

CYFARFOD Pwyllgor Trosolwg a Chraffu ar y cyd Bwrdd Gwasanaethau Cyhoeddus Cwm Taf I'W GYNNAL YN Y Lido, Parc Coffa Ynysangharad, Pontypridd CF37 4PE ddydd Gwener, 7 CHWEFROR, 2020 am 2.00PM.

Dolen gyswllt: Sarah Handy (Swyddog Ymchwil Craffu Graddedig) a Sarah Daniel (Uwch Swyddog Gwasanaethau Democraidd) (01443424099)

AGENDA

1. 5 SWYDDOGAETH STATUDOL GRAIDD PWYLLGOR TROSOLWG A CHRAFFU AR Y CYD BWRDD GWASANAETHAU CYHOEDDUS CWM TAF

Atgoffir aelodau'r Pwyllgor Trosolwg a Chraffu ar y cyd, fel y nodir yn ei gylch gorchwyl, bod eu swyddogaethau statudol craidd yn cynnwys: -

- Adolygu neu graffu ar y penderfyniadau sy'n cael eu gwneud gan y Bwrdd neu'r camau mae'r Bwrdd yn eu cymryd;
- Adolygu neu graffu ar drefniadau llywodraethu'r Bwrdd;
- Paratoi adroddiadau neu wneud argymhellion i'r Bwrdd ynghylch ei swyddogaethau neu'i drefniadau llywodraethu;
- Ystyried materion sy'n ymwneud â'r Bwrdd fel y gall Gweinidogion Cymru gyfeirio atyn nhw ac adrodd i Weinidogion Cymru yn unol â hynny; a

Cyflawni swyddogaethau eraill mewn perthynas â'r Bwrdd sydd wedi'u gosod arno gan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015.

2. DATGAN BUDDIANT

Derbyn datganiadau o fuddiannau personol gan Aelodau o'r Pwyllgor yn unol â gofynion Cod Ymddygiad y Cyngor.

Nodwch:

1. Mae gofyn i Aelodau ddatgan rhif a phwnc yr agendwm y mae eu buddiant yn ymwneud ag e, a mynegi natur y buddiant personol hwnnw: a
2. Lle bo Aelodau'n ymneilltuo o'r cyfarfod o ganlyniad i ddatgelu buddiant sy'n rhagfarnu, mae rhaid iddyn nhw roi gwybod i'r Cadeirydd pan fyddan nhw'n gadael.

3. COFNODION

Cadarnhau cofnodion o'r cyfarfod a gynhaliwyd ar 27 Medi 2019 yn rhai cywir.

5 - 10

4. RHAGLEN WAITH AR GYFER Y DYFODOL

Derbyn Mr Christian Hanagan, Cyfarwyddwr Gwasanaeth, Gwasanaethau Democrataidd a Chyfathrebu Cyngor Bwrdeistref Sirol Rhondda Cynon Taf, a fydd yn rhoi trosolwg i'r Aelodau o'r trefniadau craffu ar gyfer Blwyddyn y Cyngor 2019/20, gan gynnwys y Rhaglen Waith ar gyfer y Dyfodol.

11 - 18

5. Y DIWEDDARAF AM 'LIVE LAB'

Derbyn Mr Kelechi Nnoaham, Cyfarwyddwr Iechyd y Cyhoedd, Bwrdd Iechyd Prifysgol Cwm Taf, a fydd yn darparu trosolwg a diweddariad ynglŷn â'r cynnydd mewn perthynas â gwaith y Bwrdd ar 'Live Lab' Profiadau Niweidiol yn ystod Plentyndod.

19 - 30

6. DIWEDDARIAD - RHAGNODI CYMDEITHASOL

Derbyn Mr Kelechi Nnoaham, Cyfarwyddwr Iechyd y Cyhoedd, Bwrdd Iechyd Prifysgol Cwm Taf, a fydd yn darparu trosolwg a diweddariad ynglŷn â'r cynnydd mewn perthynas â gwaith y Bwrdd o ran Rhagnodi Cymdeithasol.

31 - 58

7. Y CYNNYDD DIWEDDARAF - HWB GLYNRHEDYNOG

Derbyn diweddariad yn dilyn ymweliad anffurfiol Pwyllgor Trosolwg a Chraffu ar y cyd Bwrdd Gwasanaethau Cyhoeddus Cwm Taf â Hwb Glynrhedynog ar 22 Tachwedd 2019.

8. TRAFOD UNRHYW EITEMAU ERAILL, FEL Y MAE'R CADEIRYDD YN EU GWELD YN BRIODOL.

9. ADRODDIADAU ER GWYBODAETH

D.S. Mae modd gweld Adroddiadau er Gwybodaeth trwy'r dolenni canlynol:-

- [ADOLYGIAD SWYDDFA ARCHWILIO CYMRU O FYRDDAU GWASANAETHAU CYHOEDDUS](#)
- [COFNODION BWRDD GWASANAETHAU CYHOEDDUS CWM TAF.](#)

(I'r Aelodau gydnabod yr wybodaeth sydd wedi'i chynnwys yn yr adroddiad(au). Mae modd anfon unrhyw ymholiadau sy'n ymwneud â'r eitem i Craffu@rctcbc.gov.uk)

Circulation:-

Representing Merthyr Tydfil County Borough Council:
County Borough Councillors: C. Barry, D. Isaac, M. Jones, T. Skinner and K.
O'Donovan

Representing Rhondda Cynon Taf County Borough Council:
County Borough Councillors: J. Bonetto, G. Caple, W. Jones, M. Powell and A.Cox

Co-opted Members:

Mr M.Jehu OBE – Local Health Board
Mr J. Jenkins – Community Health Council
Ms M. Lewis – RCT Citizen Representative
Mr M J. Maguire – Merthyr Citizen Representative

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RHONDDA CYNON TAF COUNCIL CWM TAF PUBLIC SERVICES BOARD JOINT OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Cwm Taf Public Services Board Joint Overview & Scrutiny Committee meeting held on Friday, 27 September 2019 at 2.00 pm at the Alby Davies Suite, Abercynon Sports Centre, Abercynon.

County Borough Councillors - Cwm Taf Public Services Board Joint Overview & Scrutiny Committee Members in attendance:-

J. Bonetto (Chair)

W Jones RCT CBC D Isaac Merthyr Tydfil CBC

Co-optees

Mr M Jehu, Local Health Board (LHB)
Mr J Maguire (Merthyr Tydfil Citizen Representative)
Mrs A Lewis (RCT Citizen Representative)

Public Service Board (PSB)

Professor M Langley, (Chair, PSB)
Ms K Smith, PSB Support Officer
Ms L Toghill, PSB Support Officer

Officers in attendance

Mr C Hanagan, Service Director Democratic Services & Communications, RCT CBC
Mr P Mee, Director Public Health Protection & Community Services, RCT CBC
Mr C Hole, Head of Community Wellbeing & Prevention, Merthyr Tydfil CBC
Mrs W. Edwards, Service Director Community Services RCT CBC
Mr K O'Donovan, Change and Performance Manager, Merthyr Tydfil CBC

1 Apologies

Apologies of absence were received from County Borough Councillor M. Powell, G. Caple and D. Macey (Rhondda Cynon Taf), C. Barry, M. Jones and T. Skinner (Merthyr Tydfil CBC)

2 Declaration of Interest

In accordance with the Council's Code of Conduct, there were no declarations made pertaining to the agenda.

3 Minutes

It was **RESOLVED** to approve the minutes of the meeting held on the 22nd

March 2019 as an accurate reflection of the meeting.

4 Progress Update

Members received the draft Minutes of the Cwm Taf Public Services Board (16th July 2019) and the Cwm Taf Strategic Partnership Board (25th June 2019) and **RESOLVED** to acknowledge the draft minutes for information.

5 Overview of Arrangements including the Forward Work Programme 2019/20

The Service Director Democratic Services & Communications presented his report outlining to Members of the Cwm Taf Public Service Board Joint Overview & Scrutiny Committee (JOSC) their role in undertaking scrutiny of the Cwm Taf Public Service Board (PSB). Members were asked to consider and develop the forward work programme which was attached for information. Since its inaugural meeting on the 20th February 2017 the JOSC has met consistently with a view to reviewing the governance of the PSB, acting as statutory consultees on the well-being assessment and well-being plan and monitoring progress of the implementation of the well-being plan and engaging in the PSB planning cycle. Members were reminded that as the committee works on a rotational basis the Chair and support arrangements are with Rhondda Cynon Taf County Borough Council.

The JOSC was reminded that in July 2019 a joint scrutiny training session had been held to equip members with the skills, knowledge and confidence to carry out their role, to challenge the decisions made and actions taken by the PSB. The Service Director Democratic Services & Communications proposed that this municipal year it was intended that the JOSC consider developing a more streamlined and focussed work programme to ensure a more outcome based approach is taken forward. As such, fewer items will be included on the forward work programme and it is anticipated that the JOSC consider progress made against the Cwm Taf Well-being Plan objective 'Thriving Communities (developing Community Zones in RCT and Merthyr Tydfil)'. To this end the JOSC will be in a position to better assess the impact of the work on the communities of the Cwm Taf in respect of social, economic, environmental and cultural well-being of the area.

In conclusion, the Service Director Democratic Services & Communications asked JOSC to review the attached forward work programme to consider whether it represents a balanced approach to their work for the municipal year 2019/2020.

The Co-opted Member for the Local Health Board (LHB) agreed that there had previously been a lack of scrutiny and to that end he felt the JOSC had not been able to fulfil its role. To serve as a reminder to all members of the JOSC he suggested that the five core statutory functions are included as a standard on the agenda as they represent all that the JOSC should be considering. A further proposal included identifying a number of key headings from the PSB delivery plan to take forward.

The Chair confirmed the intention to arrange informal meetings in between the formal JOSC business to include site visits which will add value and insight to the forward work programme.

It was **RESOLVED**:-

1. To agree the JOSC forward work programme subject to details of the definite schedule and location of future formal and informal meetings being included before circulation and endorsed at the next formal meeting of the JOSC; and
2. To include the five core statutory functions as a standard item on future agendas;

6 Chair of the Cwm Taf Public Service Board (PSB)

The Chair welcomed Professor Marcus Langley, Chair of the Cwm Taf Public Service Board (PSB) to the meeting to update Members on progress made by the PSB.

For the benefit of new Members to the JOSC, the Chair of the PSB outlined the structure and governance arrangements of the Board and highlighted the key intention to ensure everyone works together to improve the well-being of the Cwm Taf communities, now and in the future, through effective partnership working. Members were reminded that the Cwm Taf Well-being Plan was published on the 4th May 2018 and sets out the four Well-being objectives that the PSB has committed to deliver in partnership and also sets out the steps, ranging from immediate to longer term steps that the PSB intends to deliver. The four well-being objectives are Thriving Communities, Strong Economy, Healthy People and Loneliness and Isolation.

The Chair of the PSB updated JOSC on the steady progress within each of the four well-being objectives which has been captured in the PSB Annual Report 2018/19, published in July 2019 and sets out the first year's achievements which have demonstrated how the Board has been working differently, thinking long-term and working in a creative and co-ordinated way through the lens of the Wellbeing and Future Generations (Wales) Act 2015. The Chair assured members of the scrutiny committee that progress within each of the objectives would be shared with them on a regular basis.

The Chair referenced the Adverse Childhood Experiences (ACES) live lab sessions, joint working and social prescribing which is an opportunity to demonstrate how the PSB can make a real difference by working and thinking differently. He reported that the LiveLab session, held in conjunction with the Office of Future Generations Commissioner, had been externally facilitated where ideas had been filtered and refined resulting in an innovative approach. He also referred to the importance of social prescribing and the role of the PSB in developing and supporting existing services. The Chair reported on the improved governance arrangements and the positive impact the PSB support officers have made to the overall progress of the Board.

The Chair stressed the importance of evaluating the outcomes of the PSB work to understand the differences that are being made to the Cwm Taf communities.

There followed a discussion following the Chair's presentation on the importance of dealing with the real issues within our communities and not just reaching targets and the benefits of providing those in need with real employment opportunities. It was suggested that the two key issues highlighted, the Live Lab sessions and social prescribing would be two very relevant topics and legitimate items to include on the JOSC forward work programme. In response the Chair of the JOSC confirmed that the objective 'Thriving Communities (developing

Community Zones across Cwm Taf)' had been identified for its cross cutting themes which would encompass matters such as social prescribing.

Members discussed projects that were underway in their own areas such as the 'Muddy Boots Walking Group' in Treherbert, which are having an impact on people's lives and addressing real issues through social prescribing but some Members felt that more awareness was needed to promote the community work which was being run in the main by local volunteers.

Following discussion it was **RESOLVED** to acknowledge the Chair's update from the PSB and his commitment to attend a future meeting of the JOSOC to deliver a further progress update.

7 Thriving Communities

The Director Public Health, Protection and Community Services (RCT), the Head of Community Wellbeing & Prevention (Merthyr Tydfil CBC) and the Service Director, Community Services (RCT) presented their joint report in respect of the implementation of the delivery plan for Objective One of the Cwm Taf Well-being Plan.

In the first instance the Director Public Health, Protection and Community Services provided background to the PSB Cwm Taf Well-Being Plan 2018-2023 and to the development of the Community Zones which had been born out of the realisation that tackling the issues in our most disadvantaged communities required a different approach. The location of the two community zones had been identified based on need and from a number of sources such as community size and existing community support which had resulted in two community hubs being established in Ferndale in the Rhondda Fach (RCT) and the Gurnos (Merthyr Tydfil).

Progress in the first year has seen the opening of Hwb Glynrhedynog at Ferndale in July 2019 and Calon Las in the Gurnos in September 2019, both of which are led by anchor organisations and have made significant progress in delivering outcomes for their respective communities. A number of important services are co-located within the respective hubs such as the Library service which shares the Hwb space in Ferndale and health visitors and employment support in the Gurnos community hub. The Service Director, Community Services confirmed that the co-location of the library has had a positive impact on staff feeling more valued within their community.

The Director outlined plans for the next stage such as progressing the Community Co-ordinator role as well as building on the good progress made within the first year. He emphasised the importance of evaluating the impact of the community hubs in the future to assess the differences that are being made to the communities through an evaluation framework which is being developed jointly with Data Cymru.

In order to assist Members to identify any matters that they may wish to consider in greater detail, the Director asked them to reflect on a number of key questions such as how the progress and performance of the Community Hubs can be measured and how do they present an opportunity for the delivery of the wider well-being objectives? Furthermore, how can the longer term sustainability of the community hubs be guaranteed when the long term future of the service providers is to some extent dependent on external grant funding?

The Director added that following the proof of concept, that ten other areas have been identified as locations for community hubs across the Cwm Taf footprint such as Porth in RCT, focussing on areas of greater needs. The Community Hub in Mountain Ash opened in June 2019 using an under-utilised facility and has recorded 37,000 visits within the first 3 months and has doubled its library membership.

The Head of Community Wellbeing & Prevention stated that universal provision and a holistic approach are key to the success of the initiative as is listening and prioritising the matters that the communities say are important to them. He added that it is crucial that all partners take an active role and work together to make the project sustainable in the long term.

Members of the JOSOC discussed the report and commended the progress of the community hubs in their first year and concluded that case studies of service users would be key to evaluating the success of the initiative together with capturing pride and self-esteem of service users.

In conclusion, the Director Public Health, Protection & Community Services warned against becoming complacent following the success of the first year but to consider what other public bodies can enhance the 'one public service' approach. It was proposed that Members consider holding future meetings or visit the two community hubs to view the facilities first hand to meet with service users and partner organisations working from the Hubs.

Following discussions it was **RESOLVED** to:-

1. Commend the progress of the Community Hubs located at Ferndale and the Gurnos and the progress for objective 1 of the Cwm Taf Well-being plan;
2. Arrange a visit to the Hubs (as part of the series of informal meetings) for members of the JOSOC to see the facilities and meet with partner agencies working from them; and
3. Consider areas for development such as sustainability, integration, partnership and evaluation of the initiative, (the latter to be evidenced by case studies of service users) at the next formal meeting of the JOSOC.

8 Reports for Information

The Service Director Democratic Services & Communications referred Members to the links within the agenda to the reports for information in respect of the PSB Annual Report 2018/19 and the Adverse Childhood Experiences (ACEs) in Cwm Taf.

He stated that although these reports are for information only, any queries can be directed to the Scrutiny inbox in RCT via the email address on the agenda.

The meeting closed at 15.50pm

**J. Bonetto
Chair**

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CWM TAF PUBLIC SERVICES BOARD JOINT OVERVIEW & SCRUTINY COMMITTEE



7th FEBRUARY 2020

SCRUTINY OF THE CWM TAF PUBLIC SERVICES BOARD

FORWARD WORK PROGRAMME

REPORT OF THE SERVICE DIRECTOR DEMOCRATIC SERVICES & COMMUNICATIONS

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present the Forward Work Programme (FWP) to Members and to include items for future prioritisation and consideration by the Cwm Taf PSB Joint Overview & Scrutiny Committee (JOSC).

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Consider and discuss items to include on their FWP taking into consideration the draft forward work programme attached at **Appendix A**;
- 2.2 Identify any additional items for the FWP using the criteria form attached at **Appendix B**; and
- 2.3 Consider the schedule of future meetings of the JOSC including frequency and location of meetings.

3. REASON FOR RECOMMENDATIONS

- 3.1 To determine a clear Forward Work Programme, schedule and location of future meetings for the JOSC.

4. WORK PROGRAMME

- 4.1 An effective FWP will identify the issues that the JOSC wishes to focus on throughout the year and provide a clear rationale as to why particular issues have been selected, as well as the approach that will be undertaken. The intention is to adopt a flexible approach to the FWP and to revisit it at regular intervals to ensure the items are valid and worthwhile. Members' input will also be sought on suggested topics for consideration as determining its own work programme and deciding on what evidence to seek to fulfil its scrutiny role; asking relevant and timely questions at meetings are all key to good scrutiny

- 4.2 This year, it is proposed that the JOSC agrees to scrutinise the development of one strand from the Cwm Taf Wellbeing Plan which will allow sufficient time for possible training sessions, work programme planning, site visits and/or presentations from Officers. Scrutinising one objective from the Cwm Taf Wellbeing Plan will also provide the Committee with the opportunity to produce a meaningful outcome at the end of the year. The items listed for consideration by the Committee are attached in the FWP at **Appendix A**
- 4.3 It is suggested that the JOSC consider progress made against the Cwm Taf Well-being Plan objective 'Thriving Communities'. In doing so members of the JOSC will be able to ensure the PSB is taking all reasonable steps to meet its objectives, monitor progress to date and consider the extent to which differences are being made to the communities of Cwm Taf in improving the social, economic, environmental and cultural well-being of the area.
- 4.4 The JOSC receive copies of the minutes and the Work Programme of the Cwm Taf PSB to inform the JOSC's future Work Programme.
- 4.5 Attached at **Appendix B** a scrutiny criteria form has been developed which considers issues such as impact, performance and the rationale behind the chosen topics. This criteria can be used by Members when they want to propose further items for the FWP which the Committee can consider for prioritisation at a future meeting. Should they wish to, Members are asked to complete the criteria form and return to the scrutiny officer with any suggested items they wish to consider at a future meeting.

5. FUTURE MEETINGS

- 5.1 Members have previously requested that, where possible, the location of future meetings of the JOSC should be held in venues that support the needs of the Committee and are linked to the requirements of the Terms of Reference relating to 'Public Engagement' i.e that the venues are accessible to the residents of Cwm Taf in order to engage the public in our work. It is also the intention to link the locations to the agenda items under consideration so as to make them relevant.
- 5.2 The following is a proposed outline schedule for future meetings of the JOSC and it is for Members to determine the details i.e. times and venues.
- 28 February – Informal visit to the Ferndale Hub
 - 20 March 2020 – Formal Meeting, Ponty Lido
- 5.3 Based on what is agreed by the JOSC, Officers will schedule the dates and times in calendars as appropriate.

6. EQUALITY OR DIVERSITY IMPLICATIONS

- 6.1 There are no Equality or Diversity implications aligned to this report.

7. **CONSULTATION**

7.1 Members are presented with the Forward Work Programme at each meeting of the JOSC where they have the opportunity to discuss adding potential items for future scrutiny with the officers present at the meetings.

8. **FINANCIAL IMPLICATIONS**

8.1 There are no financial implications aligned to this report. The improvements seek to strengthen the engagement with the public in the Joint Committee's scrutiny process using existing resources.

9. **LEGAL IMPLICATIONS**

9.1 There are no legal implications aligned to this report.

10. **LINKS TO PSB'S WELL-BEING OBJECTIVES**

10.1 The recommended approach set out supports the PSB Wellbeing objectives by ensuring progress decisions and future work programmes and plans are robustly scrutinised by the Committee, the public and others with a vested interest.

10.2 The proposed approach will also support the requirements set out in the 'Statutory guidance on the Well-being of Future Generations (Wales) Act 2015' which states:

- A public body must take account of the importance of involving other persons with an interest in achieving the well-being goals and ensure those persons reflect the diversity of the population.
- Effective involvement of people and communities in decisions that affect them is at the heart of improving well-being currently and in the future.
- It is vital to factor people's needs; ensuring engagement is meaningful and Effective.

Contact Officer: Sarah Daniel, Senior Democratic Services Officer

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Contact number: 01443 424 103

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Scrutiny@rctcbc.gov.uk**

Cwm Taf Public Services Board Joint Overview and Scrutiny Committee Work Programme Descriptors 2019/20

(The Work Programme is reviewed at each meeting and as such is subject to change)



Date / Timing	Overarching Item	Officer / PSB Member	Scrutiny Focus
Date 27th September 2019 2.00-4.00pm	Progress update on Public Services Board (PSB)	Professor Marcus Longley (Chair of the Cwm Taf PSB)	Scrutiny and Challenge: To receive the Chair of the Cwm Taf Public Service Board who will provide a verbal update on all progress made since his previous attendance to the meeting of the JOSC on Friday, 22 nd March 2019.
	Development of Joint Overview & Scrutiny Work Programme and schedule of dates for Cwm Taf JOSC meetings.	Service Director Democratic Services & Communications (RCTCBC)	Scrutiny and Challenge: To receive a report from the Service Director Democratic Services & Communications (RCTCBC) in respect of developing a Forward Work Programme (FPW) for the Municipal Year 2019/20, agreeing a schedule of meetings of the JOSC and identifying any further training requirements.
	Cwm Taf Wellbeing Plan Objective- Thriving Communities	Paul Mee RCTBCB Chris Hole Merthyr Tydfil CBC	Scrutiny and Challenge: The Lead Officer(s) for this objective will provide an update on the progress made to date in relation to this objective within 'Our Cwm Taf' Wellbeing Plan. Members will have the opportunity to monitor progress in this area and identify whether the PSB is meeting its objectives.

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As per the WAO scrutiny forward work programmes should: provide a clear rationale for topic selection; be more outcome focussed; ensure that the method of scrutiny is best suited to the topic area and the outcome desired; align scrutiny programmes with the council's performance management, self-evaluation and improvement arrangements.

Cwm Taf Public Services Board Joint Overview and Scrutiny Committee Work Programme Descriptors 2019/20

(The Work Programme is reviewed at each meeting and as such is subject to change)

<p>22nd November 2019 - Informal visit to Ferndale Hub</p>	<p>Informal visit and an opportunity to meet with service users and members of the community.</p>	<p>Service Director, Community Services</p>	<p>Scrutiny and Challenge: The Lead Officer(s) for this objective will provide an update on the progress made to date in relation to this objective within 'Our Cwm Taf' Wellbeing Plan. Members will have the opportunity to monitor progress in this area.</p>
<p>7th February 2020 – 2-4pm Formal meeting, The Lido, Pontypridd</p>	<p>Joint Overview & Scrutiny Work Programme and schedule of dates for Cwm Taf JOSC meetings for the 2019/20 Municipal Year.</p> <p>Committee Members to receive an update in respect of the work of the Cwm Taf PSB in relation to Social Prescribing.</p> <p>Committee Members to receive an update in respect of the work of the Cwm Taf PSB in relation to ACES Live Lab.</p> <p>Committee Members to receive an update in respect of the Committee's visit to the Ferndale Hub in November 2019.</p>	<p>Service Director Democratic Services & Communications (RCTCBC)</p> <p>Kelechi Nnoaham, Director Public Health, Cwm Taf University Health Board</p> <p>Kelechi Nnoaham, Director Public Health, Cwm Taf University Health Board</p> <p>Service Director, Community Services</p>	<p>Scrutiny and Challenge: To receive a report from the Service Director Democratic Services & Communications (RCTCBC) in respect of Members agreeing the Joint Overview & Scrutiny Work Programme and schedule of dates for Cwm Taf JOSC meetings for the Municipal Year 2019/20.</p> <p>Scrutiny and Challenge To receive a report from the Director Public Health Wales in respect of progress made in respect of Social Prescribing.</p> <p>Scrutiny and Challenge To receive a report from the Director Public Health Wales in respect of progress made in respect of the work of the PSB on ACES Live Lab.</p> <p>To receive an update following Committee's visit to the Ferndale Hub in October 2019.</p> <p>INFORMATION ONLY- To receive the findings and recommendations of the Wales Audit Office</p>

Cwm Taf Public Services Board Joint Overview and Scrutiny Committee Work Programme Descriptors 2019/20

(The Work Programme is reviewed at each meeting and as such is subject to change)

	<p>INFORMATION REPORT:- Wales Audit Office Recommendations- Review of Public Service Boards</p>		
<p>28th February 2020- Informal Visit – Ferndale Hub</p>	<p>Another opportunity to meet with service users and members of the community as well as Members of the Arts Factory.</p>	<p>Service Director, Community Services</p>	<p>Scrutiny and Challenge: The Lead Officer(s) for this objective will provide an update on the progress made to date in relation to this objective within 'Our Cwm Taf' Wellbeing Plan. Members will have the opportunity to monitor progress in this area.</p>
<p>20 March 2020 – Ponty Lido, Pontypridd</p>	<p>To receive the Cwm Taf Joint Overview & Scrutiny Draft Annual Report</p> <p>Progress update on Public Services Board (PSB)</p> <p>To Consider areas for development such as sustainability, integration, partnership and evaluation of the initiative, (the latter to be evidenced by case studies of service users)</p>	<p>Service Director Democratic Services & Communications (RCTCBC)</p> <p>Professor Marcus Longley (Chair of the Cwm Taf PSB)</p> <p>Director, Public Health, Protection & Community Services (RCTCBC)</p>	<p>Scrutiny and Challenge: To receive the draft Joint Overview & Scrutiny Draft Annual Report</p> <p>Scrutiny and Challenge: To receive the Chair of the Cwm Taf Public Service Board who will provide a verbal update on all progress made in respect of the Wellbeing Plan.</p> <p>Scrutiny and Challenge: The Lead Officer(s) for this objective will provide an update on the progress made to date in relation to this objective within 'Our Cwm Taf' Wellbeing Plan. Members will have the opportunity to monitor progress and consider areas for development in this area.</p>

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INFORMATION TO CONSIDER AS PART OF DRAFTING THE JOSCS FORWARD WORK PROGRAMME FOR 2019/20

Proposed Item(s)	Is this item within the remit of the Joint Overview & Scrutiny Committee?	Is it a public interest item?	What is the expected outcome from receiving this item?	What can be achieved?	What information should be reported to the meeting and how (e.g. Report accompanied with Power Point)	Meeting the 5 WOW's? Integration Collaboration Long term Involvement Prevention

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CWM TAF PUBLIC SERVICES BOARD - JOINT OVERVIEW & SCRUTINY COMMITTEE

Report Author PSB Support Team
Committee Date 07.02.20

Agenda Item: 5

This is an abridged version of the information report from the 27th September committee meeting with new appendices, outlining subsequent progress. The report outlined the work to date on tackling and mitigating the effect of Adverse Childhood Experiences (ACEs) in Cwm Taf. Appendix 1 highlights further progress to date. Appendices 2 to 4 provides further information.

Update Report

1.0 SUMMARY OF THE REPORT

- 1.1 To provide the Joint Overview and Scrutiny Committee (Committee) with oversight of the role of and work undertaken by the Board in relation to ACEs in Cwm Taf.

Tackling and mitigating the effect of ACEs has been identified as a priority for Cwm Taf. This work will directly contribute to delivering on the Well-being Plan and Objectives.

This Report is a summary of the work to date and an outline of the proposed next steps.

2.0 RECOMMENDATIONS

- 2.1 The Committee is requested to:
- i. Consider and note the content of this report.
 - ii. Identify any further information it would like to consider in support of the delivery of the Well-being Plan and the wider remit of the PSB in respect of tackling ACEs.

3.0 INTRODUCTION AND BACKGROUND

3.1 As Members are aware, the Cwm Taf Well-being Plan 2018-2023 was published on the 4th of May 2018 and contained four Objectives:-

- Thriving Communities
- Healthy People
- Strong Economy
- Loneliness & Isolation (cross cutting Objective)

Adverse Childhood Experiences (ACEs) feature throughout the Plan and its Objectives. It is also central to the WG Children First pilot of the Community Zone work.

The PSB received an offer of support from Bonnie Navarra of the Office of Future Generations Commissioner to work with the Board through a Live Lab looking at ACEs and ensuring that the people of Cwm Taf can access the right services at the right time. This work has also been supported by Charlotte Waite from the ACEs Hub.

3.2 A core group comprising of Marcus Longley – chair of PSB, Kelechi Nnoaham - chair of SPB, Paul Mee and Chris Hole – local authority leads for the Thriving Communities Objective, Simon James – Involvement Lead, Kirsty Smith and Lisa Toghill – senior officers for the PSB and Bonnie Navarra and Charlotte Waite met to consider the offer from the Office of the Future Generations Commissioner and develop a proposal for the work to the PSB. This was framed around an evidence base of relatively high numbers of children looked after in Cwm Taf, lower levels of educational attainment and employment rates, higher rates of substance misuse and lower life, and healthy life expectancy as well as accounts of service users’ struggles to access the help they needed or receive any early intervention support.

This proposal was presented and accepted at PSB in May 2019.

Following agreement from PSB, two and a half days of workshops were held in Rhondda Fach (Tylorstown) sports centre on 8, 9 and 11 July.

The event was opened with a key note address from Dame Louise Casey and attendees included colleagues from across the Board partners, as well as Trevallis and Merthyr Valleys Homes, Mind and Barnardos. The workshops were facilitated by Candy Perry, Concinnity Consultancy and Research Ltd.

4.0 CURRENT POSITION

4.1 The two and a half days of workshops were based on the ‘exam question’:

“People in Cwm Taf access the right services at the right time to prevent, tackle and mitigate ACEs”

The attendees used the Well-being of Future Generations Act and the Five Ways of Working to challenge themselves and their thinking. The process explored what is working well, challenging perceived barriers and identifying ways of moving furthest forward fastest so as to enable system-wide change in relation ACEs and services in Cwm Taf.

At the end of the two and a half days, the group proposed that the way to create system change in a complex adaptive model such as ACEs was to work towards achieving two 'simple truths':

1. Communities understand and define for their themselves their role in providing Safe, Stable Nurturing Relationships, Environments and Services
2. PSB, RPB and other commissioning bodies understand and implement the right measures so that service behaviours will change

The PSB met in July and received a PowerPoint presentation summarising the workshops and their findings.

The Board agreed that these two outcomes will be tackled first as the way forward for Cwm Taf in terms of ACEs. The Board requested that the Strategic Partnership Board (SPB) take this work forward as a priority.

5.0 FUTURE REQUIREMENTS

- 5.1 SPB have devoted their next meeting to a workshop focusing on the first simple truth. This takes place on 24 September and those involved in the workshops have been invited to attend, as well as members of our Town and Community Councils. Bonnie Navarra and Charlotte Waite continue to be involved with this work.

The Health Board boundary change to Cwm Taf Morgannwg means that any work being done in Cwm Taf will likely have implications for Bridgend. Colleagues from Bridgend PSB are being kept informed of developments within Cwm Taf, and opportunities to widen the footprint of this work will be explored.

6.0 NEXT STEPS

- This work is integral to improving the well-being of our communities, our residents, our workforce and our services and needs to be treated as core work for the PSB with strong leadership and direction.
- The Leads for each Well-being Objective will need to consider, and continue to review, how to incorporate and contribute towards these two recommendations as part of delivering on their Objective.
- We ask that JOSOC focus on the work to prevent, tackle and mitigate ACEs and scrutinises the Board on progress being made.

Appendix 1 – Progress since September 2019

Based on the first recommendation from the LiveLab: *Communities understand and define for themselves their role in providing Safe, Stable, Nurturing relationships, environments and services*, the SPB focused their September workshop on this statement, and arrived at the following recommendations and next steps:

1. **PSB to create a task and finish working group, championed by a PSB member, to identify the best ways of undertaking community development as a mechanism for preventing and mitigating the impact of ACEs.** Members are asked to nominate participants. This group should look at bold and innovative ways of bridging the gap between the strategic intent and what is happening on the ground in our communities.
2. **The PSB to complete the self-assessment tool that was sent to individual bodies as a Board.** This will help identify where the Board is in terms of adopting the Ways of Working and contributing to the Goals, and where action needs to be taken and translated from strategic vision in to changes in service delivery and how we work with our communities.
3. **Review membership of the Board to ensure inclusion of education and early years' sectors.**
Education is adopting practice, like consequential thinking, that the PSB are unaware of, and the changes to the curriculum will widen this gap. The Board needs to be informed by the education and early years' sectors if we are truly considering our future generations.

Workshop discussions highlighted the need to stop looking to create new layers but rather use existing networks, explore what are the perceived barriers and what the next steps should be, based on community voice. Groups spoke about how being bold could mean community groups being involved in strategic structures, re-thinking how we commission services to the voluntary sector and devolving budgets to the community. Cultural shift does not lend itself to linear solutions, so any approach cannot be led or driven by interventions. Recognising that change will not be brought about by engaging the usual suspects.

Since the workshop, efforts have been targeted at the first recommendation to create a task and finish group, to identify community development practices as a way of tackling ACEs and their impact. The PSB champion was identified as Pauline Richards, Chair of Interlink RCT, with support from Chief Officer, Simon James. Two task and finish meetings took place between October and December, involving a wide range of partners from across public and third sector services and organisations. The final task and finish group meeting is scheduled for the 3rd March 2020. Please refer to notes and materials from the meetings at **Appendices 2 & 3**.

Appendix 2 – Outline proposal for Involvement Task and Finish Group

ACEs Live Lab: Next Steps for Involvement

Report Authors: Simon James / PSB Support Team

Date: 11 October 19

Recommendations:

- That the PSB endorse the approach outlined in regards of an 'Involvement' group and Task and Finish group.
- That the work is championed by a PSB representative.
- The Board endorses the membership for the Task and Finish group.

Context

There is a requirement to endorse the Cwm Taf Strategic Partnership Board recommendation resulting from the Live Lab Workshop on the 24 September 2019,

PSB to create a task and finish working group, championed by a PSB member, to identify the best ways of undertaking community development as a mechanism for preventing and mitigating the impact of ACEs.

The work of this Task and Finish Group would naturally align with the remit of the Information, Communication and Involvement (ICI) subgroup that reports to the Board. There was an existing intention to strengthen how the Involvement group can inform and influence the work of the PSB, in line with the Act and ways of working. Therefore the ICI group will prioritise the Task and Finish Group as its main priority.

There have been developments across partnerships and within the voluntary sector to strengthen the involvement and voice of communities and citizens in the landscape of strategic partnership work, such as:

:

- New Welsh Government commissioning toolkits and guidance;
- Greater capacity for involvement through the Integrated Care Fund (via RCT People First); investment in personnel (Interlink) and support from the Participation and Involvement Officer (RCTCBC).

The task and finish group should form part of, and inform, this structure. The proposed members of the Task and Finish group would could come from the new developed 'Involvement' group.

Purpose of Task and Finish Group

This group will look at bold and innovative ways of bridging the gap between the strategic intent and what is happening on the ground in our communities to '... undertaking community development as a mechanism for preventing and mitigating the impact of ACEs.'. Where known, it will implement best practice to develop the involvement of lived experience, families, unpaid carers, communities and practitioners to coproduce solutions and recommendations in relation to ACEs

Objectives

- Assess opportunities and gaps to ensure the group identify barriers to involvement and access to services, particularly for those individuals or groups without a voice, for example, people with disabilities or complex needs;
- Find new ways for children and young people's voices to be better heard and acted on in relation to ACEs;
- Determine how we make the shift to commissioning and planning processes with the full involvement, following new WG Guidance, of lived experience, their families and unpaid carers from the start alongside the involvement of providers and partners.
- Valuing what we can learn – using an asset or strength based approach to support people who have experienced the impact of ACEs to inform others.
- Explore and recommend a range of different techniques in how to involve families and communities that may have experienced the impact of multiple ACEs, and inform service (re)design – steps towards co-production;
- Complete a report and recommendations to mainstream citizen involvement in commissioning and continuous improvement of relevant services;
- Develop evidence-based recommendations on the impact of citizen involvement;
- Provide a structure to evidence to citizens how involvement is making the difference.

Suggested Membership

The 'Involvement' group will be comprised of key individuals able to inform and support involvement including people with lived experience, their families, unpaid carers and communities with in-depth knowledge and experience of involvement from the third and public sector and practitioners.

We recommend a Task and Finish group of between 5 and 8 people from the wider 'Involvement' group. The Task and Finish group will act as the drive and work with the members of the 'Involvement' group who would then engage with colleagues and partners undertaking involvement practice in relation to ACES. The Task and Finish group would be comprised of:

- Service user
- Carer Representative
- Strategic and practitioner members from the partners represented on the Board
- Involvement practitioners and advisors
- Administration and Support: Interlink and the PSB Support Team

Based on provisional conversations, we would ask that the group has a PSB champion – Pauline Richards.

Recommendations:

- That the PSB endorse the approach outlined in regards of an 'Involvement' group and Task and Finish group.
- That the work is championed by a PSB representative.
- The Board endorses the membership of the Task and Finish Group.

Appendix 3 – Outcomes from the Task and Finish Group Meetings

PSB Task and Finish Group

'Community development as a mechanism for preventing and mitigating the impact of ACEs'

10 December @ VAMT

Welcome, Introductions and Apologies
Attendees: Andrew Robinson, Steve Davis, Simon James Sue Phillips, Pauline Richards, Kay Tyler, Kirsty Smith, Lisa Toghill, Jenny Mushiringani-Monjero, Beth Smith.
Apologies: Emma Williams, Charlotte Waite, Pat Duke, Tony Redman, Amanda Lewis, Maria Lewis, Darren Northall, Amy Thomas, Chris Hole, Taryn Hudd, Robert Williams, Kelechi Nnoaham, Sharon Richards, Ian Davy, Sarah Jenkins, Jessica Allen, Simone Devinett, Sharon Phillips. Not received. Emma Howells.
Scope of the work (Attached SPB Update) Purpose of Task and Finish Group This group will look at bold and innovative ways of bridging the gap between the strategic intent and what is happening on the ground in our communities to '... undertaking community development as a mechanism for preventing and mitigating the impact of ACE's. Where known, it will implement best practice to develop the involvement of lived experience, families, unpaid carers, communities and practitioners to coproduce solutions and recommendations in relation to ACEs Objectives <ul style="list-style-type: none">• Assess opportunities and gaps to ensure the group identify barriers to involvement and access to services, particularly for those individuals or groups without a voice, for example, people with disabilities or complex needs.• Find new ways for children and young people's voices to be heard and acted on in relation to ACE's.• Determine how we make the shift to commissioning and planning processes with the full involvement, following new WG Guidance, of lived experience, their families and unpaid carers from the start alongside the involvement of providers and partners.• Valuing what we can learn – using an asset or strength based approach to support people who have experienced the impact of ACEs to inform others.• Explore and recommend a range of different techniques in how to involve families and communities that may have experienced the impact of multiple ACEs, and inform service (re)design – steps towards co-production.• Complete a report and recommendations to mainstream citizen involvement in commissioning and continuous improvement of relevant services.• Develop evidence-based recommendations on the impact of citizen involvement.• Provide a structure to evidence to citizens how involvement is making the difference. Some key issues raised at the T&F meeting on the 21 November include: <ul style="list-style-type: none">• The lived experience of people who are considered the most vulnerable can be harmful. There is often a focus on risk and behaviour without an understanding of vulnerability.• Power imbalances in the system that protects the system (at the cost of people the system is supposed to support) – starting with people with lived experience, especially those we might consider the most vulnerable, when dealing with services.• Tokenism – often the failure of move away from consultation and engagement to genuine involvement where people with lived experience have influence.• Good practice is hidden – it is a poor traveller, very little of what is good is shared.• The importance role models.

- People understand relationships are vital to people considered the most vulnerable – but services are time limited and financially driven, not based on need.
- Short-term interventions, often classed as early intervention and prevention, can lead to longer-term more complex problems. This leads to increasing demand in housing and in the community, dealing with complex issues without the support and resources they require.
- Top down models decided by senior managers with insufficient knowledge and experience of the issues.
- The importance of safe places.
- The importance of the connection with and support provided by local trusted organisations with strong community development values.

Defining the problem(s) we are trying to solve together / feedback

- Adverse childhood experiences - it is the trauma that results from the experience
- Protective factors – safe, nurturing relationships
- We cannot and should not label people, but the experience and other tools can be used to draw upon and move on – supporting resilience not victims
- Resources suitable for different groups, not one box fits all
- The importance of help and support to tackle and overcome
- How can we better use vulnerability profiling for working together?
- Do we shy away from the fact that this is intergenerational and many families are known within the community?
- Many communities / families are outside / alien to the system
- Bullying – the support is not there, lives often ‘put on hold’, they hide, until they have the opportunity to express themselves
- When young people do a map of their community – what they describe is often completely different to adults / teachers perspective e.g. unsafe / safe places
- Culture - there can be a culture of ‘save’ rather than support
- Do systems / services know about / understand the concept of relationships, trust, and local knowledge?
- Short-term funding / staffing
- Funding programmes lead to silos / working in isolation e.g. young people
- Young people often do not know what the problem is let alone who to go to or would be too embarrassed – arts can offer a solution
- Allow children and young people the time and spaces to be themselves / share / work / play alongside each other - with the right people in the room.
- Where are the people and places where this can happen? Left too late if it is a service need such as counselling
- Working in silos – asking young people to talk to us about what matters to us (not what matters to them).
- RCT Young People Survey – want to have supervision, which means they often do not feel safe and issues around ASB
- Are we attaching sticking plasters rather the challenging the system – the causes?
- Schools and what happens in them can be a trigger and some people cannot access schools and many would not want to
- We need a whole community approach
- Understand and share good practice
- Often criteria is used to either allow to exclude young people
- Labels – how to avoid stigmatisation, however, young people naturally form groups that exclude others, increasingly so with social media e.g. WhatsApp’ groups
- Need spaces where young people are supported by the people who can provide that support; however such places are available to small minority of people, and more young people are reporting feeling lonely and isolated – this is neglect and very unhealthy for young people.
- Young people’s physical and mental health best addressed by supporting young people to be themselves with others, but fixation on top-down messages around healthy eating and exercise. How do we change how resources are spent on what young people require?

- Gaming / addiction – when and who decides and intervenes when it becomes a problem. Who can intervene and help the young person access alternatives if the parent does not?
- How do we support young people to self-regulate, to have choices and alternatives?
- Value what is important
- Example – how would we solve / support / involve an isolated young person with no supportive adult? Currently (Spectacle) self/parent referral and outreach but mainly referred through partners
- Effective support required an active referral network
- Importance of pastoral roles – Wellbeing Coordinators – can provide exceptional support, provide a safe place – everyone has to start from a pastoral role – the system reward exam results not pastoral support and so dilutes the message and undermines support.
- System is causing the problem, and the system puts in place sticking plasters to solve the problem – in this case, pressure on young people not to be rounded individuals but to pass exams and address what matters to the system / school – driven by performance measures, which drive finance and resources.
- Kindness as a (*the?) system, share, understand, absence is evidence for enquiry and support
- Stigma to accessing services
- Used lived experience e.g. a friendlier Kafka process, to ask what could have been done differently
- Has to involve school / parents / children / community – this is cultural change, is long-term – example of long-term impact on changing culture and behaviour in a primary school (Spectacle)
- People with skills to work with young people – but who is helping to maintain principles and quality of support?
- Community and family together
- SLA / KPI's – they are often not based on what young people want

So what? What will we do differently?

'...look at bold and innovative ways of bridging the gap between the strategic intent and what is happening on the ground in our communities to '... undertaking community development as a mechanism for preventing and mitigating the impact of ACEs.

- avoiding 'hitting the target' and missing the point, accountability based on involvement and in depth understanding of the lived experience
- support safe stable nurturing relationships services / environments
- ongoing conversation, connect with and involve groups not consultation and engagement
- support system change through experiential learning in a safe environment
- Change perspectives through building understanding and relationships

Ideas we want to explore – these, at this stage, do not have to be realistic or constrained

Sharing and Learning from Lived Experience in a Safe Place

- A stimulus that allows everyone to be involved in a shared and safe place – e.g. Out of Control. This allows people to use scenarios based on lived experience but anonymised so people are free to explore the issue in depth without having to defend.
- A play based on real lived experience that cuts across a school / a community
- Experiential learning in a safe space that allows challenge of perceptions against the reality of lived experience.
- Look at how we enable everyone who wants to, to have a voice and provide equality.

Reverse Mentoring

- Supporting community members to support and train people in public service to do their role. E.g., Tesco and Capel Farm – Tesco staff are taught to serve the food and this has transformed the relationship. Led to decision by Tesco to allow Capel Farm to sell and generate an income from surplus food.
- Cheese and crime events – young person's play, for all, with public service staff serving fish and chips.

Commissioning for Me

Partners / community / people with lived experience look at a specific commissioning opportunity related to ACES and work together through a whole design and development process using a coproductive approach to addressing a locally identified need and that includes a lack of access to information on what is available. The lived

experience is often very different from strategic intent due to barriers such as location, timing, etc. The programme would look at ongoing support, discussion and accountability through a relationship based commissioning model and look at how to identifying measures that respond to impact not activity based KPI's and targets. This is based on accountability based on long-term planning and developing relationships and supporting conversations and involvement For example, consultation work carried out in the Cynon on after school activities for children with disabilities.

Decision Making

A young person / young person group to run the PSB (service?)

Whole Community Approach

Work with young people / schools / teachers /public services to identify what they see as safe / unsafe places in their community.

Walk in My Shoes for a Day

To create equal relationships based on listening and understanding, people in different roles and at different levels, spend a day in someone else's shoes. Practitioners and senior manager from public services and from the community spend a day working alongside each other.

Induction / recruitment / secondments

Involve people with lived experience to design recruitment process and involved in recruitment panels e.g. TRAC / Cwm Taf Substance Misuse - people with lived experience recruiting staff

Employ people with lived experience / provide work experience

Rather than train people in coproduction and community development, employ people with the required values and train them in the more technical requirements. Support people to build self-esteem and skills through supported employment.

The final task and finish group meeting on the 3rd March will assess and agree on the following proposals:

1. How we work together to improve how we deliver relationship based public services
2. Implementing a community development approach within a specific community to build community capacity and resilience.

Tudalen wag



CWM TAF PUBLIC SERVICES BOARD - JOINT OVERVIEW & SCRUTINY COMMITTEE

Report Author Sara Thomas, Public Health
Wales

PSB Support Team

Committee Date 7th February 2020

Agenda Item: 6

Update Report on the work to date on developing a shared regional (Cwm Taf Morgannwg-wide) understanding and approach to Social Prescribing.

1.0 SUMMARY OF THE REPORT

- 1.1 To provide the Joint Overview and Scrutiny Committee (Committee) with oversight of the role of and work undertaken by the Board in relation to Social Prescribing in Cwm Taf and beyond, working to the Health Board footprint and inclusive of the Regional Partnership Board (RPB) and Bridgend PSB.

Social Prescribing has been identified as a priority for Cwm Taf Morgannwg and an area of work where the involved Boards can collaborate to maximise the collective impact. This work will directly contribute to delivering on the Well-being Plan and Objectives.

This Report is a summary of the work to date and an outline of the proposed next steps.

2.0 RECOMMENDATIONS

- 2.1 The Committee is requested to:
- i. Consider and note the content of this report.
 - ii. Identify any further information it would like to consider in support of the delivery of the Well-being Plan and the wider remit of the PSB in respect of well-being and sustainable development principles (the five 'Ways of Working').

3.0 INTRODUCTION AND BACKGROUND

3.1 As Members are aware, the Cwm Taf Well-being Plan 2018-2023 was published on the 4th of May 2018 and contained four Objectives:-

- Thriving Communities
- Healthy People
- Strong Economy
- Loneliness & Isolation (cross cutting Objective)

Social Prescribing features throughout the Plan and its Objectives, particularly in the Thriving Communities 'Zone' development work and as a method for tackling loneliness and isolation. It is also discussed in the [RPB's Regional Plan](#) and [Bridgend PSB's Well-being Plan](#).

A concept paper (Appendix 1) was produced by Sara Thomas, Consultant in Public Health; Gillian Day, Health and Wellbeing Development Manager, Primary Care, CTMUHB; Simon James, CEO, Interlink; Ian Davy, Chief Officer, VAMT in March 2019. This was reviewed and updated in May 2019 following the further involvement of Andrew Thomas, BCBC; Helen Hammond Bridgend PSB; Sally Rees, WCVA; Anne Morris, Interlink; Kay Harries, BAVO; Kirsty Smith, Bridgend PSB; Sarah Mills and Nia McKintosh, Regional Commissioning Unit.

3.2 This concept paper was presented to the Strategic Partnership Board (SPB) of Cwm Taf PSB on 25 June 2019, and the RPB on 11 July 2019. It was also received by Bridgend PSB's Asset Board.

4.0 CURRENT POSITION

4.1 At the June SPB meeting a request was made from the Vice-Chair that focused attention be given to understanding the mechanism for social prescribing, looking at the roles acting as connectors and understanding what we've got, both within the Public Sector and community owned/developed.

4.2 The Social Prescribing group comprising representatives from all the involved Boards met on 22 October, 2 December and 20 January. Membership and terms of reference for the group has been agreed. The initial focus has been on agreeing a definition of Social Prescribing, as set out in the concept paper (Appendix 1) and trying to develop a baseline of current social prescribing arrangements across Cwm Taf Morgannwg as well as the funding streams being accessed for supporting the work.

The Project Initiation Document (Appendix 2) outlines the planned approach for the group.

4.3 There has also been some funding allocated from the Minister for Health and Social Services directly to Health Boards to support the effective interventions in relation to early years and the prevention of ill health, with the intention of using the funding as part of a wider shift towards prevention.

One of the proposals for Cwm Taf Morgannwg Health Board is to use the funding to look at sustainability and supporting community assets for social prescribing, as identified in the concept paper (Appendix 1) and help to meet identified gaps in provision. The group supported that the proposals, and these were submitted to the

Boards for approval, with submissions for the proposals being entered before Christmas.

5.0 FUTURE REQUIREMENTS

5.1 The Group remains conscious of integration with the Valleys Regional Park work around green spaces, and ongoing work with the Enhanced Community Cluster Team.

This work remains central to demonstrating effective collaboration and integration between the two Public Services Boards of Cwm Taf Morgannwg as well as the Regional Partnership Board

6.0 NEXT STEPS

6.1 The Social Prescribing Group is next due to meet 24 February.

As set out in the Project Initiation Document (Appendix 2), the key milestones for the Group are to include:

- Baselining current delivery across the three local authorities and undertaking a collective community asset gap analysis.
- Developing a best practice model framework, including communication methods both internally for sharing information and externally for public awareness raising.
- Looking at sustainability and funding, including proportionate funding opportunities to ensure equity in provision.
- Agreeing a Common Outcome Framework to help demonstrate an evidence base and measure the impact of Social Prescribing across the region.

The Group asks that JOSCS note the content of this Report and Appendix, and identify any further information it may need to scrutinise this approach and its contribution to delivering the Well-being Plan and Well-being of Future Generations Act in Cwm Taf.

Social Prescribing

Purpose

The purpose of this concept paper is to:

- Develop a shared understanding of social prescribing and what good looks like; why social prescribing improves outcomes and experiences for people, their families and carers, as well as achieving more value from the system
- Recognise the three key components of social prescribing (referrer, link-worker and sustainable community assets) and the importance of striking a balance between the resourcing of all three
- With reference to the current model inform future commissioning/planning of social prescribing schemes locally including how it can be scaled up to achieve a population level effect by enabling other agencies to refer people with wider social needs to a link worker and community based support
- Build on collaborative working amongst all partners at a locality level, to recognise the value of community groups and assets which enable people to build or rebuild friendships, community connections and a sense of belonging, as well as accessing existing services

Introduction

There is increasing acceptance that sources of support in local communities have an important role to play alongside clinical care or even as an alternative in improving an individual's health and wellbeing outcomes. The concept of *Social Prescribing* or *community referral (to support within the community)* can reduce social isolation and loneliness, improve individual emotional and physical wellbeing¹. Though there is a need for more robust and systematic evidence on the effectiveness of social prescribing², in addition to improved individual wellbeing, social prescribing schemes may lead to a reduction in the use of statutory public services including reduced attendance at GP and accident and Emergency departments³, 59% of GPs think social prescribing can help reduce their workload⁴.

¹ Dayson, C. and Bashir, N. (2014), The social and economic impact of the Rotherham Social Prescribing Pilot. Sheffield: Sheffield Hallam University: <https://www4.shu.ac.uk/research/crest/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf>

² Bickerdike, L., Booth, A., Wilson, P.M., et. Al. (2017), Social prescribing: less rhetoric and more reality. A systematic review of the evidence, *BMJ Open* 2017;7:e013384. doi: 10.1136/bmjopen-2016-013384

³ Polley, M. *et al.* (2017), A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. London: University of Westminster

⁴ RCGP (2018). Spotlight on the 10 high impact actions. Available online <http://www.rcgp.org.uk/about-us/news/2018/may/rcgp-calls-on-government-to-facilitate-social-prescribing-for-all-practices.aspx> (accessed 2 June 2018)

Whilst there has been a generally positive response to the concept of social prescribing, there has been some debate about the term used. There is suggestion that on the one hand use of the word “prescribing” is unhelpful as it perpetuates a reliance on a medical model of care with other views that it promotes acceptance by patients who might otherwise view a non-medical solution as inferior. *Social Referral* has been suggested as an alternative term.

The community support and wellbeing services are often provided by people working and volunteering in the third sector or independent sector, complementing the role played by statutory organisations. Knowledge of the support and services available in a community is often poor, highlighting the need for improved Information, Assistance and Advice (IAA).

Properly resourced and coordinated, social prescribing presents a real opportunity to work together and make a significant positive impact on both individual and community health and wellbeing in Cwm Taf Morgannwg.

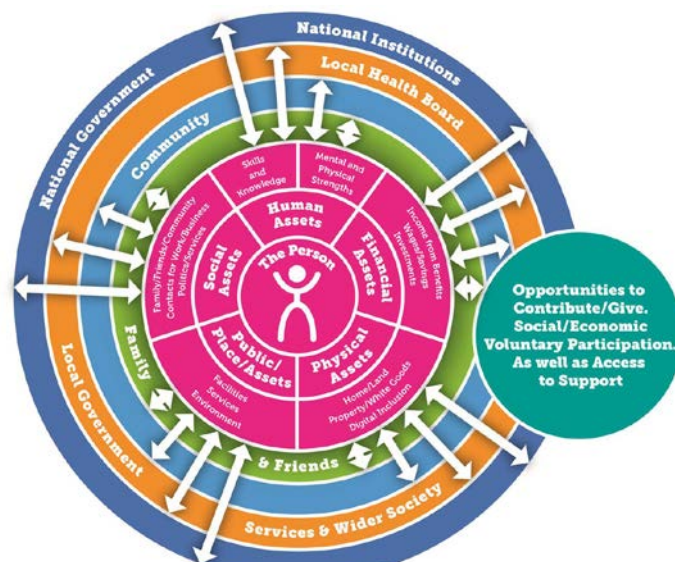
Background

Underpinning the psycho-social model of social prescribing is the fact that for many people, what happens in their neighbourhoods and communities is essential to their wellbeing. Resilient communities have significant social capital, they have effective and connected community organisations that can act as the ‘glue’ to hold communities together. These local networks and community organisations, especially for people on lower incomes in areas of high deprivation, are critical for helping people to cope with life challenges and for individual and community wellbeing.

To bring about lasting change in communities involves supporting communities to connect and work together, to build on the ability of individuals and the community to help themselves, to build on what works.

A model depicting the relationship between individuals and their wider community (Figure 1) highlights an individual’s need for opportunities to give and volunteer as well as their access to support.

Figure1: From Humanising Services and Building Communities (O’Hara-Jakeway, 2017)



Asset Based Community Development - It is imperative that public service provision is planned with regard to what already exists and works in that community, listening to the community voice. Otherwise there is a danger that resources may be inadvertently taken away or prevented from reaching community organisations in favour of paying professionals to 'help' the community. The resources available must be directed at what matters most to people, where they need it to improve their own health and wellbeing.

What is Social prescribing?

Social prescribing is a process to help people make positive changes in their lives and within their communities by linking people to volunteers, activities, voluntary and community groups and public services that can help them to:

- feel more involved in their community
- meet new people
- make some changes to improve their health and wellbeing
- reduce social isolation and loneliness

It aims to understand and address people's needs in a holistic way and to support them to take greater control of their own life.

There are many different models of social prescribing and most involve a referral to a link worker or co-ordinator who work with people to understand their situation and goals, co-produce a plan and help connect them to local sources of support. Typically provided by voluntary and community sector organisations, support may include volunteering opportunities, arts activities, gardening, befriending, cooking, financial advice, lifestyle behaviour change, physical activity.

In General Practice, an estimated 20% GP appointments are of a non-clinical nature⁵. Figure 2 represents social prescribing where the referral follows a GP consultation; the referral to link worker/ co-ordinator could however be generated by another healthcare professional, other agency or self-referral.

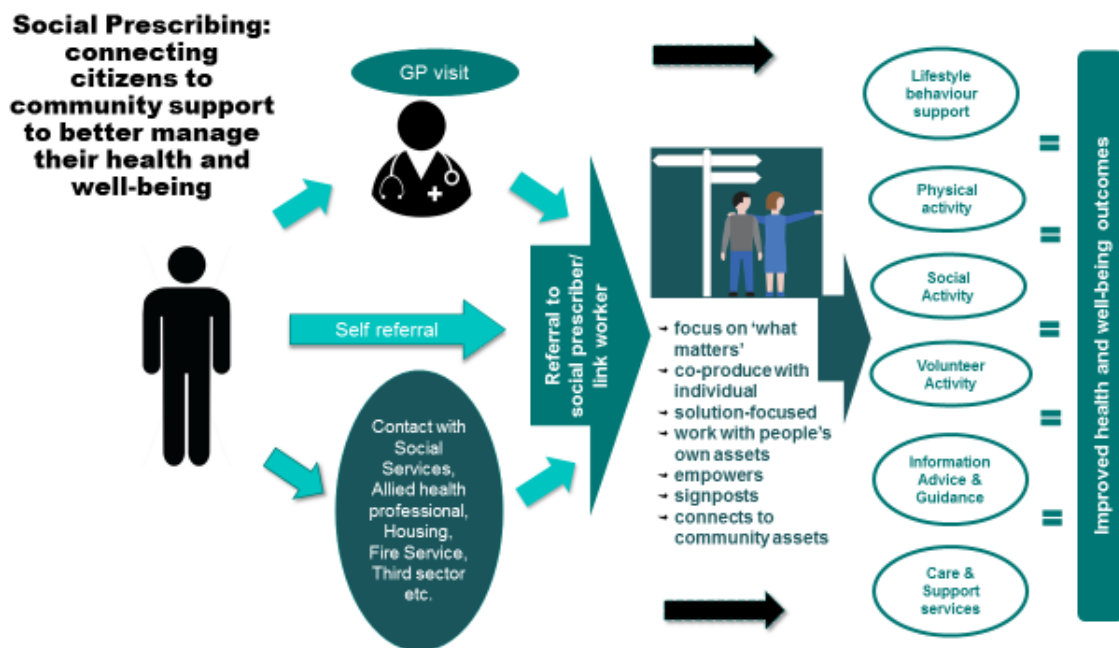
Definition of Social Prescribing:

"Social prescribing seeks to address people's needs in a holistic way whilst recognising that people's health is determined primarily by a range of social, economic, and environmental factors. It aims to support individuals to take greater control of their own health and wellbeing through linking people to support in their community."

5

https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf

Figure 2:



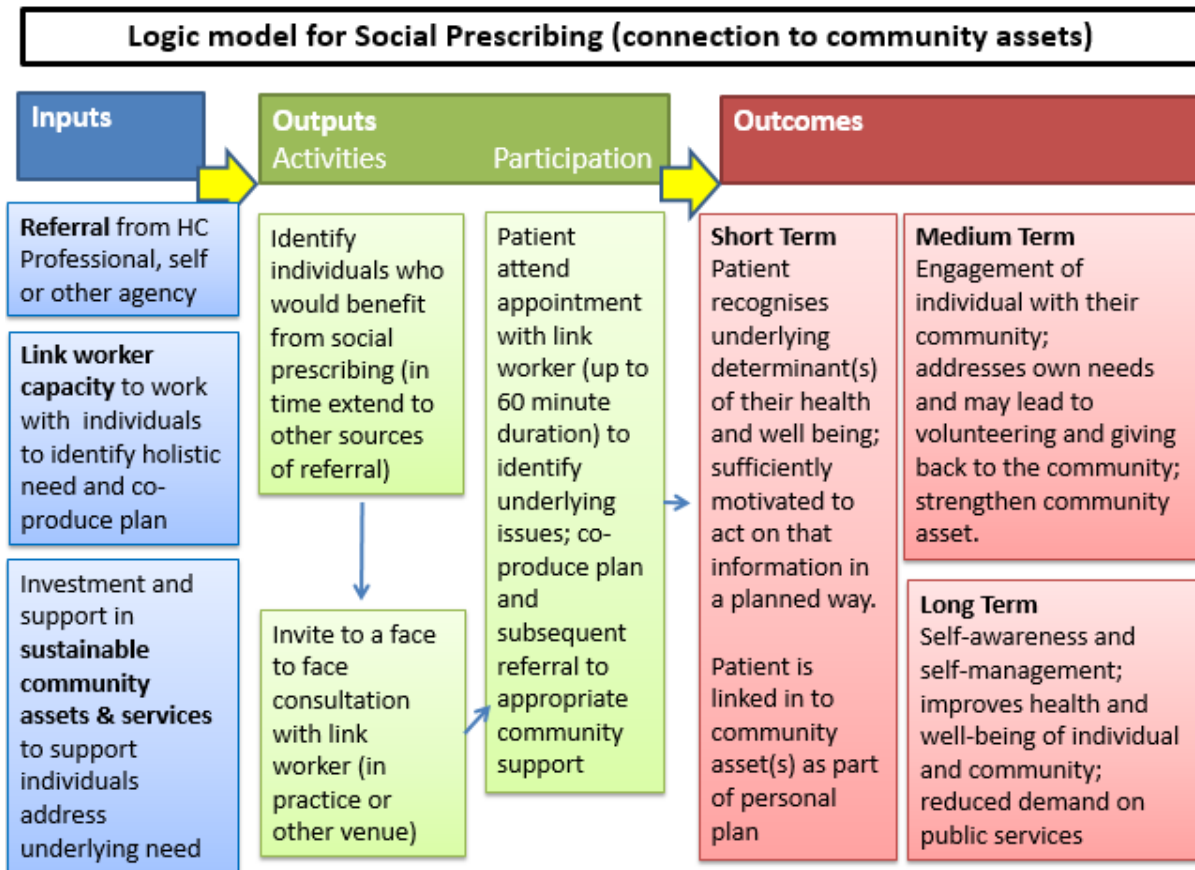
To date, social prescribing has predominantly been promoted within Primary Care as a means of improving wellbeing by more appropriately addressing patient’s psycho-social needs. In due course it is anticipated that this would increase patient activation and reduce demand on general practitioner appointments. Many practices and Primary Care Clusters have funded social prescriber / link worker/ co-ordinator posts and also in some cases provided financial support for community assets e.g. gardening clubs.

Those who could benefit from social prescribing schemes include people with one or more long term conditions, who need support with their mental health, vulnerable groups, people who are lonely or socially isolated, have complex social needs which affect their wellbeing and those who frequently attend either primary or secondary health care.

Social prescribing initiatives also symbolise a systematic shift towards making available new life opportunities for those who need them most, opportunities to form new relationships, be creative and be independent while improving both physical and mental health. Examples include voluntary work agencies, exercise classes, self-help groups, book groups, social or lunch clubs and hobby clubs. To put it concisely, social prescribing is about supporting the person to improve their wellbeing.

To fully address the social determinants of health, social prescribing schemes view a person not as a “condition” or “disability”, but quite simply as a person.

Figure 3: Logic Model



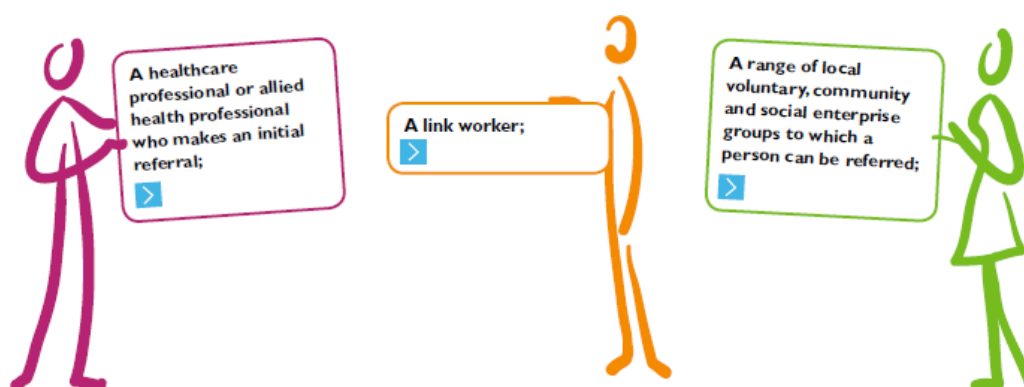
Key components of social prescribing

Based on the original descriptions of social prescribing, a social prescribing scheme has three key components:

- i) a referral (which in CTM model would extend beyond healthcare professional to include referrals from other agencies⁶),
- ii) a consultation with a link worker/ co-ordinator and
- iii) an agreed referral to a local voluntary, community and social enterprise organisation:

⁶ When social prescribing works well, people can be easily referred to local social prescribing link workers from a wide range of local agencies, including general practice, local authorities, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

Figure 4: Components of Social Prescribing



Source: Making Sense of Social Prescribing Toolkit, university of Westminster

Much focus has been given to raising the awareness of social prescribing among health care professionals and development of the link worker role. Further work is needed to embed Information, Assistance and Advice (IAA)⁷ as routine practice within our public services as well as extending the access to the link worker support to other agencies. There is also an important balance to be struck between the first two components (referral and link-worker) and the need to develop and sustain the assets, strengths and networks available to people in their community. A system that involves supporting people to look after their own health and wellbeing in the community, has to allocate resources to those activities, services and facilities that are open, accessible, effective and no or low cost to the people who use them.

Paid Link Workers / co-ordinators are key to delivering social prescribing support. In addition to the role of connecting people to community groups and agencies for practical and emotional support, link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups.

These roles identified in Cwm Taf Morgannwg as wellbeing co-ordination and community co-ordination may be undertaken by different or the same individual. The core elements of the link worker role and a generic link worker job description have been developed.

⁷ "Section 17 of the [Social Services and Well-being \(Wales\) Act 2014](https://law.gov.wales/publicservices/social-care/Local-authority-responsibilities/general-and-strategic-duties/information-advice-and-assistance/?lang=en#/publicservices/social-care/Local-authority-responsibilities/general-and-strategic-duties/information-advice-and-assistance/?tab=overview&lang=en) places a duty on local authorities to secure the provision of an information, advice and assistance service. The purpose of the service is to provide people with information and advice relating to care and support, including support for carers, and to provide assistance to them in accessing it. Information, advice and assistance must be provided in a manner that makes it accessible to the individual for whom it is intended.)" <https://law.gov.wales/publicservices/social-care/Local-authority-responsibilities/general-and-strategic-duties/information-advice-and-assistance/?lang=en#/publicservices/social-care/Local-authority-responsibilities/general-and-strategic-duties/information-advice-and-assistance/?tab=overview&lang=en>

NHS England have recently published (January 2019) a social prescribing and community based support summary guide⁸, which identifies what good looks like for people, communities and the system (Annex A). To achieve this, NHS England have identified key elements which will make up a robust local social prescribing service (Figure 5) and produced an implementation checklist for local partners and commissioners for these key elements. This provides the basis for discussion of a shared vision for social prescribing and community development in Cwm Taf Morgannwg.

Implementation – what needs to be in place locally

Figure 5:



Source: NHS England Model of Social Prescribing - Social prescribing and community-based support. Summary guide, Published January 2019

The key elements identified in the NHS England model which would make up a robust local social prescribing service in Cwm Taf Morgannwg are:

1. Collaborative commissioning and partnership working

Social prescribing works best when all local partners work together to build on existing assets and services. Successful schemes generally have collaborative commissioning and creative partnership working, with the following common characteristics:

- All partners build it together
- Local relationships matter
- The voluntary sector is involved from the start

⁸ Social Prescribing and Community-based Support: Summary Guide. NHS England January 2019

2. Easy referral from all local agencies

- A wide range of local agencies are able to refer to social prescribing. Self-referral is also encouraged.
- Informed decision-making
- National social prescribing codes in GP IT systems to capture social prescribing referrals: NHS England has worked with NHS Digital to establish national SNOMED CT6 codes⁹ for social prescribing
- Easy referral within general practice - typically, link workers are attached to general practices and primary care networks as an important part of the practice team. This makes it easy for general practices and all referral agencies to refer people to them. There also needs to be a clear process for self-referral, with awareness and understanding of this process in all agencies

3. Workforce development

For social prescribing to work successfully, link workers need suitable support and training. It is also vital that the wider workforce have an understanding of social prescribing to enable appropriate referrals.

4. Link workers employed to give time

Paid link workers are a fundamental feature of good social prescribing. They play a pivotal role by developing trusting relationships and providing personalised support. As a result, their work strengthens community resilience, reduces health inequalities by addressing the wider determinants of health, such as debt, poor housing and physical inactivity and increases people's active involvement with their local communities.

5. What matters to you? Co-produced simple plans or summary personalised care and support plans

An important element of social prescribing support is for the person and their link worker to co-produce a simple plan or a summary personalised care and support plan, which outlines:

- what matters to the person – their priorities, interests, values and motivations
- community groups and services the person will be connected to
- what the person can expect of community support and services

⁹ National SNOMED CT6 codes for social prescribing:
871691000000100 | Social prescribing offered (finding)
871711000000103 | Social prescribing declined (situation)
871731000000106 | Referral to social prescribing service (procedure).

- what the person can do for themselves, in order to keep well and active
- what assets people already have that they can draw on – family, friends, hobbies, skills and passions.

6. Support for community groups

It is essential to ensure that local voluntary organisations, community groups and social enterprises are locally sustainable and can plan ahead, if social prescribing is to be embedded across all local areas. Support should include funding and safe referrals.

7. Common Outcomes Framework

As social prescribing is locally driven, different approaches to evaluation and the measurement of outcomes have emerged across England and Wales. To encourage consistent data gathering and reporting of outcomes, a Common Outcomes Framework has been developed for measuring the impact of social prescribing to include impact on the person, the health and care system and on community groups.

Assessment of Position in Cwm Taf Morgannwg (May 2019)

There has been substantial interest and development of social prescribing/ community referral across Cwm Taf Morgannwg and examples of partnership arrangements between Health, Third Sector and Local Authorities (e.g. ICF funded Community Co-ordinators, Primary Care Cluster funded Well-being Co-ordinators, General Practice Support Officers).

Several linking and community roles have evolved to meet local need, providing a rich experience from which to learn. Preliminary work has been undertaken to better understand these roles with an aim of developing a shared understanding by professionals and the public of what they encompass.

Current Model

Local mapping of roles identified a number of posts primarily based within GP practice; the patient may be referred by their GP/Healthcare Professional or self-refer to the co-ordinator in post in the Primary Care Cluster and be dealt with by a variety of methods e.g. telephone consult, face to face or signpost. Patients may be live on the caseload for 12 months and supported within the community.

In the current model a patient would have to present to general practice first. However in order to reduce the public's reliance on attending surgeries for essentially non-

medical problems it has been suggested that referral be encouraged from other agencies and settings including secondary care. It has to be acknowledged that the current posts are funded in a way that lends itself to primary care referral only. Also that as the role is developed and understanding improved by everyone, Health and Wellbeing coordinator clinics could be held in a variety of venues.

Identification of Roles

A task and finish group met on 16th May 2019 to consider initiatives in place across Rhondda Cynon Taf, Merthyr Tydfil and Bridgend and agree a common definition and understanding of social prescribing. The group endorsed three functions to enable effective social prescribing and linking to the community:

- “Connector” - spends time with client to have “what matters conversation” and co-produce plan. This requires knowledge and understanding of available community assets and how they are accessed.
- “Mentor/Befriender” – there may be need to undertake more supportive work to ensure client can access services, and in some cases, accompany them physically to venues/community locations.
- **Community development” – support for community groups and where gaps in provision are identified help support groups to develop that will meet this need.

*To some extent community development already goes on within the third sector, with CVC’s having a defined community development role, but this was not universal across Cwm Taf Morgannwg.

How these functions are delivered may vary from one area to another dependent on local need and circumstances. As a minimum there are likely to be two roles:

- **Health and Well-being Co-ordinator (link worker/ connector) – typically holding a caseload based in primary care or community hub settings.** To receive referrals and work with the individual to co-produce a plan, connecting to the community as appropriate. There would be multiple referral routes in addition to primary care, such as social care, housing associations, third sector, A&E, Fire Service. There may be capacity for this role to include mentor/befriender function too.
- **Community Co-ordinator – acting as brokers between citizens and community groups and potentially developing new community support / services / assets.** To build strong partnerships with identified communities of interest operating across health and social care; improve alignment with all relevant locality teams to identify and increase capacity within communities; work closely with communities, providers, Health and Social Care and the Health and Wellbeing Coordinators to identify any gaps in provision and work to increase capacity within identified areas.

Research and Evaluation

There is need for collaboration on what works, sharing of learning to address gaps in the evidence base. An agreed shared evaluation framework is essential to measure and understand outcomes. There is further work to be undertaken across the regional partnership to consider and agree use of technology to monitor activity and outcomes.

Cwm Taf Morgannwg has firmly established links with the Welsh Social Prescribing Research Network and has secured funding for two PhD studentships based on social prescribing (appointed January 2019).

Support for staff

It is important that there is appropriate induction, training and clear supervision available to support the post holders undertake their roles. Development of support and training for individuals undertaking social prescribing roles in primary care is being progressed by Health Education Improvement Wales. However, if individuals are employed by different agencies consistency across sectors will be essential.

Sustainability of Community Assets

The Regional Partnership Board and Public Service Board will need to consider the sustainability of and support for key community assets (community activities, facilities, services and organisations) which are often short term grant funded and /or volunteer-based and also address gaps in provision. Also to be cognisant of the existence of the inverse care law whereby those individuals and communities most in need could have poorest access to activities and support in their community.

Information Advice and Assistance

There is real opportunity as part of the social prescribing approach to support the current networks in the community including volunteers and carers to have access to information, assistance and advice. This would avoid the risk of funnelling all requests to a social prescriber / community connector and the consequent overload of the service. Possible solutions could include appropriate and effective use of on-line directories of services e.g. *DEWIS Cymru* and *Info Engine* as well as the local coordination of effort to address gaps and barriers, support people to come together in a locality to collaborate, and link in key community facilities / hubs, etc.

Recommendations

To realise the potential of social prescribing to positively impact on individual and community health and wellbeing across the region, it is recommended that:

1. Endorsement is given to a shared definition, understanding and regional collaborative approach to social prescribing at a strategic level (page 4).
2. Progress is continued to embed social prescribing and community support across Cwm Taf Morgannwg that takes account of the developments at national level in Wales and England, drawing on the excellent resources and toolkits available and also capturing learning from community level activity locally and across Wales.
3. Consideration is given to the additional capacity required to widen the scope of referral to social prescribing link-worker from the current General Practice model to include other agencies and self-referral.
4. Regional Partnership Board, Public Service Boards and partner organisations recognise and seek to address the support and funding requirements to achieve sustainable community assets that meet community needs, guided by the communities themselves.
5. Establish an effective multi-agency, cross-sector group that can further develop the social prescribing model and link worker/ co-ordinator role across Cwm Taf Morgannwg, addressing the issues identified in this paper including:
 - taking forward an integrated and collaborative approach to improve information, advice and assistance in community settings
 - establish a baseline understanding of roles within partner organisations that encompass the identified functions of social prescribing which will support planning, improve sustainability and reduce duplication of roles
 - agree a consistent approach to measuring need, impact and outcomes of social prescribing activity
 - contribute to national learning and networks

Original Paper prepared by:

Sara Thomas, Consultant Public Health, Cwm Taf Morgannwg Local Public Health Team; Gillian Day, Health and Wellbeing Development Manager, Primary Care, CTMUHB; Simon James, CEO, Interlink; Ian Davy, CEO, VAMT. March 2019

Reviewed and updated May 2019 with contributions from:

Andrew Thomas, BCBC; Helen Hammond BCBC; Sally Rees, WCVA; Anne Morris Interlink; Kay Harries, BAVO; Kirsty Smith, PSB; Sarah Mills and Nia McKintosh, Commissioning Unit.

What good social prescribing looks like – for people

- People, their families and carers know about social prescribing and can easily be referred to social prescribing link workers from a wide range of local agencies
- People, their families and carers can refer themselves to social prescribing link workers.
- Building on 'what matters to me', people can work with a link worker to co-produce a simple plan or a summary personalised care and support plan, based on the person's assets, needs and preferences, as well as making the most of community and informal support.
- People, their families and carers may be physically introduced to community groups, so that they don't have to make that first step to join a group and to meet new people on their own.
- People, their families and carers are encouraged to develop their knowledge, skills and confidence by being involved in local community groups and giving their time back to others. For some people, this may provide volunteering and work opportunities to help find paid employment.
- People, their families and carers may be supported to work with others to set up new community groups, particularly where gaps exist in local community support.
- The sense of belonging that comes from being part of a community group and having peer support can reduce loneliness and anxiety. It helps people to find a new sense of purpose, enjoying activities they might not otherwise have tried before, such as arts, cultural activities, walking, running, gardening, singing and making connections to the outdoors.
- Being connected to community groups through social prescribing enables people to be more physically active and improves mental health, helping them to stay well for longer and lessen the impact of long-term conditions.

Source: Social prescribing and community-based support. Summary guide, NHS England Published January 2019

What good social prescribing looks like – for communities

Communities:

- are stronger and more tolerant, because people from all backgrounds are supported through social prescribing to be involved in community groups.
- There are more people who volunteer and give their time back to others.
- understand the power of social prescribing in reducing health inequalities, by supporting a power shift, enabling people to take more control of their lives, be less isolated and make connections.
- are aware of how social prescribing encourages community development and increases local community assets. Resources and support are available locally to spot gaps in community provision, help people to create new groups and provide informal support in their neighbourhoods.
- work with social prescribing to ensure that services are fully accessible to all communities, including those in greatest need, who may be hardest for agencies to reach.
- recognise that the NHS, local authorities and statutory services alone cannot meet all people's support needs. This understanding releases energy across all stakeholders in addressing the wider determinants of health.
- are actively involved in developing and delivering social prescribing. Voluntary organisations such as advice agencies are commissioned to receive referrals and deliver services. Local community groups are able to take referrals from link workers because they have sustainable grant funding.
- support the improvement of health literacy of professionals and local residents through social prescribing service development and referrals.
- are able to support people who participate in social prescribing, improving their confidence and ability to manage their own wellbeing.

Source: Social prescribing and community-based support. Summary guide, NHS England Published January 2019

What good social prescribing looks like – for the system

- Social prescribing connector schemes are locally and collaboratively commissioned by partnerships of primary care and local authority commissioners, working with the voluntary sector and people, their families and carers.
- Whilst social prescribing link workers are attached to general practices and primary care networks, they may be employed by local social prescribing connector schemes, typically hosted within the voluntary sector. Connector schemes may also be hosted by other agencies, depending on local partnerships.
- There is a clear and easy referral process for all local agencies involved. Referrals are received from general practice, local authorities, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary organisations. Self-referral is encouraged.
- Social prescribing connector schemes provide local agencies with a single point of contact for appropriate referrals of people who need link worker support in a local area. This reduces pressure on statutory services and facilitates a more integrated approach, particularly where people have complex lives and may come into contact with a number of local agencies and services. This requires a strategic approach to integration at local level with all partners recognising the value of link worker roles.
- Connector schemes have an important role in supporting the development of local community groups, working in close partnership with local infrastructure agencies, where they exist. Link workers have strong knowledge of local community groups, map community assets, recognise gaps in community provision and find creative ways of encouraging asset-based community development approaches, alongside local commissioners and partners.
- Typically, social prescribing link workers support people on average over 6-12 contacts, which can be done in a variety of ways, depending on people's preferences. Link workers typically have a caseload of up to 250 people per year. Where people are isolated or lonely, it may be helpful for link workers to carry out home visits.
- Link workers complement, and connect to, other relevant approaches in an area where they exist, such as active signposting or local area coordinators.

Source: Social prescribing and community-based support. Summary guide, NHS England Published January 2019

Project Initiation Document

Social Prescribing across Cwm Taf Morgannwg (CTM)

CTM Social Prescribing Group

Target start date: October 2019

Target end date: 31st March 2021



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1. Project Brief Description

- Cwm Taf Morgannwg (CTM) Social Prescribing Group to oversee the implementation of Social Prescribing (SP) and referral schemes across Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.
- To build on collaborative working amongst all partners to realise the potential of social prescribing, enabling citizens to build or rebuild friendships, community connections and a sense of belonging to reduce isolation and improve well-being.
- To take forward a shared integrated and collaborative approach to improve information, advice and assistance in community settings.
- Establish a baseline understanding of roles within partner organisations that encompass the identified functions of social prescribing which will support planning, improve sustainability and reduce duplication of roles.
- Agree a consistent approach to identify and measure need, impact and outcomes of social prescribing activity.
- Contribute to national learning and networks.

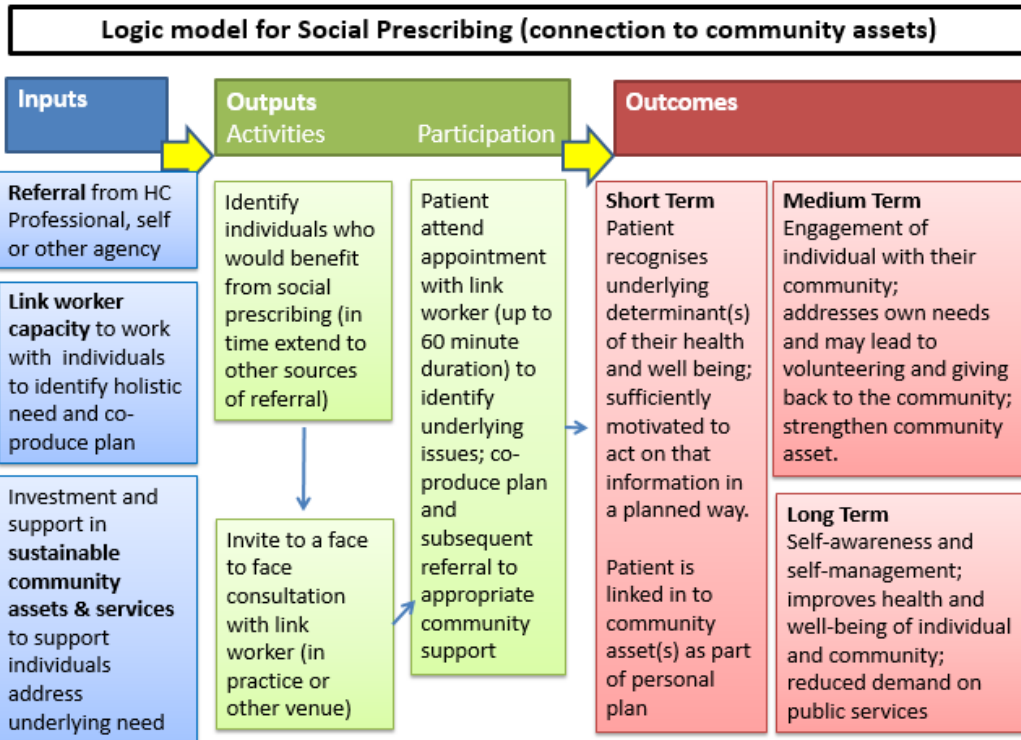
2. Basis for Project:

- There is increasing acceptance that sources of support in local communities have an important role to play alongside clinical care or even as an alternative in improving an individual's health and wellbeing outcomes. Social Prescribing can reduce social isolation and loneliness, improve individual emotional and physical wellbeing. In addition, social prescribing schemes may lead to a reduction in the use of statutory public services including reduced attendance at GP and Accident and Emergency departments.
- A successful social prescribing scheme has three key components and requires appropriate resourcing of all three:
 - a referral to link worker (which in CTM model would extend beyond healthcare professional to include referrals from other agencies),
 - a consultation with a social prescriber/ link worker/co-ordinator to have a “what matters conversation”; co-produce a plan which may include sign-posting or referral to a local voluntary, community or social enterprise organisation.
 - Sustainable assets in the community to meet the support needs of the individual
- In order for Social Prescribing to be effective there needs to be adequate provision of support and activities in the community which meet local population needs, which requires an ‘Asset Based Community Development’ approach. It is imperative that public service provision is planned with regard to what already exists and works in that community, listening to the community voice.

- Social Prescribing works best when all local partners work together to build on existing assets and services. Successful schemes generally have collaborative commissioning and creative partnership working with the following characteristics: all partners build it together, local relationships matter and the voluntary sector is involved from the start.
- Strategic Partners including Regional Partnership Board, Cwm Taf Public Service Board and Bridgend Public Service Board within Cwm Taf Morgannwg have endorsed the concept of Social Prescribing and have tasked the multi-agency Cwm Taf Morgannwg Social Prescribing Group to oversee its implementation across CTM.

3. Objectives and Outcomes

- Establish a baseline of activity, funding and assets in the provision of SP across CTM.
- Establish a strategic view of local community development needs. Develop and pilot a process for capturing community asset development and resilience need (both placed based and specific interest groups) that can be consistently applied across CTM
- Link with established means of communication (e.g. IAA, DEWIS, Infoengine) in order to ensure that partners delivering social prescribing have access to updated information on their local community assets and services in order to be able to refer as appropriate whilst recognising that there may be some information held which is not suitable to be shared.
- Ensure an active learning approach is taken to aid evaluation systems as appropriate.
- Co-ordinate and have oversight of Research & Service Evaluation activities relating to social prescribing in CTM.
- Establish a reciprocal link to local and national networks e.g. Wales SP Research Network and CTM Practitioner network.
- Provide support and guidance to the CTM practitioner network.
- Advise on SP element of Transformation Programme and Strategy for Primary Care.
- Explore digital solutions to providing information and the monitoring activity and outcomes.



4. Scope and exclusions

- To include all partners and key stakeholders from both the Public and Voluntray sectors engaged in the delivery and or commissioning of Social Prescribing across all three local Authorities including Merthyr Tydfil, Bridgend and Rhondda Cynon Taf in the Cwm Taf Morgannwg Footprint.

5. Approach

Priorities	Key Milestone	Lead	Time frame
A: Baseline	1) Map current delivery of social prescribing across all 3 Local Authority areas within CTM including both the public and voluntary sector. To include high level resource and asset information	ST & SJ	January 2020
	2) Identify all operating models for SP currently being delivered and map associated job descriptions, roles and remits across all 3 Local Authority areas.	AM/ Ath/ GD	January 2020

Priorities	Key Milestone	Lead	Time frame
	<p>3) Identify methodologies used to collate and share existing knowledge of community assets (maps/registers/ directories).</p> <p>4) Map and capture baseline of current capacity for Community Development work across all 3 Local Authority areas.</p>	<p>CVC reps (AM/KH/SR)</p> <p>CVC reps (AM/KH/SR)</p>	<p>January 2020</p> <p>January 2020</p>
B: Need (maps and gaps)	<p>5) Develop and pilot a process for capturing community asset development and resilience need that can be consistently applied across CTM</p> <p>6) Develop an approach that will translate the identified need into a commissioning specification for community assets</p>	<p>LPHT/ CVC's & practitioners Link with Prevention Fund Actions</p>	<p>March/April 2020</p>
<p>C: Best Practice Model Framework</p> <p>-Communication and access to information</p>	<p>7) Explore the potential to develop and implement a best practice SP framework across CTM.</p> <p>8) Look into feasibility of a structured referral pathway and appropriate measures of quality assurance.</p> <p>9) Identify the range of communication methods available (e.g. DEWIS/Info-engine/local knowledge) to ensure that partners delivering Social Prescribing have access to updated information on their local community assets and services in order to be able to refer as appropriate.</p> <p>10) Support the SP practitioner group as a means of communication amongst professionals.</p> <p>11) Public awareness raising of SP and IAA.</p>	<p>To be decided...</p> <p>ST</p> <p>Primary Care Communications Officer AL</p>	<p>June 2020</p>

Priorities	Key Milestone	Lead	Time frame
-Workforce Development	12) Conduct a workforce training analysis for all partners delivering Social Prescribing to ensure continuity in approach.	Tom Roberts (PhD)	
D: Sustainability / Funding	<p>13) Identify current funding streams available for SP across CTM.</p> <p>14) Develop proposal for “Prevention & Early Years” Funding to act as a community asset funding stream to support the delivery of SP in CTM. (See funding application).</p> <p>15) In response to baseline exercise, develop an equitable process of awarding funding for community asset development. Identify who will manage, oversee and evaluate this funding stream when released into the community.</p> <p>16) Ensure any future potential funding opportunities are considered in addition to the transformation funding and current funding streams of partners.</p>	<p>ST & SJ (ALL)</p> <p>ST & SJ</p> <p>(ALL)</p>	<p>December 2019</p> <p>November /December 2019</p>
E: Outcome Framework & Evaluation	<p>17) Agree a Common Outcomes Framework to help measure the impact of Social Prescribing across CTM.</p> <p>18) SP schemes across CTM to use the Outcomes Framework to capture core outcome data to help create an evidence base to demonstrate the impact of SP.</p>	GD/AM/CW	<p>20/01/2020</p> <p>April 2020</p>
F: Research	<p>19) Ensure regular communication with Wales Social Prescribing Research Network (WSPRN) to provide steer and evidence based learning for the delivery of SP schemes across CTM.</p> <p>20) To receive and apply to practice any evidence based learning from the eight research priorities identified by WSPRN.</p>	<p>CW/ST</p> <p>CW</p>	

5.1. Assumptions

- The CTM SP Group will agree and follow the group’s terms of reference and share their knowledge and expertise in achieving identified project priorities and milestones.
- Members of the group will provide a point of contact and communicate the work of the group to their employing organization and other project groups they may be a member of
- Strategic partners will continue to endorse the concept of SP and support recommendations made by the CTM SP Group.
- Funding opportunities will be explored and applied for.
- Access by public to IAA (Local Authority First Point of Access provision)

5.2. Constraints

- Funding
- Partner capacity (e.g. time)
- Key Stakeholder engagement
- Leadership, management and organisation
- Communication between partners and stakeholders
- Local infrastructure

5.3. External dependencies

- Public acceptance of SP
- Community assets and social capital (effective and connected community)
- Volunteers
- Alignment with Community Zones, First Point of Access, CYP Board

6. Project team arrangements

The project team will comprise of:

Chair: Sara Thomas Public Health Consultant

Vice Chair: To be decided

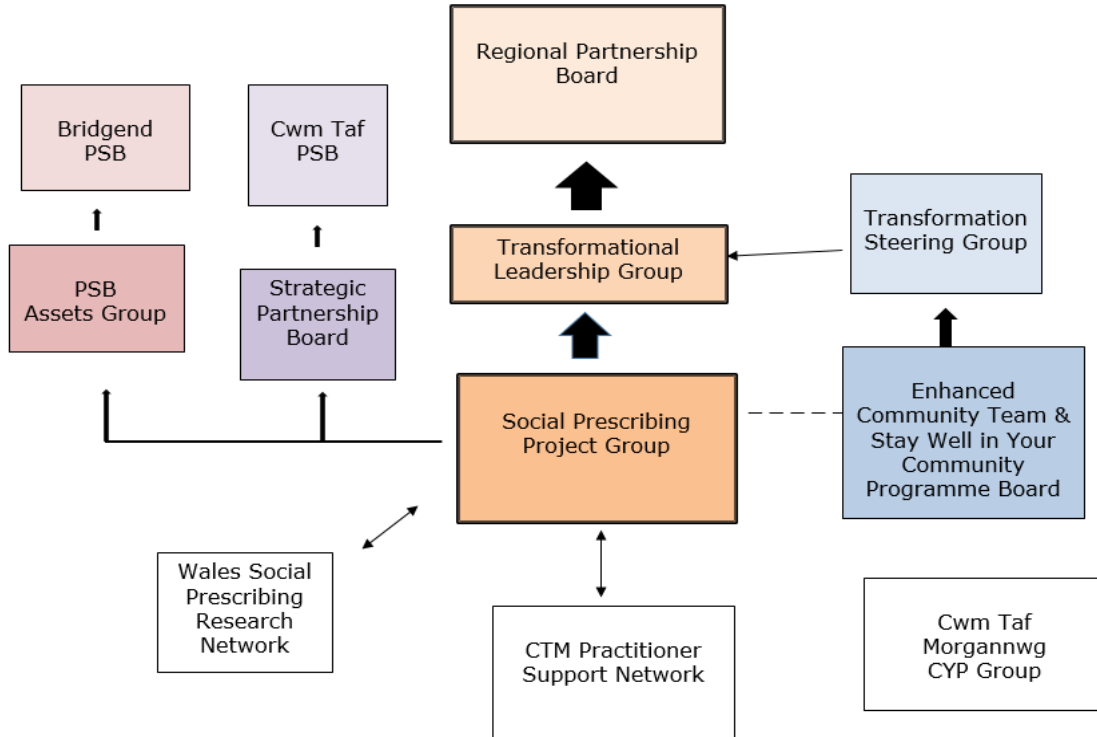
Sector	Organisation	Nomination
Third Sector	VAMT	Ian Davy/ Sharon Richards
	Interlink	Simon James/ Anne Morris
	BAVO	Kay Harries
	Third sector organisations	Nomination TBC
Local Authority (Community Asset Development/ partnership /planning)	RCT (Community Zones) RCT Adult Services	Syd Dennis Leanne Traylor

	Merthyr Tydfil	Chris Hole
	Bridgend	Andrew Thomas
Local Authority Social Services (Children)	CTM Children & Young People Partnership (Chair)	Ann Batley/ Lisa Lewis
Local Authority Social Services (Adults)	CTM Partnership group (Adults)	Andrew Thomas
Health Board	Partnerships	Amy Lewis
	Primary Care	Gillian Day (+ a GP when required)
PSB Partners	Police	Via PSB & "Early Action Together" Group
	South Wales Fire & Rescue	Chris Hadfield
	Natural Resources Wales	Nadia DeLonghi
	PHW	Sara Thomas/ Sarah Jenkins
Partnership Fora (if not already covered)	RPB Transformation	Toni Davies
	PSB CT	Kirsty Smith
	PSB Bridgend (Assets Group)	Helen Hammond
Social prescriber Practitioner	CTM Support network	Lucy Foster / Julie Lomas
Academia/ Research Network	Wales Social Prescribing Research Network	Carolyn Wallace
RPB Strategic Planning & Commissioning	Regional Commissioning Unit	Sarah Mills
Housing / RSL		Nomination
Digital Community		As required

7. Governance and Reviews

- The CTM SP Group will be accountable to the Cwm Taf Morgannwg Transformation Leadership Group (TLG).
- The CTM SP Group will meet every 2 months or in accordance to a work plan.

Organisational Reporting and communication (For discussion)



7.1 Key Stakeholders:

- Community Zones or equivalent geographical groups
- Third Sector groups
- IAA
- CYP

8. Sign-off Criteria / Quality Targets:

- See Gantt Chart attached for project timescales
- Project plan to be reviewed at each meeting and RAG rated
- Project success criteria achieved