transformation boards which oversee a series of associated work streams. This report gives a flavour of the significant progress we've already made thanks to the hard work and dedication of all those involved in developing and delivering services under our new arrangements.

Events took an unexpected turn towards the end of the year as the COVID-19 public health emergency called for a major gear change. This has been a time of unprecedented turbulence for care and support services of all kinds, not to mention the impact on citizens and carers. Some aspects of the partnership's work programme were temporarily stood down in March as we rerouted our resources to help bolster key front line services delivered by our partners. The whole experience has been a steep learning curve for all of us, and our priority going forward will be to reflect on what went well and what could have gone better in terms of our response.

I have no doubt that further challenges lie ahead, but as this report demonstrates, we have fostered strong, positive relationships and will continue to work effectively together for the population we jointly serve. It has been an honour to chair the West Glamorgan Regional Partnership Board in its inaugural year, and I'd like to thank everyone involved in our work for their ongoing support and adaptability.

**Cllr. Rob Jones**  
**Leader – Neath Port Talbot County Borough Council**  
**Chair of West Glamorgan Regional Partnership Board**

# Background

The Western Bay Regional Partnership was established in January 2011 by the four Chief Executives within the three constituent Local Authorities (Bridgend, Neath Port Talbot and Swansea) and the Health Board.

Regional partnerships for health and social care became part of the national governance picture in Wales in 2016, when the six other regions were formed in accordance with the Welsh Government's mandate.

In April 2019, a major change was agreed when the Local Authority area of Bridgend, which had been part of the Western Bay region since its inception, moved to the new Cwm Taf Morgannwg region in line with the Health Board boundary change. As a result, most programmes and services were restructured through a review process, facilitated by the [Institute of Public Care](#). This involved a series of workshops which engaged with a wide range of partners, including the Third Sector, citizens and carers.

The new vision, aims and governance arrangements were subsequently agreed, and 'Western Bay' formally became 'West Glamorgan'.

The new arrangement has resulted in a clearly defined programme, comprising of a number of transformational projects, providing a much more focussed approach. The governance arrangements are streamlined, ensuring a clear decision making process from the individual workstreams through to the Transformation Boards up to Regional Partnership Board. This is further strengthened by a consistent programme and project methodology which provides the visibility and transparency of progress being made, including any risks and issues.

June 2018 saw the appointment of Kelly Gillings, the new West Glamorgan Regional Transformation Programme Director. Kelly replaces Sara Harvey, who led the Western Bay Programme Team before moving onto a new role in the Welsh Local Government Association.

Having already spent three years with the team in the role of Contracting Implementation Manager, Kelly has an in-depth knowledge of the regional agenda, and has brought a fresh perspective to the partnership's approach to collaborative working.

# Vision and Aims

The West Glamorgan Regional Partnership's vision is to provide high quality services that protect children and adults from harm, promote independence and deliver positive outcomes for people in Neath Port Talbot and Swansea.

To achieve this, Swansea Bay University Health Board and the Local Authorities of Neath Port Talbot County Borough Council and Swansea Council are working together with third and independent sector partners, citizens and carers.

The primary purpose of the collaborative is to provide a strategic mechanism for co-ordinating a programme of change via a suite of projects and work streams identified as a common priority.

The key aims of the West Glamorgan Regional Partnership are:

- 🏠 To promote prevention and wellbeing from a citizen centred perspective, that will support and strengthen both the care delivered and the health and wellbeing benefits to the people of the region
- 🏠 To integrate services more effectively for the benefit of service users and carers
- 🏠 To focus on the person through an approach committed to personalisation, independence, social inclusion and choice
- 🏠 To fulfil a shared responsibility that adults and children at risk of harm are safeguarded against all forms of abuse by working together to keep adults and children safe and to promote their welfare
- 🏠 To make service improvements, to avoid service costs increasing and to ensure services are sustainable for the future, in the face of growing demand and the current financial climate
- 🏠 To recognise that incremental changes to existing models of care will not be sufficient and that a bolder approach is needed to bring about innovative models that are appropriate to the needs of the population.

## Principles of the Partnership

- 🏠 The region will identify opportunities to develop economy of scale by delivering regional services, where not optimal the programme will “design regional and deliver local”.
- 🏠 West Glamorgan will focus on issues that can best be addressed by a joint regional approach to design.
- 🏠 The programme and projects will need to show that they meet the Future Generations Act’s ‘5 Ways of Working’ test. i.e. they should be about the long term, prevention, involvement, collaboration and integration.
- 🏠 West Glamorgan will only deliver programmes and projects that are multi-agency and not just limited to Local Authorities.
- 🏠 West Glamorgan will take an asset-based approach, promoting citizens responsibility for their own wellbeing, health and care and moving away from paternalistic models of care.
- 🏠 The programme and projects will demonstrate how they are driving culture change so that citizens will be effective co-producers of services, and workers will build their skills and expertise in helping people with ‘what matters’ to them.
- 🏠 West Glamorgan will demonstrate how the programme and projects’ work will secure longer-term savings and that changes will be affordable.
- 🏠 The programme and projects will be geared to supporting the A Healthier Wales vision of seamless wellbeing, health and care in neighbourhoods.
- 🏠 Each project will have a very clear agreed business case which will include the project deliverables, project plan with identified resources for delivery including citizen engagement, communications strategy, demonstrating the expected outcomes in plain language and not just quantitative terms.
- 🏠 Programmes and projects will not overlap or undermine each other.
- 🏠 The overall programme architecture will deliver cost-effective and efficient governance and scrutiny.

- 🏠 The programme and projects will be ambitious in their scope – aiming for 3-5 years into the future and recognise the likely changes in technology, medicine and care.
- 🏠 All programmes and projects will demonstrate how they address any implications for housing, acute and specialist care, social enterprises, voluntary and private sector providers as well as public sector bodies.
- 🏠 All programmes and projects will demonstrate how they add Social Value.
- 🏠 West Glamorgan will communicate in clear language and will adopt the principles defined by the co-production group.
- 🏠 Any new priorities identified will be managed by one of the Transformation Boards.
- 🏠 ‘Business as Usual’ services will report to the programme on a 6 monthly or annual basis.

## West Glamorgan Regional Partnership Board

The West Glamorgan Regional Partnership Board (RPB) is responsible for managing and developing services to secure strategic planning and partnership working between Local Authorities, the Health Board, Third Sector partners, citizens and carers.

Newly appointed members for 2019/20 included a statutory Housing partner, a Registered Landlord and a statutory Education partner, thereby strengthening links with Housing and Education.

The number of citizen and carer representatives increased to four members, thereby growing the voice of citizens and carers around the table.

The Board’s 2019/20 membership comprises the individuals listed in the following table:

<b>West Glamorgan RPB Membership</b>		
<b>Name:</b>	<b>Partnership Body / Partner Organisation:</b>	<b>Role:</b>
Cllr Rob Jones	Neath Port Talbot (NPT) CBC	Chair of RPB/ Leader NPT CBC
Emma Woollett	Swansea Bay University Health Board	Vice Chair of RPB/ Chair SBUHB Health Board
Cllr Peter Richards	Neath Port Talbot CBC	Member/Portfolio Holder – Adult Social Services & Health
Cllr Alan Lockyer	Neath Port Talbot CBC	Member/Portfolio Holder – Children’s Social Services






Cllr Rob Stewart	Swansea Council	Leader
Cllr Elliott King	Swansea Council	Member/Portfolio Holder – Children Services
Cllr Clive Lloyd	Swansea Council	Member/Portfolio Holder – Adult Social Care & Health Services
Tracy Myhill	Swansea Bay University Health Board	Chief Executive
Siân Harrop-Griffiths	Swansea Bay University Health Board	Director of Strategy
Maggie Berry	Swansea Bay University Health Board	Non Member Officer
Andrew Jarrett	Neath Port Talbot CBC	Director for Social Services, Health & Housing
Dave Howes	Swansea Council	Director for Social Services
Michael Perret	Care Forum Wales	Vice Chair
Gaynor Richards	Neath Port Talbot Council for Voluntary Services	Third Sector Representative (CVC)
Emma Tweed	Western Bay Care and Repair	Third Sector Representative (National)
Gareth Thomas	Swansea Counselling & Wellbeing Services	Third Sector Representative (Local)
Kelvin Jones	Service User/ Citizen Representative	Service User/ Citizen Representative
Adele Rose-Morgan	Service User/ Citizen Representative	Service User/ Citizen Representative
Linda Jagers	Carer / Volunteer Ambassador for Carers Wales	Carers Representative
Anne Newman	Carer	Carers Representative
Mark Wade	Swansea Council	Statutory Partner Head of Housing and Public Health
Linda Whittaker	Tai Tarian	Statutory Partner Registered Social Landlord
Aled Evans	Neath Port Talbot CBC	Statutory Partner Education

		Director of Education, Leisure & Lifelong Learning
TBC		Trade Union Representative
<b>Co-opted Members</b>		
Steven Phillips	Neath Port Talbot CBC	Chief Executive
Phil Roberts	Swansea Council	Chief Executive
Kelly Gillings	West Glamorgan Regional Partnership	Regional Programme Director
Nicola Trotman	West Glamorgan Regional Partnership	Regional Deputy Director

## Regional Priorities

Section 14A of the Social Services and Well-being (Wales) Act 2014 places a duty on Local Authorities and Health Boards to produce an Area Plan.




The Regional Partnership Board's Area Plan identifies the following as key themes areas for integrated working:

-  Older People
-  Children and Young People
-  Mental Health
-  Learning Disability and Autism
-  Carers (identified as a cross-cutting theme).

Each theme includes a number of associated priorities (see Appendix 1).

This report seeks to demonstrate how the Partnership has delivered against these areas during 2019/20. The full action plan progress update can be found in Appendix 2.

There are three strategic Transformation Boards that oversee the delivery of West Glamorgan's programme of work. These are:

-  Adults' Transformation Board
-  Children and Young People's (CYP) Transformation Board
-  Integrated Transformation Board.






Transformation Boards meet on a bi-monthly basis. An overview of their remits and key outcomes achieved during the first year can be found below.



# Adults' Transformation Board

The Adults' Transformation Board oversees the transformation of Health and Social Care services for adults, ensuring partners work together to improve outcomes for citizens across the West Glamorgan region.

The Adults' Transformation Board:

-  monitors the progress of the services in scope
-  ensures that services deliver the anticipated outcomes to the intended service user groups
-  monitors budgets to ensure value for money
-  ensures co-production is embedded across all work programmes
-  ensures that Social Value is referenced and reviewed as appropriate.

The Board comprises the following work streams:

## Optimal Model Review of Intermediate Care Services

Since 2014, the organisations that make up the West Glamorgan Regional Partnership have been working together to improve services for frail older people aged 65 and over. The key aim of this particular work stream is to help older people who become unwell to remain in the comfort of their own home, avoiding a hospital stay unless it is absolutely necessary. If an older person does need to go into hospital, the service supports them to return home as soon as they are well enough to be discharged. People are also given support to live independently in their own homes for as long as possible.

The service is underpinned by a 'what matters to you?' approach, rather than 'what's the matter with you?', and comprises of a number of elements that have been implemented consistently across the region made up of a number of different professions and across sectors including doctors, nurses, social workers, occupational therapists, physiotherapists and health care support workers.

As this service model has continued to evolve, the hospital admission and discharge element of the optimal model are under ongoing review to maximise the impact and benefit of the services particularly in light of the development of a regional 'Hospital 2 Home' Service during 2019/20 as outlined below.

During 2019/20, there was in excess of 3,645 patients who avoided having to be admitted to hospital through the provision of services being provided in the community, which enabled these

patients to be able to stay within their own homes and continue to live independently or with some support.

### Feasibility Study

Work undertaken to support older people has included an Integrated Care Fund (ICF) funded feasibility study to develop a social enterprise for home care in the Upper Amman and Upper Afan Valleys in Neath Port Talbot. The success of the study has resulted the establishment of Calon y Cymoedd, which is a social enterprise designed to deliver information, advice and support for older people by working in partnership with public, private and third sector organisations. The support element includes a home help service to assist people with domestic tasks and running errands, as well as a volunteer-run befriending service.

## 'Hospital 2 Home' Service

The West Glamorgan regional 'Hospital 2 Home' service was launched on a phased basis from 10th December 2019, with full roll-out achieved by the end of January 2020. The cooperation and collaboration of all partners involved was instrumental to being able to develop this complex pathway in such short timescales and has been testament to the excellent partnership working that has been built across the region.

The development of 'Hospital 2 Home' is based on longstanding social care research undertaken by Professor John Bolton. It focuses on promptly arranging and providing the necessary support for individuals to be able to return home or the most suitable care setting, depending on their needs, after a period in hospital.

Using this approach, comprehensive assessment does not take place in a hospital bed. Individuals tell their story to a 'Hospital 2 Home' "Navigator" who acts on behalf of all agencies and undertakes a single assessment based on the person's assets and strengths.

'Hospital 2 Home' provides support that encompasses the physical and mental well-being of individuals, including those living with dementia and cognitive impairment, with conversations still centred on "what matters to me". The service helps to maximize the use of the existing social care capacity to its best effect and ensure there are effective patient journeys across the health and social care system.



Mr Morgan is 82 years old and was admitted to hospital following a fall. He had complications during his stay in hospital which led to a prolonged admission and repatriation to Neath Port Talbot Hospital for discharge planning. Prior to his admission, Mr Morgan did not require any daily care or support.



He was discharged via the 'Hospital 2 Home' pathway on 9/1/20 requiring three calls per day for support with washing, dressing, meal preparation, and to increase his confidence using the steps into and out of his property so he would be able to visit his local pub with his friends.

Mr Morgan has benefited from a joined up approach between physiotherapy and occupational therapy in order to support him to achieve his personal outcomes.

Mr Morgan was discharged from 'Hospital 2 Home' on 16/1/20 with no ongoing support. He is now independent with personal care, meal preparation and is able to access his property and his local community with confidence.



*The launch of 'Hospital 2 Home' allowed us an opportunity to reflect on the way we were delivering services in order to streamline and improve them across the Swansea Bay geographical patch. It came with challenges, as any change does, but the 'Hospital 2 Home' initiative provided a foundation and springboard from which we were in a strong position to respond to and deal with the global pandemic that was unknowingly looming.*

*The project has highlighted and demonstrated the value that integrated health and social care teams contribute to supporting people home from hospital and their journey to regaining independence and confidence. It has also enabled people to recover at home and have their voices heard so their long term care needs can be agreed away from a hospital setting.*




**Quote from Jo-Anne Bradburn**  
**Intermediate Care Manager**  
**Neath Port Talbot Community Resource Team**


## Winter Pressures Plan


Every year partners come together to plan for winter, by building on experiences and reflecting on what has been learnt during previous winters. The winter pressures plan ensures that we implement initiatives that will provide safe and effective health and social care services and to support patients and our workforce over the winter period. The plan includes a wide range of actions and contingencies that are put in place by all partners, to manage the additional pressures experienced over the winter months.

A range of initiatives were implemented in 2019/20, some examples included:

-  **Winter Well-being Service** – This project sought to address winter pressures on the health service in Swansea, Neath and Port Talbot. It was made up of a number of Third Sector agencies who worked collaboratively to support people being cared for and those in the caring role, during patient hospital discharge back to their homes, by supporting people to leave wards and A&E, working alongside community clinical teams and other non-medical community services.

Partners include Swansea YMCA, Swansea Carers Centre, Care and Repair Western Bay, Neath Port Talbot Carers Service, and Age Cymru West Glamorgan.

 **Community Equipment** - Additional funding for winter pressures paid for additional equipment for the Community Equipment Service (CES). This included a wide range of items from simple aids for daily living, to more complex pieces, such as specialist beds, to enable people to stay in their home environment. CES is a region-wide joint venture involving Swansea and Neath Port Talbot Local Authorities and Swansea Bay UHB. This additional funding has ensured that the CES had adequate stock of pieces of equipment to meet the increased levels in demand, ensuring hospital sub-stores are adequately stocked to assist in the safe discharge of patients from hospitals back into their own homes.

 **Enhanced GP Support for Care Homes** - Winter pressures funding enabled an increase in provision from the out of hours team on a Saturday in order that GPs could respond quickly to calls from care homes, enabling them to work more proactively with care homes and their residents. This involved contacting care homes to trouble shoot and pre-empt problems to avoid having to admit residents into hospitals. This approach had been piloted on a cluster basis and received positive feedback from care homes.

## People with Dementia and their Carers

Dementia is a major public health issue in Wales. Approximately 42,000 people have dementia, and it is most common among older people. As life expectancy increases, so will the prevalence of dementia, posing a significant challenge to services. There are also some people who experience early onset dementia who require care and support. As with late onset dementia, the consensus is that prevalence increases exponentially with increasing age, roughly doubling every five years.

Over the years, many organisations have developed services and projects aimed at supporting people living with dementia, their families and carers. The development of services has not always been 'joined-up', with different organisations not always understanding what others offer.

This work stream is focussing on all of the relevant services offered to take a more strategic, integrated approach to ensure people receive the best possible support and care. The Welsh Government's Dementia Action Plan for Wales (2018-2022) provides a basis for this agenda in West Glamorgan.

It includes seven key themes:

1. Risk reduction and delaying onset
2. Raising awareness and understanding
3. Recognition and identification
4. Assessment and diagnosis
5. Living as well as possible for as long as possible with dementia
6. The need for increased support
7. The implementation of actions to support the plan.

These themes are the foundation upon which the strategic framework is being developed. An integral part of this work has been the production of a research-led mapping exercise, completed by the Centre for Innovative Ageing at Swansea University. It has sought to capture what support is already available, identify what might be missing and help formulate an approach to support existing services and develop provision for service shortfalls.

The mapping exercise included all statutory and non-statutory Health and Social Care services that people living with dementia and their carers can access. It has helped to provide a better understanding of the processes and experiences of dementia care, offering an insight into how care is delivered and identifying any barriers.

A Strategic Framework will now be finalised to highlight the key areas which need to be developed and identify examples of good practice that could be rolled out across the region.

A number of dementia schemes are funded by the ICF, which identifies a specific amount of funding that must be spent on dementia services. Some examples of the dementia schemes are:

🌐 Swansea Bay UHB recruited a Community Psychiatric nurse within the Community Team in Swansea to provide 'team around the individual' providing person centred and coordinated care both for the person living with dementia and their carer. The aim of the project is to enable people with dementia to remain at home after the Community Psychiatric Nurse intervention and to ensure individuals with dementia and carers have the right support.

🌐 ['Me, Myself and I'](#) is a Third Sector organisation and ICF funded community hub for people living with dementia in Neath. The aim of the hub is to support people on their journey, provide opportunities for people to maintain their independence, remain in the community for longer and help to prevent social isolation and loneliness. Through this hub, they use existing assets, organisations and partnerships to actively encourage involvement, engagement and participation. They use resources to help people understand what life with dementia is like, help to reduce the stigma and provide opportunities for the community to better understand how they can support people living in their locality.



## Commissioning for Complex Needs Project

The Commissioning for Complex Needs project is transforming the lives of people with complex needs who are receiving care services within residential care and supported living. Its main objective is to provide good quality commissioned services with the ultimate aim of increasing the independence of service users, and supporting them to achieve their personal well-being goals.

The ethos is one of true collaboration that puts the person at the centre of service planning and delivery. Care providers work closely with representatives from health and social services to create bespoke, outcome-focussed packages of care for each individual. This methodology empowers people to support themselves, become less reliant on services in the longer term, meaning cashable savings are also realised. The project is to provide opportunities for people with learning disabilities and mental health to live fulfilled lives within their local community, being closer to family, friends, specialist services and support networks.

These will be achieved through implementing an 'Outcome Focused' methodology to assess an individual's needs and identify opportunities where independence can be developed. Focusing on outcomes creates a pathway to independence, which in turn reduces the need for people to access residential or hospital provision. Where individuals are already accessing residential or hospital provision, progression would be supported to transfer them to a more suitable setting that is closer to home, while also increasing independence.

## CASE STUDY

Martin is a 66 year old man with a Learning Disability, Autistic Spectrum Disorder and Obsessive Compulsive Disorder. His communication skills tend to fluctuate depending on the state of his mental health, and his anxiety can sometimes cause challenging behaviour.

Martin occupied a placement in a residential setting before moving to supported living accommodation in 2008. When in a group scenario, Martin can sometimes be disruptive by taking things from other people. He does not like to be touched, and will often retaliate with inappropriate touching, which can lead to further altercations.

However, Martin is described as a very likeable character, who enjoys a joke and a song. He values his own space and prefers to interact with staff rather than his peer group.

An 'Outcome-Focussed Assessment' was undertaken, which identified a number of personal and well-being goals for Martin...

The assessment found that:

- 🎨 Martin has many interests, including arts & crafts, watching Dad's Army, quizzes, playing on the iPad, table tennis, and swing ball.
- 🎨 He particularly enjoys learning new things and travelling around the UK on short breaks. Staff have observed that his mood and behaviour seem to improve significantly when he is away.
- 🎨 Keeping Martin busy with things he likes to do is an effective means of maintaining his mental health.
- 🎨 Martin has always expressed an ambition to drive.

### What happened next?

A summer house was purchased in the spring of 2019 for Martin's exclusive use. This is a cosy space with a comfortable sofa, a wall-mounted fire with an artificial flame effect, a music system and art for the walls. These provide Martin with a quiet area for himself and separate activity area to use when he's feeling anxious and needs a distraction. With encouragement, Martin assists with the maintenance of the property and has helped to paint the outside fence and change a broken lock on his wardrobe.

Martin recently visited Bluestone in Pembrokeshire; a trip that saw him achieve his lifetime ambition of driving (a golf buggy, in this case!).

Lynn, a manager at the scheme where Martin lives, said:



*“Another short break has already been booked at Penrhos Golf & Leisure facility, and we are exploring other destinations where Martin can enjoy similar driving experiences”.*

Before the assessment, Martin was receiving 136 hours of support. He now receives 133 hours (including one-to-one and two-to-one) provision per week; a reduction of 3 hours per week.



### **Key areas of progress during 2019/20 include:**

- 🎁 108 packages of care were reviewed to ensure that care and support provision is meeting each individual's needs. Within these reviews, a number of personalised outcomes were identified for each individual.
- 🎁 A number of case studies have been completed for individuals which have demonstrated their progression since completing outcome focused assessment.
- 🎁 Specialist services were sourced for 22 individuals who required bespoke packages of care to meet their specific needs via a regional procurement (brokerage) service since April 2019.
- 🎁 Work is underway to develop two supported living schemes, funded by ICF capital, for eight individuals, four with physical disabilities and four with challenging behaviour. These supported living schemes will be specially adapted to ensure that their specific needs are met. These include transition cases where young people are due to move from residential college closer to home when they turn 19.
- 🎁 Positive feedback received from providers over the Outcome Focused Assessment process.
- 🎁 £850,000 full year equivalent savings and cost avoidance achieved.

# Well-being and Mental Health

The Strategic Framework for Adult Mental Health, developed co-productively with stakeholders and service users in 2018 covers the whole spectrum of need; from building resilience at a community level, to improving the range of specialist services available to people with the most complex needs.

This informed the development of the Adult Transforming Mental Health Services Programme, which sets out a range of projects for achieving these aims while recognising that we cannot continue to do things in the same way if we are to meet future challenges and increasing demand

Through this, Swansea Bay UHB and Local Authorities within the West Glamorgan region agreed that people receiving Mental Health services, adults and older people, would benefit from modern, integrated services, aimed at earlier intervention with a focus on prevention. This would be achieved by delivering a range of services which are available to everyone experiencing mental health problems, irrespective of the severity, focusing on prevention and earlier intervention.



The current public health crisis has had a significant impact on what has been planned but has also offered the opportunity to accelerate some areas of work as part of the partnerships response to COVID-19.

Significant areas of achievement in 2019/20 include:

- 🧩 Commissioning of a Mental Health Sanctuary service from the Third Sector to offer support to people in emotional distress during the late evening and early hours of the morning. The services provides guidance and early interventions that aim to keep people well outside of traditional service operating hours and offer an alternative, non-clinical venue where people can receive early access to help. Open from 6pm to 3am, 7 days a week, 365 days a year, it aims to help tackle stress and/or anxiety, low mood and financial worries.
- 🧩 The introduction of a Single Points of Access in each Local Authority area to simplify the referral route to adult Mental Health services. This ensures that the patient receives a timely response from the most appropriate professional to support their specific needs.
- 🧩 Commissioning of escalation/step down beds from Local Authority to provide flexibility in acute Mental Health as an alternative to hospital. This enables a patient who has complex needs to receive the care they need in a more informal environment rather than a hospital bed.
- 🧩 Recruitment of Advanced Nurse Practitioners as part of a developing strategic approach to addressing health inequalities for people with Mental Health difficulties.
- 🧩 Development of a Recovery College service model to provide a range of education and meaningful activities driven by service users to promote recovery and to help individuals to become experts in their own care and develop the skills they need to rebuild their lives.
- 🧩 Adoption of a single admission ward approach for older people's Mental Health across Neath Port Talbot and Swansea to provide a more effective acute in-patient assessment



service that minimises the risk of spreading COVID-19 to this particularly vulnerable group of individuals. This ensures the patient receives a more effective assessment in a safer environment.

- Expansion of male locked rehabilitation service to improve the availability of complex care closer to home.
- Expansion of Perinatal Services to provide more support to young mums with Mental Health difficulties.
- Improvements in the waiting times for high intensity psychological therapies, ensuring people receive the services in a timelier manner.
- Engagement of all stakeholders in the crucial development of a strategic Outline Case to provide new in-patient facilities for adults who are acutely unwell.

## Care Homes

The Care Homes Strategy Implementation Group continues to have oversight of legislation and strategies relating to quality and sustainability of care homes for older people across the West Glamorgan region. The group works in a co-productive way with the commissioning officers who interact with the Care Home providers to ensure that the quality of provision and the experience of the resident is at the forefront of all considerations. In order to function effectively the Implementation Group works in partnership with a range of stakeholders to understand the demands and challenges of the sector to ensure quality of provision is the main consideration.

The group organises and coordinates appropriate support through training and innovation also including the domiciliary care sector. During 2019/20, this has included the delivery of an ICF funded 'Red Bag Scheme' which supports care homes, ambulance services and hospitals to ensure a smooth transition between a hospital setting and community or care homes when a patient is discharged from hospital. A Red Bag transfers standardised paperwork, medication and personal belongings, stays with the resident throughout their stay and returns home with resident. The standardised paperwork ensures everyone involved in the care of the resident has necessary information about their general health, e.g. baseline information, current concern, social information and medications. On discharge, the care home receives a discharge summary with the medications in the red bag.

The scheme has received very positive feedback from different agencies:



*"Using the Red Bags meant that we got everything ready easier and quicker, so were able to give the very ill residents the attention they needed while waiting for the ambulance."*

(Deputy Manager, Nursing Home, Swansea)

*"Staff appreciated having all the patients' documents and possessions in one place to hand, making the admission process smoother and safer and reduced the occurrence of lost items."*

(Sister, A&E department, Morriston)



## **Introduction of National Early Warning Scores (NEWS) process into a care home setting**

A fundamental aspect of practice every clinician must grasp is how to recognise changes in the condition of their patient and most importantly what to do should they determine their condition is deteriorating. Without this fundamental practice being understood by all with clinical responsibilities, patients may well suffer and even die as a consequence. The introduction of the National Early Warning Score (NEWS) to clinical areas ensures that there is a common language and approach to assessment of a patient's condition. Application of this common approach should eradicate variation in practice and reduce harm to patients.

This system has been piloted in the West Glamorgan region within Hengoed Care Home. The aim was to increase the number of referrals from nursing and residential homes to 'in-hours' services, reducing the number of '999' calls and reduce the use of GP out of hours services by identifying deterioration and acute illness earlier, providing appropriate pathways and protocols for referral to GPs and Acute Clinical team in Swansea. It has allowed staff within the home to monitor and track patient progress and deterioration, while also providing an improved handover to referral sources, including mapping of outcomes in relation to progression over a period of time, allowing for appropriate decisions being made for location and time frame of best treatment.







# CYP

# Transformation Board

The Children and Young People's (CYP) Transformation Board's main aim is to oversee the development and delivery of the regional transformation of Children's Services.

We want all children, young people and families to live safe, healthy and fulfilled lives and to reach their full potential. Our services work together to help families and communities to be resilient and independent. When they need extra care or support, we listen to what they say, and work hard to provide the right help at the right time.




The CYP Programme focuses on:

-  Ensuring children and young people get a great start in life
-  Preventing problems arising and promoting resilience
-  Working as equal partners (organisations/agencies, professionals and citizens)
-  Offering safe, proven and cost-effective seamless services
-  Helping people quickly when they need it so that problems don't get out of hand, and we can reduce the demand for complex or substitute care
-  Working across professional and agency boundaries whenever it is in the interest of children, young people and families.

The Board oversees the following work streams:

## Regional Strategy

The regional strategy is being developed to bring all the existing regional services and initiatives together in order to plan effectively to ensure the services are meeting the needs of children and young people and identifying any gaps. The strategy's aims are:

-  To develop or enhance integrated approaches to the delivery of health & social care to support children and young people with complex needs
-  To invest in effective, integrated models of specialist support for the most vulnerable children and young people, particularly those with complex health and social care needs to enable those children to have the best chance to remain (or to return to) living safe and well within families and communities within the region
-  Where children and young people with complex health and social care needs cannot be supported to live safe and well within families and communities in the region, to ensure effective and timely arrangements are in place to secure joint commissioning of specialist care and support that reflects the holistic needs of those children and young people.

A regional subgroup, with members from across all partners has been established and work continues to progress the development of the strategy. The initial work involved a stock take and review of all policies, procedures and strategies across the region, including a review of the current regional services and approaches. All of this will inform the development of the strategy.

# Children's Commissioner for Wales – 'No Wrong Door' Report

During 2019/20 the Children's Commissioner for Wales visited every Regional Partnership Board to find out more about their progress in terms of delivering against the priority to establish integrated services for 'children with complex needs due to a disability or illness and for children and young people with mental health problems' as set out in the Social Services and Well-being Act 2014 – Part 9 Statutory Guidance (partnership arrangements).

As well as a written response, the Commissioner met with the West Glamorgan Children's Transformation Board in December 2019. The visits and reports have been collated from all the Regional Partnership Boards across Wales, and the ['No Wrong Door'](#) report was compiled and launched in June 2020. The West Glamorgan Regional Partnership Board is due to provide a response to the report by October 2020.

West Glamorgan Region... · 12/12/2019

We were pleased to welcome @childcomwales & her colleagues to today's West Glamorgan Children & Young People's Transformation Board meeting. Lots of encouraging discussions around the importance of meaningful engagement with future generations.

Kelvin Jones and 6 others

Sally Holland @childcomwales

Thanks so much for the invitation. I'm really excited by the way that health, education and children's services are starting to pull together to respond to children's mental health and wellbeing in every corner of Wales. Diolch am y croeso cynnes a'r trafodaeth cadarnhaol.

West Glamorgan Regional P... · 12/12/2019

We were pleased to welcome @childcomwales & her colleagues to today's West Glamorgan Children & Young People's Transformation Board meeting. Lots of encouraging discussions around the importance of meaningful engagement with future generations.

Tweet your reply



The report focuses on children and their families who seek support for a range of needs often find that they have to navigate a very complex system, may fall through gaps, or be on a waiting list for a long time only to be told that they were waiting in the wrong queue, or have been knocking on the wrong door all along.

# Multi Agency Placement Support Service – (MAPSS)

MAPSS is a regional multi-disciplinary team, fully operational since August 2018. It aims to help children who are currently in foster care or residential care and are at risk of emotional and behavioral difficulties. The team provides specialist support and places a particular focus on children with complex needs who have experienced placement instability and educational disruption.

The service supports children to ensure practice across the West Glamorgan region is preventative, proactive, planned and promotes permanence.

The creation of the service was driven by the need to develop an effective pathway to improve the mental health and emotional wellbeing of looked after children with particularly complex needs. Looked after children often fall outside of universal Mental Health services as they require interventions that not only consider their attachment, early trauma but require an approach which promotes the development of resilient carers to provide them with a stable base from which to start to understand their story and start to develop positive relationships with their care givers.

The proposal for 2020/21 is to invest in a new development phase of the project. There is evidence from the existing performance management data that MAPSS has been successful in supporting children to move from residential care to fostering or return to family, providing a more stable home environment.

## **Key areas of progress during 2019/20 include:**

- 🧩 Supported 48 children to remain with their family or foster carer. All children referred were considered to be at high risk of placement breakdown
- 🧩 A number of children were supported to leave a residential care home into a more suitable placement, such as foster care.
- 🧩 A number of children and young people received support, which included direct therapeutic support either from play therapists and/or a psychologist. Support was also provided to children and young people and their carers, including support from family/education workers which also included direct support to schools.

## Children and Young People's Emotional and Mental Health Planning Group

Swansea Bay University Health Board leads the multi-agency Children and Young People's Emotional and Mental Health Planning Group. The group has been established to deliver the key actions related to the well-being of the region's population and Mental Health services for children, young people from the national 'Together for Children and Young People's Mental Health' programme. This planning group has representation from Swansea Bay and Cwm Taf

Morgannwg University Health Boards, parents, Local Authorities and the voluntary sector. The group has a Delivery Plan with a number of workstreams aligned to this regional programme.

The priority areas for 2019/20 include:

- 🌐 Improved access to Child & Adolescent Mental Health Services (CAMHS), and specialist advice & support including Neurodevelopmental Disorders
- 🌐 Implementation of CAMHS Strategic Vision, including improved integration of CAMHS.
- 🌐 CAMHS Prevention & Wellbeing, including the Emotional Health and Wellbeing service and the CAMHS Liaison Service (ICF funding).

Some of the projects have been in receipt of regional monies, including the CAMHS Liaison project. The project supports the vision for 'children and young people to get the right support at the right time, by the right professional'. The project allows a CAMHS specialist nurse to play a key role in the local authority single point of access teams, and delivering a multi-agency approach.

The high-level objectives of the project are as follows:

- 🌐 Consider and facilitate the options available to children, young people & adolescents on an individual case basis
- 🌐 Reduce the number of inappropriate referrals to CAMHS, and reduce the demand for a part 1 assessment
- 🌐 Provide an equitable service and better access to existing support across the West Glamorgan region.

For 2021/22, the liaison service offered by CAMHS will be expanded to include these roles as part of the CAMHS core service.

#### **Key areas of progress against the Delivery Plan during 2019/20 include:**

- 🌐 Secured funding for the CAMHS Liaison Workers from 2021/22, ensuring the sustainability of this service.
- 🌐 Suitable accommodation identified for some children's services, including the centralisation of the Neurodevelopmental Disorder Team on the Neath Port Talbot site.
- 🌐 Developing a regional website to support Children and Young People with their emotional health and wellbeing.
- 🌐 Developing the Emotional Health and Wellbeing Service that will include the recruitment of posts that will link in with the CAMHS liaison roles.

## **Western Bay Adoption Therapeutic Service**

The Western Bay Adoption Therapeutic Service provides targeted and specialist psychological support and services for children and young people with a plan for adoption, and who have been adopted. It will provide support that is underpinned by the following guiding principles:

- 🌐 Meeting need early – providing timely access to support and intervening early so families do not have to reach a crisis point before meeting the threshold for support.
- 🌐 Access to psychological services throughout the journey of adoption – providing support throughout the various stages of the adoption process.

- 🌸 A multi-layered approach – working with professionals and with adoptive parents, and facilitating access to specialist therapeutic support for families where it is needed.

Therapists work closely with the Adoption Support Social Workers and when necessary with other agencies such as school, and in the joint planning of parent-child play sessions. Therapists have also been co-facilitating workshops for adopters.

### Key areas of progress during 2019/20 include:

- 🌸 47 children (who are adopted or awaiting adoption) received therapeutic support
- 🌸 Psychologist joined the team in March 2020, thereby strengthening the therapeutic offer
- 🌸 28 referrals were made in March for adopters or prospective adopters to attend the therapeutic parenting group (the group's start was however delayed due to COVID-19).
- 🌸 Therapists have worked with a total of 20 children and adolescents, supporting them to remain with their adoptive parents.

**Gwasanaeth Mabwysiadu Cenedlaethol** | **National Adoption Service**

**Western Bay ADOPTION SERVICE**  
**GWASANAETH MABWYSIADU**  
**Bae'r Gorllewin**

I am currently working as a play therapist with five children whose families are receiving support from the adoption team.

All of the families have an allocated social worker from the team with whom they have regular contact and support. The social workers will advise on many things such as Therapeutic parenting, accessing adoption allowances, and accessing other services that may be appropriate to their child's situation.

The social workers involve them in regular support groups, training and social events. They play very active roles in linking in and coordinating all that is in place for each of the families - disseminating information to promote a joined up approach to the support being provided.

All of the social workers and Therapists are PACE DDP and Theraplay informed in their practise so there is a coherent approach to the work being done with any of the families we work with.

As an example, two children I work with have been struggling within the school environment. They have received intensive support from the Schools Participation Officer - facilitating Theraplay based sessions with both child and parent and child and Learning Support Assistant. Thus bridging home and school in terms of attachment based play, helping the child improve their attachments to key adults and to feel safer and more regulated within the school environment.

The participation worker has also attended many multi-disciplinary meetings to guide and advise, offering to facilitate training for school staff - promoting a whole school approach to children who have attachment and trauma related difficulties.

One child and her family have accessed a Psychologist through TESSA. As a result of the consultation a report was prepared and shared with a view to highlighting the child's needs and how they may be best met in the home and school environment.

All of the families are accessing Letterbox support via the Adoption Support Team in terms of the provision and exchange of letters and cards with birth family members.

The collaborative response to families is one that could not be achieved in the same way with one person alone. The team approach has made families feel like they have a support network (when they have previously felt they have no support network at all) rather than just one person that they become dependent on for support.

# Working Together Project

Working Together is a regional initiative designed to strengthen the offer of support to vulnerable families with complex issues, and where there may be a possibility that a child or children could be taken into care.

The project focuses on changing patterns of thinking and building positive and resilient family relationships. Its ultimate aim is to provide families with the help they need to ensure children and young people grow up in conditions that are safe, that do not impact negatively on their well-being, and allow them to develop to their full potential.

This is a regional approach covering the West Glamorgan footprint, working with children, young people and their families in the home environment. Whilst there are differences between the implementation of the services within each Local Authority, both are working towards safe Looked after Children (LAC) reduction.

The Neath Port Talbot model is a 4 to 6 week intensive intervention period, whilst the Swansea service typically consists of a period of 12 to 16 weeks. This focuses on those areas of need identified in a care and support plan and has the overall aim of building skills, creating resilience and increasing self-confidence within families.

## Key areas of progress during 2019/20 include:

- 🧩 190 referrals received
- 🧩 66 families across the region, including 161 children and young people have been supported by the Working Together teams to help them stay together
- 🧩 As a result of the service, all 161 children have remained at home with their families.

Quotes from families:



*"We would say that [staff name redacted] has been a pleasure to work with. He has made us laugh, cry and helped us back together as a family. We will always be grateful."*

*"Our worker really sat there and listened to us, and I learnt a lot about healthy relationships..."*





# Integrated Transformation Board

The Integrated Transformation Board was established to oversee any programme or project identified as 'cross-cutting' across both the Adults' and Children and Young People's agendas.

There is a variety of work streams operating under the West Glamorgan Integrated Transformation Board.

## Carers





### Carers Partnership Board

The Carers Partnership Board, which oversees the development of the Regional Carers Strategy and the associated Carers Action Plan, has evolved during this year with the appointment of a new Chair and, for the first time, the appointment of a carer into the role of Vice Chair. A new Carers Development Officer has also been appointed with the remit of supporting the co-production of the regional strategy.

Together, Carers Partnership Board members have worked to extend the reach of the partnership. Representatives of young carers and parent carers groups have been involved in a number of important activities on the Board including the Carers Strategy Development Group which planned and delivered a number of workshops with carers in the autumn of 2019, to begin the co-production of a shared vision for Carers in West Glamorgan.

### ICF Carers Funding

Funding for 2019/20 from ICF was £200,000 and aligned with the three national priorities for carers in Wales. In West Glamorgan, this funding was used to trial now and innovative means of providing information and support to carers of all ages. Highlights of this scheme for 2019/20 include:

-  funding of emergency respite arrangements for carers of people with dementia through the local carers service;
-  raising awareness about carers rights and making more information available to carers;
-  supporting organisations like YMCA Swansea and the Chinese in Wales Association to deliver regional projects aimed at carers;
-  working with schools in the region to help identify Young Carers as part of cross-sector collaborative working.

## Welsh Government Carers Funding

Highlights of these scheme for 2019/20 include:

- 🏠 implementing the 'Carer friendly' GP accreditation scheme, as part of efforts to improve the information offers to carers in the Primary Care environment (see leaflet below);
- 🏠 piloting a new hospital outreach service for carers and improving the information provided to carers at the point that they are discharged from hospital.
- 🏠 providing a Carers Triage service in Neath Port Talbot to act as a single point of contact for enquiries from carers.



**Do you look after someone who could not manage without you?**

**Does your GP know you are a carer?**

Many people look after family or friends who cannot manage without them. This could be their child, parent, partner or even a neighbour who, because of a serious health condition, mental health issue, disability, age or addiction, need their help.


Being a carer can often affect your own health but your GP can support you in your caring role.

Fill in this form and hand it in to the receptionist to register yourself as a carer.

**For further advice and support contact:**  
Swansea Carers Centre, 104 Mansel Street, Swansea SA1 5US  
Tel: 01792 653344 [www.swansecarerscentre.org.uk](http://www.swansecarerscentre.org.uk)



Swydd Iechyd Prifysgol  
Aberystwyth a Morgannwg  
University Health Board



AR BŵN GŴYD  
LOTTERY FUNDED  
NATIONAL  
LOTTERY FUNDED

# CASE STUDY

## Spotlight: Supporting Carers in General Practice

Swansea Carers Centre and Neath Port Talbot Carers Service have worked with GP Practices across the West Glamorgan region. (This work was funded by the Welsh Government in Neath Port Talbot with some additional funding from the ICF funded by the Community Fund in Wales in Swansea.)

Providing supporting information, practices targeted carers with flu jabs and attempted to offer flexible appointments where practical. One practice in Swansea developed an email group for carers in the area so that it could circulate the Swansea Carers monthly e-bulletin.

As a result of this project, carers were able to access information and support at their GP practices. This ensured that carers had the right information at the right time and were offered a wide range of early intervention and prevention-focused services.

## Co-production

The West Glamorgan Co-production Group was established in 2019. Kelvin Jones (citizen representative on the West Glamorgan Regional Partnership Board) describes its journey so far...






*The West Glamorgan Co-production Group provides oversight of the region's approach to co-production in health and social care. It is also a key group for regional citizen and carer RPB representatives to come together.*

*Co-production only happens when people who use services and people who develop and provide services work together equally.*

*It allows us all to share our skills, knowledge and experiences to create a truly collaborative approach to service planning and delivery. Instead of doing 'to', it's all about doing 'with'.*

*Our first year under the new structure saw our group establish and define what we do:*

*The Co-production Group has been set up to:*

-  *Promote and raise awareness of the principles and use of co-production to create change in the way we co-develop co-deliver and co-assess West Glamorgan RPB workstreams*
-  *Support, mentor and help provide training for service users, carers and professionals to get involved with co-production. The group is here to turn the principles of co-production into real ways of working*
-  *Flag up areas of work that could benefit from increased co-production and provide resources for projects and programmes to do this.*

*To help us carry out these functions, our group co-produced the recruitment of support staff based within Neath Port Talbot Council for Voluntary Service (NPTCVS) and*



'Citizens Working With the West Glamorgan Partnership' Logo

Swansea Council for Voluntary Service (SCVS), and in autumn 2019 we welcomed Ellis Owen and Roxane Dacey to work alongside us.

Together we co-designed, developed and established the 'Citizens working with the West Glamorgan Partnership' Facebook page to spread the word about how people can find out more about co-production and get involved. A communications sub-group was also created in 2019 and its main focus has been on recruitment and to develop poster/flyers to encourage more people to participate.

We have co-designed co-production training and facilitated the embedding of co-production principles into the new working structure of the regional transformation boards.

The progress we have made has only been possible because professionals and volunteers have worked together. It would be remiss of me not to specifically thank all the volunteers who have given up their time and expertise to help us begin the journey to change the way health and social care will be delivered in the future.

We really can't do this without you.



## Digital

### Regional Digital Strategy

In response to the boundary changes at the end of 2018/19, the structure of the regional Welsh Community Care Information System (WCCIS) team was re-evaluated. The mix of skills within the team help to support business change, performance management, technical functionality and programme management. Aligned to this, the governance structure was also refreshed to ensure it encompasses all aspects of digital transformation as well as WCCIS. A more robust

reporting structure and a newly formed Digital Transformation & WCCIS Implementation Group replaced the previous WCCIS Board. The regional team co-ordinate sub groups focusing on particular themes to support the operational requirements and implementation of a digital strategy, which includes WCCIS.

Work has commenced on planning and development of the regional strategy for digital and technology transformation in West Glamorgan. Further development of this strategy in a co-productive approach will continue into 2020.

## **Welsh Community Care Information System (WCCIS)**

WCCIS is an all Wales platform that supports the integrated delivery of innovative, person-centred community health and social care. It will allow local authorities and community health services to share care records and optimise services for citizens across Wales, as required by the Social Services and Well-being (Wales) Act 2014.

The regional WCCIS team has continued to work closely with individual organisations helping them to realise the potential to support the integrated working ambitions of the region. Despite the disaggregation of the region following the departure of Bridgend County Council - which was the Western Bay region's only live organisation - previous learning as a result of the work undertaken in Integrated Teams in Bridgend has continued to inform developments and transformation across the region.



As Swansea Council have been fully embroiled in the implementation of WCCIS, we have been supporting all aspects of the implementation including planning, configuration and transformation activities. The implementation of WCCIS in Swansea Council includes a number of SBUHB users, therefore it has been imperative that the regional team provide the links to partner organisations to ensure the benefits of integration can be realised. Further support has been provided working in close partnership with SBUHB's project team in their readiness activities, including benefits planning and business case preparation.

The regional team have been actively involved in supporting the national WCCIS delivery plan and participated in many national activities including promoting the benefits of WCCIS to partner and external organisations. This has included presentations to the regional Co-production Group, Swansea University research team, Wales Audit Office and North-Wales regional partners. We are also committed to sharing best practice and any learning that can help other authorities in the implementation of WCCIS.

## **Social Care, Health and Housing (SCH&H) Group**

This year was the second of three years funding under the ICF Capital scheme (which will run up to March 2021). We have continued to deliver accommodation-led solutions to social care aligned with housing and health capital programmes. Some of the initiatives will continue to into the final year of the funding. During this time, the SCH&H Group will continue work on developing a five-year strategy for how housing, health and social care transformation will move forwards from 2021.

## **ICF Capital - Main Capital Programme (MCP)**

This portion of the fund is allocated to large capital projects and funding for 2019/20 was focused on providing accommodation settings for citizens with additional care needs. Some examples of the scheme for 2019/20 include:

- 🏠 Supported living accommodations for people with varying needs in Swansea and Neath Port Talbot, enabling individuals with a disability to live independently in their own home, with appropriate support to help them manage their own tenancy and achieve greater freedom and control in their lives;
- 🏠 Extra care provision for people with complex needs in Neath Port Talbot through Registered Social Landlords, enabling people to stay independent for longer, whilst having help available in an emergency;
- 🏠 Completed the relocation of the newly established Integrated Autism Service (IAS) in order that the team of staff could be co-located in Tonna Hospital, in order to support people with Autism across Bridgend, Neath Port Talbot and Swansea.

## **ICF Capital - Discretionary Capital Programme (DCP)**

DCP funds are used to provide funding for adaptations and equipment and smaller scale projects such as feasibility studies. Highlights of this scheme for 2019/20 include:

- 🏠 Investment in Western Bay Care and Repair schemes such as Healthy Homes and Independent Living, to make home environments safer and more practical, which enables people to live safely in their own homes, avoid hospital admissions and supports people discharged from hospital into their own homes;
- 🏠 Piloting inclusive digital communities including intergenerational work involving Older People's day services, to bring young and old together to share skills and build friendships.

# Research Innovation and Improvement Hub

## RI&I Co-ordination Hub

In 2019, work started on the development of a Research, Innovation & Improvement (RI&I) Co-ordination Hub which will provide the region with a tool for gathering such information in a single, easily accessible place. This will support sustainable business change across health and social care services by bringing together learning and new models from other nations, regions and sectors that can better inform West Glamorgan activities.

Welsh Government have set a clear expectation for these Hubs, that they will:

- 🧩 act as agents for change through better co-ordination and alignment of a cluttered landscape;
- 🧩 be the flagship for integration, new way of working and consistent quality led approach to RI&I;
- 🧩 not undermine, but strengthen existing infrastructure;
- 🧩 deliver better quality and higher value together.

## RI&I Steering Group

New RI&I Hub Manager and Data Analyst posts were appointed in February 2020. These roles are crucial for designing and developing the new Co-ordination Hub, as well as supporting our regional intelligence work.

As part of the management of this work, we held our inaugural meeting of the RI&I Steering Group in March 2020. This group will become the focal point for co-ordinating our activities to create, populate and maintain the Co-ordination Hub as well as using the intelligence it provides to support our wider transformation portfolio.

# Social Value

## Social Value Forum

The Social Services and Well-being (Wales) Act 2014 (SSWBA) came into force in 2016 with the Code of Practice relating to Part 2 stating: “Local authorities with local health board partners must establish regional forums to support social value based providers... to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities.”

The first meeting of the West Glamorgan Social Value Forum was held on 9<sup>th</sup> October 2019, bringing together organisations from across the region to look at the opportunities and priorities for developing our social value sector.

It was a very positive and productive session, bringing together people and organisations from across the region to understand more about social value and how it can benefit our region. At the second meeting on 15<sup>th</sup> January 2020, the group reviewed the tools and training that would help us to achieve this ambition.



Attendees of the first meeting of the West Glamorgan Social Value Forum



West Glamorgan Region... · 09/10/2019

Interesting discussions around opportunities and priorities for the future of the Social Value Forum...

Trafodaethau diddorol am gyfleoedd a blaenoriaethau ar gyfer dyfodol y Fforwm Gwerth Cymdeithasol...



7 retweets, 10 likes



### Social Enterprise Support

Since April 2016, the West Glamorgan Regional Partnership has funded two Third Sector posts who provide specialist advice and support to organisations wishing to explore a range of legal structures and delivery of services associated with health and wellbeing.

In 2019/20, this function has helped organisations across the region such as:

- 🧩 Paul Popham Fund, Renal Support Wales;
- 🧩 Swansea Community Farm;
- 🧩 Magnolias Cancer Charity;
- 🧩 Coeden Fach CIC;
- 🧩 Bulldogs Boxing and Community Activity.

You Retweeted



Joanne Abbott-Davies · 19/01/2020

Absolutely key piece of work. Can't wait to see what's produced so we can include it in our vol sec procurement @WGlamPship @SwanseaBayNHS @SwanseaCVS @NPTCVS @TracySBUHB @SianHarropGriff



West Glamorgan Re... · 15/01/2020

Working together to create a tool for measuring #socialvalue within our region.

Cydweithio i greu teclyn i fesuro #gwerthcymdeithasol yn ein rhanbarth.



4 retweets, 6 likes



These posts have had their funding extended for 2020/21 and will continue to offer advice on a range of development needs including trustee and volunteer recruitment, HR and legal compliance issues, training needs and other issues as they arise. They also support partner organisations such as Health Board Clusters as well as existing charitable organisations. This is an important function that will drive up the number of Social Enterprises and Community Interest Companies (CIC) in the region, helping to transform and develop new models of service delivery in line with the priorities of the Social Services and Wellbeing (Wales) Act.

## Transformation Fund Programme

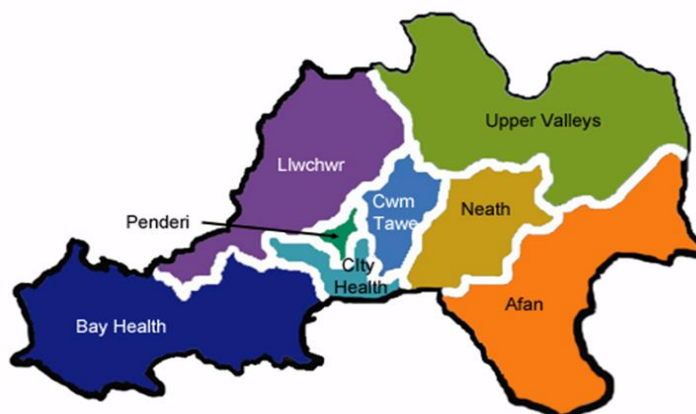
The Welsh Government Transformation Fund supports priority projects which are introducing new models of health and social care across Wales, with the aim of speeding up their development and demonstrating their value. In West Glamorgan, three projects were funded through this programme over the two reporting years 2019/20 and 2020/21:

- 🏠 To deliver the Cluster Whole Systems Approach (CWSA) into the Cwmtawe cluster network in Swansea;
- 🏠 To roll out this approach to the remaining seven clusters in the region;
- 🏠 To deliver the Our Neighbourhood Approach (ONA) model across the region.

## Cluster Whole Systems Approach (CWSA)

CWSA is a cluster-led model driven by the local multi agency/ multi-disciplinary clusters working together with the community. The overarching vision of the programme is to achieve a transformed, sustainable, model of cluster led integrated health and social care across the West Glamorgan region. The aims of this programme are to improve the health and wellbeing of the population, facilitating self-care and coordinating services to maximise wellbeing, independence and care closer to home. This means that some of the services that patients would have received in hospital now become available in community premises, making advice, treatment and tests (e.g. blood tests), more accessible to the population.

The programme operates across all 8 clusters within the Swansea Bay Health Board area.



The programme was initially introduced in the Cwmtawe cluster in November 2018. It was then rolled out into Neath in April 2019, and Upper Valleys and Llŵchwr in July 2019.

The remaining four clusters, Bay, City, Penderry and Afan commenced their programme in January 2020, however shortly after this the COVID-19 pandemic hit, which has meant that some areas of the programme have not been able to progress at pace as an urgent response to the pandemic took precedence. Some areas have been refocused in response to the crisis and the reactivation of the programme has commenced with a revised governance structure to maximise resources and to ensure maximum impact.

Highlights of this programme for 2019/20 include:

- 🧩 Speech And Language Therapy  
‘Talk In’ sessions for parents with concerns over their child’s speech and language development have been introduced. In some areas up to half of children experience delays in language development, but most children will improve with a change in the environment around them and the way in which adults talk to them. These sessions also enable staff to identify children that may need longer term support at an early stage.



A parent takes advantage of the ‘Talk In’ session

- 🧩 The development of pro-active primary and community communication platforms including social media, websites and newsletters
- 🧩 Development of Patient Engagement Groups to provide patients in the clusters an opportunity to meet and collaborate, to understand our plans to improve services, raise concerns and become involved in developing solutions to the problems we collectively identify. These include:
  - 🧩 Providing feedback and service user experience of the phlebotomy service.
  - 🧩 Developing a questionnaire to identify opportunities to improve patient health and well-being.
  - 🧩 Designing a poster to promote self-management of common conditions.
  - 🧩 Roll out of ‘AskmyGP’ online consultation platform. This enables patients to contact their GP practice and receive advice and support from GPs and other clinicians without calling or visiting the surgery. This

**NEATH CLUSTER PATIENT ENGAGEMENT GROUP**

**USE YOUR G.P. WISELY**

**COST OF TREATING COMMON SELF-CARE CONDITIONS BY G.P.s**

In 2018, Neath Cluster spent £2,248,538 on treatments for common minor conditions including:

- Sore throat
- Coughs and colds
- Sore eyes
- Insect bites and stings
- Mild hay fever
- and many more self care conditions

£2,990,139 spent on GP appointments

£259,231 spent on Medicines

**SPEAK TO YOUR PHARMACIST FOR HELP WITH COMMON CONDITIONS**

**BENEFITS TO PATIENTS**

- Quick and easy access to advice and information

**BENEFITS TO GPs & THE NHS**

- Free up GP time to see very ill patients
- Save money for the NHS to develop & pay for other services

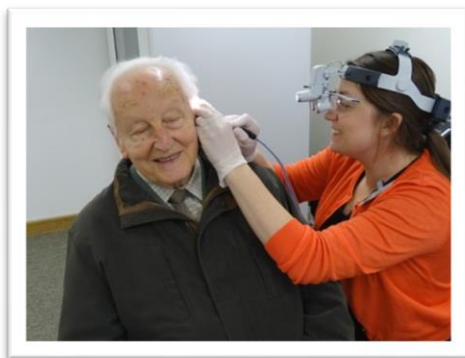
If we were more self-care aware and had seen the pharmacist instead of our GP we could have used these resources to fund any of these:

- 32 GPs
- 32 KNEE REPLACEMENTS
- 134 AMBULANCE STAFF
- 175 GP REPLACEMENTS
- 104 MIDWIVES
- 104 HOSPITAL NURSES

**HELP US HELP YOU • USE IT DON'T ABUSE IT**  
**HELP US, HELP YOU & YOUR NHS**

has proved highly successful with over 93% patient satisfaction.

- 🏠 Successful implementation of oral health assessment and treatment within the care home environment to screen residents for a range of oral health issues. The main aims are to reduce rates of malnutrition and oral cancers and provide ongoing treatment plans for use by carers and families.
- 🏠 Delivering Services Closer to Home - This is a wide ranging area that involves recruiting additional clinical resources and establishing community based clinics to deliver more accessible care and treatment to patients. Provision includes:
  - Additional practice staff e.g. pharmacists, to work alongside GPs to manage clinics, conduct medication reviews and provide advice
  - Community Mental Health Professionals to support the well-being of low risk patients by providing advice and support with onward referral as appropriate
  - First Contact Physiotherapists to assess, advise, treat where applicable or refer for more complex investigation or treatment
  - Community Audiology - Patients with any ear or hearing symptoms are able to access the primary care audiologists without having to see a GP, nurse practitioner or attend hospital. The service has their own soundproof testing booths and aims to treat patients in the community, wherever possible.
- 🏠 Development of two frameworks for Heart Failure and Chronic Obstructive Pulmonary Disease to support a proactive approach to chronic conditions management.



Associate audiologist Georgia Jones with a patient

## Our Neighbourhood Approach (ONA)

ONA is community-led initiative with targeted care co-ordination unique to each locality. It provides a platform to work collectively on embedding the preventative, integrated, involved, collaborative and sustainable ways of working with communities. This means that local communities can use the assets and resources within their area to play a more active role in community life; for example, helping communities to set up schemes and events that promote a healthier lifestyle for the people within their local areas.



OUR NEIGHBOURHOOD APPROACH

In Swansea, ONA has three main themes:

- 🏠 Early Help Hubs & Transition - piloting integrated Hubs within local communities that provide a range of family support services ;

- 🧩 Building Community Assets - helping communities to map and make use of their local assets (anything from skills within the community to buildings and facilities such as Community Centres);
- 🧩 Community Based Care & Review - helping individuals to remain within their own community, homes and as independent as possible for as long as possible by finding ways that the community can provide the right level of support and care.

In Neath Port Talbot, ONA has been delivered as part of the Building Safe and Resilient Communities (BSRC) Programme, a joint venture between the Local Authority and Third Sector in two pilot areas - Briton Ferry and the Melin, and the Upper Amman/Swansea Valley.

BSRC has delivered a number of successful events and public engagement sessions held under the banner of #MyCommunity, including two 'Volunteer Star Awards' ceremonies held within each of the pilot areas.

These recognised and celebrated the invaluable contribution of volunteers to local communities.

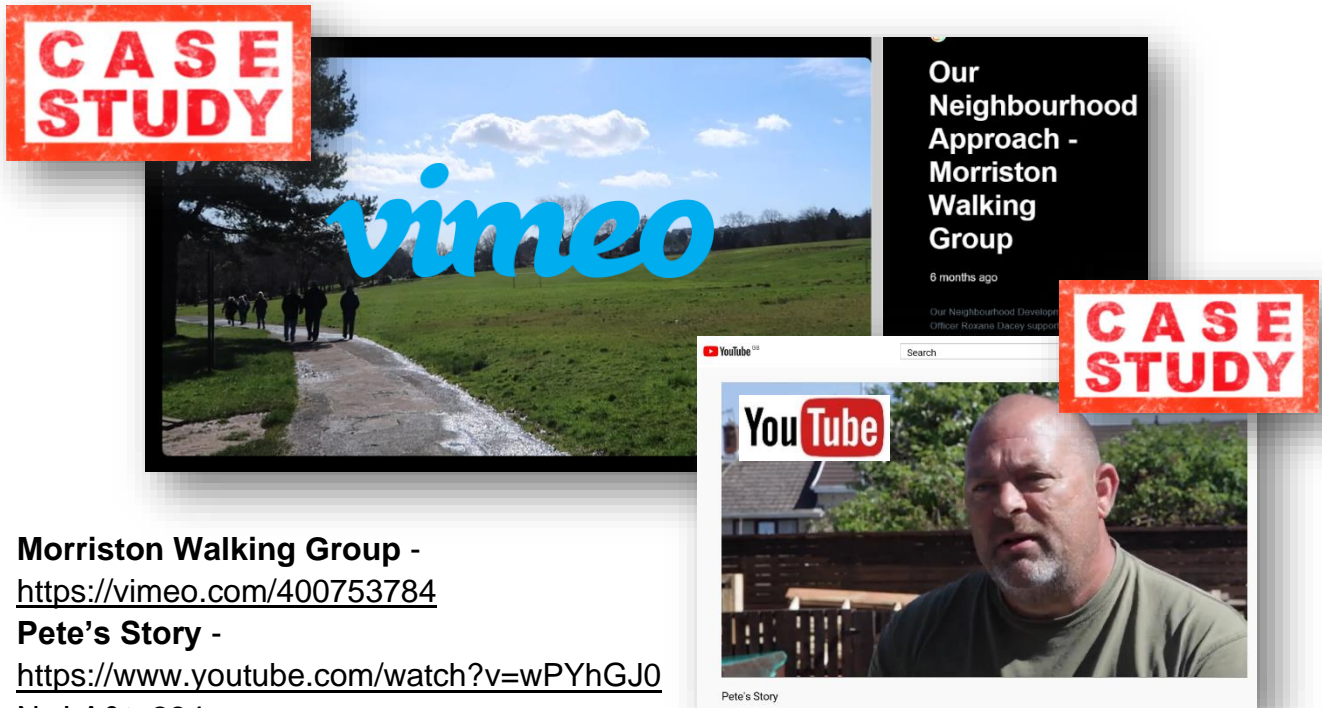


### Highlights of this programme for 2019/20 include:

- 🧩 Extending collaborative ways of working with communities including via the Local Area Co-ordinators (LACs) and the development of Early Help Hubs;
- 🧩 Helping communities to establish local initiatives aimed at early intervention and prevention, such as Local Information and Support Hub running out of the Briton Ferry Health Centre;
- 🧩 Developing a social media presence for community developments so that people within the community are made aware of any new schemes or initiatives in their area;
- 🧩 Targeting support and solutions for local issues such as establishing Bereavement Groups and Drop-In Groups for Refugees and Asylum Seekers;
- 🧩 The Innovate and Create Grant Fund in Neath Port Talbot for local community projects aimed at improving local health and wellbeing (for projects up to £35,000 that meet the needs of the people in local communities).

## What difference has it made?

Click on the links below to view two video case studies outlining the positive impact of two ONA initiatives...



 **Morriston Walking Group -**  
<https://vimeo.com/400753784>

 **Pete's Story -**  
<https://www.youtube.com/watch?v=wPYhGJ0NwLA&t=284s>

# Co-ordinating the Transformation Fund Programme

Managing both the CWSA and ONA programmes under the Transformation Fund is just one example of the cross-partnership ways of working that have been introduced in West Glamorgan. We report under a single programme and we also share learning and experiences across partner organisations.

In 2019, [RSM UK](#) were appointed as 'evaluation partner' for the Transformation Fund Programme, to provide independent assurance to the programmes of work. In early 2019, RSM UK published a Mid-Point Evaluation Report about the West Glamorgan projects under the Transformation Fund and this report fed into Welsh Government's national evaluation report to highlight the successes and lessons learned from the early stages of the programme.

## 'A Healthier Wales' Learning Event

On Thursday 24<sup>th</sup> October 2019, Swansea's Guildhall was the setting for a regional event hosted by Welsh Government about the Transformation Fund. Hosted by Emma Woollett, Deputy Chair of the Regional Partnership Board, this high profile event brought together partners and citizens across the region to share the priorities of 'A Healthier Wales' and the funded projects being delivered across the West Glamorgan region.



Question & Answer Panel at the 'A Healthier Wales' Transformation Programme Event in Swansea's Guildhall

# West Glamorgan Communications

The West Glamorgan Regional Partnership's dedicated Communications and Engagement Officer has delivered the following during 2019/20:

- Developed the Communications Plan for the new West Glamorgan Regional Partnership in collaboration with the West Glamorgan Coproduction Group.
- The West Glamorgan Regional Partnership e-Bulletin was launched in May 2019. These are issued quarterly to a broad distribution list.
- Coordinated the ongoing development of the new West Glamorgan website in partnership with the West Glamorgan Coproduction Group and Swansea Council's Web Development Manager. The Shaw Trust have been commissioned to undertake an accessibility assessment and work is ongoing to act upon the recommendations. The site is expected to go live in the autumn of 2020.
- Developed the partnership's new branding and associated guidelines/templates.



- 📦 Supported individual work streams with targeted communications activities. This has included the development and dissemination of all branded training and promotional materials for the 'Hospital 2 Home' service.
- 📦 Recorded and edited two new digital stories currently available to view on the newly created West Glamorgan Vimeo channel - [www.vimeo.com/westglamorgan](http://www.vimeo.com/westglamorgan).
- 📦 Created and continues to oversee the management of the new West Glamorgan Twitter account - [@WGlamPship](https://twitter.com/WGlamPship) and the new [Flickr](#) page.
- 📦 Supported the planning and promotion of regional events, including the 'A Healthier Wales' Learning Event (October 2019) and the Building Safe and Resilient Communities Volunteer Star Awards (November 2019 and February 2020).



## Appendix 1

### West Glamorgan Regional Priorities

#### Older People

<b>OP.P1</b>	Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home while maintaining their independence for as long as possible and receiving appropriate support at times of need.
<b>OP.P2</b>	Develop and provide a range of future accommodation options to meet demand and enable people to remain independent for as long as possible.
<b>OP.P3</b>	Develop community resilience and cohesion to tackle social isolation in areas where older people live.
<b>OP.P4</b>	Develop an optimum model for older people's mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan).

#### Children and Young People

<b>CYP.P1</b>	Develop a better range of services for all children with emotional difficulties and well-being or mental health issues, including transition and single point of access to services
<b>CYP.P2</b>	Develop robust multi-agency arrangements for children with complex needs.

#### Mental Health

<b>MH.P1</b>	Commence implementation of the agreed optimum model for Adult Mental Health services, as outlined in the Western Bay Strategic Framework for Adults with Mental Health problems.
<b>MH.P2</b>	Ensure placements for people with complex needs are effective, outcome-based and appropriate.



## Learning Disability and Autism

<b>LD.P1</b>	Develop age blind person-centred models of care to ensure prevention and early intervention through multi-disciplinary services, by remodelling services away from establishment based care into community based services.
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## Carers (Cross-cutting theme)

<b>CA.P1</b>	Ensure work continues to promote early recognition of all Carers so that they are signposted to information and support in a timely manner.
<b>CA.P2</b>	Develop and continue to provide information, advice, assistance and support to all Carers enabling them to make informed choices and maintain their own health and well-being.
<b>CA.P3</b>	Co-produce with all Carers on an individual and strategic basis so that their contribution is acknowledged and their voices are heard.

## Appendix 2

West Glamorgan Action Plan Progress Update:



West Glamorgan  
Action Plan Progress I