Public Document Pack

# Conwy and Denbighshire Public Services Board

Council Chamber, Russell House, Rhyl

Monday, 25 March 2019

1.30 pm

| STATUTORY MEMBERS | |
|---|---|
| **Conwy County Borough Council**<br>Councillor Gareth Jones (Leader of the Council)<br><br>Iwan Davies (Chief Executive)<br><br>**Denbighshire County Council**<br>Councillor Hugh Evans (Leader of the Council)<br><br>Judith Greenhalgh (Chief Executive) | **Betsi Cadwaladr University Health Board**<br>Bethan Jones (Area Director)<br><br>Gary Doherty (Chief Executive)<br><br>**Natural Resources Wales**<br>Siân Williams (Head of Local Delivery North)<br><br>**North Wales Fire and Rescue Service**<br>Simon Smith (Chief Fire Officer and Chief Executive) |

| INVITED PARTICIPANTS | |
|---|---|
| **Community and Voluntary Support Conwy**<br>Wendy Jones (Chief Officer)<br><br>**Wales Community Rehabilitation Company**<br>Judith Magaw (Head of North Wales Local Delivery Unit)<br><br>**Denbighshire Voluntary Services Council**<br>Helen Wilkinson (Chief Executive)<br><br>**Public Health Wales**<br>Teresa Owen (Executive Director of Public Health) | **North Wales Police**<br>Neil Harrison (Superintendent)<br><br>**National Probation Service**<br>Marina Owen (Team Manager, Denbighshire Offender Management)<br><br>**Welsh Government Representative**<br>Sioned Rees (Head of Escalation and Special Measures Support)<br><br>**Office of the North Wales Police and Crime Commissioner**<br>Stephen Hughes (Chief Executive) |

Hannah Edwards, PSB Development Officer

Conwy County Borough Council, Bodlondeb, Conwy, LL32 8DU

01492 574059 hannah.edwards@conwy.gov.uk

# AGENDA

## 1 APOLOGIES FOR ABSENCE

## 2 MINUTES OF THE LAST MEETING (Pages 5 - 14)

To approve the minutes of the meeting held on the 12 December 2018 (copy attached).

## 3 MATTERS ARISING

- Joint Scrutiny Committee (verbal update by Hannah Edwards (Conwy County Borough Council))

**1.30 p.m. – 1.40 p.m.**

## 4 CHAIR AND VICE CHAIR NOMINATIONS

To receive nominations to appoint a Chair and Vice Chair to commence the role from June 2019 onwards.

**1.40 p.m. – 1.50 p.m.**

## 5 BETSI CADWALADR UNIVERSITY HEALTH BOARD 3 YEAR PLAN 2019/22 (Pages 15 - 64)

To receive and respond to the draft 3 year plan for BCU (copy attached)

Gary Doherty (Chief Executive, Betsi Cadwaladr University Health Board)

**1.50 p.m. – 2.10 p.m.**

## 6 LOCAL DEVELOPMENT PLAN FOR CONWY AND DENBIGHSHIRE

To receive a verbal report from James Harland (CBCC) and Angela Loftus (DCC) on the Local Development Plans and respond to the consultation.

**2.10 p.m. – 2.40 p.m.**

## 7 CONWY & DENBIGHSHIRE PSB DRAFT ANNUAL REPORT 2018/2019 (Pages 65 - 80)

To receive and approve the draft annual report for consideration at the inaugural joint PSB scrutiny committee in May 2019. This item will also include an update on the priorities, review of PSB membership and discussion on future priorities (copy attached).

Fran Lewis and Hannah Edwards (Conwy County Borough Council)

**2.40 p.m. – 3.10 p.m.**

## 8 NORTH WALES PSB SUPPORT GRANT (Pages 81 - 94)

To receive a verbal update on the 2018/2019 North Wales PSB Support Grant and consider the subsequent 2019/2020 funding application.

Nicola Kneale (Denbighshire County Council)

**3.10 p.m. – 3.20 p.m.**

## 9 CONWY & DENBIGHSHIRE VOLUNTARY SERVICES COUNCIL

To receive a verbal report from Wendy Jones (CVSC) and Helen Wilkinson (DVSC) to discuss what support PSB can offer to the third sector.

**3.20 p.m. – 3.40 p.m.**

## 10 LOCAL GOVERNMENT SERVICES TO RURAL COMMUNITIES (WALES AUDIT OFFICE REVIEW) (Pages 95 - 138)

To receive the review and respond to recommendation 2 within the report (copy attached).

Fran Lewis (Conwy County Borough Council)

**3.40 p.m. – 3.55 p.m.**

## 11 FORWARD WORK PROGRAMME (Pages 139 - 142)

The Chair will lead on this item.

**3.55 p.m. – 4.00 p.m.**

## INFORMAL MEETING

PSB HEALTHY BOARD SESSION OVERVIEW

To discuss the healthy board session and consider the feedback following the “How do you rate your PSB” exercise.

**4.00 p.m. – 4.30 p.m.**

# CONWY AND DENBIGHSHIRE PUBLIC SERVICES BOARD

Minutes of a meeting of the Conwy and Denbighshire Public Services Board held in Venue Cymru, Llandudno on Wednesday, 12 December 2018 at 9.30 am.

## PRESENT

Bethan Jones (Chair) – Betsi Cadwaladr University Health Board
Councillor Gareth Jones – Conwy County Borough Council
Councillor Julian Thompson-Hill (In place of Councillor Hugh Evans) – Denbighshire County Council
Gary Doherty - Betsi Cadwaladr University Health Board
Iwan Davies – Conwy County Borough Council
Judith Greenhalgh – Denbighshire County Council
Siân Williams – Natural Resources Wales
Helen Macarthur (In place of Simon Smith) – North Wales Fire and Rescue Service
Debbie Neale (In place of Helen Wilkinson) – Denbighshire Voluntary Services Council
Superintendent Neil Harrison – North Wales Police
Sioned Rees – Welsh Government Representative
Wendy Jones – Community and Voluntary Support Conwy

## ALSO PRESENT

Barbara Burchell - Principal European Project Development Officer (Conwy CBC)
Peter York – Strategic Performance Analyst (Denbighshire CC)
Dyfed Rowlands – Flood Risk and Infrastructure Manager (Conwy CBC)
Nicola Kneale – Strategic Planning Manager (Denbighshire CC)
Fran Lewis – Corporate Performance and Improvement Manager (Conwy CBC)
Megan Vickery – Engagement Officer (Betsi Cadwaladr University Health Board)
Lynda Ockenden White – Business Support Manager (Betsi Cadwaladr University Health Board)
Hannah Edwards – PSB development officer (Conwy (CBC)
Rhodri Thomas-Jones – Committee Administrator (Denbighshire CC)

## 1 APOLOGIES FOR ABSENCE

Simon Smith - Chief Fire Officer and Chief Executive
Helen Wilkinson - Denbighshire Voluntary Services Council
Councillor Hugh Evans - Leader of Denbighshire County Council

## 2 MINUTES OF LAST MEETING

The minutes of the Conwy and Denbighshire Public Service Board (PSB) held on the 18 September 2018 were submitted for approval.

Matters Arising –

The amount of funding for the growth bid announced by the UK government was £120 million and the Welsh Government had indicated it would match the UK Government funding. That total of £240 million was less than had been anticipated. The growth bid would be included in the Board's forward work programme when more about the project was known.

***RESOLVED*** *that the minutes of the Conwy and Denbighshire PSB meeting held on the 18 September 2018 be approved as a correct record.*

## 3 MATTERS ARISING

### a) Update on PSB joint scrutiny arrangements

It was confirmed that both Councils had agreed to establish a PSB joint scrutiny committee comprising of eight councillors from each council. The process of appointing the members was underway and the board was informed that the first meeting of the PSB joint scrutiny committee could be held before the end of the current financial year.

### b) Conwy and Denbighshire PSB Healthy Boards workshop - session outline

No issues were raised in respect of the workshop.

## 4 BREXIT UPDATE AND EU FUNDING IMPLICATIONS

Peter York (DCC) and Barbara Burchell (Conwy CBC) presented the implications of Brexit on both Denbighshire and Conwy Councils.

Members were informed that the presentation was based on a 'no deal' Brexit scenario, which highlighted potential key issues that could affect both DCC and CCBC.

The UK government had given assurances that a Shared Prosperity fund would be created to take the place of EU funding. However the lack of clarity in respect of the proposed funding made future preparations difficult.

Concerns were raised about the possibility of public disorder and hate crime, such as those reported after the referendum on membership of the EU. The Board was assured that these matters were closely monitored by North Wales Police.

The number of EU nationals that currently resided within both Counties was raised as a concern, as approximately 3,000 EU nationals were employed across Conwy and Denbighshire. This would impact several sectors in the region, especially in the Care Sector. Officers were currently contacting local employers to provide information on the EU Settlement scheme and encourage EU Nationals to apply. This would allow successful applicants to continue living and working in the UK after 30 June 2021.

The next steps for Conwy CBC would include identifying lead officers for each service affected (e.g. HR, legal etc) and taking a project team approach to Brexit. Intelligence would continue to be gathered and regular information updates would be provided. Denbighshire CC planned to mirror this approach. The Board was also informed that the Welsh Local Government Association (WLGA) had produced a Brexit preparedness toolkit to support local authorities.

Sioned Rees (WG) provided an update from a national perspective, informing the Board that Wales could lose 9% of its GDP from exiting the EU on a 'no deal' scenario. Such a reduction would have an adverse impact on local government finances.

The Board was informed that the WG and NHS were working on a risk assessment for Brexit. The effect on importing was as yet unknown, resulting in health boards stockpiling both medication and food supplies.

Welsh Government were also hiring 200 officers to assist with Brexit and the Board enquired if there was an opportunity to share this resource to support other public sector organisations.

***RESOLVED –***

*i. That the information be noted.*
*ii. That Sioned Rees discuss with WG colleagues the potential to share Brexit resources to support other public sector organisations.*

## 5 PROGRESS UPDATE ON PSB PRIORITIES

Nicola Kneale (DCC) informed the Board that a mapping exercise had been undertaken to ensure the themes from the original 6 priorities were not missing or omitted from the revised 3 priorities. The mapping results could be found in item 5 of the reports pack, where the majority of themes had been included.

### a) People – Mental Well-being

A well-attended and positively received workshop was held in Llanrwst at the end of November. A report would be produced from the workshop for circulation in January.

The workshop indicated there was already lots of work ongoing in this area to map the current services and initiatives for mental well-being and to identify any duplication or gaps. It was suggested that the Local Implementation Teams could potentially be utilised to steer or deliver the action plans for this priority.

The Board noted that the demand for mental health care in the region was increasing rapidly, and more resources were required at a time of increasing financial austerity for local authorities.

The Board agreed to scrutinise the report when it was published in January in order to prioritise work to address the areas that could make the largest impact.

**b) Community – Community Empowerment**

The Board was guided to the opportunities section of the social prescribing report (item 5b) – which was developed following conversations between Nina Ruddle (Glyndwr University), Dr Glynne Roberts (Public Health Wales), Mefty Haider (NRW) and Nicola Kneale (DCC).

The Board focused on where the PSB could add value in this area, as there was a lot of work already happening with social prescribing in North Wales. A discussion ensued, where –

- The Board felt there was potential for the PSB to explore social prescribing in terms of weight management (opportunity B).
- Members agreed it would be useful to pursue opportunity C (developing spatial health data at LSOA level). This would link in with the well-being assessment and also fit with place planning. The Board discussed the possibility of focusing on deprived areas initially (potentially both a rural and coastal community across both counties).
- Social prescribing should be viewed as an approach and used to support all 3 priorities rather than an action.

Debbie Neale (DVSC) informed the Board that DVSC would lead on the Dementia element of the priority as they have received Intermediate Care Funding (ICF) to raise awareness and deliver dementia training across Conwy and Denbighshire. The Board welcomed the update and requested a report be tabled at a future meeting.

Conwy CBC confirmed they were in the early stages of becoming a dementia friendly organisation.

**c) Place – Environmental Resilience**

An update on this priority was provided as follows –

- Working groups have been established to progress work with environment officers from across PSB partners.
- There would be two versions for the green pledges, one for communities and businesses and another for individuals.
- A guide would be developed to support communities to meet the pledge, which would contain information on the availability of further resources and potential funding.
- For the common environmental policy work, information was currently being gathered on specific aspects (e.g. waste, flooding, biodiversity, carbon and energy etc). This information would be used to develop a framework all partners could work towards at their own pace.

- Recognised that partnership working needed to be developed further, and proposing to establish virtual networks for the different environmental aspects.

Sian Williams (NRW) informed the Board that Natural Resources Wales were planning to examine the themes from each PSB in terms of the environment and determine where they could add support. It was suggested that a regional approach could be taken to deliver this work.

This approach would accord with the climate change proposal under item 6. The Board was informed that this proposal has originated from Wrexham's PSB and suggested taking a regional approach to tackling climate change to provide greater momentum, as current local approaches were not working.

The Board was informed of how both Anglesey Council and Gwynedd County Council were planning to tackle global warming especially in respect of coastal issues. The Board agreed that regional work was essential to mitigate the regional impact of climate change.

A meeting with the North Wales PSB Chairs and key officers was being arranged to discuss the climate change proposal further.

The priority leads (i.e. those leading on the priorities) discussed the value of leading on work that was not within their usual area. However, the Board needed to consider who should take the lead on the priorities in the longer term.

***RESOLVED –*** *That*

*i. The Board members scrutinise the mental well-being workshop report after its publication in January 2019; and*
*ii. The Community Empowerment priority lead officers to liaise with health colleagues to discuss the LSOA level data.*

## 6 CLIMATE CHANGE PROPOSAL

Following the discussion during the PSB priorities updates the Board was satisfied for the Chair and key officers to discuss the proposal regionally and report back to the PSB.

***RESOLVED –*** *That the Board receive a future update on the development of the climate change proposal.*

## 7 CONWY COUNCIL - CORPORATE PLAN UPDATE

Iwan Davies (CCBC) gave a presentation on the Corporate Plan and highlighted its key areas. The corporate plan was outlined as being ambitious but realistic in times of financial difficulties. The Corporate Plan would run alongside the election period of local government from 2017-2022.

The eight priorities were as followed –

- **Education and Skills** CCBC wanted to be recognised as offering excellent education and a focus on improving education and performance across the whole school system so that young people had the skills to take advantage of job opportunities.
- **Safe** - Ensuring that the residents of CCBC were safe and felt safe within the County, and also ensure that venerable people were safeguarded.
- **Housing** - People in Conwy have access to affordable, appropriate, good quality accommodation that enhanced the quality of their lives.
- **Health -** Promoting healthy choices and lifestyles and in turn, reducing the demand on public services. CCBC would strengthen partnership working between Health and Social Care services to provide simple and seamless access to Health and Social Care when they were needed.
- **Economy –** To have a confident economy that was resilient and sustainable. To encourage new ideas and work proactively with businesses to promote conditions in which they could grow.
- **Environment** - Communities to be resilient and ready to adapt to the environmental challenges the world faced. A focus on improving flood defence, increasing recycling and investing in renewable energy.
- **Culture** - Focus on celebrating culture, the Welsh Language and using the arts to maximise well-being.
- **Voice** - Focus on reviewing how the Council engaged, communicated and worked with communities and to change the way the Council operated to be more progressive, modern and efficient.

Following the presentation on the corporate plan, the Cabinet priorities were also shown –

1. 21st Century Council, Resilient and Sustainable in the longer term
2. Strong, Empowered and Resilient Communities Stepping Up
3. Effective Schools, Focussed on Delivery Standards
4. Affordable Housing, Accelerated Delivery
5. Economic Growth, Discretionary and Underfunded but Key to Prosperity

The modernisation programme of Conwy CBC was considered. A key part of the programme was the new Coed Pella offices in Colwyn Bay, which had recently opened. The building would regenerate Colwyn Bay and improve access to services for residents and service users.

The challenges facing Conwy were also raised during the presentation -

- Demand for housing support and preventing homelessness was increasing
- Pressures on Social Services and the sustainability of the care sector
- Educational attainment and key curriculum changes
- Review of service provision and collaboration with town and community councils

The Board thanked the Chief Executive for the informative presentation and noted the plan’s similarities with DCC’s corporate plan.

***RESOLVED –*** *That the update on CCBC's Corporate Plan be noted.*

## 8 PART 9 GOVERNANCE BOARD PAPER - RESPONSE FROM CHIEF EXECUTIVE GROUP MEETING

Judith Greenhalgh, Chief Executive of DCC, updated the Board on the part 9 Governance Board paper. The papers had been circulating prior to her appointment as DCC's Chief Executive.

There were clear lines of accountability and partnership and development of work areas between the PSB and the Regional Partnership Board. The final Governance Board paper would be considered at a future Regional Partnership Board meeting.

The Board queried issues in respect of cooperation between the PSB and other bodies and discussed whether work could be undertaken to evaluate the structure below the PSB to support delivery of their work.

The Board was informed that a report on the National Assembly's Equality, Local Government and Communities Committee's inquiry into PSBs would be published soon. The inquiry's aims originally included examining how PSBs were targeting improvements to deprived communities however they have since been amended to focus on the operation and effectiveness of PSBs.

***RESOLVED –*** *That the information be noted.*

## 9 80 SIMPLE CHANGES - REPORT FROM FUTURE GENERATIONS COMMISSIONER

Nicola Kneale (DCC) presented a report (previously circulated) on the future Generations Commissioner's office document *The Art of the Possible: Simple Changes*, which set out 80 changes that public bodies should make to help them to maximise their contribution to the seven well-being goals.

It was emphasised that the changes were primarily for public bodies, however the table within section 4.1 of the report highlighted the areas where the PSB could collaborate. The Board felt there were some good ideas in the document and acknowledged that organisations were already using some of them, but also recognised that there was some areas that could be improved upon. The Board agreed that creating an additional tier of work to implement these changes wasn't an available option.

Members of the Board felt there was more they could do collaboratively to improve secondment opportunities. The work identified in the PSB priority areas could potentially be developed as a mini project and delivered through secondment opportunities.

CCBC's Chief Executive (ID) would take the document to a CCBC senior management meeting and report to the Board on conclusions drawn at the meeting.

***RESOLVED*** *– That the report be noted.*

**EXCLUSION OF PRESS AND PUBLIC**

***RESOLVED*** *that the Press and Public be excluded from the meeting for the following items of business on the grounds that it would involve the likely disclosure of exempt information.*

*(At this juncture the Board agreed to change the order of reports to accommodate guest speakers).*

**10 OLD COLWYN SEA DEFENCES AND FLOOD RISK**

The Board was shown a presentation from Dyfed Rowlands (Flood Risk and Infrastructure Manager) highlighting the concerns with the sea defences on the Old Colwyn promenade.

The Sea Defence issue had been identified as an A1 risk on the risk register which was a critical risk. A 10 year plan for the sea defences was identified in 2010 to address the concerns.

The Board was informed that the current sea defences were from the Victorian era and were not now suitable. The Seawall was built upon sand and gravel, which could be dragged out during storms. This could cause spaces behind the wall, which would weaken the road running adjacent to the seawall.

The sea defences were in close proximity to the Holyhead to Chester Rail Line and the A55 Expressway. If the defences were to fail these could be drastically affected. A Welsh Water sewerage pipe also ran underneath the road beside the Seawall.

The ongoing maintenance costs for the Seawall were a cause for concern. In the latest financial year £300k was spent to repair damage to the Seawall and the surroundings. Welsh Water contributed 50% of the cost to the latest repairs. The lack of investment by other stakeholders had caused concern especially in these times of austerity. Welsh Government's CRMP funding would be a funding stream which could be sourced by CCBC to protect the frontage.

The board suggested an in-depth risk and impact assessment be carried out, to consider the impact on infrastructure and wider social issues. It was agreed that Conwy CBC lead on the assessment and gather information to have a clearer image on the possible impact on Conwy and North Wales. Judith Greenhalgh (DCC) offered DCC resources to help with gathering information for an impact assessment as the failure of the Seawall would also impact upon Denbighshire.

***RESOLVED –*** *That*

*i. the Board acknowledges the sea defences risk, and*
*ii. CCBC collate information on the in-depth risk and impact assessment.*

**11 DEVELOPMENT OF PSB RISK REGISTER AND LEADERSHIP CHALLENGES**

The Chair suggested that this item be discussed in greater detail at a future PSB meeting. The Board was informed that officers had started to map the key corporate risks of partners, which could be circulated to the Board members. The Board suggested that risks be discussed at the PSB workshop in January, before bringing it back to the next PSB meeting in March 2019

***RESOLVED –*** *That the risk register and leadership challenges be considered at the next PSB workshop and the PSB's meeting in March 2019.*

## 12 FORWARD WORK PROGRAMME

The PSB's Forward Work Programme (previously circulated) was submitted for consideration. Members confirmed the agenda and reports due at the next PSB meeting in March 2019 as follows:

- PSB Annual Report
- Conwy and Denbighshire voluntary services councils – follow up on what support PSB can offer.
- Future Scenario Planning
- Local Development Plans for Conwy and Denbighshire – First Stage Consultation
- Communities First – Legacy projects
- PSB's Risk Register and Leadership Challenges

The Board suggested the Growth Bid could be added to the forward work programme with Jane Richardson (CCBC) and Graham Boase (DDC) identified as the key officers to approach for this item

***RESOLVED -*** *that the forward work programme be approved.*

This page is intentionally left blank

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

# Living Healthier, Staying Well

## Working in Partnership to Improve Health and Deliver Excellent Care across North Wales

Our Three Year Plan 2019/22

**Version: 1.0**
**17th January 2019**

| Contents | Page |
|---|---|


**1. Introduction** 4

**2. Strategic Direction** 8

**3. Priorities for Action 2019/22** 16

**3.1 Health Improvement and Health Inequalities** 17

- **Prevention**
- **Reducing Health inequalities**

**3.2 Care Closer to Home** 20

- **Integrated Models of Care**
- **The Primary Care Model for North Wales**

**3.3 Excellent Hospital Care** 24

- **Planned Care**
- **Urgent and Emergency Care**

**4. Enabling Strategies** 30

- **Quality Improvement**
- **Workforce and Organisational Development**
- **Estates Strategy**
- **Digital Health**
- **Finance**

**5. Supporting Plans** 42

**6. Accountability and Governance** 43

**7. Risks and mitigation** 44

**8. Further information** 44

**Appendix 1 - Special Measures Improvement Framework**

**Glossary**

## OUR VISION

- **We will improve the health of the population, with particular focus upon the most vulnerable in our society**
- **We will do this by developing and integrated health service which provides excellent care delivered in partnership with the public, and other statutory and third sector organisations**
- **We will develop our workforce so that it has the right skills and operates in a research-rich environment**

| **Health Improvement, Health Inequalities** | **Care Closer to Home** | | **Excellent Hospital Care** |
|---|---|---|---|
| **Healthy lifestyles**<br>Smoking, healthy weight, alcohol<br><br>**Protection and prevention**<br>Oral health, Making Every Contact Count, screening<br><br>**Resilient communities, tackling inequalities**<br>Social prescribing, Well North Wales, health and well-being hubs<br><br>Promoting mental well-being<br>Children, young people and families<br>People with a learning disability<br><br>Maternity strategy for Wales | **Secondary prevention and early intervention**<br>Stroke, diabetes, orthopaedics<br>Children and young people<br><br>**Health & Social Care working together in local communities**<br>Community Resource Teams and clusters<br>Primary and community mental health model<br><br>**Access to care in an emergency**<br>Developing the unscheduled care hub, 111 service, community resource team<br>Crisis support – children, mental health | **Sustainable planned care**<br>Orthopaedics, ophthalmology, gastroenterology<br>Acute medical and surgical care<br>Inpatient care & rehabilitation<br>- mental health needs<br><br>Access and waiting times<br><br>**Unscheduled care**<br>Emergency Department access & patient flow<br>*Help me get home* – integrated health and social care<br>Early supported discharge (stroke) | **Specialist & complex care**<br>Urology, stroke, complete vascular services, cancer |



**Quality Improvement and patient experience - "What Matters"**

Carers and community assets — Co-production — Avoiding harm, focusing on outcomes

**Addressing equality and human rights and promoting the Welsh language**

**Estates and infrastructure**

Health and well-being centres — Integrated resource teams — Sustainable hospital facilities

*Shared use of assets and new partnerships, joint ventures*

**Digitally enabled health and care**

Community connectivity — Integrated health and social care systems — Hospital systems

**Whole health, care and support system workforce**

Supporting community networks — Integrated workforce across sectors — Sustainable acute models

*Agile working*

## Section 1 - Introduction

---

### 1.1 The health of our population in North Wales

We need to evolve to meet new challenges. We know that the overall health status of our population compares favourably to other parts of Wales, and this provides advantages and opportunities. However, the benefits of this are not equal across the population, and comparison against other areas of the UK and Europe demonstrates that people could achieve even better health and well-being.

We are living longer – the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 9.3 per cent compared to 8.6 per cent (that is 64,000 people). For males, life expectancy is 78 years and for females, it is 82 years. The good news is that many people reach these ages in good health which is positive, but brings different support needs.

We need to do more to help everyone of all ages to have an active, healthy and happy life and to stay well for as long as possible. This will involve helping people to be active physically and socially, and to adopt healthy lifestyle behaviours such as not smoking, eating well and minimising their intake of alcohol.

We will do this in partnership and with the help of other organisations such as Local Authorities and the voluntary sector.

There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work now and how we involve people in order to meet them.

- More people are living with one or more complex health issues such as diabetes or heart disease. We will support people to manage these conditions better so that they can live their life to the full.

- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.

- There are more people living with dementia. We will work with our partners and people with experience of mental health to design and deliver modern services and do more to support people with long-term mental health problems.

### 1.2 The challenges we face

Our current service model is inefficient, unaffordable and not sustainable.

- There are increasing demands on our primary care and community services with growing difficulties in attracting new GPs and other primary care practitioners to the area.

- There are also increasing demands on our hospital services, for example, in our Emergency Departments, which means that often we cannot see patients as quickly as we should. In addition, waiting times for a number of operations such as replacement joints or eye surgery are too long and we need to see patients sooner.

- We are also facing financial challenges and we need to live within our means and make sure that we work efficiently so that every penny is spent wisely and well.

- Bed occupancy in our acute and community hospitals is currently over 90% – on average much higher than 85% occupancy, above which the National Audit Office has concluded, "*hospitals…can expect to have regular bed shortages, periodic bed crises and increased numbers of hospital acquired infections*".

- Our workforce is changing and we face challenges in recruiting staff in a number of specialties and staff groups.

- The current size and condition of our estate is not sustainable in the long term and will not support our strategic direction.

- Challenges are posed with infrastructure and the delivery of core national information systems which are essential to service provision and transformation.

- Our partners are also facing significant financial constraints and we need to work together to ensure we make best use of our collective resources, for the benefit of the population of North Wales.

In 2015, Welsh Government placed us in Special Measures. We have been working hard to improve and have made progress in areas such as maternity services, and involving patients and the public. There are other areas where there is still much more to do and we recognise it will take time, commitment and support to make all the improvements that are needed.[1] Our Special Measures Improvement Framework (SMIF) sets out the actions to be delivered in response to Welsh Government requirements and is detailed in Appendix 1.

There are other challenges that are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which we are working more difficult, and make it more important that we understand the impact of our actions on other organisations as well as our population.

## 1.3 Making the changes we need

The work to tackle the above challenges with our partners and to transform health and social care has begun. For some areas of improvement we will firstly ensure that we are 'getting the basics right' to stabilise these on the journey to fully transform our service model. In some areas this will take longer than the three year period covered by this plan.

We are fully committed to producing a Service Strategy by 30 September 2019 which describes the way forward in clear terms and our timeline for transformational change and lead to the development of a target operating model which will be supported by finance, estates and workforce strategies

In order to achieve this, we have established a programme management approach and will utilise a consistent change methodology for improvement and transformation work across the Health Board.

[1] Update on escalation status review of health organisations and additional support for Betsi Cadwaladr University Health Board, Cabinet Secretary for Health and Social Services, February 2018

## 1.4 Building upon achievements in 2018/19

During 2018/19, we continued to work to improve how the Health Board functions with improvements made in our governance and leadership in response to the SMIF and Wales Audit Office Structured Assessment and responses to the 2018 NHS Wales staff survey

In addition, a number of significant achievements have been made across our services during the year, with many examples shown below across our key priority areas: improving health and reducing health inequalities; care closer to home; excellent hospital care.

## Improving Health and Reducing Health Inequalities

- We achieved the Platinum Health at Work standard, recognising our commitment to staff and population well-being and our overall social responsibility.
- We introduced the “Let’s Get North Wales Moving” collaboration with partners.
- The tier 3 Orthopaedics Weight Management Lifestyle programme was implemented.
- The “Help me Quit for Baby” smoking cessation support approach was embedded in Community Midwife Teams.
- The hospital based smoking cessation service commenced.
- An alcohol licensing framework was established.
- The 'Made in North Wales' network developed an approach to social prescribing and an asset-based approach to well-being.

## Care Closer to Home

- The new healthcare centre at Flint opened, delivering a range of services and fulfilling commitments previously made by the Board to the local population.
- The redevelopment of Corwen Health Centre was completed, an important milestone in care provision for the local rural community.
- Recent developments such as Llangollen Health Centre, Canolfan Goffa Ffestiniog and the new wing of Tywyn Hospital now provide a range of services providing benefits for the whole community.
- More advanced practitioner nursing, physiotherapy, audiology and pharmacy roles were introduced in primary care settings.
- Primary care clusters developed a range of innovative services, such as Advanced Nurse Practitioner roles in care homes, family practitioner and specialist diabetes care.

## Excellent Hospital Care

- The new Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd.
- The vascular centre development at Ysbyty Glan Clwyd progressed, with full implementation due in April 2019.
- The major refurbishment programme for Ysbyty Glan Clwyd has been completed, bringing major improvements to the environment for patients and staff.

## Section 2 - Strategic Direction

---

### 2.1. Strategic Context

Our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, reducing health inequalities. Our purpose is to improve the health of the population of North Wales which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care that really matter to our patients. We recognise and support the significance of the Welsh Government publication 'A Healthier Wales: Our Plan for Health and Social Care' which sets out a long-term future vision of a whole system approach to health and social care.

*The document* sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing Illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy. Our Three year plan supports the ambition of Welsh Government as summarised below:

| 'A Healthier Wales' | Examples in Our Three Year Plan | Example Process and outcome Measures |
|---|---|---|
| **Health and Social Care system to work together** | Regional Partnership Board (RPB) Working<br><br>Integrated clusters<br><br>Expansion of Community Resource Teams<br><br>Unscheduled care model | Number of transformation programmes funded<br><br>Outcome from transformation programmes demonstrating delivery of objectives<br><br>Number of patient contacts to avoid admission<br><br>Outcomes of unscheduled care pathway model on demand, flow, discharge, concerns and incidents |
| **Shift services from hospital to community** | Health and well-being centres<br><br>Eye care plan<br><br>Unscheduled care pathways<br><br>Mental health services | Increase range and access to local services<br><br>80% direct to waiting list for cataract surgery<br><br>10% reduction in incidence of repeat ED attenders Falls, recovering Hypoglycaemia, mental health and catheter care pathways established and evidenced by reduced conveyance and admission<br><br>10% increase in crisis patients managed in community setting |
| **Get better at measuring what really matters** | Revised performance and accountability framework | Core indicators and tiered indicators reported in accordance with the framework from Board to Divisional teams |

| | | |
|---|---|---|
| | | Number of staff trained in measurement for improvement |
| **Make Wales a great place to work in Health and Social Care** | Workforce strategy - staff engagement, leadership, culture and climate, motivation, innovation and learning | Learning from staff survey applied via engagement events – number of participants/% workforce<br><br>Delivery of the nurse staffing fill rate and skill mix for wards<br><br>Reduction in spend on agency and locum staff<br><br>Integrated primary and community academy established |
| **Work together in a single system** | Unscheduled care / Emergency Ambulance Services Commissioning<br>Mid Wales healthcare collaborative<br><br>Commissioning secondary and specialist services | Delivery of 4 hour, 12 hour and ambulance handover profiles<br><br>10% reduction in concerns and SUIs related to USC<br><br>Volume of partnership programmes of work increasing in line with plan |

We have identified the following seven well-being objectives with partners and stakeholders (and in accordance with our duties under the Well-being of Future Generations Act):

- Improve physical, emotional and mental health and well-being for all;
- Target our resources to those with the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity; and
- Listen to people and learn from their experiences.

Our organisational values exist to support and encourage staff to deliver high quality care to our patients in keeping with our purpose and the above objectives:

- Put patients first
- Working together
- Value and respect each other
- Learn and innovate
- Communicate openly and honestly

## 2.2 Promoting Equality and Human Rights

The long-term vision for our population has been informed by the Health Board's Strategic Equality Plan (SEP) which can be accessed here. The SEP draws on evidence from a range of sources

including the Equality and Human Rights Commission research '*Is Wales Fairer?*' As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation.

Equality Impact Assessments (EqIA) help us to identify and address potential inequality including access and communication needs, leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.

## 2.3 Working with our Partners

This plan underlines our commitment to reducing health inequalities within the population we serve. Guided by the principles within the Well-being of Future Generations Act, and together with our partners across the public and third sectors, we are already shifting our focus to promote ways of working that prioritise preventing illness, promoting good health and well-being and supporting and enabling people and communities to look after their own health.

Reducing health inequalities remains the most important challenge we face and will guide and influence our redesign of the healthcare services we deliver in people's homes, in their communities, in our primary care settings and in our hospitals.

As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. The principles adopted by the North Wales Regional Partnership Board are:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best;
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities);
- People are enabled to use their confidence and skills to live independently, supported by a range of high quality, community-based options;
- Embedding co-production in decision-making so that people and their communities shape services; and
- Recognising the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

The NWRPB have developed a Regional Population Needs Assessment and Area Plan in response to the Social Services and Well-being (Wales) Act 2014. The North Wales Area Plan was approved earlier in 2018 and prioritises the following areas:

- Older people with complex needs and long term conditions, including dementia;

- People with learning disabilities;
- Carers, including young carers;
- Children and young people;
- Integrated Family Support Services; and
- Mental Health.

Partnership work programmes have been established for each of these priority areas, and the priorities also link with our well-being objectives.

There are many areas where the Health Board works collectively with other organisations within the statutory and voluntary sector. In addition, there are services that we do not or cannot deliver directly and commission from external providers.

We work closely at both a national and local level as part of the all Wales Emergency Ambulance Services Committee (EASC) to further develop national and local actions with Welsh Ambulance Services NHS Trust (WAST). Local joint priorities for action are integral to our unscheduled care plan. Welsh Ambulance Service is a key partner working alongside the Health Board in developing transport plans for services including vascular, ophthalmology, orthopedics, urology and stroke.

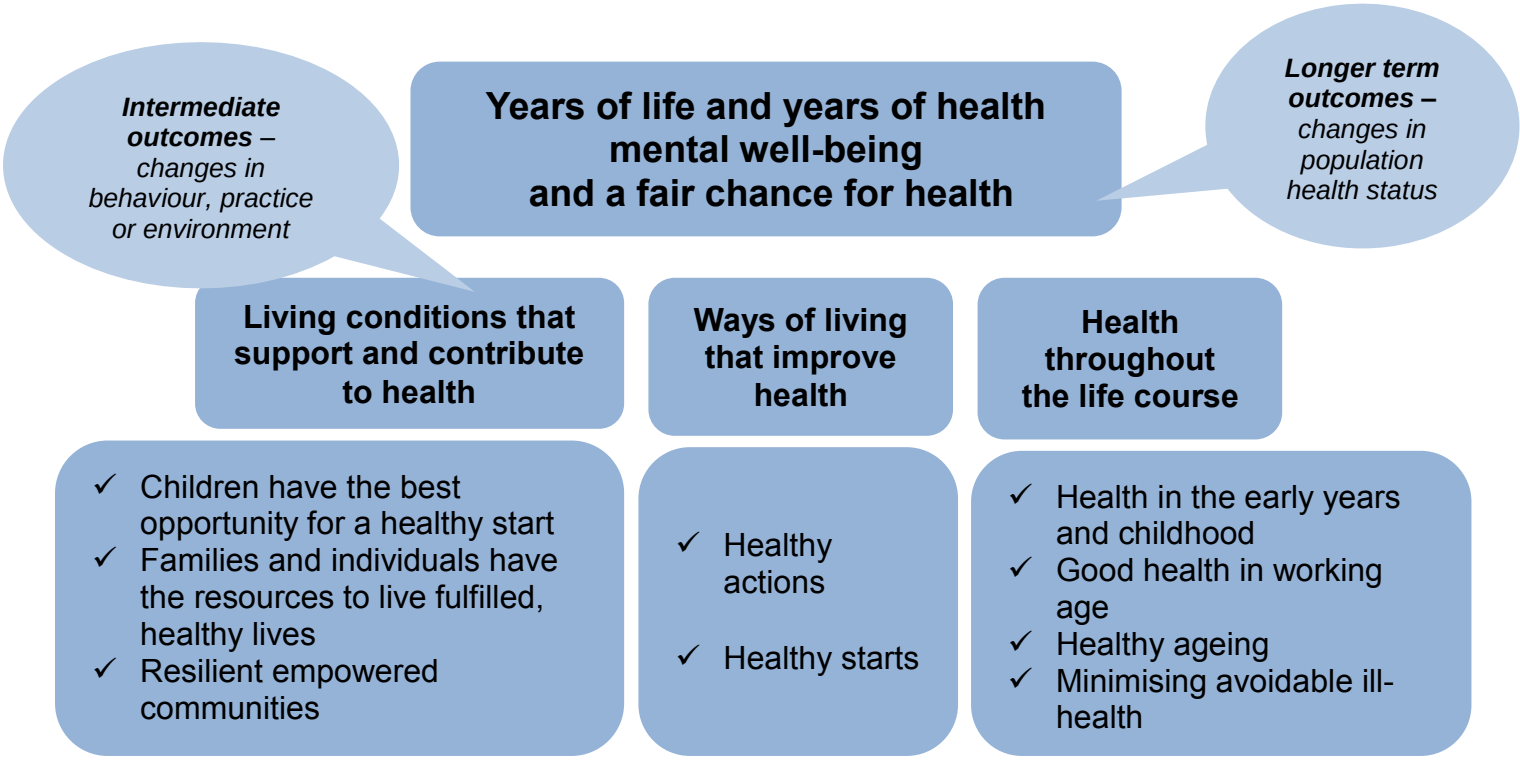
Working closely with Welsh Health Specialist Services Committee (WHSSC), we will monitor and review specialist services (such as specialist children's services delivered by Alder Hey NHS Foundation Trust) commissioned through WHSSC and contracted to appropriate providers. For North Wales, these are generally provided in North West England as our local providers of very specialist services. Where it is clinically safe and appropriate to do so, services are developed and delivered in North Wales.

We work collectively as part of the Mid Wales Joint Committee for Health & Social Care (MWJC), which was formed in 2018 and places a greater focus on joint planning and implementation of health services for the population of mid Wales.

## 2.4. Getting it right for the future: focusing on outcomes

We have to think about how the decisions we make now have an impact on the future. We must meet the needs of our population today without compromising the ability to meet the needs of future generations. We need to support the people of North Wales to achieve the best health outcomes in the longer term and continue to put in place the actions that will achieve this.

In the longer term, we will aim to improve the whole population health status. To deliver this, in the medium term, we will work to support changes in behaviour, practice and the environment. Our approach is based on the Public Health Outcomes Framework[2].




[2] Public Health Outcomes Framework, Public Health Wales, 2017

## 2.5 Living Healthier, Staying Well

**Living Healthier, Staying Well** (LHSW) is our long-term strategy that describes how health, well-being and healthcare in North Wales might look in 10 years time and how we are working towards this now. LHSW was approved by the Health Board in March 2018. Our future model is described below and the key priorities for action over the period 2019/22 are set out in section 3. We cannot deliver these changes alone; we will need the contribution of many others to achieve the improvements we all want to see.

We will work with our stakeholders to review LHSW in time for an updated version in March 2020 to accompany the IMTP for 20/21 and beyond.

## 2.6 Our ambitions for the future

**Health Improvement and Health Inequalities**

- We will become more of a 'wellness' service than an 'illness' service and work with our population and partners such as local authorities and the third sector to plan for the future needs of people living in North Wales.
- We will do more to give children the best start in life, taking action as soon as possible to tackle problems for children and families before they become difficult to reverse.
- We will work with others to support everyone in staying fit and healthy throughout life and ensure we can support people to make the right choices for them at the end of life.
- Our intention is also to narrow the gap in life expectancy between those who live the longest in the more affluent areas of North Wales and those living in our more deprived communities.
- We will target our efforts and resources to support those with the poorest health to improve the fastest.

**Care Closer to Home**

- The services offered by primary care including GP practices, community pharmacies and dental practices will remain central to providing healthcare close to where people live.
- We will build on the work we have already done to introduce a broader range of health and social care professionals – including specialist nurses, pharmacists and therapists – to work with GPs and their teams, and develop a wider range of services in local communities. This will mean that our patients will see the health care professional who is best placed to meet their needs.

- We will continue to support GP practices to invest in and develop new facilities.

- We will expand our community teams who work together to care for people in their community and in their own home if needed.

- There will be clear and consistent points of contact to arrange for the right healthcare professional to go to people when they need them. We have already made good progress in some of this work, for example the Healthy Prestatyn Iach project, advanced practitioners in physiotherapy, nursing and pharmacy across North Wales and the establishment of Community Resource Teams bringing together health and social care services.

- We will maximise our use of technology including video consultations to support people and prevent them from having to travel to appointments - particularly when they are suffering from a chronic condition. We are already doing this in the North West to connect patients at rural community hospitals including Ysbyty Alltwen near Porthmadog, Dolgellau Hospital and Ysbyty Bryn Beryl near Pwllheli with doctors in Bangor.

- We will continue to invest in modern, purpose-built facilities that bring together community teams under one roof to offer a range of services for local people including x-ray, tests to help diagnose illnesses, sexual health, mental health and various therapies. A new health campus development for North Denbighshire is planned for the site of the Royal Alexandra Hospital in Rhyl. Our intention is that we will use community hospitals and health centres as local health and well-being centres in our communities.

**Excellent Hospital Care**

- At each of our District General Hospitals, we will continue to have the following core services:

    - a full Emergency Department;
    - consultant-led maternity and paediatric services;
    - direct admission for medical care for people who are unwell;
    - direct admission for people who need an operation;
    - less complex vascular procedures (for diseases affecting blood vessels); and
    - outpatient clinics, day surgery and diagnostic services (tests that help diagnose a condition).

This means that people can be assessed in any of our emergency departments but might need to be transferred to the most appropriate hospital for more specialist care.

We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our intention is to widen the range of specialist care we provide in North Wales so that people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals.

- We will treat as many patients as possible in North Wales and continue where clinically possible and safe to do so,

- We will create specialist centres for treating more complex conditions, e.g. our new Sub-Regional Neonatal Intensive Care Service (SuRNICC) at Ysbyty Glan Clwyd means that babies that are more poorly are cared for in North Wales.

- We will establish specialist services for:

    - vascular surgery. Very specialist major surgery on arteries (vascular surgery) will be provided in a specialist centre at Ysbyty Glan Clwyd. This will ensure that we can provide treatment that meets the highest standards and will attract the specialist doctors we need to carry out these complex operations.

    - hyper acute stroke;

    - neonatal intensive care; and

    - urology and pelvic cancer. We are exploring modern technology for some cancer surgery – particularly pelvic cancer – which will need to be based in a specialist theatre. We are also exploring how we might deliver urology services more effectively, for example, using robotic assisted surgery.

- Over the next three years , we will confirm proposals for specialist centres for other services that could deliver better outcomes for patients and improved efficiency and productivity.

- With the support of the Welsh Government, we are investing in our buildings to bring them up to 21st Century standards. This includes completing major developments such as at Ysbyty Glan Clwyd and the Emergency Department at Ysbyty Gwynedd. We have started work to develop proposals for the redevelopment of the Wrexham Maelor Hospital campus to address failing infrastructure and to develop facilities that are fit for the future and will support the new models of care we will develop. Our enabling strategies, for example our estates strategy, will be informed by and aligned to our revised clinical models.

- For some very specialised care people will need to travel to hospitals outside of Wales - just as they do now - for major physical trauma injuries, neurosurgery, specialist treatment for children and some cancer treatments - but we will make as much of the testing and diagnosis as local as possible and support people to make an early return home.

## 3. Priorities for action 2019/22

### What we will achieve over the next three years

Achieving our three year plan will represent significant progress towards making our vision a reality.

A summary of the key actions we will pursue over the period of 2019/22 in support of our three priorities together with our enabling strategies is set out on page 2 – the plan on a page.

The following section describes the actions and the rationale for them in more detail and the key outcomes we aim to achieve.

These plans are affordable in the short, medium and long term. They can either be achieved within known resource assumptions, or where this is not possible it is highlighted accordingly. Dialogue with Welsh government is underway regarding resource availability particularly with regards to achieving elective access times.

## 3.1 HEALTH IMPROVEMENT AND HEALTH INEQUALITIES

### Health Improvement and Health Inequalities.

We want to work in partnership to support people to make the right choices and to promote population health. Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most.

For the next three years there are three priorities:

1. We need to establish lifestyle services to support the people of North Wales to make informed choices about their health and well-being;

2. Tackling health inequalities will inform our service development. We will target resources to those with the greatest needs and promote equality through our actions; and

3. We will maximise our partnership working to deliver on the health inequalities and health improvement agenda.

We have committed to focussing on health improvement and health inequalities, and to ensuring that the Health Board shifts to becoming a population health focussed organisation. Prevention, early intervention and tackling health inequalities is a consistent thread underpinning our plan for 2019/22. Our plan builds on progress made in 2018/19 across the Health Board and with our partners.

We want to work in partnership to support people to make the right choices so they can have a long, healthy life and to reduce demand for treatment services for preventable conditions. Our plan therefore maintains a focus on the health in the early years.

Through our maternity services plan, we aim to ensure that pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.

Our childrens work focuses on supporting the six agreed partnership priorities for children and young people in North Wales:

- Our continued aspiration is that babies are born healthy;

- Pre school children are safe, healthy and develop their potential; and children and young people are healthy and equipped for adult life;

- We will focus on improving the outcomes in the first 1000 days of life and support the partnership Adverse Childhood experience work across North Wales;

- We are working hard to progress our emotional health work – with maternal mental health and early intervention as key areas of focus;

- We are determined to promote a healthy weight and prevent childhood obesity, and we will maintain a focus on children with complex needs.

Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most. Identifying opportunities to work with community venues and pharmacies will help us to improve access to services.

We will work with partners in the Public Services Boards to deliver local Well-being Plans that address the broader aspects of well-being – economic, social, environmental and cultural.

As the largest employer in North Wales, we will take action to contribute to reducing poverty and the impact of poverty, as well as a service provider and commissioner. Poverty can affect people's well-being, health and life opportunities and can affect how long someone lives as well.

We continue to build a partnership ethos to our work on prevention and health inequalities and our approach is firmly based on evidence of effectiveness. We will continue to work with our 14 clusters to deliver this work, and ensure that we work to tackle the inverse care law.

Our plan sits alongside and contributes to the Well-being plans for the population which will be led by the four Public Service Boards in North Wales. We have worked with Public Health Wales to ensure that we have considered our planning priorities and our agreed key focus of joint working in 2019/2020 will be on tobacco control work and exploring actions in relation to hypertension management

Based on the needs of our population, and given the assets we have in place across North Wales, we will focus on three workstreams:

**Workstream 1: Lifestyles**

We will progress our work on lifestyle services. In 2019/2020 we will stabilise our smoking cessation support in our hospitals.

We will also build on our more specialist level 3 obesity services, grow our level 2 obesity service and explore new ways of supporting alcohol reduction work and implement fully our work on licensing with partners.

**Workstream 2: Protection and prevention**

We will develop our protection and prevention offer. In 2019/2020 we will maintain our significant work relating to health protection, and invest in our immunisation coordinating team to ensure optimum outcomes in the early years and across the life course.

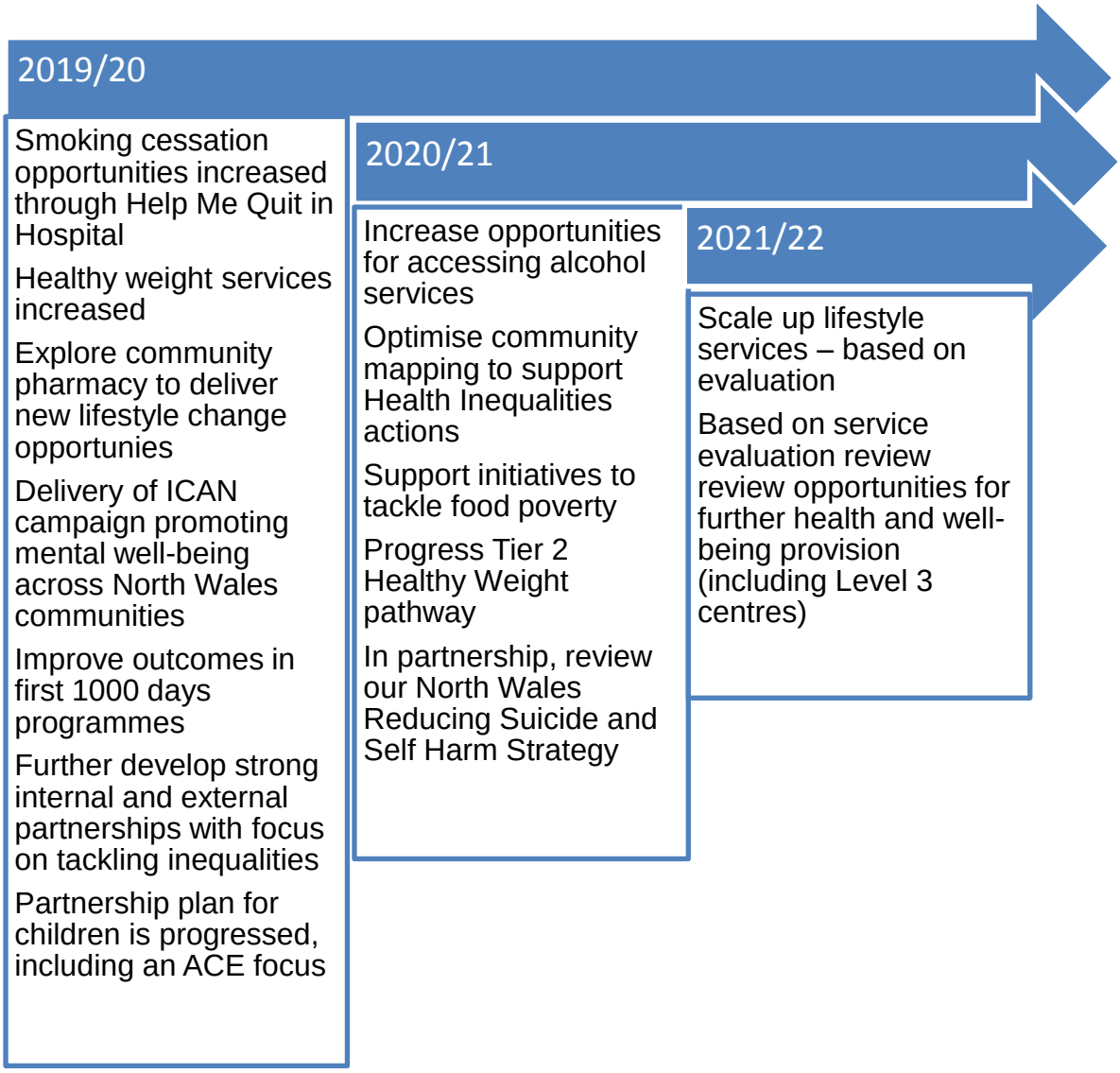
We will continue to raise awareness of screening services with partners. We want to promote positive oral health and will work with our dental colleagues in using the Making Every Contact Count (MECC) approach. We will also offer MECC to our Third Sector partners as they support us with a range of actions and a focus on social prescribing.

**Workstream 3: Health inequalities**

We have a long-standing approach to tackling health inequalities through the Well North Wales programme, and we have reviewed our offer for 2019/2022 given that the "*Ein Dyfodol*" work has progressed differently with partners across North Wales.

We remain committed to supporting those with the greatest health needs first and are working closely with partners on this agenda. We will progress our "Made in North Wales" work on social prescribing which supports the Care Closer to Home agenda, and we have specific actions relating to poverty and homelessness planned.

**Three Year Ambition - Key Deliverables for Health Improvement and Health Inequalities for**



## 3.2 Care Closer to Home

Care Closer to Home means that when people need support or care to stay healthy, we will provide as much of this as close to home as it is safe to do so. Care Closer to Home is not just about where care is delivered but also about focusing around what it is that matters most to individuals and their carers.

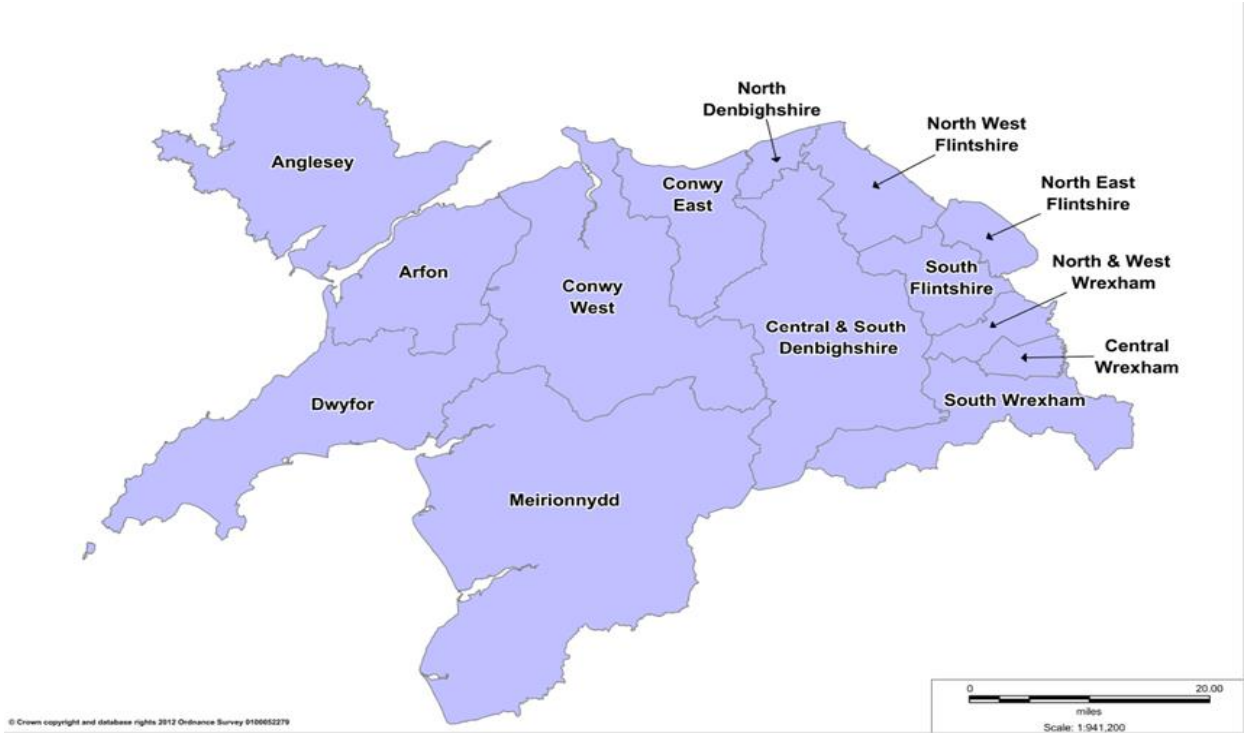
To do this well requires a deep commitment to work with individuals and with our partners. Our ambition to deliver more care closer to home is built upon our undertaking to do this and to deliver the Welsh Government's strategy set out in 'A Healthier Wales: Our Plans for Health and Social Care".

.

**These are the outcomes we want to achieve:**

- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being;
- People have easy and timely access to primary care services;
- Health and care support is delivered at or as close to people's homes as possible;
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being;
- Ensure the best possible outcome; people will have their condition diagnosed early and treated in accordance with clinical need;
- Interventions to improve people's health are based on good quality and timely research and best practice; and
- People are safe and protected from harm through high quality care, treatment and support.

The foundation on which to plan care closer to home will be through our **integrated clusters.** We will progress the further development of our existing 14 GP clusters in North Wales by including a wider range of partners. The guidance and support for clusters will not only come from the Health Service but also from the range of partners, organisations and individuals who understand their local communities and who are committed to serving them.




Led by integrated teams, clusters will have the authority and support to bring together different services and skills so that they can be provided more seamlessly, and are better tailored to meet the needs of individuals.

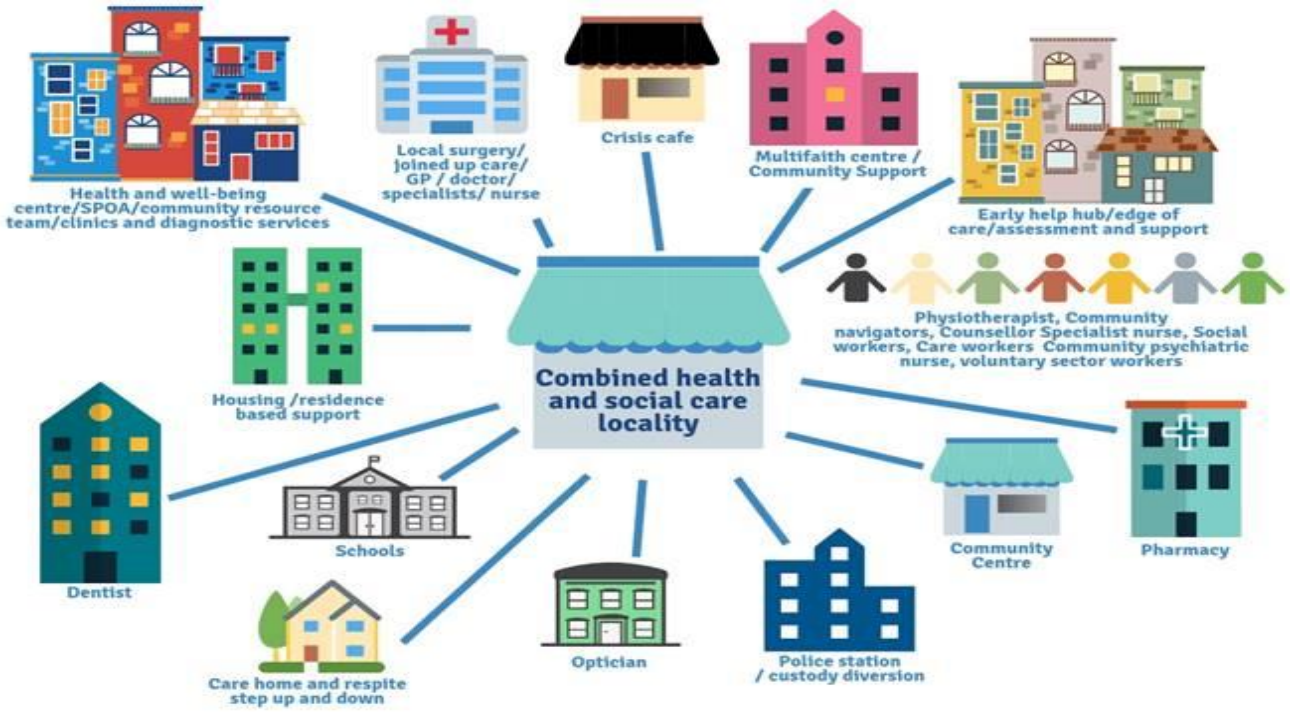
**Expansion of Community Resource Teams**

As an important part of delivering community services we will expand the services of our **Community Resource Teams (CRT)** by continuing to contribute to the work being led by the Regional Partnership Board.

Community Resource Teams are made up of members from a range of backgrounds focusing upon what matters to individuals. In approaching care this way we can deliver the best experience for patients and carers, whilst getting best value for public money. This will mean that all individuals in North Wales will be able to access care in this way, helping to ensure as much care is delivered close to home as possible.

The model illustrated below has been developed in partnership through the North Wales Regional Partnership Board and shows a group of organisations and professionals who work across agency boundaries to support the local population.

**Our combined health and social care locality model**




**Sustainability of GP practices – New Model for Primary Care**

GP practices form part of the community resource teams, delivering and coordinating the care for individuals with medical needs that do not require hospital care. However, we know that our GP practices are under tremendous pressure.

Working together within integrated clusters, supported by community resource teams and others to reduce the pressure upon GP practices, however, this will not be enough alone. We will prioritise the development of sustainable GP services by supporting practices to introduce the Wales 'New Model for Primary Care' at pace.

To achieve this we will create an **Integrated Primary and Community Care Academy** learning environment that will support and provide training opportunities to a greater number of people interested in working within clusters. This approach will welcome those from partner organisations as we recognise the added value from learning together.

Using this approach we will provide increased training support for practitioners from a wide range of backgrounds who would like to develop advanced skills within Primary Care. These advanced practitioners, for example in nursing, therapy, pharmacy and mental health, will work alongside GPs to ensure that they have more time to concentrate upon providing care for individuals with needs that can only be met by a GP. This will contribute to our ability to recruit and retain a workforce able to meet the growing demands of our population

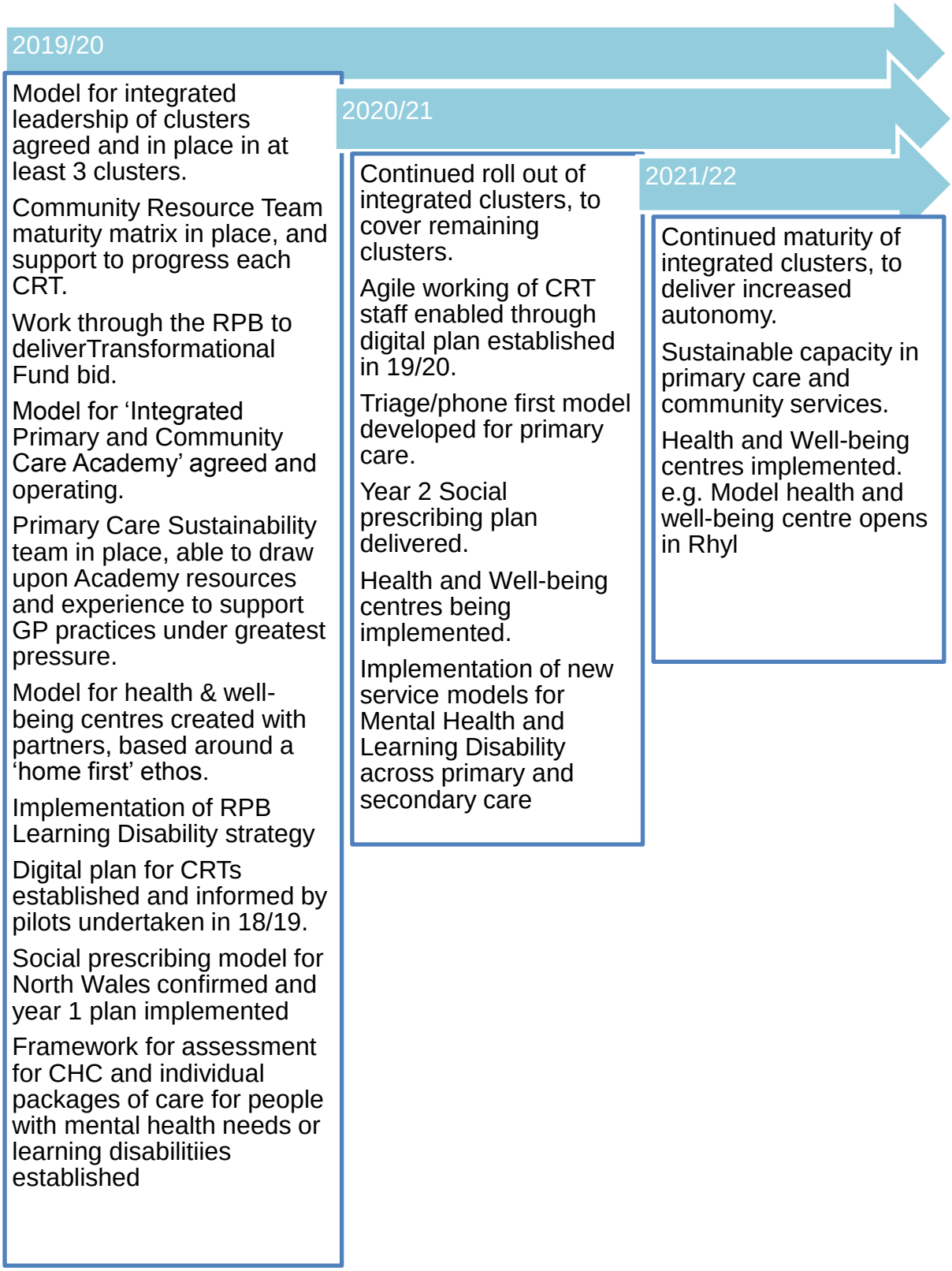
We will also work with our GP teams to identify opportunities for federated service delivery, contributing to GP practice sustainability as well as the provision of more local services.

We will maximise the use of technology to reduce the number of people needing to travel for appointments, particularly when they have a long-term health condition. We know that not everyone

uses new technology, and we will support people to have the access they need. By 2020/21 we plan to develop telephone triage services that will complement the national rollout of the 111 service.

We will invest in modern, purpose-built facilities to bring services together under one roof, working with other public sector and third sector partners. We will use our premises, partner organisations' or other community facilities to develop health and well-being centres in local areas. This will include our community hospitals as part of the network of resources available to local areas.

**Three Year Ambition - Key Deliverables for Care Closer to Home in 2019/22**



## 3.3 Excellent Hospital Care

When health needs are more serious people may need hospital care, or care from more specialist teams reaching into the community. People want timely access to the safest and highest quality of care possible and a good experience.

**These are the outcomes we want to achieve:**

- People have an accessible and responsive health care system that supports them when they have a more serious health need.
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need.
- People are safe and protected from harm through high quality care, treatment and support.
- People know and understand what specialist care and support is available to improve their health.
- Staff will always take time to understand ‘what matters’ and take account of individual needs when planning and delivering care.
- People will be cared for in the right place, at the right time, and by the most appropriate person.
- People are supported to make the right choices so they have a long, healthy life.
- Standardised, accessible and comprehensive data and information on service delivery.

We will improve our services to reduce waits. We will ensure we have the right capacity in our hospitals to achieve access standards and meet future demand. To help us do this we will develop and adopt new and innovative ways of working and continually review the way resources are deployed to improve patient and carer experience, efficiency and productivity. For example, changing the skill mix of the workforce and developing new ways to access and deliver services.

We have also strengthened the staffing resource available in secondary care through support from Welsh Government, so that we are better able to manage hospital services.

We know that improvements in efficiency and productivity alone will not be sufficient to reduce waiting times and we will implement the Care Closer to Home initiatives so that more people can have access to more services (where appropriate) out of the main hospital settings.

**Planned Care**

This is the name for those services, activities and treatments, which are not carried out in an emergency or crisis. They are often those that service users and patients are referred to by their GP or other frontline health and care professionals. This plan seeks to review treatment / care provided within both community and hospital settings with a view to reducing inconsistencies in waiting times and ensuring that local referral processes follow best practice. At the same time, we aim to implement new policy and develop the strategic approach to service delivery. Ultimately, we need to ensure that patients receive the treatment that is most appropriate for their needs, at the right time and in the right place.

Waiting times from GP Referral to Treatment (RTT) are too long. We need to reshape services in key areas, specifically orthopaedics, ophthalmology, and urology which will improve this but will require investment.

We have been working to co-produce service models in these priority areas. In September 2017 the Board endorsed a strategy to deliver a sustainable elective orthopaedic service for North Wales. The North Wales eye care strategy was supported by the Board in April 2018 and a review of acute urology services commenced in October last year

In addition, a number of service reviews are currently underway including stroke haematology, rheumatology and dermatology.

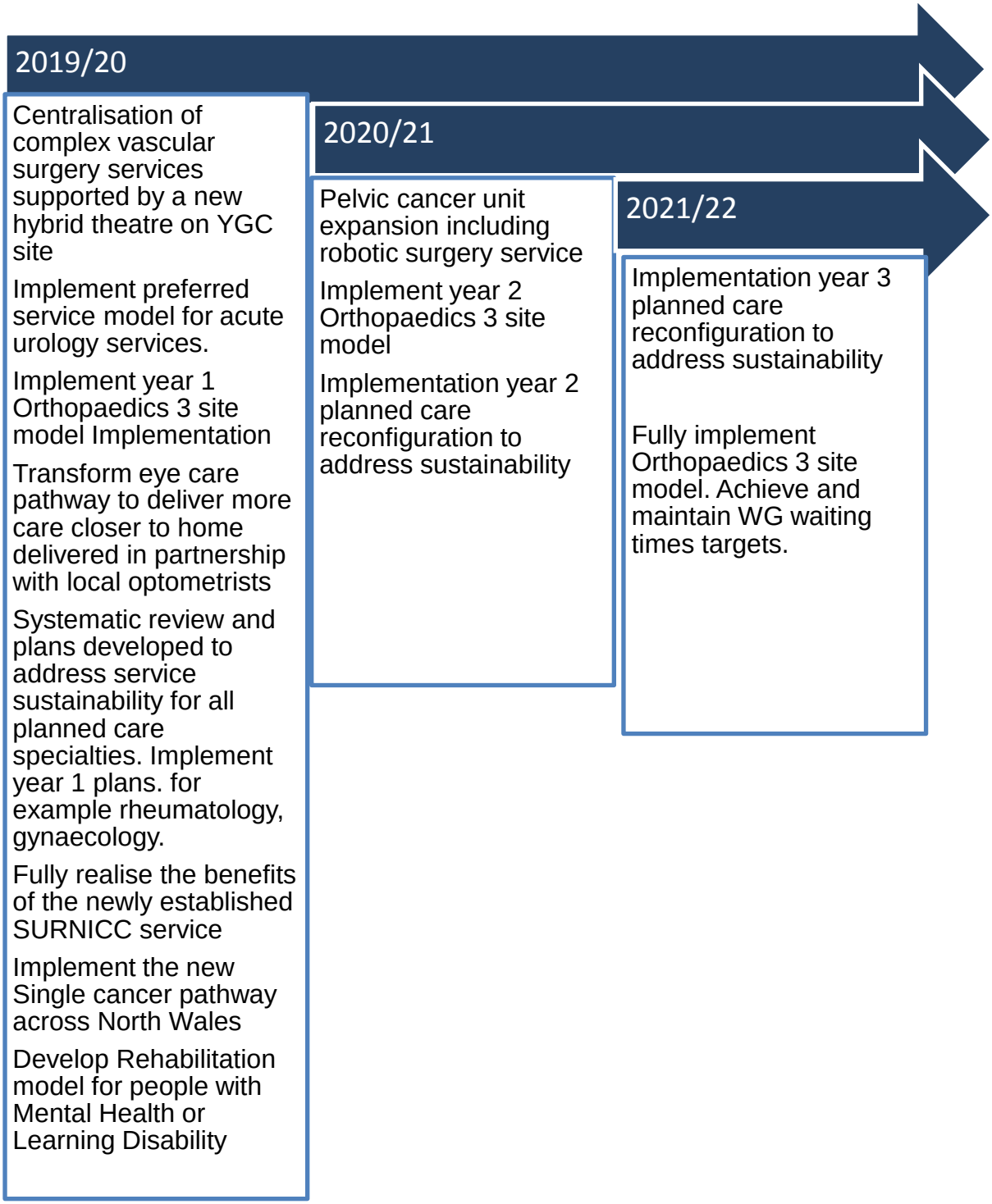
We are proposing to:

- consolidate inpatient urology services onto two sites. (rather than three);
- develop a pelvic cancer centre linked with development of robotic assisted surgery and co-located with the urology service;
- consolidate elective orthopaedics onto the three main acute hospital sites (rather than five sites); and
- consolidate hyper acute stroke care onto a single site (rather than three).

In developing these plans we are considering their combined impact on the range and scale of services on each of the three main acute hospital sites. We will ensure that each site has sufficient capacity to deliver the services required.

Sometimes people will still have to travel outside North Wales to get very specialised care that is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue have these where necessary in the future.

**Three Year Ambition - Key Deliverables for Planned Care in 2019/22**



**Unscheduled Care**

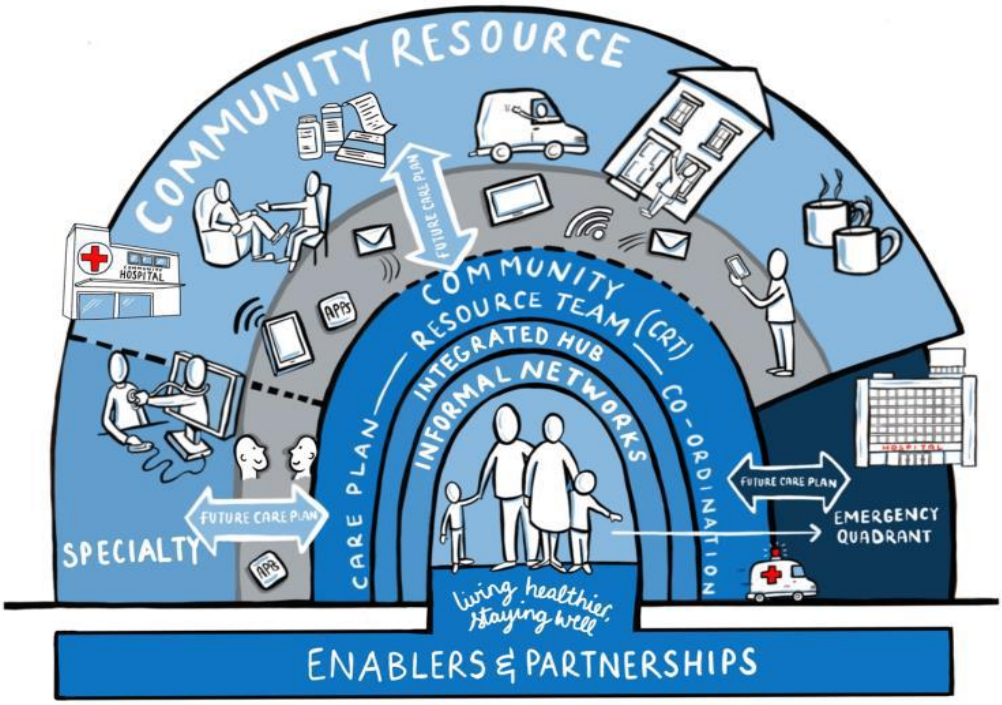
In North Wales we have a large, geographically dispersed population distributed across dense urban areas and isolated rural areas. As a result they experience particular challenges of deprivation and poor health outcomes. These population and geographical characteristics present specific challenges for how emergency / unplanned services (termed 'unscheduled care') can be delivered in a safe, high quality and affordable way. For some time, the unscheduled care system has failed to address the needs and expectations of our population and the Board, as well as not meeting nationally set performance measures.

During 2018/19, we undertook a major piece of work to review the current position, understand best practice and define the system model, that would begin to deliver the outcomes we want for our population, and enable our staff to deliver the service that they aspire to provide. This work was undertaken with support from Welsh Government.

Our work to design an improved system was assisted by a number of partners. The plan is ambitious and will require significant changes in the way the Health Board, care professionals and the population in North Wales behave on a day-to-day basis. With demand and complexity rising in unscheduled care, the development of the system is a long term exercise.

**The future model of unscheduled care**

Proposals for a future model of unscheduled care were produced following a series of workshops at which a large number of our staff (clinical and non-clinical), partner organisations and third sector and community representatives contributed. The diagram below shows a pictorial representation of the system we wish to move towards.




The future model has been designed in keeping with our overarching strategy, **Living Healthier, Staying Well**. The features of the model include:

- patients and their informal networks;

- an integrated hub;
- a Community Resource Team (CRT) and community resources;
- specialty resource; and
- the hospital emergency department.

This model is underpinned with the following enablers: technology, people, resources, processes, culture, partnership and governance.

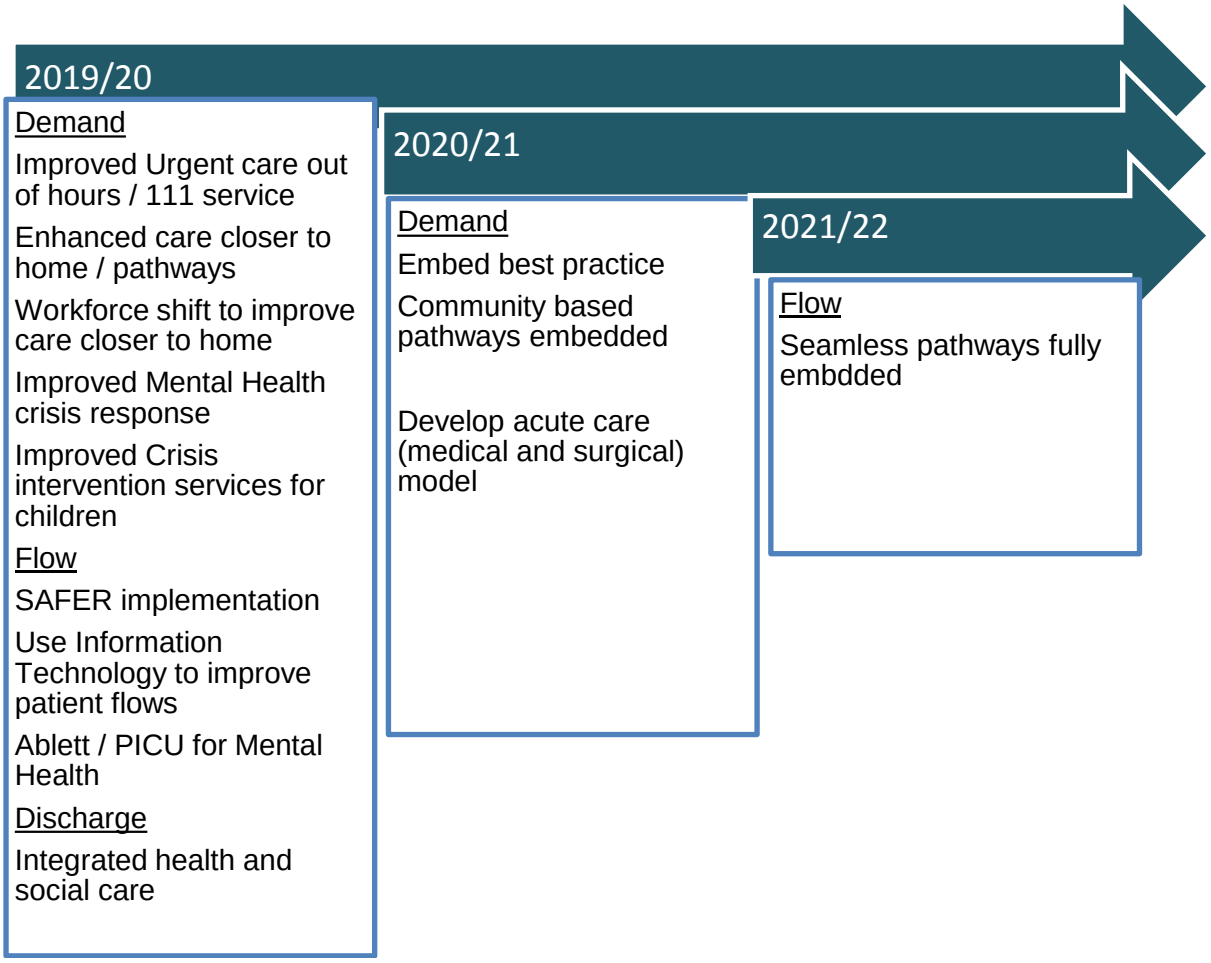
The model fits closely with the Care Closer to Home priority; this sets the direction of travel working with the whole of the North Wales health and social care support system. It is focused on maintaining independent living arrangements and giving patients more control over their care, adopting person centred care and the principle of “What Matters” to people who use our services. The unscheduled care model builds upon the Community Resource Team model, an integrated hub which has been established and preventative measures specific to unscheduled care.

The Welsh Government ‘A Healthier Wales’ publication and associated plan outlines the transformation required to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales. The new model for unscheduled care aligns to this plan as it is scalable and in keeping with the 10 design principles specifically prevention and early intervention, promoting independence, giving people a voice and putting the person's needs first, seamless services and information and a focus on transformation.

Our three year plan is focused around working with partners including Welsh Ambulance Services Trust to reduce reliance upon hospital services through better management of patient needs within peoples own homes and communities.

We are also working to streamline clinical management processes within our hospitals to improve patient experience and flow through our hospitals. Finally working with our partners in local authorities, the voluntary and independent sector we plan to deliver more seamless discharge from hospital to home first wherever possible.

**Three Year Ambition - Key Deliverables for Unscheduled Care in 2019/22**



## Section 4 – Enabling Strategies

| | **Improving Quality and Outcomes** |
|---|---|

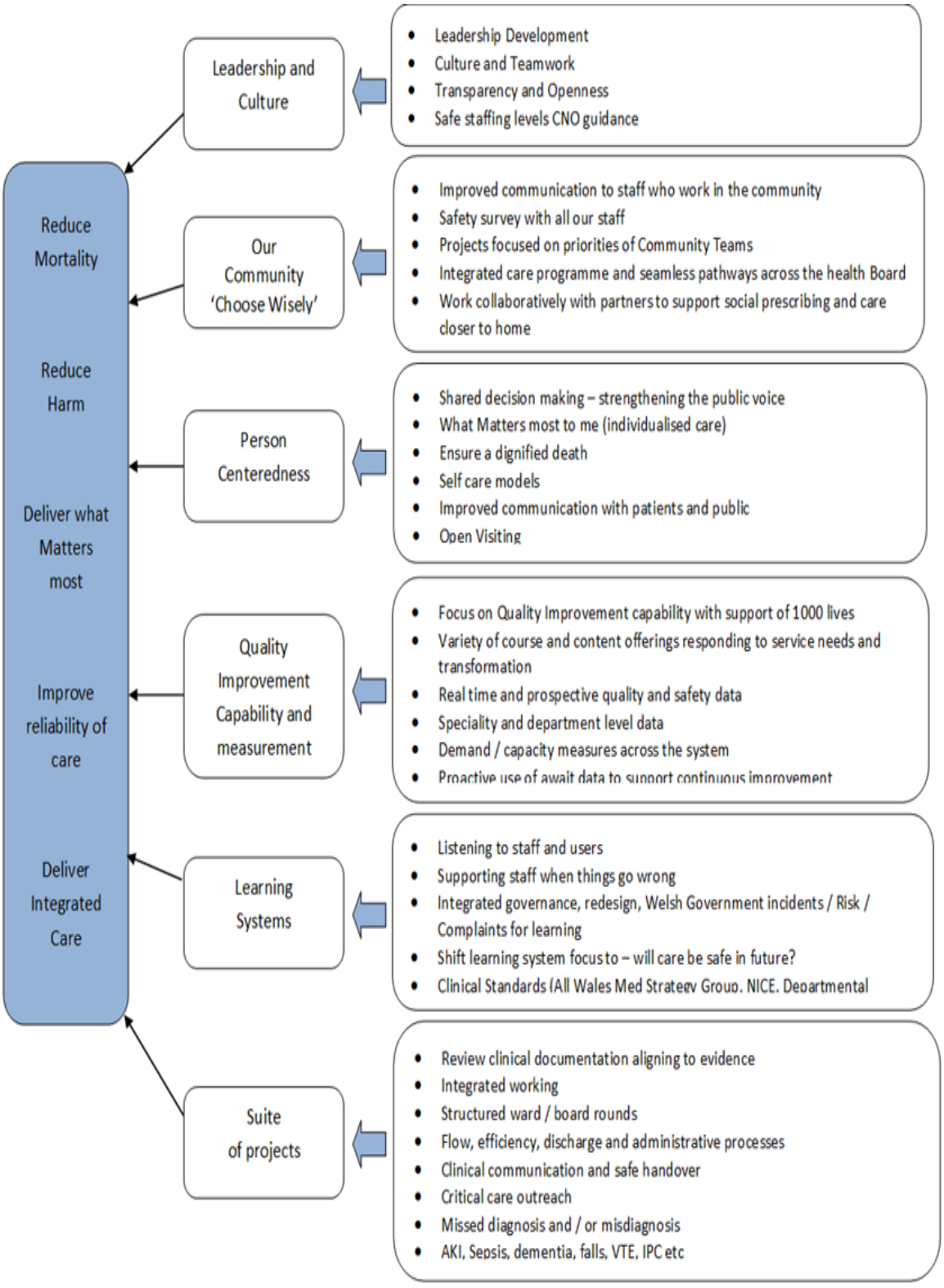
Improving health and outcomes whilst providing excellent care is a responsibility that we take seriously. Our intention is to work collaboratively across the whole organisation and all stakeholders to continue to improve the quality and safety of care that we provide and commission. Continuously improving quality and safety is a fundamental principle across all our services.

Our Quality Improvement Strategy (QIS) 2017/20 sets out the clear intentions to keep patients health and well-being at the heart of all areas of improvement as follows:

- Aim 1 – No Avoidable Deaths;
- Aim 2 – Safe; Continuously Seek Out and Reduce Patient Harm;
- Aim 3 – Effective; Achieve the Highest Level of Reliability for Clinical Care;
- Aim 4 – Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health; and
- Aim 5 - Deliver innovative and integrated care close to home that supports and improves health, well-being and independent living.

**What changes can we make that will result in improvement?**

In order to accomplish our ambitious aims we will need a far-reaching plan to engage with staff on finding solutions right across the Health Board. The following driver diagram summarises the areas of work we are tackling:




The Quality Improvement Strategy can be accessed through the following link.
http://howis.wales.nhs.uk/sitesplus/documents/861/QIS%20Final.pdf

## Workforce and Organisational Development

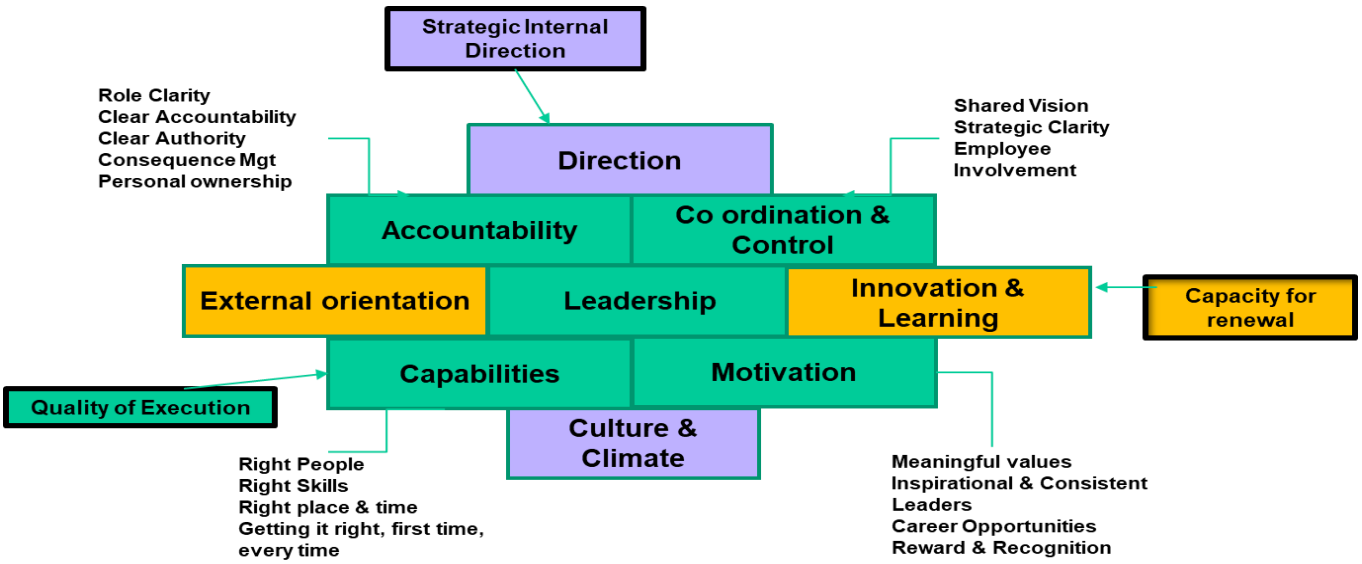
Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we commission.

In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew the organisation's focus over time by responding to changes in our environment?

The purpose of our new three year Workforce Strategy is

**to enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance.**

The model underpinning the development of the Strategy is based on the nine outcome measures of organisational health as illustrated below:




The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

**Strategic Internal Direction – direction, culture and climate**

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy, provides a long term vision for our organisation and importantly a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy, the role that our people will undertake and how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measurables to them.

**Quality of Execution – accountability, co-ordination and control, leadership, capabilities and motivation**

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed. We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn Iach project has led to filling traditionally hard-to-recruit to posts.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase than the proportion of staff aged below 30 years, which continues to decrease.

It is clear we will only deliver the improvements required by working with our partners, both in education and in health and social care to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. These systems, such as, establishment control and roster improvement will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests; how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring people are aligned is to ensure that they are and feel engaged and involved in moving the organisation forward.

The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support more timely support/intervention and to then measure the impact/outcomes of this activity.

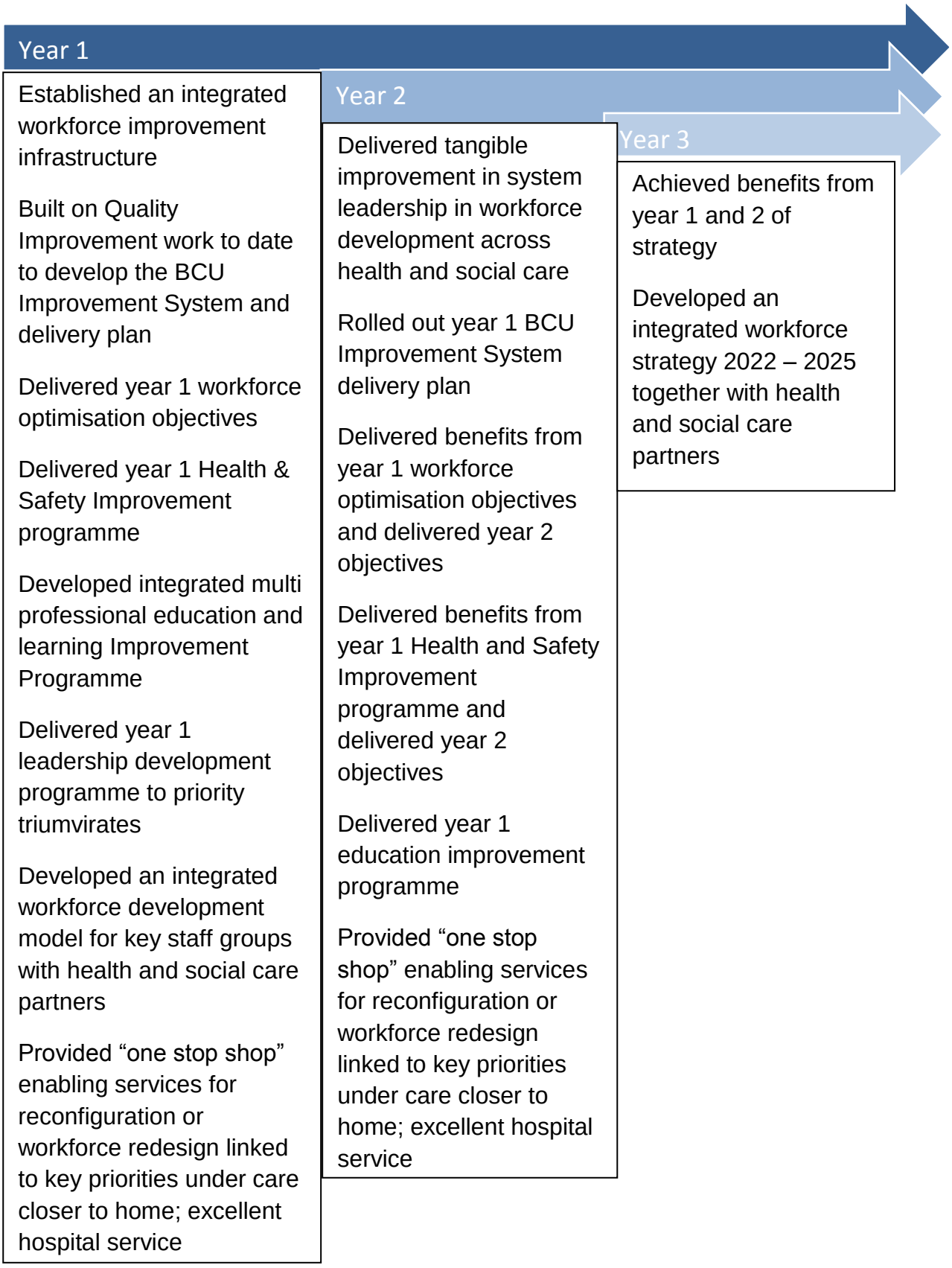
We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

**Capacity for Renewal – external orientation, innovation and learning**

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

**Three Year Ambition - Key Deliverables for Workforce and Organisational Development 2019/22**



## Developing our Estates Strategy

In developing our estates strategy we have identified the major risks presented by our current estate and set out a vision for the future. The vision includes:

- an estate that is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- improving the efficiency of the estate through appropriate utilisation and investment;
- eradicating duplication and releasing resources for direct patient care;
- an estate that is aligned to the organisation's clinical and enabling strategies and supports transformation plans;
- assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- assurance to staff that they will have an appropriate working environment.

Our strategy for health and health services sets out the ambition to develop existing health and well-being, primary and community services through a network of well-being centres. This network will be supported by three acute hospitals campuses providing acute and regional specialist care. This ambition provides the **Strategic Framework** for our future estate:

| | |
|---|---|
| **Wellbeing Information Hubs** | Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings |
| **Primary care** | The network of Level 2 facilities will build upon the existing portfolio of primary care centres and health centres. |
| **Health and Wellbeing Hubs** | It is expected that each primary care cluster will be supported by at least one Level 1 facility. |
| **Mental Health, Learning Disabilities and Substance Misuse Services** | Community services will be co-located with the wider community teams in level 1 and 2 facilities with additional accommodation required for inpatient, rehabilitation, specialist support & interventional services. |
| **Excellent hospital care** | Will continue to be provided from the three main hospitals at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH). |

Our programme to deliver improved primary and community care will drive the need for a major investment programme to ensure that we have the right facilities available across North Wales to deliver more Care Closer to Home. Our strategy sets out a need for facilities to deliver health and well-being services at three levels in the community. We will continue to engage with staff, communities and stakeholders at a cluster level to determine the future estate needs and reflect these within our estates strategy.

We have set out our intention to maintain our three main hospitals as the key delivery points for hospital care across North Wales. We have also indicated that we will provide more specialist services in key locations to ensure that we deliver the best possible outcomes for people.

Within mental health services we have undertaken work in recent years to address immediate risks in our inpatient environments, however we recognise that we currently deliver care in some environments which are not fit for purpose. Our mental health strategy sets out our ambition for services in the future and we require a fit for purpose estate to deliver high quality services in the future. Our estates strategy will also include clinical support services and our non-clinical estate. It will support new business models and develop alternative delivery models and partnerships.

Through targeted development and rationalisation, the existing property portfolio will therefore be aligned to support the 14 primary care clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in Care Closer to Home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales.

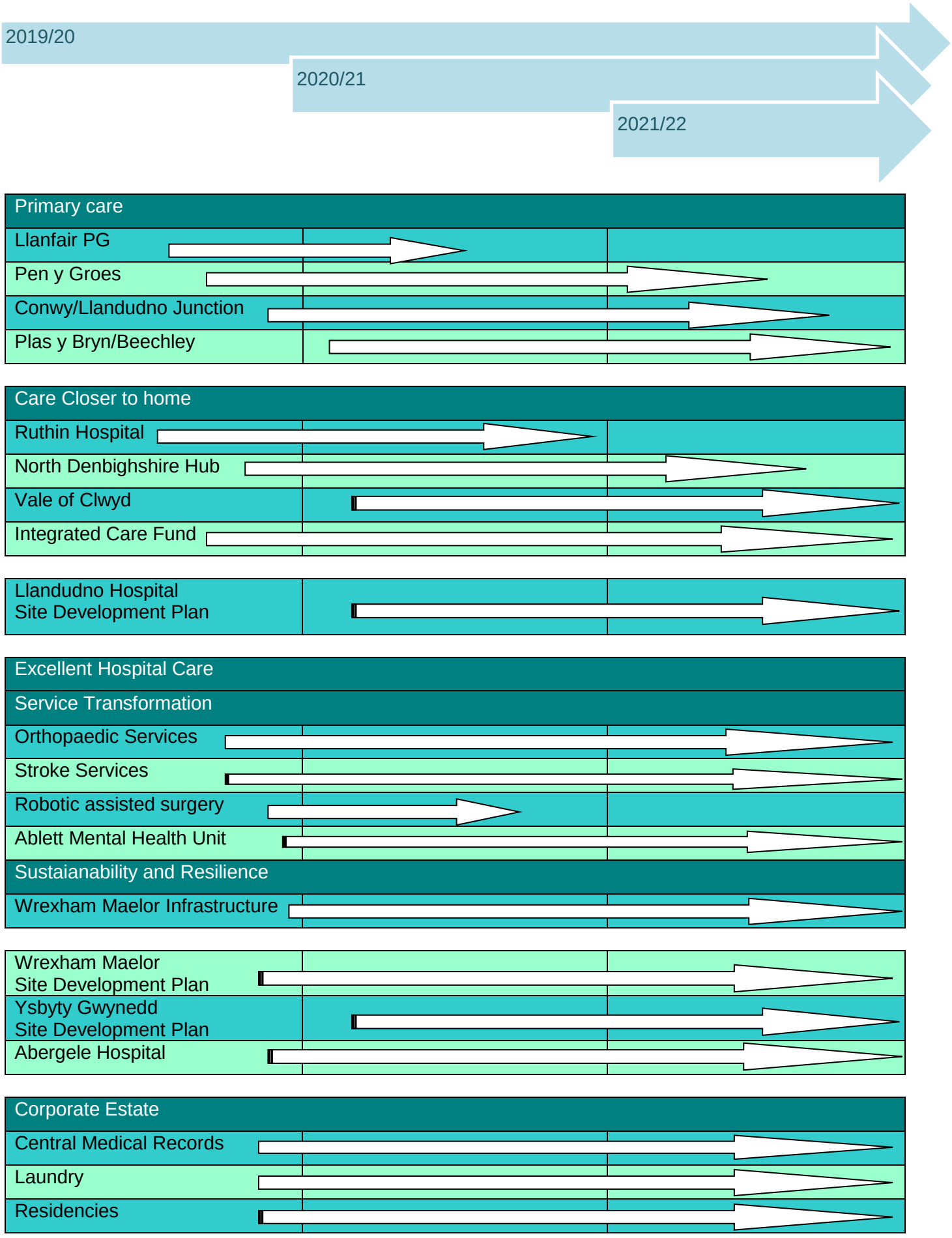
The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural well-being of North Wales.

We will work with partner organisations including local authorities and the voluntary sector to develop solutions that make the best use of our collective property assets irrespective of ownership.

Our approach offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisation’s changing clinical and business needs

The project pipeline for the first three years is summarised as follows:


2019/20
2020/21
2021/22
Primary care
Llanfair PG
Pen y Groes
Conwy/Llandudno Junction
Plas y Bryn/Beechley
Care Closer to home
Ruthin Hospital
North Denbighshire Hub
Vale of Clwyd
Integrated Care Fund
Llandudno Hospital
Site Development Plan
Excellent Hospital Care
Service Transformation
Orthopaedic Services
Stroke Services
Robotic assisted surgery
Ablett Mental Health Unit
Sustaianability and Resilience
Wrexham Maelor Infrastructure
Wrexham Maelor
Site Development Plan
Ysbyty Gwynedd
Site Development Plan
Abergele Hospital
Corporate Estate
Central Medical Records
Laundry
Residencies

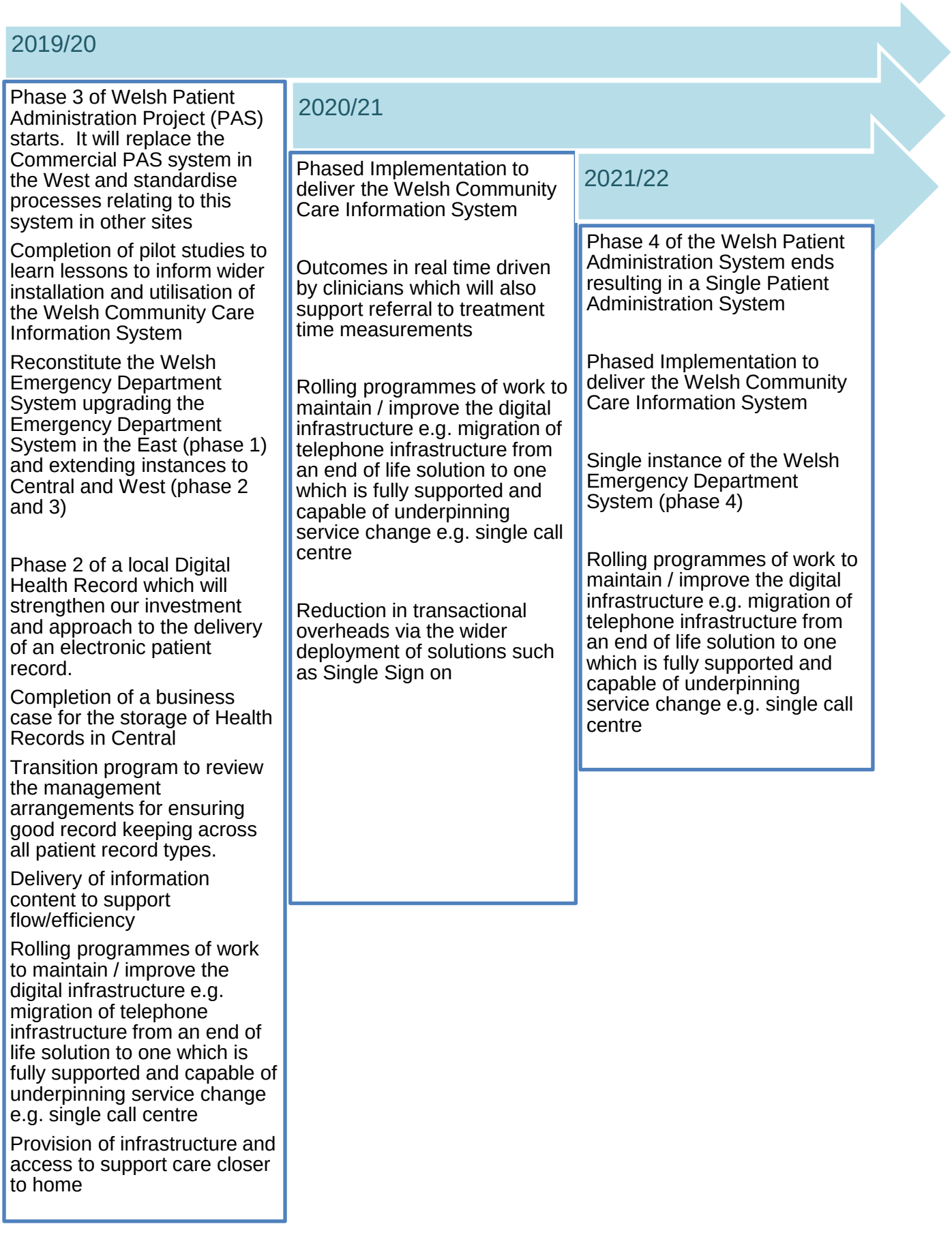
| | |
|---|---|
| | **Digital Health (Informatics and Information)** |

Our priorities for 2019/22 are set out below and consistent with our five-year digital strategy for 2019/24, which is to implement technology to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability.

This strategy has been developed to underpin service needs and support the delivery of a number of developments in digital records, analytics, information management and information communications technology. Our plans and proposed developments are based on *Informed health and care - A digital health and social care strategy for Wales.*

Our approach and pace to deliver the vision considers resource availability, the national and legislative context that influences priorities, direction and pace of delivery and our previously published "guiding principles" [(1)]. The need to "get the basics right" and maintain our focus on the delivery of this plan is essential.

**Three Year Ambition - Key Deliverables for Digital Health 2019/22**



| | |
|---|---|
| | **FINANCE AND TURNAROUND** |

## Financial section to follow

## Section 5 – Supporting Plans

## 5.1 Research, Development and Innovation

We continue to increase our research and innovation presence across the Health Board with regular awareness sessions in public areas and local and national events, where we promote the value of research and to engage staff with the research and development strategy.

The Bevan Commission works with Health Boards and Trusts to build an Academy of innovators ready to drive change in health and healthcare in Wales. We continue to develop our Bevan Exemplars and over the next three years we will identify and support additional Exemplars and Fellows and engage staff further to develop research and innovation ideas and skills within the organisation.

The newly launched BCUHB Quality Improvement Hub will serve to support a synergy between research, quality improvement and innovation, reducing artificial barriers between different strands of work that all has the overarching aim to improve the health and well-being of our population. The translation into practice and mobilisation of research findings needs to be improved further with knowledge mobilisation, spread and impact a key factor within our developing strategies.

## 5.2 Welsh Language

The Health Board's Welsh Language Plan signals a clear commitment to delivering the Welsh Language Standards and sets out our key priorities and actions:

- *Meeting statutory requirements* – Our Welsh Language Standards Work Programme will ensure that we deliver the Welsh Language (Wales) Measure 2011 on an organisation wide basis with services taking ownership of local actions in order to influence delivery;

- *Increasing the capacity of the workforce to deliver services in Welsh* – Through our Bilingual Skills Strategy we will ensure that we have identified the language skills competency of our staff and kept this under continuous review in keeping with population needs. Gaps in capacity and capability will be highlighted and a Welsh Language Training Programme will be delivered and tailored to suit individual service needs;

- *Ensuring that we act on language preference of our patients* - We will continue to roll out our Language Choice Scheme to ensure we deliver an "Active Offer" which is centred around the communication needs and preference of the service user;

- *Developing a bilingual primary care service* – We will build upon our current partnerships with independent primary care providers by planning how to take a joined-up approach to raise awareness of the importance of providing a Welsh language service and providing access to support implementation; and

- *Ensuring that we provide a comprehensive translation service for the organisation* – We will further develop our translation service to include provision for staff and patients, whilst innovatively working with external organisations to develop Welsh medium assessments and training programmes.

## Section 6 – Accountability and Governance

### 6.1 Accountability Framework

Performance against our plan will be monitored through the Board's accountability arrangements as set out in the Board's revised Performance and Accountability Framework. Biannual accountability reviews for divisions and corporate directorates will be scheduled in accordance with the revised Framework, with divisional meetings taking place before the biannual joint executive meeting with Welsh Government.

Escalation arrangements are set out within the Framework for areas of non-delivery, resulting in more frequent reviews and transparent consequences of escalation being identified.

The Executive Management Team meeting will receive and lead on operational actions required for improvement on a monthly basis.

Committees of the Board will scrutinise performance against domains applicable to their terms of reference at each meeting and the Board will receive the key performance indicators aligned to this Plan, the national delivery framework and special measures improvement framework at its bimonthly meetings.

Quarterly reporting of progress against the overall plan will be scrutinised through the Board's Strategy, Partnership and Public Health Committee and subsequently reported to the Board.

Through these arrangements, there will be regular detailed reporting of performance and delivery, which is transparent and conducted through the Board and Committee meetings held in public.

## Corporate Governance

Work will continue to strengthen and refine our governance systems , to support improvement in the financial and operational challenges faced. This will include accountability arrangements, revisions to Executive portfolios and developing the capacity of the senior leadership team.

The Special Measures Improvement Framework (SMIF) will inform the focus of the Health Board in 2019, and in future years we will build on the actions already underway. Board development will be ongoing through a combination of Board workshops, externally facilitated development sessions and expert seminars.

Information governance activities will focus on compliance with legislation, increasing levels of training and learning from incidents. This will include the continuation of an information governance service desk to support staff.

Embedding risk management processes will continue in line with our risk management strategy, which will be refreshed annually. Opportunities to further integrate risk management systems and processes will be considered to improve the effectiveness of the current governance and reporting arrangements across all areas of the Health Board.

## Section 7– Risks and Mitigation

We place safety and quality as our top priority. Managing risk is core to improving and maintaining quality and safety.

We will seek out and reduce risks that are a threat to the delivery of safe and effective services and put in place actions that can address the likelihood and impact of each risk to manage it at an acceptable level.

Effective risk management is maintained through our Directorates, Divisions, Sites, Services and Departments in accordance with our risk management strategy.

## Section 8 – Further Information

For further information please contact Mark Wilkinson, Director of Planning and Performance

mark.wilkinson@wales.nhs.uk

## Appendix 1 – Special Measures Improvement Framework (SMIF)

| **Organisational development** | **Planning** |
|---|---|
| Ensure structure is fit for purpose<br>Improve staff engagement<br>Executive team and board development and cross disciplinary working<br>Observe high performing boards<br>Develop primary care clusters and sustainable primary care<br>Workforce and OD strategy<br>Review job roles to boost clinical recruitment<br>Strengthen financial and business skills across management including central planning team | Financial re-basing and savings identified from benchmarking<br>Align financial and business plans and change programmes<br>Active leadership of partnership groups<br>Further development of clinical services strategy led by clinicians informing an estates strategy<br>Robust plan including orthopaedics and ophthalmology, out of hours<br>Robust seasonal resilience plans |
| **Performance and accountability** | **Delivery** |
| Team to support financial plan / transformation both centrally and across divisions connecting key enablers using technology to deliver transformation<br>Improve performance management and accountability, following up on Deloitte HASCAS and Ockenden | Deliver financial and all other plans including MH measures<br>Improve clinical audit<br>Demonstrate improved public engagement and perception<br>Learning from concerns complaints incidents and claims<br>Implement patient safety huddles<br>Reduce conveyance by ambulance SAFER |

| | Workforce & OD strategy | Three year plan | Accountability framework | Estates strategy | Governance review |
|---|---|---|---|---|---|
| Ensure structure is fit for purpose | ✓ | ✓ | | | ✓ |
| Improve staff engagement | ✓ | ✓ | ✓ | | ✓ |
| Executive team and board development | ✓ | ✓ | | | |
| Observe high performing boards | ✓ | | | | |
| Support financial plan / transformation | ✓ | ✓ | ✓ | | ✓ |
| Develop primary care clusters / sustainable primary care | ✓ | ✓ | | | |
| Deliver plans including MH measures | ✓ | ✓ | ✓ | ✓ | ✓ |
| Improve performance management and accountability | ✓ | ✓ | ✓ | | ✓ |
| Workforce and OD strategy | ✓ | | | | |
| Review job roles to boost clinical recruitment | ✓ | ✓ | | | |
| Strengthen financial and business skills | ✓ | ✓ | ✓ | | ✓ |
| Financial re-basing and benchmarking | | ✓ | ✓ | ✓ | |
| Align financial and business plans and change programmes | | ✓ | ✓ | | ✓ |
| Improve clinical audit | | | | | |
| Demonstrate improved public engagement and perception | | | | | |
| Learning from concerns complaints incidents and claims | | | | | |
| Active leadership of partnership groups | ✓ | ✓ | | | |
| Further development of clinical services strategy | | ✓ | | | |
| Robust plan: orthopaedics, ophthalmology, out of hours | | ✓ | | | |
| Implement patient safety huddles | | | | | |
| Reduce conveyance by ambulance | | | | | |
| Robust seasonal resilience plans | | | | | |
| Implement SAFER | | ✓ | | | |

## Glossary

### *A Healthier Wales: Our Plan for Health and Social Care*

Published by Welsh Government in 2018 the document sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing Illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy.

The Plan builds on Prudent Healthcare, which is designed to meet the needs and circumstances of patients and actively avoid wasteful care that is not to the patients benefit.

*A Healthier Wales* confirms the use of the Quadruple Aim as a central feature in developing a shared understanding. The four themes of the Quadruple Aim are:

- Improved population health and well-being
- Better quality more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

It also sets out ten national design principles which will facilitate the Quadruple Aim and the wider principles of Prudent Healthcare being used to drive change in the whole system.

### *Bevan Commission*

The Bevan Commission is a group of international experts providing advice to the Minister for Health and Social Services and ensuring that Wales can draw on best healthcare practices from around the world while remaining true to the principles of the NHS as established by Aneurin Bevan

### *Clusters*

Care closer to home section refers to Clusters. Services are already delivered from local areas that we term as 'clusters' serving a population between 30-50,000. Our new service model will build on a foundation of local innovation through clusters of primary and community care providers. Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities.

***Health and Well-being Centres***

Care closer to home plan makes reference to Health and Wellbeing Centres which are locations where a range of services are available with co-location of other service providers, inclusive of GP practice services and enhanced care, they could include minor injuries and illness services or step up step down beds. The Health and Wellbeing Centres have been further developed following engagement into three levels, the service descriptions are below:

**The Health & Well-being Centre -** Medium to large local campus, based around existing Primary Care practices, Health Centres or Community Hospitals.

**Health & Well-being Centre -** Access points to health and wellbeing services in primary care and community settings.

**Health and Well-being Access Points -** Access points to health and wellbeing services in community hubs, non-primary care settings. In some circumstances these could be connected to other health sites, e.g. pharmacy, dental surgery etc.

Primary Care provision and Health and Wellbeing Access Points will be developed in partnership with other organisations.

***PICU*** – Psychiatric Intensive Care Unit

***SAFER***

The Unscheduled care plan refers to SAFER:-

**S – Senior review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

**A – All patients** will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

**F – Flow** of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

**E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday.

**R – Review.** A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – 'stranded patients') with a clear 'home first' mindset

***SuRNICC*** – Sub-Regional Neonatal Intensive Care Centre

***The Social Services and Well-being Act***

Strategic Direction (section 2) refers to The Social Services and Well-being (Wales) Act which focuses on the individual well-being of people who need care and support, and carers who need support. A major aim is to maximise their ability to feel good and function well by increasing their

sense of control; strengthening their resilience and ability to access resources to cope when needed; and feeling included and being able to participate.

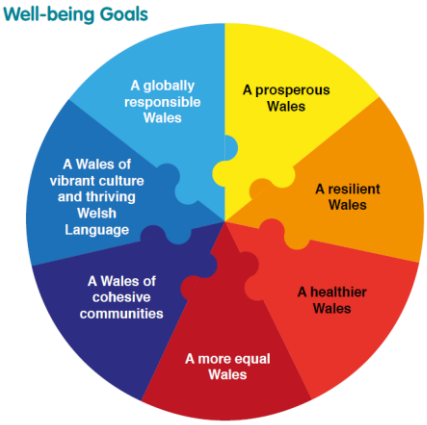
One of the major requirements of the SSWB Act was the development of a Regional Population Needs Assessment and Area Plan. The North Wales Area Plan was approved earlier in 2018 and prioritises partnership working in the following areas:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Children and young people
- Integrated Family Support Services
- Mental health

Partnership work programmes have been established for each of these priority areas, and the priorities also link with Health Board well-being objectives.

***The Well-being of Future Generations (Wales) Act***

Strategic Direction (section 2) refers to The Well-being of Future Generations (WBFG) Act which gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.




We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:

Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals.

# Conwy and Denbighshire Public Services Board

# Annual Report 2018/2019 - A year in Review

**Welcome to Conwy and Denbighshire's Public Services Board first Annual Report.** The aim of this report is to give a brief overview of what we have achieved since the PSB well-being plan was published in April 2018. An annual report is essential to make sure that as a Board, we are accountable to the public and can self-reflect on where we are making a difference, in line with the 5 ways of working and outline our future direction.

- Long term
- Integration
- Collaboration
- Involvement
- Prevention

## 1. What's a PSB? (working in an integrated way)

The Well-being of Future Generations (Wales) Act 2015 required every county to set up a Public Services Board (PSB) so that all public bodies in the area could work together to improve well-being. Conwy and Denbighshire services already work together to support people across our region. So we took this opportunity to establish one single PSB for the region in April 2016.

This means both local councils, Police, Fire Service, NHS, Natural Resource Wales, voluntary sector, Welsh Government and probation services all come together to discuss ways to improve well-being in the area and how we can use our resources better to meet needs now and in the future.

Well-being is about being healthy and happy in all areas of your life. Not just good physical and mental well-being but also having positive relationships, strong communities and a healthy environment. We help services work together to improve:

- cultural well-being
- economic well-being
- environmental well-being
- social well-being

You can read more about the Act here

There's more information about the PSB on our website - www.conwyanddenbighshirepsb.org.uk

## 2. Talking to you – The County Conversation (involving people)

During the summer of 2016 we spoke to as many people as possible to ask their views about what works well in Conwy and Denbighshire and what we need to focus on now and for future generations. We asked people to talk about their experiences and their communities so that we could understand a bit more about local concerns and strengths.

We talked and listened to lots of different people from different backgrounds. We spoke to community groups, faith groups, businesses, Town & Community Councils and other public sector partners.

DRAFT

### 3. The early days

Whilst we were working on the plan, we developed 2 interim priorities –

**a. Communication** (involving people)

We wanted to improve our communication with everyone, so we –

- Opened PSB meetings to the public. Anyone can attend our meetings. (You can find our meeting dates, agendas & reports on the PSB website and on the Council committees and meetings section on the Conwy and Denbighshire Council websites).
- Share our minutes online. PSB members table them within their organisations so staff know what we're up to.
- Let you know what we're doing through our PSB newsletter. You can find this on our website, and on our social media, but we make sure we send it to all of our PSB partners, as well as Elected Members, Town & Community Councils and other interested people. Contact us if you want to start receiving a copy by email.
- Post, share & like messages through our County Conversation Facebook & Twitter accounts. We also follow other organisations & people wanting to make a different.
- Use a shared network (Govram) which allows organisations who have signed up to the agreement to work in each other's buildings securely. .
- Promote hot desking from each other's offices, but this is on a casual / individual basis.

**b. First 1000 Days** (preventing things from getting worse) **–**

We wanted to focus on the first 1000 days of life, as we recognised this is an important time for children's growth and development which shapes their future health and well-being. So we -

- Held a mapping event to identify opportunities at a whole system level in Conwy & Denbighshire so we could improve outcomes for children during the First 1000 days.
- Joined the 'First 1000 Days Collaborative' in Wales
- Submitted a funding application for £5000 to the 'First 1000 days collaborative' to undertake a case review in Denbighshire of children aged 6 & 7 and their families who did not did not meet the expected Educational milestones for their age.
- As a result of the review education services have increased support to the early education team to identify barriers and earlier identification of Additional Learning Needs (ALN). Transition plans have also been provided for children moving from Preschool into Nursery.
- This has ensured more accurate identification of the needs of children so the right support can be put in place at the start of a child's education journey.
- Additional investment has been provided for Speech & Language Services & a method for sharing information between agencies has been developed.

### 4. Assessing the bigger picture (involving people and working with others)

- **January 2017 - Strategic Themes Workshop:**
  While we were developing the well-being assessment we discussed the issues it raised & considered where we could make the most difference together. We came up with a long list of issues, but we needed to learn more about these from people working in these areas.

- **March 2017 – Launch of the Local Well-being Assessment:**
  The assessment provides a picture of the economic, social, environmental and cultural well-being for Conwy and Denbighshire – both now and in the future. We based the assessment on local

DRAFT

and national data and research. The feedback from the County Conversation formed a big part of this work too.

- **<u>June 2017</u> - Bring your Idea Events:**
  We invited lots of people & organisations from across Conwy & Denbighshire to help us identify where we needed to focus our attention and what we should & could be doing in that area.

  From these sessions we were able to narrow down our long list of issues & start focusing on key areas.

- **<u>November 2017</u> - Formal Consultation:**
  After writing our draft plan - we asked you if you were happy with what we'd written. We did this through the County Conversation, where we did a web survey & visited interested community groups to get their views. The plan outlined 6 priorities -

  1. The First 1,000 days of life
  2. Promoting community hubs
  3. Promoting mental well-being for all ages
  4. Promoting resilience in older people
  5. Promoting environmental resilience
  6. Raising resilient and aspirational young people

- **<u>January 2018</u> – Consultation Review:**
  After analysing the feedback from the consultation we decided to rationalise the number of priorities from 6 to 3. We did this by looking at the linkages between priorities, the impact we could have, the long term implications and where work was already taking place for this priority (as we wanted to avoid duplication). We thought ultimately these priorities were where we could add the most value collectively.

- **<u>April 2018</u> – Approving & Publishing our Well-being Plan:**
  In the Spring of 2018 we went to each Statutory Member's organisational board, to get approval of our plan. This meant we took the plan for approval from both Councils, the Health Board, the Fire Service and Natural Resources Wales.

  They all agreed to the priorities and next steps for the plan. It was formally signed off at a PSB Board meeting and published on our PSB website in April 2018.

**We've explained this journey in more detail in our technical version of the well-being plan – you can read it here**

### **5. Listening to you** – the Plan

The published well-being plan can be found here. It focuses on the challenges communities' face which we feel we can really improve by working together.

Our plan focuses on 3 priority areas:

1. **People** – Supporting Good Mental Well-being for all ages
2. **Community** – Supporting Community Empowerment
3. **Place** – Supporting Environmental Resilience

DRAFT

We also committed to 4 additional principles which support the priorities:

a. To tackle inequalities and treat everyone equally
b. To support and promote the Welsh Language
c. To support people so they can access healthy, safe appropriate accommodation
d. To avoid duplicating work.

DRAFT

**6. Where we're at now** – the Priorities

**a. People –** Supporting Good Mental Well-being

| **What we wanted to achieve in our first year** | | |
|---|---|---|
| • Common understanding of the issues, opportunities and priorities around mental well-being.<br>• Exploring ways of working to explore opportunities for the Well-being Plan and national strategy "Together for Mental Health" to deliver together developing objectives to deliver the priority.<br>• Recognising that that the delivery plan is about much more than a clinical issue or clinical response and that well-being and resilience are about communities, ways of working and community assets.<br>• Recognising that there are already a lot of good things going on that we can learn from and that Local Implementation Teams (LITs) and PSBs working together offer the potential to deliver something very powerful. | | |
| **The impact we want** | | |
| • More people experiencing good mental well-being and fewer people suffering anxiety and depression.<br>• Less self-harming and lower suicide rates.<br>• Less stigma around mental well-being. | | |
| **What we said we'd do as actions** | **What we've done so far** | |
| **1.** Set up and develop a PSB sub-group to lead on this priority area. | Natural Resources Wales (NRW) have been leading on the mental well-being priority, working closely with National Health Service & Public Health Wales for support.<br><br>A sub-group has now been set up. | **Completed & Ongoing** |
| **2.** Hold a workshop with practitioners, service users and providers to explore local issues around mental well-being and identify potential objectives. | We held a workshop on 20 November 2018, attended by a range of professionals with good representation partner organisations and the third sector.<br><br>As part of the workshop, we discussed the local issues around mental well-being and considered where working together we could add the most value to the areas of most need. | **Completed** |



DRAFT

| | | |
|---|---|---|
| **3.** Implement the findings and recommendations from the workshop and develop an action plan to deliver the next steps for the priority. | The report from the workshop was produced by the facilitator in December 2018 and the recommendations were presented to our mental well-being sub-group.<br><br>The sub-group plans to focus on the following outcomes from the workshop, including -<br><br>• Identifying good practice and understanding why, as well as some of the factors that might stop good practice.<br>• Mapping people's experiences of support services and activities (from initial referral to successful outcome).<br>• Ensuring that service users aren't only offered 'what's available' – but rather what individuals and communities actually need.<br>• Identifying which assets are being used and what needs are being met, and the availability of data that supports these outcomes.<br>• Agree on a draft work plan that will help deliver the priority.<br>• Identifying which aspects of working with people and working with community assets link to our Community Empowerment priority.<br><br>We will arrange a follow-up workshop will be arranged in spring 2019 to test and progress the actions identified by the sub-group. This will including setting up task and finish groups to look at how we can work with people and communities to improve mental well-being. | **In progress** |

**How do we think we've got on?**

We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of '…….' because this is a complex area of work and there is already a lot of work taking place across the region between the Public Service Board partners and third sector organisations. The Public Service Board needs to ensure it contributes both locally and regionally to the mental well-being priority. The challenges posed by capacity of organisations has resulted in some slightly slower progress than originally anticipated, although it is understood that in year one the Public Service Board has made good progress by identifying the issues around the mental well-being priority. Actions will be developed and taken forward through the second year.



DRAFT

**b. Communities –** Community Empowerment

| **What we wanted to achieve in our first year** | | |
|---|---|---|
| • Understand what work is already taking place, and where the PSB could add the greatest value in terms of empowering our communities.<br>• Consult with professionals on areas of need and seek to develop the PSB's next steps towards meeting those needs<br>• Understand what would constitute success, and who should be involved in more detailed design and delivery. | | |
| **The impact we want** | | |
| • Thriving community groups and assets that meet local needs.<br>• Services that work together better.<br>• Services that are better value for money.<br>• People getting involved and having a say in improving services. | | |
| **What we said we'd do as actions** | **What we've done so far** | |
| **1.** Developing the Next Steps for Community Empowerment. | A workshop was held on June 27, 2018, attended by some 40 professionals with good representation across partner organisations. In-keeping with our principle of building on existing pledges from organisations' well-being plans, delegates were presented with information about existing pledges and asked to consider areas of need where collaboration would add value, focussing on the following themes:<br><br>i. Housing<br>ii. Employment Opportunities<br>iii. Capacity Building<br>iv. Provision of Health & Well-being Support<br>v. Infrastructure<br><br>We considered the output of the workshop at our meeting in September, and agreed three areas of work for the priority where we felt we could add value through early intervention, focusing on the local dimension, and involving a different set of partners. These are detailed below. | **Completed** |



DRAFT

| | | |
|---|---|---|
| **2.** Social Prescribing will support the well-being needs of individuals and our communities, and will as a result mean fewer medical prescriptions and lower non-medical expenditure on services needed due to lifestyle related conditions. People will also be enabled to say in their own homes for longer. | A great deal of work has taken place to scope what opportunities are available to us in this area, understanding what work is already taking place elsewhere and seeking not to duplicate effort.<br><br>We are now seeking to develop a programme around weight management, which will integrate with our Good Mental Well-being priority. | **In progress** |
| **3.** Better support tenants and those at risk of homelessness. This will not only result in less homelessness and more stable tenancies, but mitigate health associated risks and support a better quality rented sector. | Due to capacity, this work has not started. | **Not progressed** |
| **4.** Dementia Support Action Plan to better support dementia sufferers and their carers. PSB partners will work towards becoming dementia friendly organisations that help people live independently for longer. | We are integrating our work in this area with that of the Regional Partnership Board, and we are supporting a project around Dementia Friendly Communities (this is being led by the Denbighshire Voluntary Services Council). The project will seek to support those living with dementia and those that support them, providing training and awareness-raising to our communities. The project will also support partner organisations to become dementia friendly. | **In progress** |
| **How do we think we've got on?** | | |
| We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of 'Owning our Ambition' because this is a complex area of work where we have found that a great deal is already taking place. The challenge remains for the PSB to understand where it can most add value to this busy, but important agenda, not only locally, but regionally. In addition, the challenges posed by capacity does mean that progress is slower than we would like. Nonetheless, for only its first year, the PSB has made some progress. We also need to develop measures to make sure we're capturing what difference our actions are making. | | |



DRAFT

**c. Place –** Supporting Environmental Resilience

| **What we wanted to achieve in our first year** |
|---|
| • Support people and communities to realise how important the natural environment is and understand what positive differences they can make to reduce their impact on it.<br>• Start to address environmental issues such as climate change by promoting ways we can all reduce our footprint such as recycling, improving energy efficiency, reducing carbon emissions and by generally being greener.<br>• Understand what each of our partner organisations are doing in term of addressing their ecological footprint. Consider what frameworks we are working towards and how we can bring this all together. As part of this we want to improve the energy efficiency of our buildings and facilities.<br>• Focus on sustainable procurement (in particular maximising community benefit and making sure we're not having an adverse impact on the environment when we're buying goods and services). |
| **The impact we want** |
| • Our communities and partner organisations to do their bit and actively take steps to reduce their footprint and make sure the local environment is being managed properly and help wildlife and nature flourish for future generations.<br>• To make sure the natural environment provides a space for our residents, visitors and workers to make the most of and which benefits their health and well-being.<br>• Improve the consistency between PSB partner organisations, by working towards the same environmental policies, standards and targets. |

| **What we said we'd do as actions** | **What we've done so far** | |
|---|---|---|
| **1.** Work with our PSB partners to develop a framework for our environment work, so that we're all working to the same goals. | We've set up a working group to bring together environmental experts. With them we're developing a policy statement that outlines what frameworks we will all work towards, including areas of good practice and steps we will take.<br><br>The framework identifies 9 different environmental aspects, including carbon and energy, waste, biodiversity (including green spaces & woodlands), transport (including active travel), flooding, water, | **In progress** |



DRAFT

| | | |
|---|---|---|
| | procurement, climate change adaptation and planning (which is a cross-cutting theme).<br><br>We recognise that partner organisations will be at different stages of achievement at the outset and appreciate the time taken to reach targets will differ between partners.<br><br>We're going out to consult on this with partners and once we approve it we will monitor progress regularly.<br><br>We're also looking to hold an engagement event for environment experts across North Wales, as we're been told partnership working is a gap in this area. This event will provide an opportunity for experts to network, share good practice and learn from each other. | |
| **2.** Work with communities to develop environmental pledges and green changes we could make to reduce our impact on the environment. | We've set up a working group to bring together environmental experts With them, we're developing community green pledges. We wanted to look at ways we could work with communities across Conwy and Denbighshire to look at where we could make small changes to our behaviour that will make a big difference to reducing environmental impact.<br><br>The pledges identify 5 key areas that communities can make to reduce their impact in the environment (including buildings, transport, recycling, shopping and outside space). For each area, information is provided about the why this is important, who's already making the change, some ideas for inspiration and where they can go for further funding support and advice.<br><br>We're going out to consult on this with communities. Once this has been done and people are happy with it we'll begin to promote and encourage communities to make the pledge to make a difference! | **In progress** |



DRAFT

| | | |
|---|---|---|
| **3.** Look at environmental issues affecting the region that we can't fix by ourselves, like sea defences and reducing the amount of packaging in our shopping. | We've started to discuss key environmental risks at our board meetings. There was a good discussion at our December meeting on the sea defence in old Colwyn and what we can all do to prevent further damage in bad weather. Progress will be reported on at future meetings.<br><br>We'll continue to look at other environmental issues and risks and consider what difference we can make together and what action we need to take. | **In progress** |
| Look at our procurement processes and identify how we can maximise community benefits from building developments (e.g. through Section 106 agreements – these are legal agreements between local authorities and developers for times when measures may be needed to reduce a developments impact on the community). | Maximising community benefit from procurement activities is something we do as individual organisations, for example –<br><br>• In Denbighshire, economic development related benefits (such as apprenticeship schemes, training and jobs) are applied to building projects in excess of £1million. However work is currently being undertaken to explore the possibility of applying these benefits to lower value contracts and aligning these to their corporate plan priorities.<br>• In Conwy, as part of the development of the new council offices a social value plan was developed which ensured the local community were involved. This included school visits, developing apprenticeship and training schemes, using local trades / services / materials (where possible) and holding community engagement events.<br>• In Betsi Cadwaladr, their plans in Ruthin to develop part of the Hospital and integrate a local GP practice will include discussions with local people and organisations to ensure it offers added value for the local community.<br><br>However we need to explore ways on how we do this collectively. | **In progress** |



DRAFT

| | | |
|---|---|---|
| **5.** Work with our planning teams to make sure environmental issues are looked at when planning new developments. | Local Development Planning managers for Conwy and Denbighshire have attended our meetings to provide us with updates and the opportunity to feed in to their consultations on the local developments plans.<br><br>However we need to gain a better understanding of the 'conflict' that has been raised between planning policy and consideration of environmental issues. | **In progress** |

| **How do we think we've got on?** |
|---|
| We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of 'being adventurous' because our approach to pledges aims to push everybody to act to make changes from how things are currently done. We hope by doing this it will support a 'ripple effect' to wider change.<br><br>We've made good progress for year one – in terms of focussing on short term goals. We need to look more strategically and we plan to work on a regional basis to do this, since a number of PSBs in North Wales have focussed on the environment. We also need to develop measures to make sure we're capturing what difference our actions are making. |



**d. Concluding Comments**

We've taken an innovative approach to our plan to ensure we have fresh perspective for each priority. We allocated a lead to each priority and allocated a member organisation who normally wouldn't be associated with work, which encouraged more questioning of the status quo and alternative views on delivery. This approach has been valuable to help us better understand each other's area of work, and although it has perhaps has added a bit of time to progress work, this increased understanding of each other's work responsibilities and pressures has been very useful.

The partnership landscape in North Wales is complex, and one of the main challenges we have faced is understanding our role and where we can add most value. We believe we have found areas in each of the priorities where we can make a difference collaboratively.

Our priority areas link to the Future Generation Commissioner's priority areas, especially our focus on social prescribing, which supports the Commissioners 'Better ways to keep people well' priority. Additionally one of our interim priorities was to focus on the first 1000 days of life which helps to reduce adverse childhood experiences. We also plan to look at how we can work collaboratively on maximising community benefit in planning, which will support the Commissioner's priority on 'creating the right infrastructure for future generations.'

DRAFT

Overall we believe we have made good progress with our priorities within the first year of the plan. This is a long term plan, and at this early stage it is vital that we create a solid foundation on which to develop future collaboration by taking time to plan, gain community views and analyse research. It is also worth noting that when working to shift the agenda to a preventative focus, the delivery of outcomes can often take much longer to realise, and in year two we need to do more work to assess how we can monitor the impact we have having.

DRAFT

**7. Working collaboratively –** Thinking Global

We've been linking in with other partnerships to avoid duplication and to share ideas. We've

- talked to the Regional Partnership Board for Social Care and Well-being.
- had updates on the North Wales Growth Deal.
- discussed the Local Development Plan for both Conwy and Denbighshire.
- discussed the County Lines Exploitation issues and raised awareness within our own organisations.
- been monitoring Brexit and looking at ways we can support each other during this process.
- been looking at key risks in the area and discussing what we can all do to help.
- reviewed the Public Health Wales Future Trends Report.
- reviewed the 80 simple steps suggested by the Well-being of Future generations Commissioner.
- Held a healthy boards workshop with Academi Wales.

**8. Being Challenged**

Like any partnership, it's important that there are checks and balances for us.

- We've been holding open meetings, and all the papers & minutes are published
- We've been taking key reports and updates to both the Conwy and Denbighshire Scrutiny Committees.
- Both Councils have agreed to have a joint scrutiny committee which will start in April 2019.
- We publish short newsletters after each meeting so people can read what we're doing in bitesize chunks.
- Had regular discussions about the organisational leadership challenges and how we can help each other.

**9. Get involved** (involving people)

We want you to stay in touch & get involved in our work. You can:

- Come to one of our meetings – all the dates and agendas are published here
- Read our newsletters here
- Follow us on social media – Facebook and Twitter
- Stay involved and share your views through the PSB website – www.conwyanddenbighshirepsb.org.uk

C/O Public Services Board Development Officer
Conwy County Borough Council
Bodlondeb
Conwy
LL32 8DU

countyconversation@conwy.gov.uk

DRAFT

01492 574059

BT Relay Service Customers with hearing or speech impairments can contact any Council service by dialling **18001** before the number they require.

British Sign Language users can contact Conwy County Borough Council using a Sign Language interpreter, through the InterpretersLive! service, provided by Sign Solutions – visit www.conwy.gov.uk/Contact-Us/sign

We're happy to provide this document in large print, audio and braille.

This document is also available in Welsh.

The County conversation is an ongoing conversation, so you can take part at any time to share your views and ideas about each County or your local area.

www.conwy.gov.uk/countyconversation

www.conwy.gov.uk/sgwrsysir

www.facebook.com/sgwrsconwyconvo/

@sgwrsconwyconvo

We hope that you will find this report an informative and balanced overview of some of the achievements we made in the last year and our self-reflection of areas where we need to improve.

DRAFT

This page is intentionally left blank

| | |
|---|---|
| **REPORT TO:** | Conwy and Denbighshire Public Services Board |
| **DATE:** | 25 March 2019 |
| **LEAD OFFICER & ORGANISATION:** | Cllr Hugh H Evans, Leader: Denbighshire County Council |
| **CONTACT OFFICER & ORGANISATION:** | Nicola Kneale, Strategic Planning & Performance Manager, Denbighshire County Council |
| **SUBJECT:** | North Wales Public Service Board Support Funding 2019-20 |

## 1. PURPOSE OF THE REPORT

1.1 This report is to inform the Board about the grant that has been made available from Welsh Government (WG) to the North Wales region in 2019-20, and how the funds have been allocated across the four criteria set out by the WG. (Appendix I).

## 2. EXECUTIVE SUMMARY

2.1 The funding is intended to assist Public Services Boards to deliver the local well-being plan, as well as continuing to assist in the consolidation of work on the assessments of local well-being and local well-being plans.

2.2 North Wales Public Services Boards (supported by officers) have considered how this funding can be used in the region to support Well-being Plans and Assessments of Local Well-being. Funding has been allocated as follows:

| Summary of Proposal | Expected Timescale | Amount |
|---|---|---|
| Community engagement | 01/04/19 - 31/03/20 | £20,000 |
| Consolidating gaps in evidence base | 01/04/19 - 31/03/20 | £42,117 |
| Real-time data availability | 01/04/19 - 31/03/20 | £1,000 |
| Scoping of collaborative projects | 01/04/19 - 31/03/20 | £20,000 |
| **Total grant awarded** | | **£83,117** |

## 3. RECOMMENDATION(S)/OPTIONS

3.1 That Public Services Board members read and understand the report, and in particular take note of the amounts available and the criteria (Appendix II) that applies.

3.2 That Public Services Board members have opportunity to suggest areas of work that may be progressed with the available support funding. Spend against the grant can be a standing

agenda item at PSB so that updates can be provided, and consideration given to areas that would benefit from investment.

**4. BACKGROUND INFORMATION**

4.1 As in previous years, funding is offered on a health board footprint, with £83,117 being made available for the North Wales Region in 2019-20 financial year. Denbighshire County Council, as lead authority, has worked with North Wales Public Service Board Officers to submit the attached proposal for 2019-20.

4.2 Funding must not be used for:

- the development of or maintaining of specific projects chosen by Public Services Boards, other than as part of the delivery of the well-being plan or consolidating the assessment or plan;
- general partnership support.

4.3 Denbighshire County Council will monitor the progress of work funded, ensuring adequate financial controls. Under-spend or over-spend will be particularly monitored by the lead authority, with regular updates provided through the North Wales Public Services Board Network.

4.4 Quarterly progress reports will be provided to WG demonstrating how objectives are being met, and how the work being funding relates to Public Service Boards more generally.

4.5 The funding period will be from 1 April 2019 - 31 March 2020, with the funding being paid in one instalment by Welsh Government at the end of the funding period, on completion of a satisfactory claim form. With agreement from the lead authority, partners will initially accept billing for any work that is progressed, then invoicing Denbighshire County Council for the total amount owed at the end of the financial year. Any queries should be directed to iolo.mcgregor@denbighshire.gov.uk.

**5. CONSULTATION**

5.1 The proposal was first discussed at the North Wales Public Services Board Network meeting held on 24 January 2019. A draft proposal was shared for feedback with each of the Public Service Board support officers and discussed at the North Wales Public Services Board Network meeting on 5 March 2019. The proposal was then shared with all of the Public Services Board chairs for comment before submission to Welsh Government on 8 March 2019. Approval from Welsh Government is expected imminently.

**6. RESOURCE IMPLICATIONS**

6.1 The management of the support fund is being absorbed by existing capacity within Denbighshire County Council.

6.2 Individual projects that are progressed as part of the funding proposal may have additional resource implications that would need to be impact assessed as they are taken forward.

**7. RISK**

7.1 There is a risk of over-spend of this grant, which would be likely to result in financial liability for partners.

7.2 There is a risk of underspend of this grant, which could be indicative of missed opportunities for the region.

**8. DRIVERS AND IMPLICATIONS**

8.1 This support funding has been made available to support Public Services Boards to meet their commitments in relation to the Well-being Of Future Generations (Wales) Act) 2015. Specifically it is to assist with the development of well-being plans, and the ongoing development and maintenance of assessments of local well-being.

8.2 If we are successful, we expect that:

- Our assessments of local well-being are up-to-date, relevant and easy to use, at least in relation to the priority areas that PSBs have set.
- Active and meaningful involvement of stakeholders, including hard-to-reach groups.
- Well-being plans and annual reports are clearly communicated and understood by stakeholders, avoiding duplication.
- Steps taken or planned in support of well-being objectives have been scoped collaboratively, and informed by evidence and best practice.

**9. REASON(S) FOR RECOMMENDATION(S)**

9.1 The proposal that has been developed is deliberately high-level and broad to accommodate all the Public Services Boards in the North Wales Region. Further work is now needed by each Public Service Board to develop specific proposals for the expenditure of the support fund.

| BACKGROUND PAPERS | LOCATION |
|---|---|
| North Wales PSBs Funding Proposal 2019-20 | Appendix I |
| Criteria: Support for Public Services Boards 2019-20 | Appendix II |

This page is intentionally left blank

# Proposal Form

| | |
|---|---|
| **PSB Region** | **North Wales (Anglesey & Gwynedd PSB, Conwy & Denbighshire PSB, Wrexham PSB, and Flintshire PSB)** |
| **Lead** | **Iolo McGregor, Strategic Planning & Performance Officer,**<br>**Denbighshire County Council,**<br>**PO Box 62, Ruthin, LL15 9AZ**<br>**Tel: 01824 70 8078**<br>**Email: iolo.mcgregor@denbighshire.gov.uk** |
| **Period of Claim** | **1 April 2019 – March 2020** |

| **Summary of Proposal** | **Expected Timescale** | **Amount bid for (up to a maximum of £83,117)** |
|---|---|---|
| Community engagement | 01/04/19 - 31/03/20 | £20,000 |
| Consolidating gaps in evidence base | 01/04/19 - 31/03/20 | £42,117 |
| Real-time data availability | 01/04/19 - 31/03/20 | £1,000 |
| Scoping of collaborative projects | 01/04/19 - 31/03/20 | £20,000 |
| **Total grant application** | | **£83,117** |

| | |
|---|---|
| **Objectives (max 250 words)** | If we are successful, we expect that:<br>1. Our assessments of local well-being are up-to-date, relevant and easy to use, at least in relation to the priority areas that PSBs have set.<br>2. Active and meaningful involvement of stakeholders, including hard-to-reach groups.<br>3. Well-being plans and annual reports are clearly communicated and understood by stakeholders, avoiding duplication.<br>4. Steps taken or planned in support of well-being objectives have been scoped collaboratively, and informed by evidence and best practice. |

| | |
|---|---|
| **Planned Costs** | £20,000 will pay for ongoing community engagement within the region. Public Services Boards have discussed the need to better coordinate the array of engagement and consultation work that is delivered by individual partners on a local, sub-regional and regional footprint. Further work is needed to understand this picture and explore any opportunities for more joined up working. In addition, Public Services Boards are keen to continue conversations with stakeholders around the ongoing development of our Well-being Objectives, in particular around the delivery of next steps.<br><br>£42,117 will help address gaps in our evidence. As a group, regional partners have already scoped a number of research briefs that would be of benefit to us, and we will seek to commission this work in the next year. Public Services Boards also need to maintain the existing evidence base housed within our assessments to ensure that the information contained within them remains relevant, up-to-date, and easy to access, considering any gaps that persist. These are gaps that have been identified by Public Service Boards themselves as their work has progressed, but also by the Future Generations Commissioner and Welsh Government.<br><br>£1,000 will help Public Services Boards maintain accessibility to data and information, considering what data is available and how best it can be presented and made useful to stakeholders. This includes not only information within the assessments of local well-being, but also performance and delivery information relating to well-being plans. Automation of data streams continues to be a desirable and sustainable model to consider here.<br><br>£20,000 will allow for the scoping of collaborative projects. This will be helpful to the region as PSBs are beginning to progress the next steps for delivery against their well-being plans. As a region, the group have a number of ideas that they wish to scope, but we recognise that this will be an area that requires some flexibility to respond the often fluid areas of work within PSB objectives. |

**Milestones and timescales**

The timescales around our areas of focus are not well defined, particularly as each of our PSBs are in different places in terms of the developed content of the assessments of local well-being, and well-being plans. Work on these areas is piecemeal and gradual, but ongoing throughout the year. Much of the activity in support of PSBs is also being absorbed into the existing business of partner authorities and must be accommodated as capacity allows. For these reasons, we are allowing for flexibility.

| Focus Area | Start Date | End Date |
|---|---|---|
| Community engagement | 01/04/19 | 31/03/20 |
| Consolidating gaps in evidence base | 01/04/19 | 31/03/20 |
| Real-time data availability | 01/04/19 | 31/03/20 |
| Scoping of collaborative projects | 01/04/19 | 31/03/20 |

**Deliverable and Measurable Benefits (max 250 words)**

In support of this funding proposal, the following are key measures that may be reported. This is assuming data is readily available and no additional burden is placed on partners to gather the information.

Most of these measures continue from 2018-19, having now established a good baseline for the performance of PSBs in the region. One additional measure has been included, which will be a simple count of collaborative projects scoped.

| Measure | Ambition |
|---|---|
| **Engagement** | |
| 1. The number of people actively involved with the work of Public Services Boards | Against this measure we would expect to see an increase in the number of people actively engaged with the work of Public Services Boards. This may be captured through events, meetings, or other methods of engagement (e.g. online portals). Introducing this measure does put the onus on Public Services Boards to capture this information, but we recognise that it will never show the complete picture, and serves only as an indication of success. |
| 2. The number of hits to Public Services Board websites. | This measure again is only an indication of how engaged stakeholders are with the work of the boards, but also of how accessible, well-promoted and useful our websites are. |
| **Evidence Gaps** | |
| 1. The number of gaps identified within assessments of local well-being. | We anticipate that the number of gaps identified within our assessments will reduce, but we must also take into account the expiration cycle of assessment information. |
| 2. The number of commissioned research | This is a simple count and we would expect to see a |

| | | |
|---|---|---|
| | pieces responding to either gaps in our evidence, or identifying best practice interventions | correlation between this measure and the reduction in gaps. |
| | **Real-Time Data** | |
| | 1. The number of automated links within our assessments. | This measure seeks to capture the sustainability of our assessments in terms of keeping our data up-to-date. We would expect the number to increase. |
| | 2. Feedback to our assessments tells us that they are relevant to stakeholders. | We want to capture user feedback on our assessments. The region has struggled with this measure in 2018-19, but it is still felt to have value and will challenge PSBs to consider their user feedback. |
| | **Scoping of Collaborative Projects** | |
| | 1. The number of collaborative projects scoped | This measure is new to 2019-2020 and will be a simple count of the number of collaborative projects that have been scoped in the region. |

| | |
|---|---|
| **Engagement with PSBs in the area** | The funding criteria was first discussed at the North Wales Public Services Board Network meeting held on January 24. A draft proposal was shared electronically for feedback with each of the Public Service Board support officers, and it was again discussed by the NW PSB Network on March 5. Finally, it has been shared with the chairs of each Public Services Board for comment and will be tabled with individual PSBs as appropriate. |

| **Key Risks / Issues:** | |
|---|---|
| **Risk/Issue Description** | **Impact** |
| The risk of duplication between the Population Assessment and the well-being assessments or that their work pulls in different directions. | Wasted effort and conflicting priorities between the Public Services Boards and the Part 9 Board. |
| The risk that the well-being assessments become too heavily focussed on data and do not involve local citizens sufficiently. | That the well-being assessments do not sufficiently address the expectations of local communities and are overly restricted to the available data. |

| | |
|---|---|
| The risk that the focus is too heavy on the social care and health agenda and does not take account of the economic, environmental and cultural risks and opportunities. | The effectiveness of the initiatives will be limited and some partners will become alienated from the process. Some key areas of concern will be missed and some important assets will not be developed. |
| The risk that well-being assessments becomes out-of-date and misses important changes to trends or new research. | That the plans are based on out-of-date information and become ineffective. |
| The risk that there is insufficient analytical capacity to properly develop knowledge gaps. | The well-being assessments will remain static and only focussed on what we know now. This in turn will impact on the effectiveness of the well-being plans |
| The risk that stakeholders do not engage with the work of public service boards. | Lack of involvement or engagement by stakeholders could lessen the impact of delivery against well-being plans. |

## DECLARATION AND UNDERSTANDING

**Please read this carefully before signing**

Please confirm that your organisation has the power to enter into and to perform the activities for which funding is being applied for.

☑YES ☐ NO

I am content for information supplied in this application, including the declaration and understanding to be shared in confidence with any individuals who may be involved in considering the case for application or who are involved in any part of the administration or evaluation of the scheme. This may include accountants, external evaluators and other organisations or groups involved in delivering the project.

I understand that if I give any information that is incorrect or incomplete, funding may be withheld or reclaimed and action taken against me. I declare that the information that I have given on this application form is correct and complete. I also declare that, except as otherwise stated on this form, I have not started the project which forms the basis of this application and no expenditure has been committed or defrayed on it.

I understand that any offer may be publicised by means of a press release giving brief details of the project and amount of funding award.

I understand the Department may use data collected to investigate cases of alleged fraudulent use.

I understand that applications must be signed by an authorised signatory. I confirm that I am authorised to sign this application.

| | |
|---|---|
| Signed | |
| Date | 08.03.19 |
| Name (*block capitals)* | Iolo McGregor |
| Position in organisation | Strategic Planning & Performance Officer |
| Telephone | 01824 70 8078 |
| Email | iolo.mcgregor@denbighshire.gov.uk |

Please return your form to:

Huw Bowen, Local Government Partnerships Policy Team
huw.bowen@gov.wales by **Friday 8th March 2019**

This page is intentionally left blank

## Criteria

The criteria relates to funding offered to Public Services Boards (PSBs) for the financial year 2019/20.

Proposals for funding must demonstrate how the group of PSBs would be enabled to build their strategic capacity and capability to support the delivery of well-being plans as well as consolidate work on the assessments and plans.

The funding will be available for the following purposes and can be used for one or more of the criteria set out below:

- Continuing to support community engagement. Effective engagement with communities continues to be an important aspect of the work of PSBs and this will aim to encourage the coordinated ongoing approach to community engagement.

- Consolidating gaps in the evidence base. The funding could be used to invest in consolidating gaps in data and enable PSBs to undertake additional evidence gathering.

- Supporting data to be made available in real time. The funding could be used to gather or present data around well-being in your region, or be used to adopt an online approach to data

- Supporting PSBs to take a more evaluative approach to the delivery of well-being plans by building in appropriate monitoring and evaluation activity to evidence outcomes and track progress over time.

- Enabling innovative ways of annual reporting (new for 2019-20 in support of the annual reports which are due to be published in July 2019). This will be about sharing learning from each other and adopting similar approaches. We would be able to accept running a pilot for one PSB, provided there is a clear intention to roll out the same approach to other PSBs in the region once its been tested.

- Supporting the scoping of collaborative projects that can be undertaken on shared objectives (new for 2019-20).

## Monitoring and payment arrangements

- The Funding Recipient must monitor the progress of the work funded to ensure that the money is being spent as required and that financial controls are adequate.
- The Funding Recipient must submit to the Welsh Government on a quarterly basis a Progress Report which must demonstrate the extent to which the agreed objectives in the Funding Proposal are being met and must describe how the work which the funding is being used for relates to PSBs more generally.
- The Funding Recipient must submit proposals by **Friday 9th March 2019** on the proposal form at Annex 2.
- The funding period will be from 1 April 2019 – 31 March 2020 with the funding being paid in one instalment at the end of the funding period on completion of a satisfactory claim form.

## Ineligible Activities

Proposals which do not demonstrate how they will contribute to supporting the delivery of the well-being plans and/or ongoing work to consolidate the assessments of local well-being will not be funded. This means, for example we would not be able to fund the following activities:

- development of or maintaining specific projects chosen by the PSBs, other than as part of the delivery of the well-being plan or consolidating the assessment or plan;
- general partnership support.

Upon receipt of a satisfactory Proposal Form which meets the criteria set out above, the Welsh Government will issue an award letter together with terms and conditions of the funding.

Archwilydd Cyffredinol Cymru
Auditor General for Wales

# Local Government Services to Rural Communities

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

I have prepared and published this report in accordance with the Public Audit (Wales) Act 2004.

The Wales Audit Office study team was managed by Nick Selwyn and comprised Steve Frank, Gareth Jones, Euros Lake, Sara Leahy, Martin Gibson, Philippa Dixon and Matt Brushett under the direction of Jane Holownia

**Adrian Crompton**
**Auditor General for Wales**
**Wales Audit Office**
**24 Cathedral Road**
**Cardiff**
**CF11 9LJ**

The Auditor General is independent of the National Assembly and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the National Assembly on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

© Auditor General for Wales 2018

You may re-use this publication (not including logos) free of charge in any format or medium. If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright and you must give the title of this publication. Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales. We welcome telephone calls in Welsh and English. You can also write to us in either Welsh or English and we will respond in the language you have used. Corresponding in Welsh will not lead to a delay.

**Mae'r ddogfen hon hefyd ar gael yn Gymraeg.**

# Contents


Councils are not yet finding sustainable ways to help rural communities overcome the challenges they face and need to think and act differently 6

Our findings 9

Recommendations 10

Part 1 – Socio economic change, poor infrastructure and shifts in how key services and facilities are provided has resulted in the residualisation of communities in rural Wales 12

Demographic change and challenges in encouraging employment has impacted on the sustainability of communities and services 12

Poor infrastructure and changes in how key services and facilities are delivered has adversely affected rural communities 14

Citizens generally feel that key council services are not as available, affordable, accessible, adequate and acceptable as they used to be 17

Community Asset Transfers have increasingly been used by councils to save money but have not always resulted in sustainable solutions 20

Part 2 – Councils and their partners are not always responding effectively to the challenges faced by rural communities 22

The role of Public Service Boards is evolving but there are opportunities to articulate a clearer and more ambitious shared vision for rural Wales 22

Analysis of data to understand problems and agree appropriate solutions is poor 24

Councils are not always tapping into their communities to help them prioritise and deliver services 25

Whilst partnership working and collaboration is long established and can be effective, integration of services is limited 27

Managing and preventing demand is acknowledged as essential in maintaining services but progress is mixed 28

Councils and their partners need to improve their understanding of the impact their decisions have on people from different c ommunities 30

Part 3 – To help sustain rural communities, councils and their partners need to think and act differently in the future 31

Appendices 35

Appendix 1 – Study Methodology 35

Appendix 2 – Defining ‘Rural’ Wales 36

Appendix 3 – Good practice case studies 37

Appendix 4 – Welsh Government Rural Proofing Tool questions 42

# Councils are not yet finding sustainable ways to help rural communities overcome the challenges they face and need to think and act differently

1 Delivering fair and equitable public services and maintaining specialist provision in rural areas is challenging due to geography, distance, cost and scalability. A tradition of strong community resilience and a culture of self-reliance in rural areas, can often mask significant problems. The loss of the ‘cornerstones’ of village life such as banks, schools, and post offices and poor access to key infrastructure like public transport and superfast broadband can compound the challenge of sustaining public services in rural communities.

**What we mean by 'Rural Wales':**

There is no single agreed definition of a rural Wales. The classification used by Welsh Government defines roughly 20% of the overall Welsh population as living in rural areas. For the purpose of this study, and in line with the Welsh Local Government Association's rural policy forum, we classify nine authorities as rural, 11 authorities as semi-rural and two authorities as non-rural and urban.

**PRIMARILY RURAL**

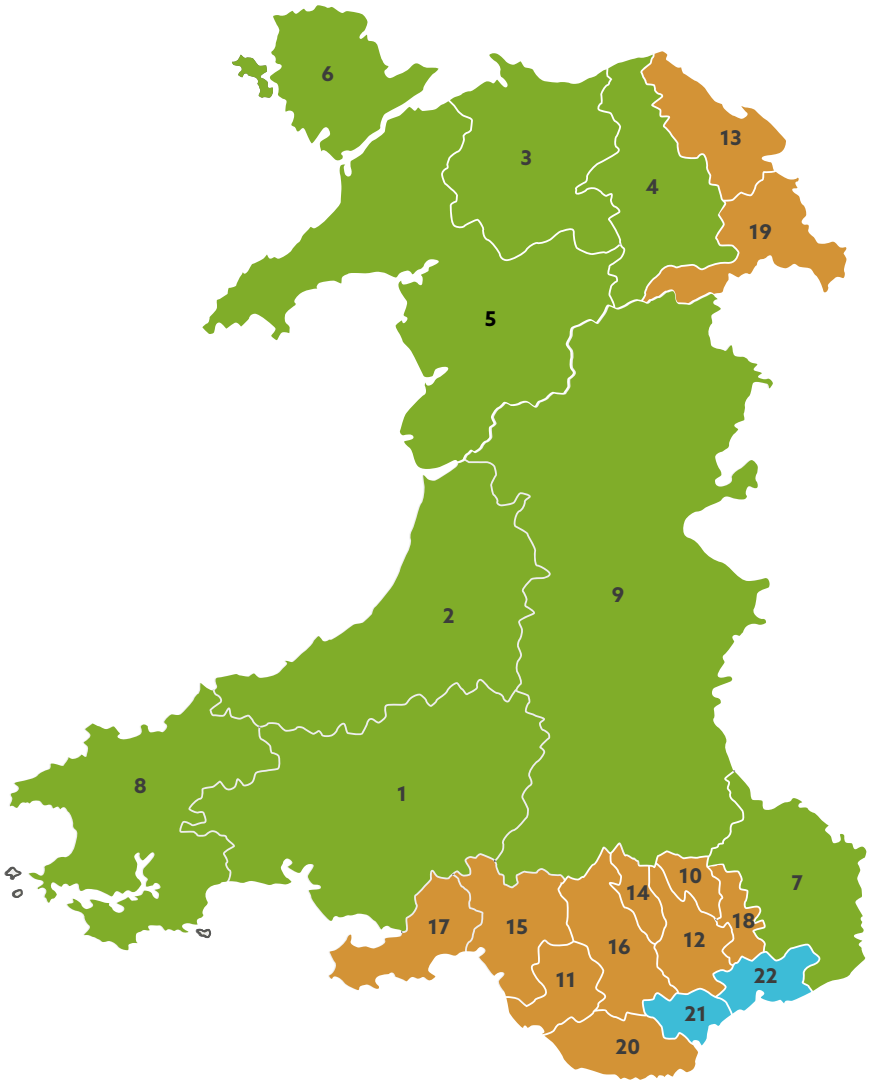
1 Carmarthenshire
2 Ceredigion
3 Conwy
4 Denbighshire
5 Gwynedd
6 Isle of Anglesey
7 Monmouthshire
8 Pembrokeshire
9 Powys

**SEMI-RURAL/URBAN**

10 Blaenau Gwent
11 Bridgend
12 Caerphilly
13 Flintshire
14 Merthyr Tydfil
15 Neath Port Talbot
16 Rhondda Cynon Taf
17 Swansea
18 Torfaen
19 Wrexham
20 Vale of Glamorgan

**FULLY URBAN**

21 Cardiff
22 Newport



2 Since 2010-11, councils have faced significant financial constraints. Net revenues from Welsh Government grants, business rates and collected council tax fell by 7.5% between 2009-10 and 2016-17 (excluding fees and charges), which is the equivalent to £529 million[1]. The Welsh Local Government Association estimates that austerity has resulted in councils cutting spending by over £1 billion in real terms and 25,000 jobs being lost in councils since 2010-11[2]. The impact of austerity on provision of services is resulting in councils facing tough choices and requires them to identify alternative service models and new ways of working to maintain and protect services.

3 Under its Programme for Government 2016-2021, the Welsh Government has set an outcome of 'Successful, Sustainable Rural Communities'. Under this outcome, there are specific targets and actions for public bodies, including local government[3]. This review assesses how local government directly provides services to rural communities, and how councils work with others, and considers whether they:

a have clear priorities for services to rural communities based on an understanding of needs and demands;

b are making best use of resources by, for example, developing new joint models of service delivery such as gateway services or joint service and community hubs;

c are making best use of facilities, co-location and/or transfer and use of assets;

d are supporting citizens to become more resilient and self-reliant; and

e are taking a longer-term place based view on how best to deliver services.

4 Our review methods are set out in Appendix 1. Based on the findings of this audit, the Auditor General has concluded that **councils are not yet finding sustainable ways to help rural communities overcome the challenges they face and need to think and act differently.**

1 www.walespublicservices2025.org.uk/files/2017/11/Austerity-and-Local-Government.pdf
2 www.wlga.wales/local-government-settlement-the-war-of-attrition-continues-says-wlga
3 Priority 4 relates to public bodies supporting community-led projects, promote skills development, job creation, entrepreneurship, community energy, rural transport and broadband access. Priority five focuses on safeguarding social housing in rural communities by ending 'Right to Buy' and continuing to support the work of Rural Housing Enablers.

# Our findings

5 For many people in rural Wales, it is a great place to live and work. However, reductions in public spending coupled with socio-economic change, poor infrastructure and ongoing public service delivery challenges are resulting in services being less accessible and effective compared to urban areas.

6 **Part 1** of this report examines the shifting face of rural Wales, looking at demographic challenges in providing services to dispersed communities in rural areas. The loss of the cornerstones of village life – banks and post offices for example – and poor infrastructure have adversely affected rural communities.

7 **Part 2** examines how public bodies are currently responding to the challenge of planning and delivering services in rural Wales. We find that public bodies who cover both rural and urban areas too often create and deliver services shaped by their urban context. Whilst there are significant variations in the local environment, policy choices and councils' operational structures, there is also a steady drift towards standardisation and centralisation based on a perception of being able to manage costs and increase efficiency. Public bodies continue to deliver a 'one size fits all approach' which is creating and reinforcing 'rural inequality'[4].

8 Finally, **Part 3** concludes that with fewer resources, rising demand and complex delivery challenges, public bodies need to work together in deciding how they set priorities and deliver frontline services if they are to meet the long-term needs of citizens. From our review we have identified there are opportunities to do things differently and to provide solutions that can better meet the future needs of rural Wales. Key to addressing this challenge is to make a reality of co-ordinated and integrated services to maximise both the use of resources and the quality of service delivery. This requires liaison and co-operation between public, private and voluntary sector providers, including the development of multi-purpose, cross-sector hubs. Public bodies also need to do more to equip citizens and communities to become more resilient and self-reliant as public finances continue to reduce.

4 By rural inequality, we mean the real and perceived imbalance and difference in the quality, accessibility, and affordability of service provision in rural areas compared to urban ones. Not only can a 'one size fits all' approach' stifle innovation, it can work against current policy shifts towards personalisation of services, particularly in social care. An over generalised view of service demand and people's needs can hinder the targeting of increasingly scarce resources and impede prevention activity. It can restrict people's personal choices. A 'one size fits all' approach is not a solution to policy variance and inconsistencies in services.

# Recommendations

9 We have made recommendations for improvement and these are set out below.

| Recommendations | |
|---|---|
| R1 | Socio economic change, poor infrastructure and shifts in provision of key services and facilities has resulted in the residualisation of communities in rural Wales. (See paragraphs 1.2 – 1.16) **We recommend that Welsh Government support public bodies to deliver a more integrated approach to service delivery in rural areas by:**<br>• **refreshing rural grant programmes to create sustainable financial structures, with multi-year allocations; and**<br>• **helping people and businesses make the most of digital connectivity through targeted and more effective business and adult education support programmes.** |
| R2 | The role of Public Service Boards is evolving but there are opportunities to articulate a clearer and more ambitious shared vision for rural Wales (see paragraphs 2.2 to 2.9 and 2.28 to 2.31). **We recommend that PSB public services partners respond more effectively to the challenges faced by rural communities by:**<br>• **assessing the strengths and weaknesses of their different rural communities using the Welsh Governments Rural Proofing Tool and identify and agree the local and strategic actions needed to support community sustainability; and**<br>• **ensuring the Local Well-Being Plan sets out a more optimistic and ambitious vision for 'place' with joint priorities co-produced by partners and with citizens to address agreed challenges.** |
| R3 | To help sustain rural communities, public services need to think differently in the future (see paragraphs 3.1 to 3.12). **We recommend councils provide a more effective response to the challenges faced by rural communities by:**<br>• **ensuring service commissioners have cost data and qualitative information on the full range of service options available; and**<br>• **using citizens' views on the availability, affordability, accessibility, adequacy and acceptability of council services to shape the delivery and integration of services.** |

## Recommendations

R4 To help sustain rural communities, public services need to act differently in the future (see paragraphs 3.1 to 3.12). **We recommend councils do more to develop community resilience and self-help by:**

- **working with relevant bodies such as the Wales Co-operative Centre to support social enterprise and more collaborative business models;**
- **providing tailored community outreach for those who face multiple barriers to accessing public services and work;**
- **enhancing and recognising the role of town and community councils by capitalising on their local knowledge and supporting them to do more;**
- **encouraging a more integrated approach to service delivery in rural areas by establishing pan-public service community hubs, networks of expertise, and clusters of advice and prevention services;**
- **enabling local action by supporting community asset transfer identifying which assets are suitable to transfer, and having the right systems in place to make things happen; and**
- **improving community-based leadership by developing networks of interest, training and coaching, and encouraging volunteering.**

# Part 1 – Socio economic change, poor infrastructure and shifts in how key services and facilities are provided has resulted in the residualisation of communities in rural Wales

1.1 Public services are key to helping and protecting citizens, and traditionally focus on solving problems. However, there are a host of challenges that face the Welsh public sector in the 21st century. In this part of the report, we consider the implications of the shifting face of rural Wales looking at the impact of population, employment and housing changes in the recent past. We also consider the infrastructure challenge of providing public and other services to dispersed communities in rural Wales – the quality of roads, access to broadband and the provision of key services such as banks and post offices. We also consider citizens views on local public service provision and recent changes. These challenges are often interconnected, defining the operating environment in which public bodies deliver services.

## Demographic change and challenges in encouraging employment has impacted on the sustainability of communities and services

### Rural communities are ageing more quickly and the rate of new household formation slowing than other parts of Wales

1.2 Demographic changes are increasing pressure on already stretched public services such as social care as demand for services increase. Depopulation and an ageing society in remoter rural areas is also resulting in local services becoming less viable. The demography of rural Wales and, in particular, the growing number of older people, has implications for the future of public service provision – for example increasing demand on social care and housing services. Between 2012 and 2016 all nine primarily rural councils have seen a reduction in the number of people aged under 18 and an increase in the number of people aged over 65. Whilst all rural areas will see the number of households in their area increase by 2035, eight of the nine primarily rural authorities will see new household formation at levels lower than the Welsh average. Daffodil[5] forecasts that this trend will continue for the next 20 years.

5 Daffodil is a web-based system developed by the Institute of Public Care for the Welsh Government, which pulls together in one place the information needed to plan care, support and housing services in the future.

## The lack of well paid jobs and difficulties creating and maintaining employment has encouraged younger people to move away

1.3 Our analysis highlights that, in some aspects, the economy of rural Wales is performing well. The employment rate in primarily rural authorities has seen a greater increase since 2007-08 than other parts of Wales, and all rural areas (with the exception of Ceredigion) at levels above the Welsh average. Overall, fewer people in rural Wales are economically inactive, unemployed or in receipt of welfare benefits than other parts of the country[6].

1.4 Despite these changes, rural Wales faces some significant economic challenges. Developing and sustaining a high skills economy can be difficult because the labour market is relatively small and there can often be a mismatch between having a workforce with the right skills to attract inward investment. New businesses are less prevalent in rural than urban areas. Whilst six of the nine primarily rural authorities have seen more businesses created than closed in 2016, the rate of growth has been gradually reducing since 2013 and the number of active business enterprises per 10,000 population fell in eight of the nine primarily rural authorities between 2008 and 2016.

1.5 Most communities in Wales have seen average (mean) gross weekly earnings increase since 2012, but seven of the nine primarily rural authorities have average weekly wages below the overall Welsh average and in Pembrokeshire, wages have fallen[7]. Comparatively, rural Wales has lower wages and the gap between the counties with the lowest and highest average earnings is widening.

1.6 The economy of rural Wales is heavily geared towards self-employment and smaller businesses. In 2016-17, self-employment levels in the nine primarily rural authorities were above the Welsh average. Only one other authority (Torfaen) is above the Welsh average[8]. Data published by the Office of National Statistics show that a greater proportion of the workforce are employed in micro (between 1 and 9 employees) and small (between 10 and 49 employees) businesses in rural Wales than other parts of the country[9]. For example in 2017, 40.1% of the workforce in Powys worked in micro businesses compared to 13.8% in Cardiff.

6 www.nomisweb.co.uk/articles/1048.aspx
7 https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Earnings/averageweeklyearnings-by-welshlocalareas-year
8 https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/Businesses/Business-Demography
9 www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/bulletins/ukbusinessactivitysizeandlocation/2017

1.7 Research shows that young people in rural areas are more likely to be in low paid work, insecure employment or working within smaller firms than their urban counterparts. A particular challenge for young people is the difficulty in progressing in work due to the concentration of small firms, which offer limited opportunities for young people to upgrade their skills and progress. Consequently, this results in young people feeling that they are being 'pushed' away from rural areas because of the lack of opportunities and lower wages, and 'pulled' to urban areas because they have better job opportunities, progression prospects and higher salaries[10].

## Poor infrastructure and changes in how key services and facilities are delivered has adversely affected rural communities

1.8 A well-connected and good quality road network, regular and inexpensive public transport, affordable housing, accessible public and private services and excellent broadband coverage are key pre-requisites of creating sustainable rural communities. These building blocks connect people to the services they need so they can thrive and grow. But citizens we surveyed raised concerns that the foundations of rural life, the things that contribute to making their community a great place to live and work, coupled with the impact of public funding cuts and continuing economic uncertainty, have changed their communities in recent years, and not always for the better.

## Poor transport infrastructure has affected citizens ability to access facilities, services and work

1.9 Whilst the quality of roads are improving across Wales, authorities in rural Wales have the poorest quality roads[11]. Rural authorities also disproportionately cover the bulk of the Welsh road network with 66.3% of roads in the nine primarily rural authorities. Some 56% of Town and Community Councils responding to our survey rated the condition of roads as in poor condition, a finding echoed by 31% of citizens who replied to our survey.

10 www.dera.ioe.ac.uk/15199/1/Barriers-to-education-employment-and-training-for-young-people-in-rural-areas.pdf
11 https://statswales.gov.wales/Catalogue/Transport/Roads/Lengths-and-Conditions

1.10 Research by the Campaign for Better Transport shows that whilst most councils in Wales maintained or increased investment between 2010-11 and 2016-17, they still reduced their expenditure on local bus routes by £5.1 million (24%). The largest increase was in Powys, where the budget increased by roughly £690,000 and the largest cut in Gwynedd, where the budget reduced by over £1 million[12]. Respondents to both our public and Town and Community Council surveys noted that public transport is less available than in the past and fear this decline is set to continue. Citizens cited Powys, Monmouthshire and Ceredigion as the areas with the least accessible public transport. Town and Community Councils across Wales similarly highlighted a decline in the availability of public transport with 50% of respondents stating services had decreased in their community.

## Citizens are being prevented from accessing and using public services because of poor broadband coverage

1.11 Superfast broadband is essential for consumers and businesses. It can help improve access to information, advice and help for citizens, and support public bodies to channel shift services to make it easier for citizens to access and use them but also to increase efficiency and create savings. Digital services also allow businesses to provide flexible working for employees so that they can work from home and access company systems remotely, saving costs and reducing carbon footprints.

1.12 The UK has poor broadband infrastructure, Wales has the poorest broadband links in the UK and rural areas in Wales the poorest access to services. An analysis of over 63 million broadband speed tests worldwide revealed that the UK sits in 31st place, with an average speed of 16.51 Mbps[13]. Seven of the ten wards in Great Britain with the lowest average download speed are in Wales and located in Gwynedd, Powys, Monmouthshire, Carmarthenshire and Pembrokeshire[14].

1.13 The findings of our Town and Community Council survey echo these conclusions. A number of respondents commented on poor superfast broadband speed and ongoing difficulties accessing online information, completing forms and applications. The result is that rather than improving access to services, poor broadband coverage is resulting in services becoming less available and accessible especially as councils are increasing their provision of online services.

12 www.bettertransport.org.uk/sites/default/files/research-files/2010_final_buscuts.pdf
13 The data rates of modern residential high-speed Internet connections are commonly expressed in megabits per second (Mbps). www.docs.google.com/spreadsheets/d/1A8LDcCLY3HN5Oqys6VxB0ug8xgroDADVIA2BeAF_tSM/edit#gid=0
14 www.researchbriefings.files.parliament.uk/documents/SN06643/SN06643.pdf

## Bank and post office closures have adversely affected many Welsh communities

1.14 The growth in online and mobile services have seen a reduction in banks and post offices. Research by Which estimates that 93 banks have closed since 2015[15]. Of these, 50 banks closed in the nine rural authority areas, 36 in mixed urban/rural and six in urban authority areas. Powys has seen the largest number of closures in Wales with the loss of 11 banks since 2015. Post office provision has similarly fallen across all Welsh communities since 2007[16]. Research by Deloitte[17] and by Move your money[18] highlight that the majority of closures happen in areas that are more dependent on bank and post office branches and most likely to be adversely affected by their shutting. For example, Deloitte classifies many areas of rural Wales as 'declining rural communities' who will experience further closures because of 'shrinking footfall and reduced demand for financial products and services'.

## There have been difficulties in developing and accessing housing in some rural areas

1.15 More people own their home than rent in rural areas. The nine primarily rural authorities have levels of owner occupation equal to or greater than the Welsh average but levels of social housing – rented from a housing association or council – are, overall, below the Welsh average[19]. House prices are also generally higher in rural areas than in urban communities. For example, in May 2018 six of the nine primarily rural counties recorded average sale prices in excess of the Welsh average of £148,894[20]. In recent years, new house building in rural Wales has mostly remained static but in four of the nine primarily rural authorities – Isle of Anglesey, Denbighshire, Monmouthshire and Powys – new dwelling construction has fallen[21].

15 www.which.co.uk/news/2017/04/mapped-the-482-bank-branches-closing-in-2017/
16 Post Office Limited Network Report 2017; and www.researchbriefings.files.parliament.uk/documents/SN02585/SN02585.pdf
17 www2.deloitte.com/content/dam/Deloitte/uk/Documents/financial-services/deloitte-uk-bricks-and-clicks.pdf
18 www.drive.google.com/file/d/0BxHxIVSxtvx2YVRtLTZDdkI0a0E/view
19 https://statswales.gov.wales/Catalogue/Housing/Dwelling-Stock-Estimates/dwellingstockestimates-by-localauthority-tenure
20 https://www.gov.uk/government/publications/uk-house-price-index-wales-may-2018/uk-house-price-index-wales-may-2018
21 http://gov.wales/statistics-and-research/new-house-building/?lang=en

1.16 Citizens responding to our survey highlighted the availability of housing, especially for younger people, the lack of affordable housing and rising house prices as growing problems. Welsh Government has supported authorities to create Rural Housing Enabler[22] (RHE) posts to assist development of housing in rural communities. Despite investing in this important role, the supply of new affordable housing has not significantly increased and a recent report highlighted that 'the dilemma facing all those involved in the RHE project is that delivery of rural affordable housing remains low'[23].

## Citizens generally feel that key council services are not as available, affordable, accessible, adequate and acceptable as they used to be

1.17 Citizens we surveyed believe there has been a decline in council services in the last five years. According to 43% of citizen survey respondents, council services have got worse over the past five years, compared to 39% who state there is no change. Only 10% say services have improved. 24% note that council services they use have been stopped and 10% that services are now restricted. Just under half of citizens responding to our survey said that the council services they use are unaffordable to them.

1.18 Despite recognising that things need to change, citizens' reaction to alternative service delivery models is mixed. Just under half are open to the idea of encouraging communities to run services themselves, particularly those in younger age groups. However, whilst residents accept the need to deliver future services differently, roughly seven in ten survey respondents still want council services delivered as they are now.

1.19 With increasingly constrained budgets, citizens are less positive about the future of public services. Only 29% agree that their local council will be able to deliver high quality services in the future but most citizens responding to our survey are unwilling to pay more council tax. Town and Community Councils responding to our survey support these conclusions, in particular, that the cost of council services have increased and become less accessible and available.

22 Rural Housing Enablers work with rural communities to identify local need for affordable homes and then work with the local community to find a suitable opportunity to develop housing.

23 http://rhewales.co.uk/images/user/Evaluation%20Rural%20Housing%20Enablers%20Wales%20Final%20Report%202014.pdf

Exhibit 1: the impact of service change on citizens and communities in rural Wales

Citizens and town and community councillors have seen a reduction in public services in rural Wales.

## Comments from Citizens on changes to public services

## Comments from Town and Community Councils on changes to public services.

'Low percentage of people are internet users and there is limited public transport.'

'Elderly people and young people are disadvantaged by lack of locally available facilities and the reliability of public transport, which is both inefficient and infrequent.'

'Closing of library services has made it more difficult for people to pay council tax and council house rent.'

'People without their own transport cannot get to work using public transport on time. School buses often late. Young people looking for work whose parents do not drive do not find work easy. They cannot afford or are unable to travel far for work. Lack of bus service no chemist no local doctor no library living rural now means being cut off more especially for the sick or elderly.'

'No public transport and no services in the area other than what is put on my community in the village hall. So anyone who can't drive is not able to access services.'

## Community Asset Transfers have increasingly been used by councils to save money but have not always resulted in sustainable solutions

1.20 With less money available to maintain key assets – for example, community halls, playing fields and changing rooms – councils are closing or selling off community assets to balance the books. In rural areas, these facilities are often key components of village life, the things that help communities to thrive and survive. Rather than closing amenities, one option for councils is to pursue a Community Asset Transfer (CAT)[24]. Consequently, the approach to CAT is indicative of how well public bodies support and encourage communities to do more for themselves and protect services.

1.21 We found that more community asset transfers are happening. Twenty five percent of those responding to our Town and Community Council survey stated they have been involved in the transfer of open spaces, 19% the transfer of a village or community hall, 9% of bus shelters and 2% of streetlights. In Neath Port Talbot, the council has transferred 55 assets including eight community centres and nine libraries into community control and is supporting the development of social enterprises. Research by Locality[25] concluded that the public bodies who are good at transferring assets have some common features. Namely, good quality and supportive guidance with short end-to-end processes for overseeing and approving cases. Critically, the success of transfers is founded on shared responsibility; both from the council transferring the asset, but also the community group and the body taking on responsibility.

24 CAT involves the transfer of ownership or management of land and buildings and represents an opportunity for public bodies to sustain services, and help rural communities develop greater self-resilience.

25 http://locality.org.uk/services-tools/support-for-community-organisations/ownership-and-management-of-land-and-buildings

1.22 We are concerned that councils are not always doing all they can to ensure a smooth handover and create a sustainable legacy. For instance, councils could do more to build capacity in their communities to be able to take on and successfully sustain assets. Only seven councils, of which four are primarily rural, provide capacity building, training, mentoring, and financial support to community groups and potential transferees. Only 15% of those Town and Community Councils responding to our survey who have taken on responsibility for an asset, received some form of financial assistance from their council, and only 10% ongoing support after transfer. For the bulk of assets transferred, Town and Community Councils take the asset in good faith and often feel they have to take on the transfer even when they do not have the skills, capacity or resources to maintain the asset.

1.23 CAT policies and business case templates often lack detail on the criteria used to decide on transfers, in particular demonstrating financial health and proven record of accomplishment is often overlooked or not detailed. Only five councils signpost expert guidance on CATs aimed at community groups produced by Welsh Government[26] and others. Applicants are often not required to set out how service provision will change or the impact of the transfer on protecting and promoting the Welsh language. Too often councils operate a 'one size fits all' approach and do not differentiate between the size of asset to be transferred. Generally, councils initiate and encourage the transfer but the risks associated with taking on an asset are not always transparently set out. Councils often do not require a business case nor do they have an equality impact assessment to support the disposal.

1.24 See our more detailed report on Community Asset Transfers.

26 The Welsh Governments Best Practice Guide provides good information and helpful resources to encourage councils to collaborate with community groups to both build capacity and enable successful transfers: http://gov.wales/docs/dsjlg/publications/comm/160310-community-asset-transfer-env2.pdf.

# Part 2 – Councils and their partners are not always responding effectively to the challenges faced by rural communities

2.1 In the preceding section, we have highlighted the difficulties that councils and their partners face, and need to overcome, in providing services to rural communities. The infrastructure gap facing our villages and rural communities is not only physical or digital; it is social and public. The renewal of rural Wales depends on public bodies working strategically and smartly together to understand and address these gaps. Individual agencies alone cannot solve problems. In this part of the report, we review how councils and their partners plan to support and sustain their rural communities in the future, through the work of Public Service Boards (PSBs). We review the quality of needs assessments, the effectiveness of partnership arrangements, the impact of consultation and engagement with citizens in setting priorities and actions, and the approach to collaboration and service integration. The section concludes with an assessment of how public bodies evaluate impact in deciding future choices.

## The role of Public Service Boards is evolving but there are opportunities to articulate a clearer and more ambitious shared vision for rural Wales

2.2 Under the Well-being of Future Generations Act 2015 (the 'Act'), partnership arrangements in Wales are changing. The creation of PSBs helps to strengthen joint working across all public services. PSBs are required to complete assessments of local wellbeing and identify areas where the PSB can have the biggest collective impact (towards the well-being goals) by working together. PSBs therefore offer the opportunity to move from multiple organisation planning and silo working to the creation of single place based strategies.

2.3 We identified some positive approaches that are creating a well-articulated vision for the future. For example, Monmouthshire's People Place Prosperity Strategy[27] recognises the different communities within the county and how meeting needs, and demand varies, is specific to local communities and requires different responses. In comparison however, some PSBs continue to deliver a one size fits all approach based on universal eligibility and centralised delivery models. Wellbeing Assessments and Plans have a number of shortcomings when considering rural areas. Too often, they act as a plan to make a plan and have not moved from analysing the current situation to actually setting out a shared vision underpinned by actions to make things better. Actions in the Wellbeing Plans we examined are very broad and it is often not clear who will do what or how services in rural areas will become more adequate, accessible, available, affordable, or acceptable.

2.4 Opportunities to collaborate and integrate services to maximise impact and make best use of resources are under developed or not pursued. Despite working together in recent years, key PSB partners have not clarified what they have learnt so far by looking at what works well and why. Wellbeing Assessments we reviewed did not consider future spending and the opportunities to pool budgets. In addition, service capabilities, impacts of prevention work, options for improvement, and information on spending and budgets are often lacking in Assessments.

2.5 PSBs do not always assess the capabilities of current services nor identify the contribution the private and third sectors can make. Social enterprises, which offer a community led response to the challenge of residualisation, are a particularly important option that PSBs should support, but their role is mostly overlooked. The establishment or involvement of social enterprises is not without challenge or risk – there is a mixed record of accomplishment of success and councils have examples of lost time and money trying to support them.

2.6 Nonetheless, with increasing pressures on the public purse and a commitment by policy makers to design services around the needs of citizens, it is clear that the private, third and social enterprise sectors have an important and growing role to play. They offer flexibility to harness and improve quality and achieve innovation, but PSBs need to integrate services at the point of delivery to identify and support the most appropriate response, be it from the public, private, or third sector, including social enterprises.

27 https://democracy.monmouthshire.gov.uk/documents/s13975/180418%20Draft%20Social%20Justice%20Strategy%20V5%20Appendix%20A%20180502.pdf

2.7 PSBs have much to do in order to improve relations with Town and Community Councils. Only 11% of Town and Community Councils responding to our survey indicated that they had a good working relationship with their PSB, compared to the 66% of respondents who felt that they had a good working relationship with their council. Almost a third of Town and Community Council respondents indicated they did not understand the role of PSBs.

## Analysis of data to understand problems and agree appropriate solutions is poor

2.8 PSBs are using data to understand the challenges they need to address and to review past performance. Some PSBs – Pembrokeshire, Ceredigion, and Carmarthenshire PSBs – are also collaborating and have joint wellbeing guidance, a Joint Methodology Framework, and actively share reports, data and information. Several PSBs are planning to map all service and community assets – for example, Pembrokeshire, Ceredigion, Neath Port Talbot, Swansea, and the Vale of Glamorgan – to identify how best to collectively optimise asset use and delivery of services. Pembrokeshire, Powys and Conwy and Denbighshire PSBs also have information strategies to improve how they collect and analyse data.

2.9 However, we also identified some common weaknesses in current approaches. The root cause of problems in different communities are not identified because data is often collected, managed and analysed in silos and/or at a county level only. This can result in organisations overlooking the different challenges in diverse rural areas. Councils recognise that their data is not robust and has limitations, and that they do not have the right skills nor capacity to make the best use of data.

2.10 There is little demonstration of how public bodies understand the diverse nature of their rural communities. For example, in those Wellbeing Assessments and Plans that mention rural matters, infrastructure is a common area for improvement, but Plans contain few specific actions or steps to improve infrastructure, such as actions to improve roads and cycle ways, integrate public transport and extend broadband networks.

## Councils are not always tapping into their communities to help them prioritise and deliver services

2.11 Involving partners and the public in developing and shaping the services they provide and receive can have a wide range of benefits: for public bodies, the public involved and society more widely. Engaging key groups at an early stage can help shape delivery choices so the services provided are more meaningful and useful to the people who use them, and will consequently make a more positive impact. Good communication and engagement can also stimulate interest and encourage people to become more involved in shaping and delivering services.

2.12 Several Wellbeing Assessments identify the potential for social capital[28] and volunteering. Powys PSB recognises that many people are willing to volunteer, and the focus on encouraging social capital in Monmouthshire's Wellbeing Plan is a particular strength that can be built on. The findings of our citizen's survey highlight the potential benefit of social capital with roughly half of the people we surveyed open to the idea of encouraging communities to run services themselves, particularly those in younger age groups (61% of 16-34 year olds).

2.13 Engagement work is often via established channels. For example, in tackling loneliness and isolation in rural areas, community involvement has involved traditional 'set piece' events, online consultation, and some basic social media shout outs. Where engagement happens, it is mostly focused on one-off issues rather than driving a fundamental shift in approach. Other ways of engaging and involving the public are not regularly pursued; for instance using a programme of targeted surveys of a representative cross section of the community, annually posting surveys with council tax bills or other correspondence, and examining common themes from correspondence and community contact over the last few years.

28 Social capital is the economic resources obtained from interactions between businesses or public bodies and individuals or networks of individuals.

2.14 A number of public bodies have sought to improve public engagement by developing corporate standards and approaches. These include:

a Gwynedd County Council's central engagement team's internal guidance and toolkit to support services in engaging with service users and communities, and its citizen-focused approach under the Ffordd Gwynedd principle.

b Dyfed Powys Police and Pembrokeshire Coast National Park Authority have established 'customer service excellence standards' and monitor service provision against these, which enables the service to address problems as they are identified.

c the Isle of Anglesey County Council in collaboration with Medrwn Mon's Community Voices project (a third sector initiative) engages with people with protected characteristics in reviewing services. In addition, the council's Engagement and Consultation Board is also mapping approaches to engagement to determine what works and why to provide further resources that support relevant engagement activities.

d the Vale of Glamorgan Council's approach to community engagement using a community mapping tool, although at them time of our review this had only been undertaken in four communities and not rolled out to all communities in the rural areas.

e the Welsh Government funded LEADER programme that encourages empowerment through local strategy development and resource allocation. Currently there are 18 Local Action Groups in Wales covering eligible wards in 21 Local Authority areas[29].

2.15 A strong and clear message from citizens is that councils are not good at communicating their vision of future services to communities so that people know what will be available, and what role the community itself can play. Most residents have not been given the chance to voice their opinions. Our citizen survey finds the majority of respondents' (83%) had not completed a survey or been asked for their views on the services they have used in the last 12 months.

2.16 Our findings suggest that Town and Community Councils are not being utilised to understand need, which is concerning given their strong links to village life in many remote and very rural areas of Wales. Very few indicate that their local authority or PSBs consult them in order to understand residents' needs. Only 30% of Town and Community Councils responding to our survey contributed to consultation activity to identify local needs in their area and only 7% in setting the priorities of their PSB. Similarly, a number of stakeholders we interviewed commented that engagement with the private sector and business community is not always effective.

29 https://gov.wales/topics/environmentcountryside/farmingandcountryside/cap/ruraldevelopment/wales-rural-development-programme-2014-2020/leader/?lang=en

## Whilst partnership working and collaboration is long established and can be effective, integration of services is limited

2.17 We found that most public bodies acknowledge that they do not have the capacity, resources or skills to respond to the needs of rural communities and know that they need to work differently and with others. With dispersed communities across much of Rural Wales and the new focus of the Act on combined service delivery options to address needs, there is an expectation that colocation, partnership working, and collaboration will increasingly become the standard model for delivering services, and a catalyst for integration of services.

2.18 Whilst councils recognise the value of joint and integrated working, they are not always organising and coordinating their work to make the best use of their expertise or realise the benefits that integration can bring. Rather, public bodies continue to focus on their own responsibilities, not the wider challenge of how public services collectively work together in an area.

2.19 For example, public bodies continue to operate out of separate buildings and run their own websites with their own information about their services and activities. Mapping provision is taking place but has not extended to reviewing current service delivery to identify options for co-location and integration. Collaboration is often based on opportunity or one-off relationships and not driven by place-based change or design.

2.20 Emergency services (Police and Fire) generally find working with other emergency services easier, but are less able to influence partnership working with other public bodies. Similarly, councils find it easier to engage with some bodies and agree joint priorities for action, for example housing associations, than others such as health boards. Regional arrangements have the potential to manage the effects of changing patterns of demand for services by sharing and integrating increasingly scarce resources and expertise. Our findings are consistent with the recent Parliamentary Review of Health and Social Care in Wales that found that the current pattern of health and social care provision is not fit for the future and emphasises the need for change[30].

30 https://gov.wales/docs/dhss/publications/180116reviewen.pdf

2.21 We did identify some good joint initiatives in rural areas such as the Rural North Flintshire Family Centre, integrated health and social care in the rural community of Llanrwst in Conwy County Borough, and the Health Challenge in Denbighshire. However, these are largely one-off initiatives rather than a fundamental shift in delivery with shared budgets, joint resourcing, integrated posts and delivery bases.

## Managing and preventing demand is acknowledged as essential in maintaining services but progress is mixed

2.22 Preventing unnecessary and avoidable demand for services represents good value for money. Demand management can be a starting point for public service providers as they balance delivery of services that meet the needs of citizens with fewer resources at their disposal. To work, it requires collaboration, longer-term thinking, and an insight into how best to deliver services embracing new ways of working[31].

2.23 Currently, too much prevention activity in rural areas centres on 'one off' approaches to reduce demand or prevent service requests. For instance, services are often located in main urban areas or larger towns, which can result in people living in more remote rural areas not using them because of their location and poor transport links. On paper, services appear accessible and configured to address need, but in reality, more dispersed rural communities do not use them.

2.24 Another common limitation in prevention activity we reviewed is its short-term nature, partly a reflection of funding cycles and annual grants. Likewise, weak evaluation of the wide variety of initiatives and limited sharing of project learning means there are risks to the sustainability of prevention projects by replicating problems and potentially duplicating efforts. In line with a public body's statutory responsibility, services are often designed to reduce risk, but focusing on this rarely leads to demand being addressed. Professionals can label service users and define their needs but this can overlook underlying problems. Consequently, demand escalates before there is an intervention because public bodies pass responsibility for addressing issues back and fore.

31 Appendix 10 of our report on **managing demand – homelessness** sets out some clear principles to help shape management of demand that can be applied to provision of services to rural areas.

2.25 The other part of the demand equation is supply, and the availability of qualified staff is one area where services are increasingly overstretched. National organisations we spoke to told us about recruitment problems in qualified primary school teachers, family doctors, planners and Welsh-speaking carers. A shortage of on-call retained fire fighters is leaving some stations in rural areas potentially under-resourced. Currently there are more than 400 on-call retained fire fighter vacancies across the three Welsh Fire and Rescue Authorities.

2.26 We found some positive approaches where organisations are preventing demand and increasing access to services. These include Mid and West Fire and Rescue Authority who use their Safe and Well Home safety checks, and risk based commercial inspections, to help people in rural communities. Similarly, Dyfed Powys Police Farmwatch project, a neighbourhood-policing project with a rural focus, which we highlight as good practice in Appendix 3.

2.27 Other approaches to prevention and managing demand look to develop greater self-reliance in citizens, with public bodies looking to equip people to address their own problems. Self-sufficiency is often highlighted as central to rural life and there is a perception that rural communities are more resilient and need less support than urban areas. This is important because prevailing images of rural areas are often polarized as both declining and stagnant or alternatively that rural areas are picturesque and self-sufficient.

2.28 A few authorities actively test this perception highlighting community resilience, volunteering, and developing social capital as key strands of work. For example, the Future Monmouthshire programme includes a high-level vision of shifting the focus from direct provision to enabling communities and empowering citizens to do more for themselves. However, as noted in Part 1 of this report, the ageing profile of the rural population and the continuing outward migration of young people, and inward migration of older people,[32] as well as volunteers' longer-term engagement or 'enthusiasm' can be lost through burn-out or competing commitments, raises challenges in creating greater self-sufficiency.

32 See http://www.wales.nhs.uk/healthtopics/populations/ruralhealth

## Councils and their partners need to improve their understanding of the impact their decisions have on people from different communities

2.29 There is variable practice in how councils seek to understand and demonstrate the impact, or potential impact, of their decisions and services on citizens. Most councils undertake, for example, Human Rights Act, Legal, Equality and Welsh language risk/impact assessments when implementing new policies and plans or revising existing documentation. However, these tend to consider services at a council-wide level and do not look at the different needs of different communities. In addition, we also found very few examples of public bodies using the Welsh Governments Rural Proofing Tool in revising or developing services (see Appendix 4). Too often, this results in a single broad-brush analysis that can overlook and ignore differences.

2.30 Generally, councils often lack the data and evidence to judge the impact of their work on different rural communities, or to identify what works and how they can improve. Councils with larger urban areas and dispersed rural communities are particularly challenged by the one-size fits all approach to evidence and evaluation. Focusing on county level data to identify need and scrutinise performance does not provide the detail needed to shape services to the different rural communities.

2.31 Many organisations do not see rural issues as a distinct policy area. This is particularly applicable to those we have classed as mixed urban/rural councils. The impact of service change follows a one-size fits all approach centred on the ease of delivering services from larger centres. Moreover, because councils with a mix of larger urban centres and dispersed rural communities have not used the Welsh Governments Rural Proofing Tool to help shape context, this can result in an over emphasis on urban need and urban solutions.

2.32 Consequently, some councils are not focusing on rurality as a policy or delivery strand despite containing significant rural areas and rural communities. For instance, whilst public bodies like Neath Port Talbot understand the challenges facing people across their different communities, public service partners have mostly prioritised future work in the main urban areas of Neath, Aberavon and Port Talbot. Officers and members recognise that priorities for these areas may not be suitable for more rural and valleys communities.

# Part 3 – To help sustain rural communities, councils and their partners need to think and act differently in the future

3.1 The way services are provided to communities, villages and towns in rural Wales needs to change. With significant cuts in public funding, councils have focused on to 'salami slicing' budgets and reducing non-statutory services. However, increasingly councils are reflecting that 'more of the same' is not a sustainable long-term response.

3.2 The policy direction of the Welsh Government is encouraging a rethink of the local public service model. Regional partnerships such as the Growing Mid Wales partnership covering Ceredigion and Powys County Councils, draw together local businesses, academic leaders and national and local government to create a vision for future growth. Shifting delivery to regional bodies is based on the view that a more systematic integrated response to problems is both possible and desirable. It also supports the integration of some local services, shifting investment away from a reactive service model towards more community-based and preventative solutions.

3.3 The evidence from our review highlights that councils alone cannot effectively solve the problems of rural Wales. A collaborative approach between public services working together with their communities and doing things differently is required. To achieve this, councils and their partners need to think and act differently, working together to build capacity, social capital and encourage communities and citizens to do more for themselves. Co-location and integration also needs to become the standard operating model going forward.

3.4 A place-based approach is therefore a good starting point in thinking about how best to reshape delivery of public services. Such an approach moves the debate from lots of separate and distinct front doors into individual services to a single front door, or gateway, to access public services. Taking such an approach places the citizen and community at the centre of service design because it allows public bodies to focus on the individual and their needs rather than organisational or professional boundaries.

3.5 This model sits well with provision in rural areas in a time of austerity because the cost of sharing offices is less and the prospect of retaining services enhanced. Working as a single place-based public system also provides the opportunity to focus more clearly on outcomes, because a broad range of factors influences outcomes and require an integrated response to resolve them[33].

33 The work of the Canadian Centre for Community Renewal is a good starting point for public bodies pursuing a place-based approach. Their detailed **Community Resilience Toolkit: A Resource for Rural Renewal and Recovery** provides a systematic guide to strengthening community resilience. The Toolkit focuses on helping organisations – community, statutory and private – to understand the concept of resilience, complete an

3.6 A whole system approach also recognises that very often citizens and service users have multiple needs, which require inputs from many public services to address them. Research by the Greater Manchester Public Service Reform Team[34] found that 48 individual citizens who sought help and assistance from public bodies had collectively made 1,235 requests or demands for assistance, an average of 26 per client. Under a traditional model of service delivery, where each agency operates independently, and often-different services within the same agency act in silos, the onus is on the citizen to seek a solution and it is down to them to work their way through the public service system. This can result in demand escalating and problems becoming more critical and costly to deal with because citizens may not know who to contact for assistance, and may not get the help they need at a time when problems can be resolved.

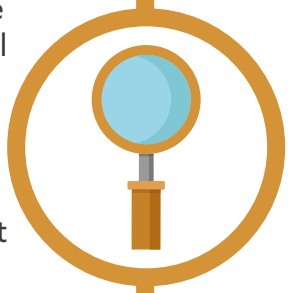
3.7 Councils and their partners should explore different system perspectives, including citizens, and ask what we need to support public bodies and people to contribute to improving outcomes[35]. Research also suggests that to do this you need to understand the key perspectives within a local system (people and organisations); the role they can play in achieving positive change; and the collaborative local infrastructure needed to enable them to work towards shared objectives in the context of place[36]. Our review has identified that there is potential to support a more sustainable future if councils and their partners shift to a place-based approach and think differently in designing services to respond to the needs of rural Wales. To make place based working a reality we have identified four key strands of work and these are set out below:

34 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/588237/Integrated_place_based_services_Academy_seminar_slidepack_310117.pdf

35 Collaborate CIC, February 2017.

36 https://www.jrf.org.uk/why-we-need-build-social-capital-cities

3.8. **A STRATEGIC PLACE BASED APPROACH** – councils and their partners recognise the scale of the problem they face in delivering services in rural Wales but are less clear on what they are going to do to overcome these. PSBs need to therefore develop a more ambitious and optimistic vision for the future, highlighting the good things about rural communities and pinpointing practical opportunities to improve people's wellbeing. One way to achieve this is for PSBs to work with local partners and citizens to create a place-based vision and set out how local partners will integrate and collectively deliver services. The approach should build on the Local Well-being Plan setting out an agreed collective understanding of long-term community needs; the social and economic vision for place with joint priorities to address agreed challenges; and map the services, networks and facilities that are potentially available to co-locate and integrate services.



3.9. **WORKING COLLABORATIVELY AND INTEGRATING SERVICE DELIVERY** – even if under pressure, councils still need to be provided in rural Wales and it is the responsibility of public bodies to find the most efficient and effective (for the citizens) way to achieve this. A change in mind-set and an acceptance that acting alone is no longer viable is required. This will need a shift to co-financing and potentially compromise on service models delivery points, and a move to creating integrated public service and community hubs.

3.10. From the customer perspective multi-service hubs are a good option as they are convenient 'one-stop shop' and can become community focal points thereby enhancing social capital. They need to be multi-purpose, cross-sector and reflect local needs in terms of what they provide, hosting a range of partners and public services. Hubs can also extend the use of local assets and offer the potential to act as gateways to public services operating either as:

a) Service hubs with a public sector focus – run by a council, housing association or other public sector organisation, bringing together different services under one roof.

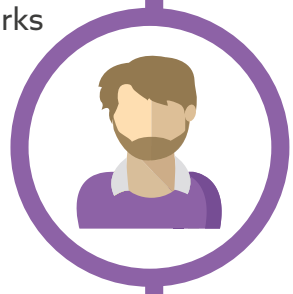
b) Community hubs run by community organisations – with different projects, activities and services, often run with a high level of involvement from the local community to fill gaps where public services have disappeared – for example supporting the work of credit unions.

3.11. **ADDRESSING INFRASTRUCTURE GAPS** – rural Wales has some significant infrastructure challenges. We recognise that addressing these are not always the primary responsibility of local government, cannot be dealt with by councils alone and requires support and assistance from others. However, councils and partners can pursue some steps. For instance:

a) supporting an integrated public transport network aligning bus and cycling networks with rail services;
b) help people and businesses make the most of digital connectivity by investing in infrastructure and digital skills (see the good practice example of Carmarthenshire County Council Boosting Wi-Fi connectivity rural areas in Appendix 3);
c) proactively promoting and raising awareness of infrastructure rollout e.g. Gwynedd Council increasing awareness and engagement with local communities and enhancing skills through their Digital Gwynedd project[37]; and
d) supporting community asset transfer by identifying which assets are suitable to transfer, and clarifying what needs to be done.

3.12. **SUPPORTING SELF-HELP IN RURAL COMMUNITIES** – provide the full range of services traditionally made available, councils and partners need to not only change how they work but they also need to encourage communities and citizens to do more for themselves by:

a) improving community based leadership by developing networks of interest, supporting volunteering and encouraging people to step up;
b) supporting social enterprise and more collaborative business models by identifying options for existing and new organisations;
c) developing guidance, toolkits and networks that support the development of place based town/village planning and place plans created within and led by communities;
d) providing tailored, community outreach to encourage and support communities to do more for themselves; and
e) enhancing and recognise the role of town and community councils and working with and supporting them to do more.



37 www.citizensonline.org.uk/digitalgwynedd

# Appendices

## Appendix 1 – Study Methodology

Our review methodology covered the following:

- A review of accumulated audit knowledge and practice.
- Communication and engagement with rural communities via attendance at the Royal Welsh Show and a range of local county fayres in Monmouthshire, the Vale of Glamorgan and the Isle of Anglesey.
- A detailed analysis of data drawn from StatsWales, the Local Government Data Unit Benchmarking Hub, the Office of National Statistics, NOMIS, the Institute of Public Care and HM Land Registry.
- A review of published literature including reports and primary research by the Wales Rural Observatory, the Commission for Rural Communities, Move your Money, Better Transport, Deloitte, Post Office Counters LTD, the Welsh Government, One Voice Wales, BDRC Continental, DCLG and DEFRA.
- An analysis of a sample of Public Service Board Well-being Assessment and Plans.
- A survey of 711 Town and Community Councils to identify the challenges they face in managing, maintaining and developing services to rural communities and how well they engage with and work in partnership with local authorities in respect of community asset transfers. We received responses from 355 bodies.
- A qualitative survey of 750 citizens to ascertain how well local government engage with and understand public perceptions in shaping services to rural communities. The survey question framework was framed to link with past research on services to rural communities, in particular the 2007 Wales Rural Observatory report 'Coping with Access to Services'[38] which identifies five important dimensions of delivering services in rural settings: adequate, accessible, available, affordable and acceptable.
- Interviews with key national stakeholders including Welsh Government, One Voice Wales, Society of Community Council Clerks, Welsh Local Government Association, third sector bodies, Community Housing Cymru, the Big Lottery, the Princes Trust, the National Farmers Union, academic institutions, private businesses and government agencies.
- Detailed fieldwork in Carmarthenshire, Isle of Anglesey, Gwynedd, Monmouthshire, Neath Port Talbot and the Vale of Glamorgan, the three National Park Authorities, Dyfed Powys Police and Mid and West Fire and Rescue Authority. Our fieldwork included interviews and focus groups with officers, members, and engagement with local partners.

38 www.walesruralobservatory.org.uk/sites/default/files/12_CopingAccessServices.pdf

## Appendix 2 – Defining 'Rural' Wales

A key difficulty in looking at this area of work is that there is no single agreed definition of a rural area in Wales. The Welsh Government differentiates between two categories - less sparse context and sparsest context - and between three settlement types.

Within the Less Sparse context there are:

- **Large Towns:** with populations of at least 10,000 people including Cardiff, Newport and Swansea along the North Wales coast, Deeside and Wrexham;
- **Small Towns:** settlements of less than 10,000 people in the more densely populated areas for example Denbigh and Monmouth – and also areas of urban fringe around the major settlements; and
- **Others:** villages, hamlets and dispersed dwellings in the less sparse areas

In the Sparsest context there are:

- **Large Towns:** settlements with a population of at least 10,000 people – Holyhead, Newtown, Aberystwyth and Carmarthen;
- **Small Towns:** in the less densely populated areas with less than 10,000 people; and
- **Others:** villages, hamlets and dispersed dwellings in the sparsest areas of Wales

According to the Welsh Government's classification, nearly 20% of the overall Welsh population lives in areas that are broadly classified as rural. Of these rural residents, only 30 percent live in the sparsest large or small towns; the majority (70%) live in either 'other' less sparse or sparsest areas (Welsh Government, 2015).

According to the Welsh Index of Multiple Deprivation in 2014, these areas are ranked as some of the least deprived areas based on income, which would appear to indicate that rural areas suffer less poverty and deprivation than urban areas in Wales. The Welsh Index of Multiple Deprivation (WIMD) takes account of a range of factors when measuring deprivation. It identifies Isle of Anglesey, Powys, Ceredigion, Carmarthenshire, Neath Port Talbot, Bridgend and Caerphilly as the counties with the highest incidence of rural deprivation in Wales.

The WLGA's rural policy forum consists of nine councils (Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire and Powys with representation from National Parks Wales.) In late 2015, the forum published a new series of priorities[39], which focus on three key areas - Future Generations; Our networks; and Our places.

39 WLGA Rural Forum - A Manifesto of the WLGA Rural Forum for 2015-2020 http://www.wlga.gov.uk/download.php?id=6257&l=1

# Appendix 3 – Good practice case studies

## A strategic place based approach

**Powys –** the PSB has a sound process of reviewing data and the format of the wellbeing assessment reports are very accessible and cross-referenced with up-to-date data sources. Independent advice has been sought to give reassurance on data quality. Some comparison of data is made with councils outside Wales such as fly tipping, and with other regions in Wales including sustainable energy generation. A research library has been established which holds research papers and information on rural issues and this is referenced when deciding potential responses in its first Wellbeing Plan. The PSB's Well-Being Assessment rates the impact of each key finding against the seven well-being goals and whether they have a positive or negative affect on well-being. The Assessment uses a wide range of local and national data to make a considered analysis of domestic violence and abuse, public health issues, educational attainment in rural schools, locations and provision of suitable accommodation for older people, broadband connectivity, and the impact of cybercrime on local rural businesses. As a result, the PSB is in a better position to co-ordinate action more effectively.

**Vale of Glamorgan –** the Creative Rural Communities Team was established in 2004 in the Vale of Glamorgan and the work is undertaken in partnership with communities to develop innovative projects and ideas that will create long-term social and economic benefits for the area. The aim is to empower individuals to become actively involved in the future of their communities. The Creative Rural Communities Mapping project built upon findings of a tackling poverty analysis commissioned by the former Vale Local Service Board, which found that it is generally the St Athan area of the Vale of Glamorgan that experiences the most poverty and deprivation when compared to other rural parts of the Vale. The approach seeks to work with communities to identify both the Social Assets, for example, community groups, organisations and individuals as well as Physical Assets including Community centres, open spaces and businesses in a community. The council piloted the use of the mapping approach in three communities in the Rural Vale in St Athan, Wenvoe and Rhoose. The mapping process has brought people together across those communities and has led to the identification of what matters in those communities. In St Athan one of the main priorities that the community identified was better play areas for children. A local group of residents have formed a community group to tackle this need and are working with the council's play development officer to increase their knowledge around the delivery of play activities and the volunteers are receiving informal mentoring to assist them with developing play provision in the area.

**Dyfed Powys Police –** the Force's rural policing strategy 2017-20 sets out what work is being planned to improve access to services in rural areas. The police are developing and supporting rural watch schemes, and increasing the number of Special Constables and volunteers working in rural communities. PCs and PSCOs are more accessible by being stationed in rural communities using shared facilities with Mid and West Wales Fire and Rescue Service, the use of the pop up tents and marquees at the summer shows and events and the introduction of a number of twitter accounts with local police teams. Police officers and support staff are receiving enhanced levels of training to ensure they have the correct expertise to deal with rural crime; this is necessary due to the complex nature of certain rural crimes. Supporting these officers is a Rural Crime Coordinator.

The Force has also created county-based Rural Crime Forums, which bring together farming union representatives, Farmwatch coordinators, rural based community groups and local authorities. These forums help build confidence in reporting crime, find shared solutions and improve the exchange of information and intelligence to enable focused targeting of criminals and criminality. Dyfed Powys Police Rural Crime Strategy 2017 also outlines the specific rural challenges the force faces, and the resources it will put in place to implement the rural strategy. These include actions to improve prevention activity, detection and enforcement actions, intelligence sharing, and public reassurance work.

## Working collaboratively and integrating service delivery

**North Wales Fire and Rescue Authority** – the Authority's Community Assistance Team teamed up with Welsh Government, the three emergency services, Denbighshire County Council, Conwy County Borough Council, Betsi Cadwaladr University Health Board, Galw Gofal Care Connect, and North Wales Regional Call Monitoring Service to offer integrated safety and health advice and respond to vulnerable people who experience a fall in their home. Referrals were made from hospitals, GPs, from family members, carers, or from the people themselves. As a result, demand for the services of the specialised Community Assistance Team continued to grow since the initiative aimed at protecting people in their homes began in August 2016. The Community Assistance Team benefited over a thousand people since the launch of the pilot in Denbighshire and Conwy. The scheme helped to reduce the number of people who needed to attend hospital, reducing the pressure and demands on ambulance and medical services. Funding for the project has now ended and it is no longer operating.

## Addressing infrastructure gaps

**Carmarthenshire County Council** – a Wi-Fi initiative is boosting connectivity and economic regeneration in the rural towns and villages of Ammanford, Burry Port, Carmarthen, Llandovery, St Clears and Whitland. The project is backed by Carmarthenshire County Council, who have given grant funding and made a successful funding bid on behalf of the Grŵp Cefn Gwlad Local Action Group, which has secured funding of £120,000 from the national LEADER scheme. Town councils, businesses, organisations and individuals are now able to access digital on-line training resources to support digital skills development. The initiative also incorporates free local Wi-Fi. As a result, new opportunities for jobs, apprenticeships, work placements and digital volunteers are being created.

**Community Asset Transfer** – we identified the following authorities as having developed good approaches to community asset transfer:

- Rhondda Cynon Taf who have declared a number of assets as surplus to their needs (referred to as 'Assets of Community Value'). The Council's website includes guidance, online templates, a detailed building description and a single point of contact for information, all aimed at helping to ensure the smooth transfer of assets.
- Powys County Council advertises land and building assets that have the potential to be transferred. Online expressions of interest forms and a business case template is available that encourages a detailed and shared understanding of project risks.
- the Vale of Glamorgan Council has a comprehensive toolkit with guidance and templates and signposts applicants to further information and including potential financing.

**Ceredigion** – the responsibility for running the services at Tregaron Leisure Centre have been transferred by Ceredigion County Council to a local community group. The process was established following work undertaken by the Council's Leisure Reconfiguration Board who identified Tregaron as suitable for transfer to the community – a process known as Community Asset Transfer. The Council then sought expressions of interest for the delivery of community sports activities from the leisure centre. Hamdden Caron Leisure are a group of volunteers from Tregaron and the surrounding area and gave an expression of interest to run the leisure centre after detailed consultation with users, non-users, and sports clubs in the area. A 30-year lease has now been signed between Ceredigion County Council and Hamdden Caron Leisure. The Leisure Centre now operates as a community hub for leisure and sporting activity with new sports clubs joining. The Council will continue to operate some services from the leisure centre and plans to develop more outreach services and drop in sessions in the future.

## Supporting self-help in rural communities

**Devon County Council** is using its data to build community resilience in rural areas. Understanding the resilience of a local community is important so councils can target help and support where needed most, and people in rural communities can help themselves. Devon County Council provides an online view of community resilience for each Devon community using a range of national and local data, which has been mixed with information from the #WeAreDevon Survey 2016, and Community Insight Survey 2017. The resulting community resilience score integrates various national and local measures to indicate the resilience of communities in Devon. This is creating a dialogue between public bodies, and is mobilising action to plan for and recover from big events such as extreme weather and economic changes.

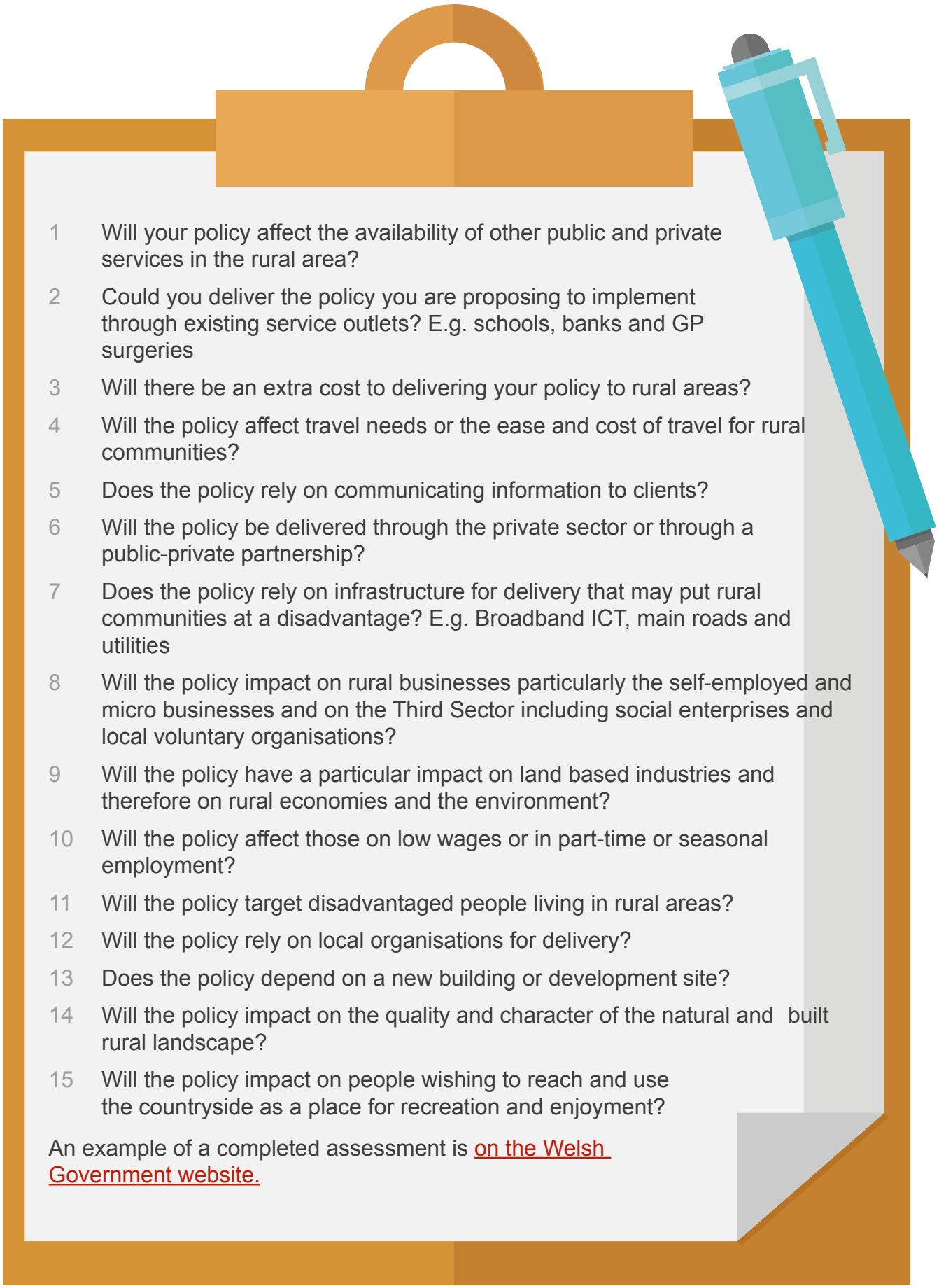
Devon Voluntary Action (DeVA) estimates there are 31,255 active volunteers. The Council is linking people and volunteers with those organisations who can help. The Council efforts are supported by an online independent advice centre known as Pinpoint that signposts thousands of services and community groups across Devon www.pinpointdevon.co.uk Over 500 community groups are registered and people can find a range of help and advice on how to maintain independent lives, find work, volunteer, improve personal wellbeing and build self-reliance.

**Caffi Cletwr, Tre'r Ddôl, Ceredigion** - With the support of Ceredigion County Council, Caffi Cletwr is developing a community-based approach to provide key services and tackle a number of issues facing the rural community in the village of Tre'r Ddôl and its surrounding areas. Tre'r Ddôl is a small community of roughly 600 residents and over the years has seen its local shop, church and primary school close. When faced with the local café also closing in 2009, a local community group gained grant funding from Ceredigion County Council, the Big Lottery Fund, European Union and businesses such as Santander and the Laura Ashely Foundation to purchase the business and develop a new café and shop in the heart of the village.

Caffi Cletwr is continuously evolving and the direction of its development is entirely dependent on the needs of the local community. It is continuously mapping the needs of the community in order to align their provision as closely as possible to residents' wishes. This has led to developing initiatives, which tackle issues that are synonymous with those faced by rural communities across Wales.

- Caffi Cletwr is much more than a café. In the wake of other community assets closing, this vibrant community centre provides a focal point where people can meet or pop in. Events are held and specific discounts on teas and coffees are aimed at elderly residents in order to encourage those who may otherwise not see or speak to anyone all day long to get out of the house.
- limited face-to-face interaction with public service providers. Ceredigion County Council makes use of Caffi Cletwr as a pick-up point for waste and recycling bags for citizens and its mobile library visits the café on a monthly basis, maximising its role as a community hub. Dyfed Powys Police has also made use of Caffi Cletwr by holding drop-in sessions with Police Community Support Officers at the café.
- fuel poverty: Caffi Cletwr arranges and facilitates a community syndicate for citizens to buy fuel for their oil-heated homes. Whereas citizens may otherwise have to purchase fuel in larger quantities from companies on an annual basis, by working on a syndicate basis citizens are able to purchase in smaller and more affordable quantities three or four times a year via the Caffi's fuel club. Buying 'in bulk' has also led to discounts for residents.
- lack of jobs for local people: Between the café and shop, Caffi Cletwr employs eight members of staff as full time equivalent. This includes a manager and assistant manager in the shop and three cooks in the café's kitchen. In addition, 50 volunteers are associated with the enterprise and regularly undertake jobs that need doing or help with organising community events held at the café.

# Appendix 4 – Welsh Government Rural Proofing Tool questions



1. Will your policy affect the availability of other public and private services in the rural area?
2. Could you deliver the policy you are proposing to implement through existing service outlets? E.g. schools, banks and GP surgeries
3. Will there be an extra cost to delivering your policy to rural areas?
4. Will the policy affect travel needs or the ease and cost of travel for rural communities?
5. Does the policy rely on communicating information to clients?
6. Will the policy be delivered through the private sector or through a public-private partnership?
7. Does the policy rely on infrastructure for delivery that may put rural communities at a disadvantage? E.g. Broadband ICT, main roads and utilities
8. Will the policy impact on rural businesses particularly the self-employed and micro businesses and on the Third Sector including social enterprises and local voluntary organisations?
9. Will the policy have a particular impact on land based industries and therefore on rural economies and the environment?
10. Will the policy affect those on low wages or in part-time or seasonal employment?
11. Will the policy target disadvantaged people living in rural areas?
12. Will the policy rely on local organisations for delivery?
13. Does the policy depend on a new building or development site?
14. Will the policy impact on the quality and character of the natural and built rural landscape?
15. Will the policy impact on people wishing to reach and use the countryside as a place for recreation and enjoyment?

An example of a completed assessment is on the Welsh Government website.

Wales Audit Office

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru

24 Heol y Gadeirlan

Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

Rydym yn croesawu galwadau ffôn yn Gymraeg a Saesneg.

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru

**CONWY AND DENBIGHSHIRE PUBLIC SERVICE BOARD**

**FORWARD WORK PROGRAMME**

2018/19

**Chair:**
*Bethan Jones*

**Vice Chair:**
*Iwan Davies*

***Co-ordinators***
*Nicola Kneale / Fran Lewis*

**Committee Officer:**
*Denbighshire County Council*
*01824 706141*

| Due Date for Meeting | Topic | Responsible Officer |
|---|---|---|
| **Public Services Board Meeting** | | |
| **25 March 2019** (Council Chamber, Russell House, Rhyl) | Chair & Vice Chair nominations | Chair |
| | BCU draft 3 year plan | TBC |
| | Local Development Plans for Conwy and Denbighshire – First Stage Consultation | James Harland (Conwy CBC Planning Policy manager)<br>Angela Loftus (Denbighshire CC Planning Policy Manager) |
| | PSB Annual Report (including updates on priorities and discussion on future leads) | Fran Lewis |
| | PSB Healthy Boards Session – follow up discussion | |
| | North Wales PSB Support Grant | Nicola Kneale |
| | Conwy & Denbighshire voluntary services councils – follow up on what support PSB can offer | Wendy Jones / Helen Wilkinson |
| | Rural Communities – responding to WAO report | Fran Lewis |
| **June 2019** (date & Venue TBC) | North Wales Growth Bid Update | Graham Boase / Jane Richardson |
| | First 1000 Days update | Teresa Owen |
| | DVSC – Dementia Friendly project | Helen Wilkinson |
| | Future Scenario Planning | Helen Wilkinson |
| | Update on Flexible Funding Programme | TBC |
| | **Exempt Items** | |
| | Development of PSB risk register and leadership challenges discussion | Nicola Kneale / Fran Lewis |
| **23 September 2019** | TBC | |
| **9 December 2019** | TBC | |
| **27 January 2020** | Workshop / Informal meeting | |
| **26 March 2020** | TBC | |
| **Standard Agenda Items** | | |
| Apologies for Absence | | |

| | |
|---|---|
| Minutes of last meeting | |
| Matters Arising | |
| Forward Work Programme | |
| AOB | |
| **To be confirmed** | |
| National Advice Agency | Welsh Government |
| Early Action Together programme | Vicky Jones |
| National Assets Working Group | TBC |
| Old Colwyn Sea Defences - update | TBC |

This page is intentionally left blank