



A virtual MEETING OF **Cwm Taf Public Services Board Joint Overview & Scrutiny Committee** IS TO BE HELD ON **Friday, 28TH JANUARY, 2022 AT 2.00 PM.**

Meeting Contact: Sarah Handy - Members' Researcher & Scrutiny Officer
(07385401942)

AGENDA

1. THE 5 CORE STATUTORY FUNCTIONS OF THE CWM TAF JOINT OVERVIEW AND SCRUTINY COMMITTEE

Members of the JOSC are reminded that, as set out within its terms of reference, their core statutory functions include:-

- To review or scrutinise the decisions made or actions taken by Board;
- To review or scrutinise the Board's governance arrangements;
- To make reports or recommendations to the Board regarding its functions or governance arrangements;
- To consider matters relating to the Board as the Welsh Ministers may refer to it and report to the Welsh Ministers accordingly; and
- To carry out other functions in relation to the Board that are imposed on it by the Well-Being of Future Generations (Wales) Act 2015.

2. DECLARATION OF INTEREST

To receive disclosures of personal interests from Committee Members in accordance with the Code of Conduct.

Note:

1. Members are requested to identify the item number and subject that their interest relates to and signify the nature of the personal interest: and
2. Where Members withdraw from a meeting as a consequence of the disclosure of prejudicial interest they must notify the Chairman when they leave.

3. MINUTES

To approve as an accurate record, the minutes of the meeting held on 17th December 2021.

4. TO APPOINT A CHAIR OF THE CWM TAF PUBLIC SERVICE BOARD JOINT OVERVIEW & SCRUTINY COMMITTEE

To appoint a Chair of the Cwm Taf Public Services Board Joint Overview & Scrutiny Committee for the Municipal Year 2021 – 2022.

5. THE WELL-BEING ASSESSMENT CONSULTATION 2022

An opportunity for JOSOC Members to be consultees on the Well-being Assessment consultation 2022 and to provide feedback on progress to date and future plans.

15 - 74

6. QUARTERLY UPDATE ON THE WORK OF THE PSB

Members will have the opportunity to monitor progress in this area and identify whether the PSB is meeting its objectives.

75 - 108

7. INFORMATION REPORTS

- Draft Cwm Taf PSB Delivery Plan (Healthy People);
- Draft Cwm Taf Delivery Plan (Loneliness and Isolation)
- Draft Cwm Taf PSB Delivery Plan (Strong Economy);
- Draft Cwm Taf PSB Delivery Plan (Thriving Communities)
- Draft Cwm Taf PSB Work Plan 2021-22;
- Update on the Regional Early Years Integration Transformation; and,
- 'Nature & Us' (by NRW)

109 - 240

8. CHAIRS REVIEW AND CLOSE

To reflect on the meeting and actions to be taken forward.

Circulation:-

Representing Merthyr Tydfil County Borough Council:
County Borough Councillors: D. Isaac, T. Skinner, K. Gibbs, J. Davies, D. Sammon.

Representing Rhondda Cynon Taf County Borough Council:
County Borough Councillors: W. Jones, A. Fox and A. Cox, W. Treeby, J. Brencher.

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



Cwm Taf Public Services Board Joint Overview & Scrutiny Committee

Minutes of the virtual meeting of the Cwm Taf Public Services Board Joint Overview & Scrutiny Committee meeting held on Friday, 17 December 2021 at 10.00 am.

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

Councillor G Caple (Chair)

Merthyr Tydfil County Borough Councillors

Councillor Sammon

Councillor Gibbs

Rhondda Cynon Taf County Borough Councillors

Councillor J Bonetto Councillor W Jones

Officers in attendance

Miss K Smith, Cwm Taf PSB Support Officer

Mrs S Handy – Members Researcher & Scrutiny Officer RCTCBC

Co-opted Members in attendance

Mr Mel Jehu, Local Health Board Representative

Ms Lewis – RCT Citizen Representative

Others in attendance:

Dr Brendan D'Cruz – Chair of the Community Assessment Data Sub Group

14 Welcome

The Chair welcomed Members to the final meeting of the Cwm Taf PSB Joint Overview & Scrutiny Committee in 2021.

15 Apologies

Apologies of absence were received from County Borough Councillors (Rhondda Cynon Taf) A. Fox and A. Cox and County Borough Councillors (Merthyr Tydfil) T. Skinner, J. Davies and D. Isaac.

16 The 5 core statutory functions of the Cwm Taf Joint Overview and Scrutiny Committee

The Chair asked Members to note the 5 core statutory functions of the Cwm Taf Joint Overview and Scrutiny Committee.

17 Declaration of Interest

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

18 Minutes

It was **RESOLVED** to approve the minutes of the 17th September 2021 as an accurate reflection of the meeting.

19 AN UPDATE ON THE QUARTER 1 PSB WORK PROGRAMME

Kirsty Smith (KS), Senior PSB Support Officer, provided Members with an update on the Quarter 1 PSB Work Programme.

The Senior PSB Support Officer thanked Members of the Joint Overview and Scrutiny Committee of Cwm Taf PSB for allowing us time and opportunity to provide them with an update on Board activity since we last met in September 2021. Members were informed that the PSB Chair, Mark Brace, sends apologies and is unable to attend this rescheduled JOSOC meeting and has worked with the PSB Support Team to prepare this update.

The Senior PSB Support Officer continued the update and outlined key points as follows:

PSB: Future Focus

- PSB last met in October and the agenda was very much focused on the future – both in terms of the focus and structure of Public Services Boards in Cwm Taf Morgannwg. As Members will be aware, the current period is something of a transition as we manage undertaking an Assessment of Well-being in the context of a pandemic and Covid restrictions as well as looking to the creation of one Cwm Taf Morgannwg Public Services Board. It's also important that we consider the Board's existing Objectives and what the PSB can do this year, as well as what work carries forward in preparing for the new Cwm Taf Morgannwg Well-being Plan to be published in 2023.
- The October meeting had representatives from the Community Safety Partnership, the Substance Misuse Area Planning Board and the Cwm Taf Morgannwg Safeguarding Board in attendance to hear their experience of working within the regional partnership structures. Following discussions, Members agreed that way forward needs to be based on a foundation of information and suggested discussion with the RPB in terms of alignment and delivery mechanisms. There is full support the direction for one Cwm Taf Morgannwg PSB operating with strategic intent. An action was taken back to work with representatives from the PSB and delivery boards to draft a timeline for the merger and identify work that would need to be undertaken.
- PSB welcomed the JOSOC recommendation, given via the Chair at the October meeting, that over the medium term the Public Service Board must demonstrate its value and role in improving the delivery of public services and that its purpose makes a positive difference to the residents of Merthyr and Rhondda Cynon Taf. We feel that the work underway

regarding the Assessment helps this and the engagement work has given PSB officers the opportunity to speak with residents and groups about what that positive difference could look like. The Committee will appreciate that, as with most other areas and organisations, the ambitions of the PSB have been curtailed by the challenges of the last couple of years where focus has, quite rightly, had to be on the response to the pandemic. However, the Community Impact Assessment commissioned into the impact of COVID by both PSBs and RPB was an example of how we are able to react to circumstances and this has provided good information on the current and future needs for communities and will feed into the current Wellbeing Assessment work.

Well-being Assessment and Regional Working

- As Members will be aware, the PSB needs to undertake an assessment of well-being to be published in May 2022. This will be a joint assessment with Bridgend PSB, resulting in one Cwm Taf Morgannwg Wellbeing Assessment.
- As previously mentioned, we also collaborating with the Regional Partnership Board as much as possible. They need to undertake and publish a Population Needs Assessment by April 2022 so resources, intelligence, information and opportunities for involvement will be shared as much as possible. The support teams have also been working closely on the developing draft documents to ensure the same sources are used, and key messages 'read across' both documents.
- We decided to extend the period of engagement beyond the 100 days initially discussed through our work with Co-Production Network Wales. December 17th (today) is the official end of the work, and the online conversation tool will be closed this afternoon. The Co-Production Network have also been asked to provide additional support to analyse all of the engagement notes and products. An engagement report will be produced summarising key findings and reflecting the scope of the conversations held.
- The draft data report has been produced by Practice Solutions Limited (available as an embedded document in the pack – page 22). It was received by Bridgend PSB on 13 December and has been shared virtually with Cwm Taf PSB members for comment.
- The Assessment is still on schedule to be published at the end of April 2022 with the Data and Engagement Reports will be shared as supporting documents.

Ongoing work

- Given the reporting pattern of the PSB, the October meeting did not feature quarterly updates from Objective leads on the existing Well-being Objectives: Thriving Communities, Healthy People, Strong Economy and Tackling Loneliness and Isolation.
- Time is being given on the agenda for January's PSB for updates to be

given on a highlight/exception basis where and we will also be asking for Objective Leads, and members, to look at how we can refocus existing workstreams for the future (and the new Wellbeing Plan) so that work is not lost or overlooked.

- Work continues against the current Objectives, as set out to members in the Update on Quarter 1 PSB Work Programme (page 13 of the document pack). As mentioned, further detail will be expected following the January PSB but of note:
 - The Community Hubs and neighbourhood networks initiated under the 'Thriving Communities' objective continue to be used as part of the Covid response and supporting vulnerable residents. PSB Officers have also been making use of the networks and Hubs as part of the engagement work for the Well-being Assessment. As set out in the update report, sustainability of the Hubs continues to be a concern and will likely be at the heart of the January update for this Objective. The Chair has met with the Community Zone Implementation Group about the sustainability of this project, and the PSB will work with the group to explore funding opportunities to maintain the benefits of this work to the communities involved and to explore how to widen these initiatives to other areas.
 - The ongoing work of the Vulnerability Profile work being piloted in RCT. This is nearing completion and a final analysis is expected before the end of the financial year, and rollout across the region.
 - The PSB, through colleagues in Merthyr Council, have been involved in Public Health Wales' 'Participating in good, fair work for health, well-being and Equity Panel', now known as the 'Fair Work Panel'. This has been looking at the wider benefits of employment on health. Views are being sought from Board members as to how the work can best support partnership action and where there are opportunities to collaborate to achieve mutually beneficial goals of creating, supporting and normalising fair work, improving skills and access to fair work as well as monitoring and evaluating the impact of efforts to increase participation in fair work, using data and intelligence to direct their efforts.
 - RCT and Merthyr have both submitted bids for the National Lottery Community Fund's 'Mind Our Future' grant programme around children and young person's mental health, as well as the impact of loneliness and isolation. £10million is available to create and implement a vision for a more resilient and mentally healthy future for young people in their community. The PSB supported and were involved in shaping both applications and we await news.
- The Board continues to look for opportunities to maximise contribution to the seven national well-being goals and received a presentation from

Brecon Beacons National Park and their Management Plan at their last meeting. This sparked an interest in members looking to collaborate as much as possible, as well as suggesting that the January PSB meeting devotes some time to the Climate and Nature Emergencies so that we collectively understand what is already underway in the region, and where potentially the PSB can add value, with a view to informing the future Well-being Plan.

- Similarly, the PSB have supported a bid to the National Institute for Health Research for the creation of the Cwm Taf Morgannwg Health Determinants Research Collaboration. The funding is available to create a research infrastructure with a focus on the determinants of health inequalities. If successful, the funding will allow the region to establish the first regional multidisciplinary research team in Wales and provide the learning and experience to develop a model that can be rolled out nationally. JOSC will be provided with an update on any progress or success with the funding bids.

Following the update, Members were provided with the opportunity to ask questions.

The Chair referred Members to page 10 of the minutes from the last meeting of the JOSC and sought an update on the RAG system update in future PSB reports to Scrutiny. The Senior PSB Support Officer advised Members that this is in relation to the Wellbeing Plan, which will be going to the Board meeting in January 2022. However, it was emphasised that when this was discussed with the objective leads there was a feeling that a RAG system update may not be informative given the long-term focus of the objectives.

Discussions continued and the Chair referenced page 24 of the report and the risk factors for young children and queried whether this is a high priority for the Board. The Senior PSB Support Officer advised Members that concerns and risk in relation to children and young people is more the remit of the Regional Safeguarding Board, but that as the PSB looks towards the regional structures that need to be in place the Board is looking to work closely with the operational boards and critical concerns will be escalated to the PSB. It was emphasised that engaging children and young people is something that the Board is looking to do more work around.

The Chair further referenced page 14 of the report and praised the fact the community hubs have been prioritised and queried if it was a priority of the Board to move towards community resilient hubs. The Senior PSB Support Officer reminded Members that the community hubs were started with one in RCT and one in Merthyr Tydfil, with the models having been rolled out across RCT, however, the roll out isn't looking to be replicated in Merthyr Tydfil as the Calon Las hub has been a heavy demand on the Local Authority. The sustainability of these hubs is a concern for the Board and it would be remiss to look to develop this further before securing what is already in place. The Chair noted that this is an aspect of work that the Scrutiny Committee can look into in

future meetings.

Discussions ensued and Mr Mel Jehu referred Members to the tragic deaths of children being covered in the media, and assured Members of the JOSOC that safeguarding has been addressed in a formal way at the South Wales Police and Crime Panel, where Mr Jehu sits as Vice Chair.

Mr Jehu then queried how best practice is being identified in one area and passed on to other areas and also referenced the Gellideg Hub in Merthyr Tydfil as an example of a community hub that works well. The Senior PSB Support Officer advised Members that it's vital that we recognise that these hubs are community owned and run with no involvement from the PSB. However, the Board would be interested to see how they've been so successful and able to sustain, and where that could be replicated. The Chair noted that it would be worth a visit to the Gellideg Hub and asked if this can be added in to JOSOC Work Programme for the 2021-22 Municipal Year. In respect of the community hubs, Councillor Bonetto also noted that important work being done across the region and referenced the hub in her ward, particularly in respect of men's mental health. Councillor Bonetto emphasised that the hubs are working for the communities themselves and assist community needs. Councillor Will Jones noted that communities adapt and that community hubs are doing an excellent job in supporting changing needs. Councillor Jones noted that it is support the hubs need rather than total involvement of the PSB. The Chair noted his agreement and noted that this should be a key focus for Scrutiny going forward.

Following discussion, Members **RESOLVED** to note the update in respect of the Quarter 1 PSB Work Programme.

20 AN UPDATE ON THE WORK OF THE COMMUNITY ASSESSMENT ACTION GROUP

The Chair welcomed Dr Brendan D'Cruz to the meeting and thanked him for his attendance.

Dr Brendan D'Cruz began by thanking the Joint Overview and Scrutiny Committee of Cwm Taf PSB for allowing him the time and opportunity to provide them with an update on the work towards the Community Assessment Action Group.

Dr Brendan D'Cruz continued his update and outlined the key points as follows:

The Approach

As set out in the briefing paper, there is a requirement under the Well-being of Future Generations (Wales) Act to undertake an assessment of Wellbeing and the guidance sets out the specific elements that the assessment must contain. The approach being taken in is to jointly undertake the work with both Bridgend PSB and the Cwm Taf Morgannwg Regional Board (RPB) so that we collaborate in how we engage with the communities that we all serve. To that end we have established one joint Community Assessment Action Group to oversee the work

needed for both the PSB's Well-being Assessment and the RPB's Population Needs Assessments. We also have the support of Co-Production Network for Wales supporting our commitment to improving how we engage and involve the people and our communities.

Members were reminded of the update from Dr Tom Powell, Chair of the Community Assessment Action Group, at the last JOSOC meeting in September. Work has continued as planned since then, and Councillor Caple was also welcomed to the Group.

- **Engagement Group**

The Engagement Group met on a weekly basis and have produced and shared bilingual toolkits to support colleagues and groups with carrying out engagement work. Through RPB and PSB support teams, alongside members of the Engagement group a broad range of stakeholders have been engaged, ranging from Knit and natter to Brownies, Girl Guides and Rangers. Community Hubs and Neighbourhood Networks, established under the Thriving Communities objective, have been used to speak with people and have promoted a conversation tool for people to fill in as best suits them (online, bilingual and easy read). Officers have also joined with Veterans groups, ASD Rainbows, attended Remembrance Festivals and family fun days as well as bespoke 'hackathon' events such as sessions for older people, people with learning disabilities and mental health.

PSB grant money has also been used to support community level engagement activity through the region's county voluntary councils, namely Interlink RCT, Voluntary Action Merthyr Tydfil (VAMT) and Bridgend Association of Voluntary Organisations (BAVO).

Three 'Better Futures' sessions were held online with young people (aged 15 – 25) from across the region to think about what they want the future to look like, and what needs to change to achieve or create it.

To try and reach as large and as broad an audience as possible, the period of engagement was extended beyond the 100 days initially discussed. December 17th (today) is the official end of the work, and the online conversation tool will be closed this afternoon. The Co-Production Network have also been asked to provide additional support to analyse all the engagement notes and products. An engagement report will be produced summarising key findings and reflecting the scope of the conversations held, this is expected on 14 January and will be fed into the draft Assessment document.

The Engagement Group needs to consider how it wants to continue now that the initial phase of activity has passed. There is an appetite to keep momentum going, but there needs to be commitment and resourcing to allow this to happen, as well as understanding and appreciation from all levels about the value that comes from working in a more co-productive way.

- **Data Group**

The Data Group has met for a total of five times. The first four sessions focused on a different pillar of well-being – cultural, economic, environmental and social –

and the most recent one (26 November) considering the draft data report compiled by Practice Solutions Limited (PSL). There's been a good representation from across the partnership, and broader, bringing together a wide range of information that captures what it means to live, work and be in Cwm Taf Morgannwg.

PSL have produced a Data Report that will form part of the Assessment using information supplied by partners and initial findings have also been discussed as part of the engagement process and 'sense checking'.

This has been shared with Bridgend PSB members at their 13 December meeting as well as Cwm Taf PSB via email. It is available as a background paper for JOSOC (page 22 of the pack). The next stages are for it to be quality assured and go to PSL's design team.

- **What next?**

We are expecting the draft Assessment – bringing together the data and engagement reports by the end of January and have asked for Members to nominate themselves to be part of a small PSB working group to scrutinise and sign off assessment for consultation by 7 February.

This will then be sent for translation, along with all other relevant materials like the fact sheets, to begin our statutory consultation on 14 February. The consultation period will run from 14 February to 28 March and during this time it will be sent to all partners for opportunity to give a formal response, as well as the Office of Future Generations Commissioner and Welsh Government. It will also be shared for comment online and sent to those who have left contact details during the earlier engagement work. We intend on returning to those groups who have contributed so that they can see how their information has been used, and they remain part of the process as part of an ongoing conversation.

We would also welcome involvement from the Joint Overview and Scrutiny Committee in this phase, and for the committee to act as a consultee.

That then leaves April to undertake any final revisions, respond to feedback and produce, design and translate the final Assessment product ahead of publication on 30 April 2022.

Following the update, Members were provided with the opportunity to ask questions.

The Chair began the discussion and noted that he went to the meeting of the Action Group and noted that during the meeting there was some frustration by officers that exercise is undertaken every 5 years but that the policies of Government are not being influenced. Dr Brendan D'Cruz agreed and noted that this is something that's been picked up in his conversations with officers. Members were advised that there is a Community Assessment Action Group meeting in January to start to think about how things can be done differently and where change can be influenced going forward.

The Chair agreed and noted that Scrutiny can consider what influence this change has had on people's lives and what can be done going forward. The

Senior PSB Support Officer acknowledged this point and noted that the frustration is that it can feel like a lip service exercise, and that time is spent engaging with communities on what matters to them but that no real change is then delivered. It was noted that a lot of the good work by community groups is through short term funding and not sustainable. The Chair agreed and felt that this is something the Committee could certainly look at going forward.

Discussions ensued and Mr Mel Jehu, Co Opted Member, commented that a community assessment wouldn't be needed if, on a regular basis, the community needs were actually aligned to the strategic vision of what the organisation was doing and where the community members were actually feeding into that vision. Further to this, Mr Jehu also added that the members of the community regard assessments as processes, when what the community care about is what is actually happening to them on a day-to-day basis. Mr Jehu referenced a document produced by the Health Board titled 'Our Community – Your Health' and urged Dr D'Cruz to link in with Natasha Weeks, the Communications Lead Officer on this project, to enhance the work of the Action Group. Dr D'Cruz acknowledged this point and noted that this will be taken forward. The Chair agreed with the points raised by Mr Jehu and noted that the Scrutiny Committee wants to see what's changed since last time and not to keep repeating the exercise every five years.

Following the update, Members **RESOLVED** to acknowledge the update on the work of the Community Assessment Action Group by Dr D'Cruz.

21 FEEDBACK FROM THE CHAIR OF THE CWM TAF PSB JOINT OVERVIEW & SCRUTINY COMMITTEE

The Chair provided feedback to the Committee following a training session in November with Dr Dave McKenna. The following points were noted and it was noted that changes will be implemented for future meetings of the JOSOC:

- A pre pre-meeting of Committee Members (informal discussion on the agenda papers);
- To send out a briefing note to Committee Members in advance of a meetings detailing what is being asked of them on each agenda item;
- To produce cover reports for any verbal updates with clear recommendations attached;
- To write a letter from the Chair of JOSOC to the Chair of the PSB with Committee's recommendations so that there is a clear audit trail and for the Chair of the PSB to respond back in writing with any actions taken forward; and,
- For Members of the Committee to scrutinise one particular issue and to form a Working Group with clear scrutiny outcomes to provide to the PSB.

Following the update, Members **RESOLVED** to note the changes going forward.

22 INFORMATION REPORTS

The Chair noted the Information Reports and advised Members to email any questions to scrutiny@rctcbc.gov.uk.

23 ANY OTHER BUSINESS

There was no urgent business to report.

24 CHAIRS REVIEW & CLOSE

The Chair thanked everyone for attending and noted that it had been a productive meeting. The Chair wished everyone a Merry Christmas and a Happy New Year.

This meeting closed at 10.51 am

**Cllr G. Caple
Chair**

SCRUTINY COMMITTEE REPORT

Date Written	January 2022
Report Author	
Service Area	Public Services Board (partnerships)
Committee Date	28 January 2022

To: Chair, Ladies and Gentlemen

Update Report on the work of the Community Assessment Action Group

1.0 SUMMARY OF THE REPORT

- 1.1 This report is to provide Members of Cwm Taf Public Services Board Joint Overview and Scrutiny Committee (JOSC) with an update of work undertaken in relation to the Cwm Taf Morgannwg Well-being Assessment through the Community Assessment Action Group and the sub-groups focused on data and engagement.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that:
- i. The Committee acknowledges the work undertaken to date and discusses the approach in line with the sustainable development principles.
 - ii. The Committee considers and comments whether the outlined Assessment process has met the requirements and expectations placed on Public Services Boards.
 - iii. The Committee considers how it wants to contribute to the Assessment and the consultation process prior to purdah.

3.0 REASONS FOR RECOMMENDATION

- 3.1 It is proposed that Members of the Joint Overview and Scrutiny Committee have the opportunity to consider the work undertaken to produce the statutory

Well-being Assessment for the Cwm Taf Morgannwg region covering both Bridgend and Cwm Taf Public Services Boards.

- 3.2 It is proposed that Members of the Joint Overview and Scrutiny Committee have the opportunity to contribute and influence the Assessment process in line with sustainable development principles.

4.0 BACKGROUND

- 4.1 As detailed to JOSC in previous meetings, Public Services Boards, as established under the Well-being of Future Generations Act (Wales) 2015 are required to undertake and publish an assessment of the state of economic, social, environmental and cultural well-being in its area no later than a year before it publishes its local well-being plan. The Act provides that the local well-being plan must be published no later than one year after an ordinary election, as defined in section 26 of the Local Government Act 1972, in practice this means the assessment of local wellbeing would be published within the 12 months preceding each ordinary local government election.

The Assessment must provide an accurate analysis of the state of well-being in each community and in the area as a whole. Further guidance can be found in Shared Purpose Shared Future 3: Collective Role which is provided as a background document for Members.

- 4.2 We have jointly undertaken the work with both Bridgend PSB and the Cwm Taf Morgannwg Regional Board (RPB) so that we collaborate in how we engage with the communities that we all serve. The joint Community Assessment Action Group has overseen the work needed for both the PSB's Well-being Assessment and the RPB's Population Needs Assessments.

Members will remember an update from Dr Tom Powell, Chair of the Community Assessment Action Group, at the JOSC meeting in September and the more recent update from Dr Brendan D'Cruz in his capacity as Chair of the Data Sub-group.

The next Community Assessment Action Group meeting has been postponed to 3rd February. This means it will take place after we anticipate receiving the draft Well-being Assessment document from Practice Solutions Limited, bringing together the data report and the findings from the engagement work at the end of January so we hope that the conversation will be focused on how we use, share, and consult on the document.

- 4.3 Co-Production Network for Wales have been procured using PSB regional support grant to produce an engagement analysis summary, available as an appendix and shared with PSB on 18 January. This has teased out key findings and common themes from the broad range of engagement activities that we have undertaken across the region, as well as made a series of recommendations about how to strengthen the engagement element
- 4.4 Work is being finalised on the data report (linked as a background paper) and particularly on designing brief 'factsheets' for each well-being pillar which will bring together key findings from both the data and engagement work. It is anticipated that these will be the basis for the statutory consultation element of the Assessment commencing in mid-February and lasting for around six weeks.

- 4.5 All consultation documents will be made available bilingually and we would welcome JOSC's involvement in the consultation process.
- 4.6 Final amendments to the draft Assessment will be made following the end of the consultation process. Final design and translation will be carried out in March 2022 in order for the final bi-lingual Assessment and supporting documents to be published by the deadline of April 2022.

5.0 INVOLVEMENT

- 5.1 Involvement and capturing 'lived experience' or 'citizen voice' is at the heart of the assessment work and we are looking at a range of ways to engage people, including workshops, 'hackathons', roadshows, surveys and focus groups. Crucially, we are going to where people are to improve our engagement.
- 5.2 We are looking to engage a broad and diverse range of people from communities across RCT, Merthyr Tydfil and Bridgend.
- 5.3 Consultation work, a statutory requirement for the Assessment, will begin in February and last for six weeks.

6.0 EQUALITY AND DIVERSITY IMPLICATIONS

- 6.1 An Equality Impact Assessment is not required as the contents of the report are for information purposes only.

7.0 FINANCIAL IMPLICATIONS

- 7.1 There are no financial implications aligned to this report.

8.0 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 8.1 The report has been prepared in accordance with paragraph 12.1 (Part 4) of the Council's Constitution.

9.0 LINKS TO THE PSB'S WELL-BEING OBJECTIVES

- 9.1 The update is focused on the next iteration of the Wellbeing Assessment which moves on from the Well-being Objectives laid out in the 2018-2023 Plan. The Objectives previously identified are being considered as a measure of progress made since the previous Assessment.
- 9.2 The approach outlined for the Assessment 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; and,

- It is vital to factor people's needs; ensuring engagement is meaningful and effective.

10.0 CONCLUSION

- 10.1** Members are asked to acknowledge the work undertaken in support of the Well-being Assessment for Bridgend and Cwm Taf Public Services Board and consider whether the approach meets the requirements and expectations as set out under the Act and in Shared Purpose Shared Future 3.
- 10.2** Members are asked to consider how it wants to remain involved and contribute in the Assessment and the consultation process.

Report Author: PSB Support.

Contact Officer: Kirsty Smith, Kirsty.smith3@rctcbc.gov.uk, 07880 044474

BACKGROUND PAPERS		
Title of Document(s)	Document(s) Date	Document Location
Cwm Taf PSB Well-being Plan		Cwm Taf Well-being Plan 2018-2023
Shared Purpose Shared Future 3: Collective Role		SPSF 3
Draft Data Report for the Cwm Taf Morgannwg Well-being Assessment	December 2021	Data Report Version 9
Engagement Analysis Summary	January 2022	Appendix
Does the report contain any issue that may impact the Council's Constitution?		No



ENGAGEMENT ANALYSIS: Bridgend / Merthyr / Rhondda Cynon Taf

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ENGAGEMENT METHODOLOGY

On 1st July 2021, the Public Services Boards for Bridgend and Cwm Taf (PSBs), along with their Cwm Taf Morgannwg Regional Partnership Board (RPB) colleagues launched their 100 Days of Engagement Framework as a strategy for co-designing both the PSBs regional Wellbeing Assessment and RPB's Population Needs Assessment with members of the communities in which they operate. As a source of innovation, the 100 Days of Engagement Framework aimed to provide unique and varied opportunities for individuals, groups and organisations to articulate their needs and perceptions of services across the region, as well as their needs, thoughts and aspirations linked to the wellbeing pillars: economic wellbeing, environmental wellbeing, cultural wellbeing and social wellbeing. From the diverse engagement data gathered through these activities it was hoped that a rich insight into the story behind the statistics and more formal analytical data that informed both assessments would be obtained, assisting both the PSBs and RPB to make needs-led and experience informed decisions in the future.

The 100 Days of Engagement Framework was separated into 3 distinct stages: preparation, action and review. To oversee the process and ensure its effective completion, the creation of a Community Assessment Action Group (CAG) was proposed to bring together key members of both the PSBs and RPB as a steering committee, to make decisions and implement action as appropriate. Underpinning the CAG, 2 sub-groups were proposed to take responsibility for the assessments' data analysis and engagement activities respectively. The initial 100 Days of Engagement Framework was presented as follows:

Preparation Stage: Day 1- Day 10

- Formation of the Community Assessment Action Group (CAG)
- Identification of priority themes, need to reach groups and available resources
- Mapping existing engagement opportunities

Action Stage: Day 11-Day 70

- Creation of basic engagement tools for roll out across engagement events based on previously identified citizen priorities and the What Matters To Me conversation
- Development /agreement of a centralised tool or method for data collection
- Showcase engagement activity at wider co-production project launch event to inform baselining and future direction setting

Review Stage: Day 71-Day 100

- Analysis and presentation of engagement findings
- Translation of findings into the PSBs Wellbeing Assessment and RPB's Population Needs Assessment for further public consultation

As with many co-production projects, the 100 Days of Engagement evolved throughout the process and whilst the initial activities outlined were used as a guide, new activities emerged and some activities were postponed or changed. Early on it was identified that a number of capacity issues were present within partner organisations and the regional workforce which delayed buy-in and slowed the implementation of actions within the preparation stage. This resulted in the formulation of the CAG and its sub-groups not formally launching until late August, approximately 40 days into the 100 day process. Without the oversight of the CAG

it was difficult to generate momentum in the earlier parts of the 100 days process, and whilst some activity did transpire in these opening stages around the identification of priority themes, need to reach groups, available resources and the creation of the first associated engagement toolkit, little tangible data was collected to inform the assessments. Once the CAG was established, activity within the 100 Days of Engagement Framework did start to galvanise, however at a much slower pace than anticipated. It was still difficult to develop and gain partner buy-in, and some facilitation gaps were identified, specifically related to delivery of engagement activities to community members, confidence, and strategic to operational permissioning. As a result engagement activities through the delayed action stage were largely diverse and a number of partner and workforce support opportunities were developed. The following section gives a brief overview of each engagement activity and/or workforce support tool utilised within the 100 Days of Engagement Framework:

Engagement Sub-group

The CAG Engagement Sub-group was set up to meet on a weekly basis. Throughout the duration of the 100 Days of Engagement Framework, 64 partners from across the region, including community members/people with lived experience, were actively involved in the work of the sub-group. Whilst the sub-group was set-up to drive engagement activities forward, identify gaps and develop solutions to solve them, they were also seen as key opportunity to co-design some of the engagement tools for this process and as an engagement opportunity in themselves, providing opportunity for members to also have their voices heard on the key topics being explored for the assessments. Jamboards were used as a way to capture conversations and create a record of each meeting and this data has been used to feed into the overall analysis of engagement.



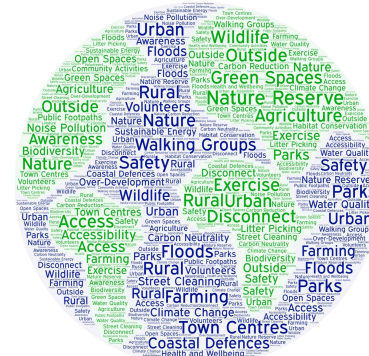
Word Clouds

One of the first co-design pieces of work undertaken by the Engagement Sub-group was to develop definitions for each of the wellbeing pillars: economic wellbeing, environmental wellbeing, cultural wellbeing and social wellbeing. Members of the engagement sub-group were able to reflect on what each of the terms/pillars meant to them, and were asked to add their thoughts to a Jamboard so that they could be analysed to develop each definition. However, through this process it was identified that interpretation of each pillar was largely vast and diverse, making it difficult to reduce to a singular sentence type definition. Instead it was agreed that all of the inputs collected through the engagement sub-group members would be used to create a visual representation of each of the pillars. To do this, a series of word clouds were created based on frequency of word/theme highlighted for each pillar by the engagement sub-group members.

Economic



Environmental



Cultural



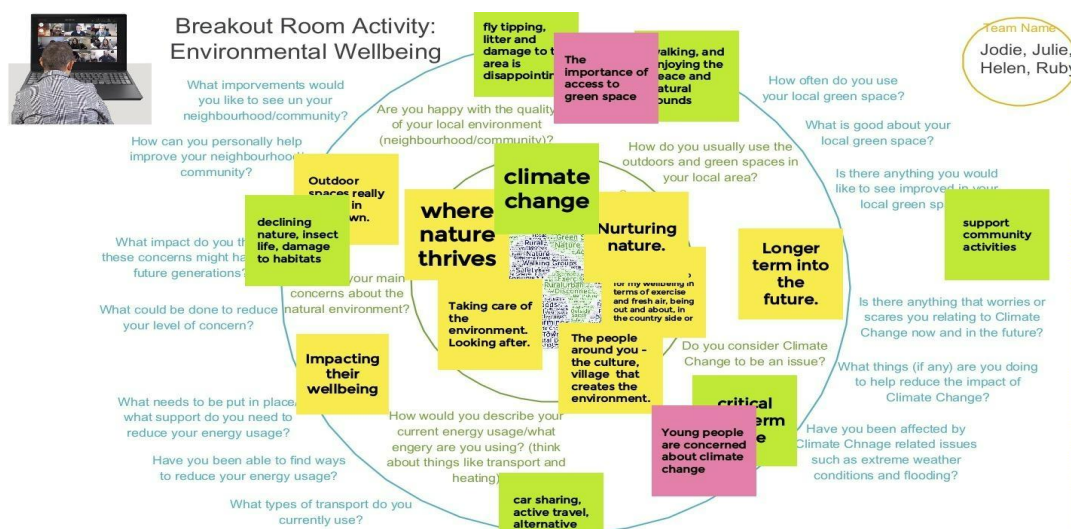
Social



Toolkits

Facilitator toolkits were developed as a way to encourage, direct and support partner organisations engagement activities, in a way that would compliment the themes of both the PSBs Wellbeing Assessment and the RPB's Population Needs Assessment. The first facilitators toolkit developed was based on a previous piece of work conducted by the Our Voice Matters project, a regional project funded through ICF funding to help embed co-production and provide opportunities for citizen voice empowerment. This piece of work analysed citizen priorities of 5 citizen categories in line with the requirements of the Social Services and Wellbeing Act (Wales), 2014: people with a learning disability; older people; unpaid carers; those who access mental health services; and children and young people. These previously identified priorities were then used to create a series of activities that would allow individuals to explain what each priority meant to them, rank the priorities in order of personal importance as well as share and develop new priorities, and to analyse what one thing they would change if they could. Initially the toolkit centred around the 5 citizen categories, however, with further development alongside the CAG engagement sub-group the toolkit was adapted to help develop priorities for other citizen categories such as substance misuse, those affected by domestic violence, members of the Black, Asian and Minority Ethnic community, and the Deaf community.

As this toolkit was greater aligned to the work of the RPB's Population Needs Assessment, a second toolkit was needed to explore the pillars of wellbeing in detail. It was envisioned that this toolkit would be co-designed by members of the CAG engagement sub-group. Following the success of the work conducted to create the word clouds for each pillar, the first activity in the toolkit aimed to give individuals the opportunity to identify what each pillar meant to them, through a word association activity where they were asked to indicate what 5 words they thought of when they heard each pillar heading. The second activity in this toolkit was hoped to align with the themes and priorities being identified through the data analysis, and based itself around a circle of interaction model. This activity was tested with the engagement sub-group around the environmental pillar of wellbeing, and whilst a little messy could be seen as a useful exercise with some minor amendments. However, this is yet to make it into the final version of the toolkit due to delays with receiving themes from the data report, and with the reduced amount of time due to the slow progress in the initial implementation of the 100 Days of Engagement Framework. The final activity in this tool drew on the third activity within the Citizen Priority toolkit about one positive change individuals would like to see in the future.



Group Surveys/Roadshow

To maximise reach and engagement into the assessments, a condensed version of the toolkits was developed to be used as a template for group workshops both virtually and in person. This template still aimed to ask participants to identify what each of the wellbeing pillars meant to them, but provided much more room to discuss why those words were chosen or why they felt that area of the pillar was important to them. The Group surveys were based on discussion and exploration and allowed participants to contribute what they wanted, and in a way they wanted. As well as exploring the wellbeing pillars, the groups surveys also asked participants the best and worst things about their community, the one thing they would like to change to help improve their wellbeing in the future and their thoughts on whether or not wellbeing in general would improve in the future.

As a development of the group survey format, one partner organisation took the template out on a roadshow across the region and interacted with 75 individuals with a learning disability as well as 11 carers.



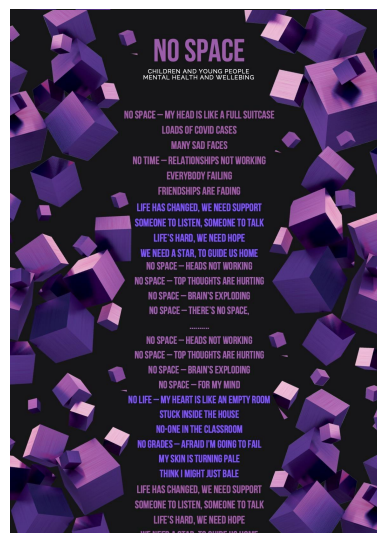
Online Survey

To maximise reach and attract a wider demographic of individuals who were not captured through some of the group survey work, an online survey was created. This survey followed the same footprint of the group survey template and was available for individuals to complete at a time and pace that suited them. To try and move away from traditional quantitative style surveys, this online survey was based on open questions that allowed for the individual freedom of comments with little agenda to help in the identification of key themes which are citizen voice led.

Hackathons

A hackathon is a 4 hour event that aims to bring together people with lived experiences, professionals, decision makers and creative producers. Attendees are then broken down into small teams of approx 6-8 people and provided a problem/issue or topic to explore. The aim of the hackathon is that through the conversations of each team a series of solutions, ideas or thoughts can be developed, and then brought to life through the assistance of the creative producer. Creative products developed are then shown to the other teams and used as wider conversation starters across services and decision making bodies. As part of the 100 Days of Engagement Framework 7 hackathon events took place across the region, each analysing a different topic or issue as follows:

- **The Environment and Me** - looking at the ways people with a learning disability interact with the environment and their concerns around climate change
- **Children and young people's mental health and wellbeing** - looking at what mental health and wellbeing means to children and young people and how this has been affected by the covid-19 pandemic
- **Voice, Choice and Control: Learning Disabilities** - analysing 6 real life case studies of situations across a variety of different services where people with a learning disability were potentially denied the right to have voice, choice and control
- **Adult Mental Health** - bringing together a range of individuals who access mental health services, care for someone with a mental health condition, or provide a mental health service to look at how, and what support is needed, to improve mental health and wellbeing in the future
- **Increasing Access to Services for those with Complex Needs** - bringing together people with physical disabilities, sensory impairments, individuals who are neurodivergent as well as many others who experience access and communication issues, to explore what is needed for them to be able to live a more meaningful life and receive the support that they need
- **Unpaid Carers and Respite Service Review** - reviewing the current models of respite services that exist and how they benefit (or not) unpaid carers and the cared for. Through this hackathon, unpaid carers shared a lot about the barriers and issues they face and their priorities for the future
- **Decreasing Loneliness and Isolation in Older People** - looking at what loneliness and isolation is and what it means to different people, identifying how the covid-19 pandemic has increased loneliness and isolation across our communities, and developing practical solutions to reduce loneliness and isolation in the future



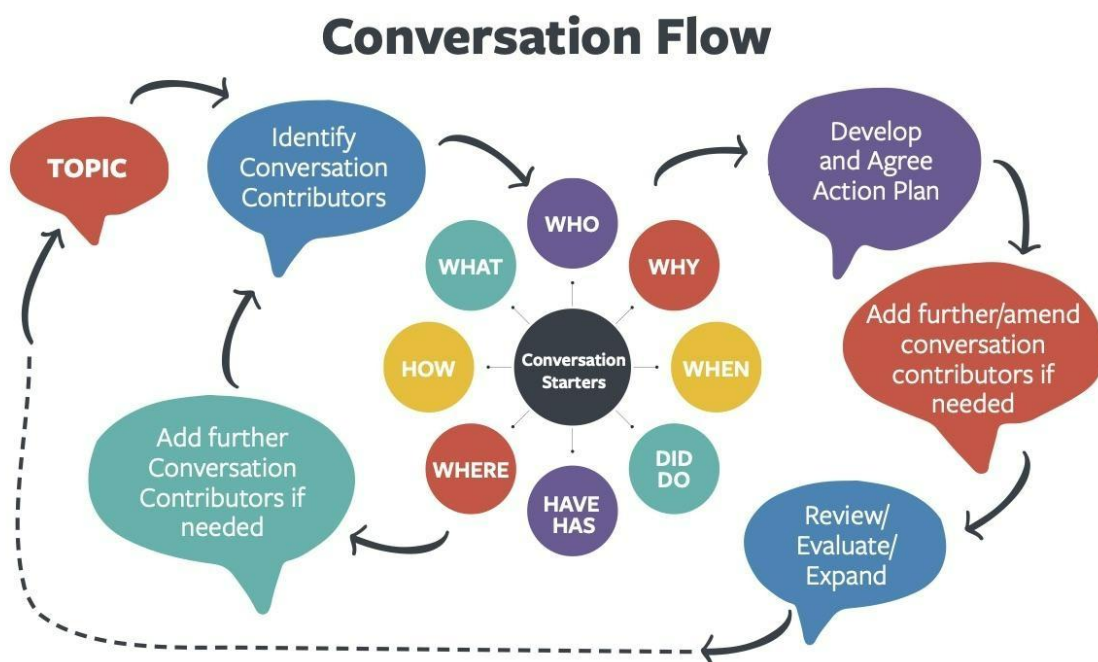
Drop-in sessions

Through the progress of the 100 Days of Engagement a number of skills gaps and capacity issues were identified that resulted in reduced levels of partner engagement and willingness/ability to deliver the above engagement tools. To try and mitigate some of these issues, weekly drop-in sessions were held to allow the workforce to interact with a consultant to understand each of the tools and their purpose, as well as modify the tools to meet the needs of and requirements of each individual or group that they were to be delivered to. These sessions also became a platform for shared learning and reflections as well as organisational specific engagement tool development for other/wider projects outside of the 100 Days of Engagement.

In This Together Training

To complement and enhance the shared learning development through both the CAG Engagement Sub-group and the Drop-in sessions, a regional training programme was created to support the workforce to have more meaningful conversations as well as inspiring action from these conversations. The In This Together training consisted of 5 thematic workshops which together make up the conversation flow process championed by the regional Our Voice Matters project. The 5 thematic workshops were:

1. Having Meaningful Conversations
2. Building Relationships and Developing Trust
3. Inspiring Action
4. The Importance of Feedback and Reflection
5. What's Next: Continuing the Conversation - Revisit and/or Build



ANALYSIS METHODOLOGY

Limitations of the survey:

- Unable to cross tabulate by postcode
- Unable to filter by local authority area
- Overlap between postcodes in the 7 communities

Strengths of the survey:

- Having open ended questions gave people an opportunity to talk about what matters to them and provided a significant amount of information to analyse.
- Having word clouds provides people with prompts to stimulate their thinking on the subject beyond their immediate experience.

Limitations of creative method engagement:

- Not all demographics can be recorded within group activities. This results in numbers being “at least” rather than providing an accurate percentage and crucial information such as sexual orientation, age religion and ethnicity is missed.
- Different groups respond to questions and methods in different ways. Therefore there were numerous different datasets to compile prior to analysis being undertaken.
- Poor or ambiguous recording of conversations can result in unclear meaning.

Strengths of creative method engagement:

- Groups that may find completing a survey difficult were able to be included in the engagement.
- The activities enable an in depth discussion of issues as they affect the individual rather than an imposed agenda from service commissioners.

Well-being Survey

294 Responses overall

DEMOGRAPHICS FOR ENGAGEMENT

- Age:** The majority of respondents were aged between 45 and 64 (39.3%) with almost two thirds (62.11%) being over the age of 45. Less than 10% of responses (8.2%) came from young people under the age of 25. Approximately a quarter of responses (24.56%) came from those aged 25 - 44.
In addition to the survey engagement, group discussions, hackathons and activities were undertaken with 28 children under the age of 11, 61 young people aged between 11 and 25, and at least 115 older people aged 50+.
- Employment:** Over half of respondents were in employment, with 42.11% working full-time. Just over a fifth (21.75%) were retired, 5.96% were students/trainees and 5.26% were unemployed. It is unclear from responses if the term Carer (2.46%) refers to unpaid carers or those employed as a carer. 8.42% preferred not to say.
- Disability:** Less than 10% (9.64%) of respondents considered themselves disabled, 76.79% were not disabled and 13.57% preferred not to say.
In addition to the survey data, through group discussions, hackathons and group activities 9 people from the deaf community were involved and 183 people with learning disabilities and physical disabilities. A group of parent carers were also consulted (exact number unknown)
- Nationality:** Over two thirds of respondents described their nationality as Welsh (69.2%), 14.39% as British, 3.86% English, 0.7% Scottish and 3.51% described themselves as 'Other' including German European, White European, Welsh Irish, Irish and Celtic. 8.42% preferred not to say.
- Ethnicity:** 92.25% of respondents were White, with only 2.46% of respondents from other ethnic groups including Mixed/Multiple Ethnic Groups and Asian or Asian British. 5.28% preferred not to say.
In addition to the survey data, regional engagement activities engaged with at least 87 people from BAME communities.
- Religion:** The majority of respondents did not follow a religion (43.16%). Just over a third were Christian (39.65%), 1.05% Buddhist, 0.35% Hindu, 0.35% Jewish, 0.35% Muslim and 2.46% stated 'Other' beliefs including Baha'i, Catholic, Agnostic and Salvation Army. 12.63% preferred not to say.
- Gender:** The majority of respondents were female 62.63%, just under a third 32.74% were male, 3.97% preferred not to say and 0.7% used different, unspecified terminology to describe their gender.
There was an over-representation of girls within the children and young people's group activities. 6 women using VAWDASV services were included within group activities.
- Sexual Orientation:** Over three quarters (81.56%) of respondents were heterosexual, 1.77% were gay men and 0.7% were gay women. 0.71% described

themselves as 'Other' and 15.25% preferred not to say. Overall 2.47% of respondents were from the LGBTQ+ community.

9. **Marital Status:** The majority of respondents were married 39.93%, 21.55% were single, 14.49% partnered, 7.42% divorced, 5.3% widowed, 0.35% were in a civil partnership and 10.95% preferred not to say.
10. **Veterans:** 17 veterans were included within the group activities.
11. **Welsh Language:** Over half 52.6% of the respondents could not write in Welsh at all, 43.4% could not read Welsh at all and 38.6% could not speak any Welsh. Only 2.9% could speak and write Welsh fluently, with 3.7% able to read fluently in Welsh. However, just under half, 45.5%, could speak a little Welsh.

FINDINGS

Q1. Postcode

258 responses

Postcode	No. Responses
CF31	24
CF32	18
CF33	7
CF34	20
CF35	13
CF36	20
CF37	17
CF38	7
CF39	14
CF40	8
CF41	3
CF42	10
CF43	7
CF44	18
CF45	13
CF46	6
CF47	30
CF48	12
CF72	10

The area with the highest number of responses was CF47, with CF41, CF33, CF38, CF43 and CF46 having low representation within the survey findings.

Q2. WELLBEING SURVEY RESULTS: CULTURAL WELLBEING

272 responses

Responses in relation to cultural well being focussed largely on socialising, community and leisure.

1. Socialising strengthens relationships by bringing people together, helping them to make friends. Respondents felt that socialising reduced loneliness and supported better mental health, but better transport links are needed in some areas to improve the ability to socialise and several mentioned the need for 'safe' spaces for younger people. The ability to socialise was noted as beneficial to specific groups including parents of disabled children and adults, along with the negative impact of Covid restrictions. *'Socialising. It's been a really hard 2 years without properly seeing friends and family so I think we need to get back to being able to do that. I know my mental health has suffered and I've had times when I've felt quite alone'*
2. Communities are an important part of people's cultural wellbeing as they provide support networks, bring people together, create a sense of belonging and help to reduce loneliness. Responses give a sense of strong communities in the area. *'Communities - have a massive impact on mental and physical wellbeing. Smaller tight knit communities tend to look after each other and offer support networks.'*
3. Leisure, and access to entertainment, featured prominently in responses. Respondents felt this was important to cultural wellbeing for a number of reasons including staying active, meeting others, improving mental health and simple 'light relief'. Some enjoyed accessing activities as members of groups. Safe, affordable leisure opportunities were considered important, to ensure access for as many as possible. Lack of facilities were cited as an issue in some areas, particularly in Porthcawl.
4. The Arts improve people's mental wellbeing and encourage socialising. There is pride in the area's cultural identity relating to it's choir groups and musical tradition, and dance featured heavily in responses as people's preferred activity. More opportunities to access the Arts for older people was raised by one respondee.
5. Respect for each other and the wider community was seen as an important part of cultural wellbeing, with some highlighting the need to be inclusive. 'Acceptable behaviour' was raised by several respondents as being important, with a minority believing that the younger generation did not show respect for older people and need to exhibit acceptable behaviour.
6. Jobs and skills to improve the local economy and standard of living in the area was important with the need to retain local talent and provide opportunities for younger people mentioned.
7. Cultural identity for many meant a sense of place, belonging, and, specifically, their Welsh identity. Promotion of the area's cultural past and current opportunities both externally and within communities was considered important, including promotion of the Welsh language.

8. In relation to Heritage, there was a lot of pride in the area and a desire to preserve and share local history, particularly with regard to industrial heritage.
9. To a lesser extent, the outdoors, sport and the Welsh language were all raised as being important to cultural well being, as was equality and diversity.
10. The most frequently mentioned barriers to cultural wellbeing were affordability and the lack of available transport.

Q3. WELLBEING SURVEY RESULTS: ECONOMIC WELLBEING

272 responses

The most important factors for people with regard to economic well being were overwhelmingly income and employment, with education and skills a distant third.

1. Income, money and a living wage were very important to respondents. It was felt that a living wage would improve people's standard of life and help reduce poverty in the area, especially in the face of rising costs for household essentials and property. Financial stability and job security were equated with better mental health and quality of life and many believed that for better paid jobs it would be necessary to live or work outside of the area.
2. Employment and jobs were seen as important for self-esteem and financial independence. Unemployment was a concern, particularly for those with families to support. Many felt that jobs available locally were of a low-skilled, low-paid nature, some with insecure or 'zero hour' contracts, and that it was necessary to travel to obtain better employment. The transport system was cited as a barrier to travelling to work due to lack of availability or expense. Being employed was thought to also serve an important social function, providing social opportunities as well as setting an example of the benefits of employment for the younger generation.
3. Training and opportunities to develop new skills were mentioned as the key to improving peoples' prospects and confidence, however it was noted that more skilled work was needed in the area. Opportunities for younger people and those returning to the workforce were said to be needed, with barriers to training including time (especially if already employed), affordability and availability of childcare.
4. Local businesses, the High Street and the Town Centre were all raised as important to economic well being in the area. The High Street and Town Centre were referred to as the 'heart of the community' several times and essential to those who can't or don't drive. They were also seen as key to attracting people from outside of the area. Lack of diversity of retail offerings was an issue and there was a perception that some were not flourishing. Suggestions included more investment in High Streets, Town Centres and local businesses generally, some local businesses responding to the survey reported being adversely affected by Covid.
5. Opportunities and support generally were important to respondents, particularly for young people, to improve both economic and mental well being. It was felt that more support was needed to help people access opportunities.

From a carer perspective: Support and employment. As a carer you can't have employment without support. It is lacking at times and at the moment a struggle to balance my employment and my caring role. Causes more stress and anxiety also feelings of being inadequate.

6. The role of non-profits and charities in supporting local economic wellbeing was highlighted by several respondents. Citizens Advice Bureau, Community Hub and social enterprise services providing advice on financial management and benefits were valued. The Universal Credit payment and process was mentioned by several respondents as being difficult to access and an insufficient amount.
7. Equality was seen as important mostly in relation to gender roles and age. Respondents wanted to see more equal opportunities for single parents, older people, volunteers and people with disabilities.

Q4. WELLBEING SURVEY RESULTS: ENVIRONMENTAL WELLBEING

267 responses

When thinking about environmental well being, the most important elements were Green Spaces, Safety and Climate Change.

1. Green spaces and the outdoors generally featured heavily in responses, including parks, community gardens and allotments. These are being used for a number of activities; family time, running, dog walking, cycling and many said they felt fortunate to have access to these green spaces 'on our doorstep'. The health and wellbeing benefits of being outdoors were important and many highlighted that the outdoors are free to access to receive these benefits. Several stated how being able to access them during lockdown helped them to get through it and acknowledged the contribution they make to physical and mental health. There was concern that some green spaces are being lost to housing developments and the need to protect and maintain these areas was a priority for many respondents. Accessibility was an issue for several respondents, too, with some green spaces being inaccessible to those with mobility issues.
2. Safety was important with regard to environmental wellbeing for many. Personal safety was raised, where some felt unsafe themselves or concerned for the safety of others, including children and partners/spouses. Many mentioned feeling unsafe after dark, and in parks where there was litter, anti-social behaviour and gangs gathering. Safety in terms of access was a concern: public areas and their proximity to roads, areas where there was poor maintenance of pathways, communal areas, underpasses and lanes with overgrown bushes and trees.
3. Climate change was important to many with a need to address the climate emergency through both individual and collection repeatedly mentioned. Behaviour change for a sustainable future was deemed necessary by several respondents with measures to reduce carbon and produce sustainable energy sources suggested.
4. Repeated floods in the area have led to people feeling at risk of flooding and unsafe in their own homes. People report floods impacting homes, businesses and the environment, with flood damage preventing access to some footpaths Many want to see more investment in flood prevention.
5. Raising awareness of the environment and educating people in the importance of valuing and protecting the natural environment was a key issue for several respondents.

6. The importance of protecting wildlife and biodiversity to environmental well being was highlighted, with suggestions to create habitats and connected greenways, planting trees and forest and reducing litter that poses a risk to wildlife.
7. Regeneration of the Town Centre, the impact of building developments and the need to protect the environment for future generations were also mentioned.

Q5. WELLBEING SURVEY RESULTS: SOCIAL WELLBEING

261 responses

The most important factors in social well being for respondents were relationships, loneliness and isolation and safety.

1. Relationships with family and friends, and the support system they provide, was very important for social well being. The benefits of having good relationships were described by respondents as vital to good mental health, reduced or prevented loneliness, people to take part in activities with and helping them to feel connected in their communities. Some mentioned that Covid had made them value these relationships more.
2. Social Cohesion featured strongly in responses, with close communities and neighbourhoods being considered an important part of social well being. "With flooding and the virus, communities and neighbours have been so important and I think that's something that's always been good in the valleys. We look out for each other"

From an LGBTQ+ Perspective

LGBT part of the community and nice to see people coming out into it

3. Loneliness and isolation was mentioned by many respondents as having a negative effect on social well being. Loneliness was described as detrimental to health and causing social anxiety. Lack of transport was reported to be a factor that could lead to isolation, along with the loss of community spaces. "Replacing green spaces and community areas with housing only reduces access to community space and community interaction, which in turn leads to increased isolation" Several respondents worried about others living alone through Covid being isolated.
4. Safety was mentioned by a couple of respondents in the context of feeling safe in their close knit communities, however the majority of those who considered safety to be the most important aspect of social well being reported feeling unsafe for a number of reasons; living in a remote area, drinks being spiked, afraid as a woman to go out after dark and Covid making people nervous about starting to socialise again. Respondents felt that feeling unsafe could cause depression, anxiety and isolation. Suggestions for helping to increase the feeling of safety included increased Police presence, better street lighting and CCTV. Crime rates, anti-social behaviour and drugs were a cause for concern for respondents, and linked to people feeling unsafe, particularly in Bridgend and Merthyr.
5. Many thought that a sense of belonging was important for social well being. It was described as having the following positive effects: providing security, building confidence, providing a feeling of purpose, helping people to feel included or connected to a place and alleviating loneliness.
6. Inclusivity in terms of people feeling a part of something, trying to reach everyone and reducing isolation was important to respondents.

7. Living a healthy lifestyle, keeping fit and eating a good diet were thought to help improve social well being, reduce stress and improve social connections.
8. Mental health was important because of the impact it can have on physical health. Several respondents were close to people struggling with their mental health and anxiety, including young people and those who had lost someone due to Covid. "Anxiety because the news is always negative about the area, bad education and no opportunities so I worry about the future and making the right decisions for my family"
9. Housing, having a home and feeling secure, were important with many concerned by rising house prices, the standard of rented accommodation (including social housing) and lack of housing availability. Better support for those who were homeless or facing homelessness was a concern.
10. Covid was mentioned as impacting social well being through people being isolated, feeling blamed for the virus spreading and "Covid has been awful hard. I like to get out most days on the bus but I haven't been able to and now I don't like to be out too long or travel any further than I need to because I don't like being on buses, especially when not everyone's wearing a mask. I know a lot of people who have lost confidence in going out and I can't see them going back to how they were before." A benefit of Covid was cited as being that it has shown people how much the community look out for each other.
11. Other factors important to social well being were equality, being heard, having opportunities, ageing well, independence and having fun!

Q6. WELLBEING SURVEY RESULTS: Health & Social Care

Do you use a health or social care service or do you care for someone who does?

290 responses

Yes 27.24%

No 72.76%

Q7. WELLBEING SURVEY RESULTS: What works well / what could work better

Working Well:

100 responses

Most of the things that were working well related to health with the GP service receiving the highest response, followed by general health services and hospital services.

1. People reported being seen quickly, an easy to use prescription service, good pharmacy service and the fact that the health service is free at point of use.
2. Care and Mental Health services were mentioned in relation to support workers and organisations.

3. Support provided by third sector organisations was also considered to be working well, as well as opportunities for social inclusion.

6% of those who answered the question felt that nothing was working well

10% didn't know what was working well or stated 'not applicable'.

Could Work Better:

119 responses

Things that could work better include GP Service (which also had the highest response rate in 'what's working well, the Care Service and Access to Services.

1. GP Service: difficulty getting an appointment, face to face preferred to online appointments, parking at surgery and waiting times
2. Care Service: lack of staff, time spent with patients, low paid care workers, the need to listen to carers, respite care and residential home process
3. Access to Services: difficulty accessing general services
4. Hospital Service: waiting times to be seen, hospital transport, staffing levels,
5. Mental Health Service: access to services and waiting times to be seen
6. Transport: more services, reliable services
7. Financial support: for those in financial need, particularly those with medical conditions

Q.8 WELLBEING SURVEY RESULTS: Best thing about living in the area

235 responses

The best things about living in this area were the community and people, the location and the natural environment.

1. The 'community spirit' was frequently referred to as the best thing about living in this area. People were described as friendly, supportive and looking out for each other. *'There's nowhere like the Valleys and the people that live here. We all look out for each other.'*
2. People liked the fact that the area was close to the coast, mountains and countryside, but also the proximity to the M4 and Cardiff. Access to green spaces and shops were also mentioned, with some commenting there could be a greater variety of shops. There is an appreciation for the beauty of the landscape and the opportunities it provides for recreational activities for all ages. *'We have beautiful surroundings, green spaces to exercise, ride bikes, walk. The area has improved dramatically over the last 10 years and continues to do so.'*
3. A good selection of affordable social activities including a variety of groups to join. The leisure centres, Arts Factory and choirs were mentioned specifically. *'Gurnos is lovely, lots of people I know and I go to groups here.'*
4. The support of the third sector, charities and community groups. *'The strength shown by community groups who work hard to improve things for people in their communities.'*

5. History and heritage of the area and it's role in bringing tourists to the area, *'There is a strong welsh culture here and growing use of the Welsh language.'*
6. The schools and colleges, feeling safe, local businesses were highlighted as good things about the area.

Q9. WELLBEING SURVEY RESULTS: Biggest challenges for the future

259 responses

The biggest challenges people think they will face in the future include their health, employment, climate change and threats to the natural environment.

1. Physical and mental health were discussed in relation to the challenge of accessing healthcare services. There were concerns about the availability of GP and hospital appointments, A&E waiting times and support for mental health for themselves and for others. *'mental health of young people, particularly those who are coming through school in Covid, and those who aren't in education or employment'*
2. Climate change and threats to the natural environment including pollution and flooding. People are worried about the impact on their standard of living as a result of climate change and future flood events. *'I don't know if it's climate change but those floods were awful and I think we're going to see more of them but I can't afford to move.'*
3. Employment and the lack of jobs and opportunities in the area, particularly for younger people and those with a disability, that may force people to move away. *'There's no jobs around here and I think a lot of my friends will end up moving away'* *'I foresee difficulties with support for my son who has autism as an adult in the community. He will be finishing his life skills course at college in the summer and I worry about what the future holds, how independent he will be and whether he will be a statistic of the high percentage of people with autism who are unable to find work.'*
4. Linked to employment is money - challenges with regard to poverty, job security and rising prices. *'The cost of living is going up but my wage isn't.'* Several respondents were concerned about retirement and having sufficient pension to afford to live. *'About to retire so worried about having enough money to be able to enjoy life'* Impact of poverty on physical and mental health. *'Living in poverty and worrying about money is one of the biggest contributors for peoples poor well being. Longer term it has an impact on physical as well as mental health, and the future prospects of the whole family including children is adversely affected.'*
5. Ageing and accompanying issues; inadequate pensions, loss of mobility, accessing social care services and trying to stay independent. The need for initiatives that support older people to keep fit. *'Like all older persons I want to remain independent. I want to continue to care for my wife. For this it is so important that I maintain my health and fitness. Many of my contemporaries would not consider visiting a gym or leisure centre but would happily do a fitness class in their local community centre. So we should continue to fund these initiatives.'*
6. Crime, anti-social behaviour, including vandalism and littering, and substance misuse need to be addressed. Perception of rising crime rate but reduced Police presence

leading to some feeling unsafe after dark or in certain areas. 'Kids hanging about by the takeaways and by the leisure centre. I don't feel safe when it's dark and the school doesn't do anything' Whilst some of the anti-social behaviour is attributed to younger people, elsewhere in these responses young people report the challenge of having little to do and being suspected of bad behaviour for no reason. *'There's not much for young people to do and even if we're just meeting up people think we're making trouble.'*

7. The impact of Covid on education, the lack of facilities/activities for young people and young people having to move away from family and friends to find opportunities. *'The world is changing at such a fast pace but smaller valleys are often left behind and I wouldn't want any young people to feel as though they miss out on opportunities because of where they live.'*
8. Transport and traffic issues. The need for improved public transport and increased services in some areas to enable access to work, shopping and socialising. Traffic congestion causing pollution and a general lack of parking. *'Lack of parking near my home, lack of green spaces for walking which could lead to social isolation. I often fear leaving the home as I won't be able to park anywhere near my home on return. This is going to become a greater problem as I become less mobile.'*
9. There is a feeling that there is no or less investment in the area and that post Brexit there will be less funding available *'Losing funding as Bridgend is not listed in the UK governments top 100 places for funding to replace European money'*. Regenerating the town centres, increasing the diversity of shops on offer and improving the accessibility for those with mobility issues *'Getting the town centre back and thriving with more variety. The shops are to spread out for people with mobility issues. Put enough seats for people to take a break when walking around the shops.'*
10. Covid recovery and getting back to normal, re-establishing community groups and addressing people's anxiety about socialising *'A lot of my friends are still unsure about coming out and shopping. I think they need support but don't know where to ask, and would be worried about strangers now there's the new variant to worry about too. I can't keep waiting though.'* Dealing with the impact of the pandemic on social isolation and on healthcare services, medical and social.
11. Housing challenges including access to affordable housing, getting on the property ladder and homelessness in the community. *'For me personally it will be finding a standard of rented accommodation that is fit for human habitation and that is affordable.'* There are concerns about the impact on communities if local people are priced out of the housing market.

Q10. WELLBEING SURVEY RESULTS: One thing to improve wellbeing

241 responses

The most popular thing people would change to improve wellbeing, either personally or for the area, is an increase in activities and events, followed by the health and social care service.

1. People want to see more activities and events that are affordable and accessible to improve physical and mental health. Activities during school holidays and more provision for teenagers and young people. *'There's not much to do for teenagers and I think that's why they hang around on the streets so much. I don't always think they are causing trouble but it can look quite off putting.'* More social inclusion for people of all ages, abilities and race. *'More inclusive activities where we could go and not feel different. Not be stared at, ridiculed or made to feel we don't belong.'*
2. Improved health and social care services, with more investment in preventative services, resources and staff to decrease waiting times. Ability to access doctors, dentist and mental health support services in a more timely manner and better end of life care. Increased use of complementary therapies and social prescribing to improve wellbeing and greater consideration of the role of carers. *'The social care as a whole needs to be remodelled especially for the elderly who may be on their own, have dementia, mobility problems. Having experienced this first hand with my Mother more investment is needed in this area for the needs of the carers and the people being cared for.'* Awareness raising of mental health issues to enable people to get the help they need. *'Doctors give more credence to people with mental health issues as this can cause serious physical manifestations (I speak from experience). It has taken years to finally get the help I needed whereby both my mental and physical health have improved beyond my wildest expectations thus elevating pressure on the NHS.'*
3. More funding for community facilities, groups and their activities. 'Need more community centres or meeting places for people to go to. I can't afford to keep buying coffee!' Removing barriers to group attendance for those with mobility issues by providing community transport. Increasing the resources of community groups and services through partnership working and the creation of *'neighbourhood networks'*
4. Transport needs to be more reliable and available later into the night to enable people to travel. 'For the area, I would improve public transport links. I think it is ridiculous that we can only get a train once an hour and none on Sunday's. The train stops at 10pm on the weekend which really limits options for travelling, not only for out of the area but also into - we want to encourage people to visit our area but make it very hard for people who don't or can't drive.' Improved roads and infrastructure for travel including footpaths and cyclepaths, particularly where children walk long distances and traffic calming measures for congested areas.
5. Retention of green spaces as there are concerns about housing developments on existing green spaces. Greater promotion of the benefits of being in nature for well being.
6. Reducing crime and anti-social behaviour to increase the community's safety. People want to see more PCSOs and Police in the area and for anti-social behaviour and drug abuse to be tackled more effectively. They want cleaner streets, with less litter and dog mess. *'Get fast food places to put names, addresses or something on wrappers so that people can't drop it on the floor or throw it from cars.'* *'clear litter and dog excrement, there are still people who do not clean up and never seem to be caught.'*
7. More and better paid employment opportunities in the area. Encourage investment in the area and incentivise businesses to employ people.

8. Improvements to the town centre, including more seating and disabled toilets, and promotion of 'shop local' values. *'I think more could be done to encourage people to stay and spend local.'*
9. Local authorities listening to residents 'Getting people in charge to listen to what young people think and care about.' 'I would like the council to actively listen to residents and consider future generations. Meaningful consultation and action to demonstrate good listening skills is vital to the health and well being of the people of Porthcawl.' People would like to see greater promotion of the area and the employment of a Tourism Officer in RCT. A Sports Development Officer was also suggested.
10. Affordable housing for younger people and the need for support first time buyers. 'I'd have to say the housing issues faced. As I say, for myself it's not such an issue but for the community I live within, it is already hugely challenging and it's difficult to see light at the end of the tunnel. The impact on younger people could be absolutely huge and the decisions we're taking today will be something they have to manage when we're gone - we have to invest time, effort, energy and finances into getting this right for everyone's sake.' Several respondents wanted no further house building.

Q11. WELLBEING SURVEY RESULTS: Well being in the future

Strongly Agree	5.86%
Agree	54.83%
Disagree	31.03%
Strongly Disagree	9.66%

More than half of the respondents believed that well being is likely to improve in the future, with just under a third disagreeing.

Q12. WELLBEING SURVEY RESULTS: Additional Comments

125 responses

Most of the additional comments were directed towards the local authorities or relating to Covid.

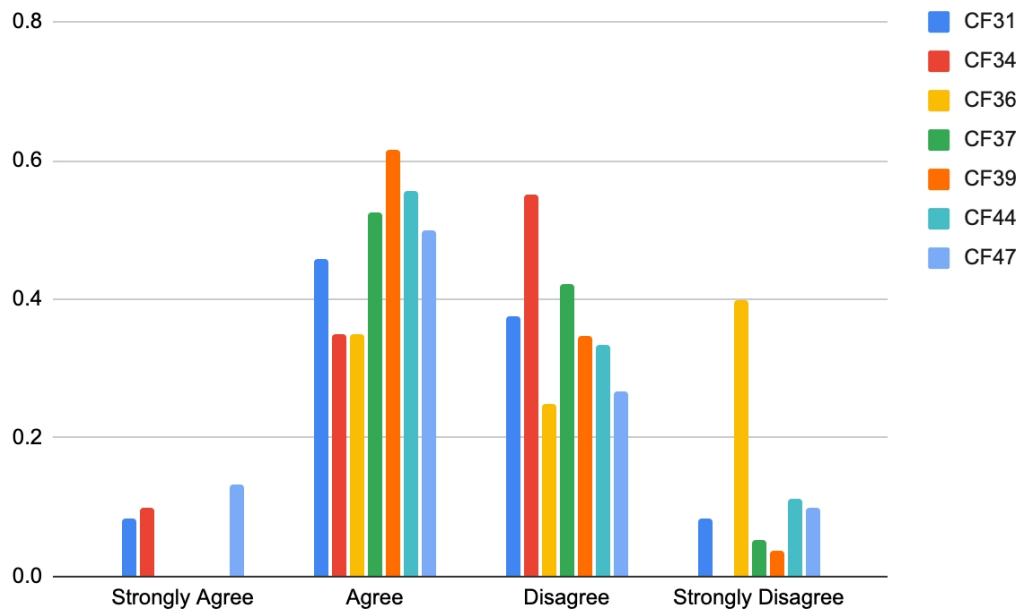
1. There is clear frustration from the public and a belief that people are not being listened to and that things are not going to change. *'I do lots of surveys but nothing changes. I don't think the people in charge !listen or they've already decided things.'* *'Keep listening and including local residents. Please don't assume you know what we want of need.'* People want to see more investment in tourism, sport and leisure facilities. There are concerns about housing developments, their location and the infrastructure needed to support them.
2. The negative impact of Covid on health services and general wellbeing, but also the positive effect of bringing people together.

A snapshot of the 7 Communities

Wellbeing in the Future by Postcode

Responses to the statement 'I believe well being in Bridgend / Merthyr Tydfil / Rhondda Cynon Taf is likely to improve in the future' by postcode area:

	CF31	CF34	CF36	CF37	CF39	CF44	CF47
Strongly Agree	8.33%	10%					13.33%
Agree	45.83%	35%	35%	52.6%	61.65%	55.56%	50%
Disagree	37.50%	55%	25%	42.1%	34.62%	33.33%	26.67%
Strongly Disagree	8.33%		40%	5.3%	3.85%	11.11%	10%



In CF31, CF37, CF39, CF44 and CF47 50% or more of the respondents agree wellbeing will improve in the area. Those in CF47 are the most optimistic overall with 63.33% of respondents agreeing or strongly agreeing that wellbeing will improve. In CF34 and CF36 more than half disagree that wellbeing will improve in the future, with 40% of respondents in CF36 strongly disagreeing with the statement.

CF31: Bridgend North & East

Best things about living in the area 20 responses:

- Location: close to cities, mountains, coast, M4 and shops x 12
- Green spaces and nature reserve x 5
- Sense of community x 3

'The people I meet are open, friendly and care about others. They look after each other and enjoy being part of a community. The area is equidistant between two good cities, we have a retail park and of course a coast line. I wouldn't want to live anywhere else.'

Challenges for the future 23 responses:

- Cost of living and rising prices x 3
- Climate change and the preserving the natural environment x 3
- Employment and job security x 3
- Access to health care services x 2, general health x 1, retaining independence in old age x 1
- Traffic congestion x 2
- Regeneration of town centre/high street x 2
- Affordable housing x 3 and homelessness x 1
- Recovery from Covid x 2 *'Fall out from Covid, and the fear this has caused among almost everyone.'*

One thing to improve well being - either personally or for the area 19 responses:

- More social activities, especially for young people x 4
- More green spaces x 3 and tree planting x 1
- Better healthcare: more support for mental health x 2, improved social care system x 2, complementary therapies x 1
- Regeneration of the town centre x 1, more public seating area for those with mobility issues x 1
- Improved infrastructure for active travel x 1
- More support for charities x 1
- Help people to feel safe in pubs and clubs, prevent spiking of drinks x 1
- Flood prevention x 1

CF34: Bridgend North

Best things about living in the area 15 responses:

- The people and community x 9
- The natural environment, green spaces and mountains x 3
- Local shops x 2
- Everything x 1

'I think we are very lucky to have some amazing green spaces as well as the beach not far from our doorstep. The area is very friendly most of the time and has a real sense of community where neighbours help one another and are always willing to lend a hand.'

Challenges for the future 17 responses:

- Concern about the climate, the need to move to greener values and the environment generally x 4

- Health and social care services: mental health support x 2, access to hospital appointments x 1, access to health services x 2
- Job opportunities x 2, job security x 1, ability to retire x 1 *'Not being able to continue in my current employment due to lack of support for my son. I will then lose my income,..my house etc'*
- Affordable housing x 2
- Better transport x 2
- Rising cost of living x 2
- Miscellaneous: Support for 3rd sector x 1, keeping fit x 1, tackling anti-social behaviour x 1

One thing to improve well being - either personally or for the area 13 responses:

- More local jobs x 3
- Improved access to health services x 2
- Devolving powers to local communities x 1
- Better public transport x 1 *'For the area, I would improve public transport links. I think it is ridiculous that we can only get a train once an hour and none on Sunday's. The train stops at 10pm on the weekend which really limits options for travelling, not only for out of the area but also into - we want to encourage people to visit our area but make it very hard for people who don't or can't drive.'*
- Increased levels of policing x 1
- Activities: more inclusive x 1, exercise classes x 1
- Promotion of support services x 1
- Increased sense of safety x 1
- Healthy food and drinks x 1

CF36: Bridgend West

Best things about living in the area responses:

- Community x 6
- Location x 6 sea, coast, outdoors and close to shops
- Green space x 3 for walking and cycling
- Feeling safe x 2
- 3rd sector support x 1
- Access to activities x 1

Challenges for the future 20 responses:

- Flooding x 4, climate change x 3
- Overdevelopment x 6 - Porthcawl, Sandy Bay,
- Employment opportunities x 2
- Health issues x 2, getting older x 1
- Cost of living x 1
- General opportunities for young people x 1
- BCBC x 1
- *'Figuring out what I want to do with my life'* x 1

One thing to improve well being - either personally or for the area 18 responses:

- Affordable community venues x 1, promotion of the benefits of being in nature x 1, better paid jobs x 1, swimming pool and sports centre x 1, less housing developments x 2, external support services x 1, activity facilities x 1, rewild open areas x 1, more public seating x 1, clear derelict areas x 1, general regeneration x 1, local food production x 1, more conservation sites x 1, Council listening to residents x 1, revision of the LDP x 1

CF37: Taff Ely

Best things about living in the area *12 responses:*

- Community and people x 7
- Green spaces x 1
- Location: close to town, park, common x 1
- Local amenities x 1
- New buildings x 1
- *'Very disappointed with RCT and looking to move away.'* x 1

Challenges for the future *13 responses:*

- Climate change x 2, floods x 2
- Older age fitness x 2
- Rising cost of living x 2 finances x 1
- Feeling safe x 1
- Drugs x 1
- Employment x 1
- Building relationships x 1
- Being alone
- Covid recovery x 1 *'A lot of my friends are still unsure about coming out and shopping. I think they need support but don't know where to ask, and would be worried about strangers now there's the new variant to worry about too. I can't keep waiting though'*

One thing to improve well being - either personally or for the area *15 responses:*

- Improved health and social care, including end of life care x 5, befriending service x 1
- More places and activities for young people x 2
- Tackling drugs x 1
- More group members x 1
- Dog friendly area x 1
- More library books x 1
- *'Better support for people to get back on their feet. The council were great but you need help understanding the help out there and how to get it'*

CF39: Rhondda/ Bridgend North

Best things about living in the area 24 responses:

- The community and the people x 13, local clubs and groups x 1 'The people, absolutely. Throughout Covid, and the storms before then, communities pulled together and looked out for each other.'
- Natural environment x 4
- Leisure facilities x 1
- Local businesses x 1
- House prices x 1
- School with Welsh medium provision x 1
- Very little x 1

Challenges for the future 26 responses:

- Young people: getting them interested in their community x 2, leaving the area for opportunities x 3, hanging around in public x 1
- Rising prices: cost of living x 2 cost of housing x 2, poverty x 1
- Climate change x 3
- Encouraging people to shop local x 2
- Support for anxiety and mental health x 2
- Transport x 1, heavy traffic x 1, parking x 1
- Access: to services x 1, to Welsh education x 1, to Childcare x 1
- Funding grass roots services x 1
- Urban decay x 1

One thing to improve well being - either personally or for the area responses:

- More to do locally x 2, more activities for kids x 1
- Community pride x 1, shop local x 2
- More jobs x 1, more apprenticeships x 1
- Better transport at night x 2, encouragement for active travel x 1, better roads and pavements x 1
- Promoting volunteering
- Clear public information x 1, those in authority listening to young people x 1
- Respect for the environment x 2
- Access to services x 1
- Personal responsibility x 1
- Mental health support x 1
- More carers x 1
- Promotion of Welsh heritage x 1

'I'd like to see English schools do more about what it is to be Welsh - our history and our culture - and more Welsh language support for those parents who can't speak Welsh but send their children to Welsh school. I know they want to have a million Welsh speakers by 2050 but I can't see anyone doing anything about it.'

CF44: Cynon

Best things about living in the area 15 responses:

- Sense of community x 8
 - Natural environment: mountains, beauty spots, parks x 3, green spaces x 2
 - Plenty to do x 1
 - Council x 1
- 'I believe the council genuinely tries to look after the people & the services it a very challenging environment.'*

Challenges for the future 18 responses:

- Employment: lack of opportunities and job security x 8, rising cost of living x 1, retirement x 1
- Access to health and social care services x 4
- Crime and anti-social behaviour x 2
- Climate change x 1
- People not making an effort x 1

One thing to improve well being - either personally or for the area 15 responses:

- Increased Police presence x 3
- Improved access to health and social care services, including mental health x 3
- Reduced cost of living x 1, community pantry x 1
- Opportunities for young disabled people x 1
- Flying Start service x 1
- More activities x 1 *'To have more to do when I won't have my family to support me.'*
- Opportunities for remote working x 1 *'Continue agile working. Worked for RCT over 34 years never had this opportunity before (obviously due to Covid) It had improved my mental health stress levels enormously.'*
- Move x 1

CF47: Merthyr

Best things about living in the area 29 responses:

- The community and people x 18
- Community groups x 4 *'Being able to attend groups gives me a break from my caring role.'*
- The outdoors and natural environment x 4
- Local amenities x 2
- Heritage of the area x 2
- Location - central x 1

Challenges for the future 28 responses:

- Health issues x 1, accessing social care x 7, mental health issues x 1, ageing x 1
- Town centre regeneration x 2
- Job opportunities jobs for young people x 1
- Safety x 1 *'Safety is always going to be a challenge. The residents of Merthyr needs to be made aware of everything thats going ahead to increase and monitor peoples safety. Peoples perception*

needs to be helped and encouraged that positive things happens, all that is feed is crime of all manners, lack of money, lack of housing , increase in council tax stagnant pay packets. Generally peoples morale will fall and will spread with negativity and misconceptions about what is happening in our town.'

- Funding for groups x 1, funding generally x 1
- Child care x 1
- Transport x 1
- Future lockdown x 1
- Concerns about multiculturalism/ change in demographics x 2

One thing to improve well being - either personally or for the area 27 responses:

- More groups and funding to sustain them x 6, funding for services generally x 1
- Better mental health support x 4
- Improved policing x 1, reduced anti-social behaviour x 2, support for substance misuse x 1
- Social activities x 2, outdoor activities x 1
- Traffic congestion being reduced x 1, better transport x 1
- Affordable housing x 1
- Less pressure at work x 1
- Reduced unemployment x 1
- Stopping 'wokeness' x 1, more leisure facilities x 2

The best things about living in the area

With the exception of CF31, all of the communities felt that the best thing about living in their area was the sense of community and the people. In CF31 people valued the location and it's proximity to the coast, mountains and cities.

Challenges for future

Accessing health and social care services was the top future challenge for those living in CF31, CF34 and CF47, in CF36 and CF37 it was climate change and flooding. In CF39 respondents were concerned about opportunities for young people and in CF44 the top challenge was lack of opportunities generally and job security.

One thing to improve wellbeing

Better health and social care services were important in CF31, CF34, CF37 and CF44. CF39 and CF47 were keen to see more social activities and groups, with the funding to support them. There was no clear theme in CF36.

Communities of Interest

COMMUNITIES OF INTEREST: CHILDREN

Who has been engaged in this demographic?

3 group surveys of 28 children in total aged under 11.

17 were girls, 11 were mixed group- gender unknown

- After school club with 11 primary aged children. Methodology was group discussions about their thoughts and did not include specific content regarding economic, social, cultural and economic wellbeing.
- Brownies- 2 groups in the same club engaging a total of 17 members.

ENVIRONMENTAL WELLBEING

Environmental factors contributing to wellbeing:

Parks- unanimous in 1 group, mentioned by all 3 groups

The weather

Children in more affluent area also mentioned:

Wild spaces- Trees, fields, waterfalls, being able to go outside, green spaces, close to beach,

Cultivated spaces: gardens, flowers, nice houses,

Environmental factors reducing wellbeing:

Busy roads x3/ speeding

Noise x2

too much building

Dirty streets- Litter, dog poo

Rainy days [analysis- because outside is important]

Parks are by main roads and people drive too fast

Suggested improvements to environmental wellbeing:

Stop building new houses x 2- use the empty properties! I like it as it is – I don't want it to be crowded or squashed!

Look after the bees! (affluent area)

More sun to make everyone happy/ have my birthday in the summer [analysis: could be associated with boredom inside, or only having fun outside]

Cars need to drive slower!

SOCIAL WELLBEING

factors contributing to social wellbeing:

Friends x3

Neighbours

Family being near (ish) x 3

People are friendly

Groups to go to- x 2 (After school club, playscheme, the centre, 'lots of groups'))

factors reducing social wellbeing:

family are far away (Covid) x2

Not allowed out with my friends – not safe

Neighbours aren't friendly

Some people are mean (to my Grampy, throw berries at his car)

Some people that I don't know say hello. I know it's friendly but I don't always feel safe

Suggested improvements to impact social well being:

To move my grandparents closer [analysis: could be transport issues, parental concerns, other family dynamics]

CULTURAL WELLBEING

Cultural factors contributing to well being:

There's lots around (not sure where else to put this- access to amenities seemed best here) close to the shops

Factors reducing cultural wellbeing:

Need a car

Shops are far away

Suggested improvements for cultural wellbeing: (all from poorer area)

Things to do/ attractions- It would be good to have a (fun) fair like in Porthcawl/ More fun stuff like skateparks. We've got one but it's dangerous and full of older kids/ More places for kids to go that aren't school

Narrative:

1. Children's framework is not in the economic/ cultural pillars. They didn't mention anything specific that fitted these categories with the exception of parental unemployment in poorer area- 'My Dad needs a new job' - but did mention things important to them which are outside the 4 pillars framework:
School x 2 (NB assuming this isn't only social because friends and groups are already mentioned. Therefore the importance of school must be associated with other factors)
Animals
quiet/calm
All groups raised the issue of not being listened to and not having voice as children:
People in charge need to listen and pay attention!
When asked with 1 group if they felt that grown ups listened to them, or that someone would help if they went to them with a concern or problem "Do you feel like grown-ups listen to you, and that what you tell them matters when they need to make a decision?
4 x agree 2 x Maybe 1 x Disagree
Four were unsure or said some might but it depends on who and what.
2. Safety emerged as a key issue for those children in poorer areas. Ranged from strangers saying hello, anti social behaviour directed at elderly family members, streets and cars speeding, and not being allowed out to play with friends, intimidation from older young people. Did not emerge as a theme for those in more affluent areas.
3. Children in more affluent areas only mentioned 2 improvements they would make regarding keeping fields and not undertaking new builds and protecting bees. Children in poorer areas however cited a range of improvements- categorised into the 4 pillars and documented above. Experience appears to be significantly different depending upon the income levels of the area within which they are growing up.

I believe well being in Bridgend / Merthyr Tydfil / Rhondda Cynon Taf is likely to improve in the future

Strongly agree

8

Agree	18
Disagree	1
Strongly disagree	
Don't know understand'	1 "I don't know. No-one really explains things to us so we can

COMMUNITIES OF INTEREST: YOUNG PEOPLE

Who has been engaged in this demographic?

34 girls, 27 mixed gender total = 61

- a) Ranger guides group - 9 girls aged 14- 18
- b) Guides group - 14 girls aged 10- 14
- c) Guides group - 11 girls aged 10- 14
- d) Gilfach Goch youth group- 27 mixed group aged 12- 24

ENVIRONMENTAL WELLBEING

Issues highlighted as a problem

Dirty areas/ neighbourhoods- litter, dog poo, horse poo, face masks

Developments and dereliction- housing developments leading to lack of green space and crowded roads. Empty housing, shops and warehouses causing run down/ no go/ unused areas

Age appropriate outdoor space- nowhere for families to go with play equipment for children of different ages. No outdoor space for older children and teenagers so they meet in places designed for children.

Safety outdoors- impact of traffic and access to railway lines. There's an enjoyment of being outside but in some areas (mainly poorer communities) young people don't feel safe.

Climate change- worries about global warming, sea level rising, loss of wildlife and habitats and developing more green energy. A general sense of feeling powerless and uninvolved in green movements and a mistrust and frustration towards politicians and people in power.

Travel and transport- a will to cycle and walk more but feeling that the environment is geared towards car use. Stress of how impractical electric car use currently is re charging points and expense of buying one.

Local environmental concerns- recycling and the need to get better at it (particularly plastics) and for institutions to recycle eg schools, issue of local flooding and river bank erosion, growing local food

SOCIAL WELLBEING

Issues highlighted

Hobbies, activities and volunteering all help to feel socially connected. There is a call for more activities in certain areas (mainly poorer communities) and low cost/ no cost activities and facilities eg youth groups, skate park. Those in more affluent areas get driven to activities (eg swimming, guides).

Neighbourhoods- generally spoke well about their local community. Those in poorer areas spoke about the rise in foodbank use and localised homelessness and how their area changed at night and became scary, reducing their connectedness and reducing their opportunity to go out.

Social media and the internet- these were crucial for staying connected during lockdown and covid restrictions. However, most felt lonely, and those who only had basic phones, no computer or poor broadband felt isolated. There is an issue about being expected to spend so much time in front of screens and not face to face.

Education- general sense of disjointedness within learning and pressure because each piece of work counts due to Covid and the changes to exam systems. There was a feeling that they can't make mistakes or learn from failures. Transition between primary and secondary school was discussed as a feeling of missing out due to covid and contributed to a sense of social disconnection.

Problems with social cohesion- young people felt blamed and scapegoated for social problems and anti social behaviour in neighbourhoods.

Identified areas for improvement

Need for education to manage mental health issues, drug education, how to be streetwise and tackling loneliness. Some areas felt well catered for (mainly those who could be driven to activities and pay for them) whilst others felt that there was a gap in services for 13- 17 year olds; particularly in relation to youth provision. (particularly those in poorer areas)

CULTURAL WELLBEING

Issues highlighted

Transport- all young people talked about how difficult it is to get around independently due to buses not running in evenings, routes being limited and many stating that services are unreliable. Transport tended not to be available to many activities so those whose parents had a car drove them to activities and hobbies, including dance, guides, sports and ambulance cadets.

Gender equality- girls spoke about how sports are segregated at school and sports are taught according to the gender of participants. Outside of school certain sports and activities are targeted at boys eg motocross

Poverty and equality- throughout the sessions some young people talked about the cost of doing activities from sports to piano grades. Other young people said that although they live in affluent areas doesn't mean that their parents are able to pay for activities.

Knowledge about equality and diversity- feeling that there isn't a general equality of opportunity for young people from lower income families. Request for more education regarding equalities and diversity.

Equality welsh lang and culture- no consensus regarding the importance of Welsh language- majority feeling that welsh lang and heritage should be taught and improved in schools and a minority saying it's not as important as other languages including sign.

Equality and religion- awareness and acceptance of religion and religious festivals was important to some.

Access to culture- local community identity is important and covid meant in some neighbourhoods people got together more for occasions eg VE day. Calls for more libraries with modern books and more knowledge of welsh history and culture.

ECONOMIC WELLBEING

Issues highlighted

Low incomes- minimum wage made young people feel like cheap labour and made basic things unaffordable. Not all parents have money they can give teenagers and there's no way to earn money until they are 16. Uni fees and costs are too much.

Getting work- There needs to be more opportunities for young people to find and get work. They wanted more varied volunteering opportunities. Many felt they would have to move away from the area in order to find work.

Problems with the current education knowledge base- young people feel ill equipped to manage day to day life. They felt they did not learn the right skills at school like managing money, cv writing, tax systems and managing bills. Girls felt they didn't get the same opportunities as boys with some careers and subjects and encouragement being aimed at boys.

ASSESSING THEIR AREA

Best things

Social wellbeing- knowing people, friendly area, family nearby, activities to do, places to go

Cultural wellbeing- good transport links (where they exist), cultural opportunities to do things,

Economic wellbeing- local independent shops, subsidised food and food banks

Environmental wellbeing- greenspaces and trees

Worst things

Social wellbeing- horrible people, and a feeling of being unsafe due to homelessness, vandalism, drugs, street drinking and noisy people. Social stigma of some areas lead young people to face prejudice outside of their area.

Cultural wellbeing- lack of transport so can't get anywhere, lack of opportunities so nowhere to go

Economic wellbeing- need for better and more varied shops

Environmental wellbeing- traffic, litter, pollution,

Improve wellbeing by addressing the worst things and make them more like the best things.

Improve wellbeing by ensuring better participation and coproduction with young people.

Young people they are not heard and they are not involved in decision making.

Narrative:

In discussions about cultural well being the focus was very much upon equality. Social wellbeing focused on social media and impact of covid and loneliness felt by teenagers as individuals as well as stigmatised as a group.

1. Young people don't feel listened to, either as a demographic group or individually by people in their lives. 'People need to listen and follow up!' Young people raised the issue of consultation fatigue- "Hopeful but not sure things will actually change" "We're asked and asked but nothing changes" I've said disagree but I'm hopeful – we need to act now! Stop paying lip service!! People feel like they don't make a difference but if we all did a bit then it would create a big change! We need to feel empowered! 1 group felt listened to by adults in their lives but not more generally- 'Yes – by family, teachers, friends and neighbours' 'It'll take time to make a difference, but people are impatient and that's a challenge.'

There was noticeable frustration in the level of consultation fatigue and lack of voice among the young people from the youth group in poorer are as opposed to the guides groups. They understood an activity regardin gbeing heard and found that: 'People need to do their jobs. I feel like I'm talking to myself most of the time'

All agreed youth workers and family listened, as well as sports coaches.
 All said teachers did not listen – lack of connection and time to help.
 All said the council did not listen.
 There was a mixed response to the police and friends.
 They also said they needed to get better at listening to themselves!

2. Large focus upon local environmental concerns; as evidenced in the environmental pillar analysis. But in additional comments also- More needs to be done to promote soft plastic recycling, like at the nearby Tesco. ‘Things get ignored, and not enough is being done to deal with the environment.’
3. Big focus upon housing development and changes to the area which they feel is outside of their knowledge and control. They see their outdoor space changing and disappearing.- ‘The area is getting bigger and busier and that’s a challenge.’
4. Young people want more support at the right time- data from all groups reinforce this.. ‘Schools identify too early who they think is struggling and then they’re the only ones they help or those that are severely distressed (at risk of hurting themselves). Eye to Eye has a long waiting list. We’re told it’s OK to not be OK but no one does anything and there’s no follow up.’ Youth provision has been ripped away – YEPs isn’t really up and running but kids need support, and they don’t want to go back to a school setting. CAMHS have got a long waiting list, Eye 2 Eye are at capacity and kids need face-to-face support. They’ve gone through a lot and just been left.
5. Young people in poorer area focused upon leisure and social aspects as opposed to culture. They also focused upon local environmental concerns such as vandalism, drugs, ASB, whilst the girl guides groups focused upon global environmental issues. This analysis is split- the 3 girl guides/ rangers group focused on the pillars and the youth club focused upon your thoughts with best/ worst/ improvements section.

I believe well being in Bridgend / Merthyr Tydfil / Rhondda Cynon Taf is likely to improve in the future

Strongly agree	0
Agree	25
Disagree	29
Strongly disagree	
Don’t know	1
No comment	6

MENTAL HEALTH

This was specifically explored in a hackathon. It found:

1. More support for building resilience around recovery from Covid, those who have been digitally excluded, dealing with family problems, facing bullying and knowing how to deal with bullying around peers, raising confidence, risk taking and decision making.
2. Make safe places and strengthen cohesion- young people need safe space within their communities and to be heard at community and decision making levels.
3. Improve education and life skills- particularly for those who may need alternative routes into employment, apprenticeships and assessing social media fake posts and online safety generally.
4. Focus upon transition for those leaving care, with ALN, and support young carers.

COMMUNITIES OF INTEREST: OLDER PEOPLE

Who has been included within this demographic? Total- at least 115

- Reconnect pentre 50+- 13 members in 4 conversations, mixed gender
- Reconnect Merthyr 50+- 9 members, 5 conversations mixed gender
- Reconnect Bedlinog 50+- 7 members in a group conversation- 6 women, 1 man
- Pontyclun/ Llantrisant 50+ - 32 members, mixed gender group
- Penrhiwceiber knit and natter- 18 over 60 years (guess it's women)
- Bridgend young at heart
- Rct- 16 carers via hackathon
- Merthyr loneliness and isolation numbers unknown

SOCIAL WELLBEING

Factors prohibiting social wellbeing

Health appointments- impossible to get an appointment, let alone anything face to face. Effects non Covid related health problems and causes people to use other services eg A and E, drop in clinics at hospitals etc. Also great difficulties in securing dental appointments and getting seen face to face.

Fear and impact of Covid- caused many older people to shield, causing isolation. There were health concerns regarding how to maximise health via supplements and exercise but felt that information on this was lacking, instead there was a focus upon number of infections and fear mongering. Feeling was that guidance was confusing and age skewed eg young people could go to an adele concert but older people couldn't go to church or sing in a choir. The pandemic has changed friendships causing a feeling of disconnect even where neighbourhoods have been supportive or services have kept in touch.

Council services- slow or non response from council services such as council tax enquiries, blue badge renewal and no effort made to make community spirit eg merthyr's Christmas lights turn on compared to Aberdare's.

Reduced local amenities- reports of a drop in services, particularly transport, libraries, youth services and communities facilities eg chapel, pub, post office. All of these contribute towards social connection and their loss therefore reduces social wellbeing.

Digital exclusion- high levels of digital exclusion were reported- few people had broadband or were able to use a computer (in one group only 4 out of a total of 16), and even fewer had smart phones and the knowledge to use them. This caused frustration with accessing a range of services, managing covid requirements, and particularly made accessing GP's difficult. GPs and other services asked them to get 'someone else to do it for them' but this reduces independence and autonomy.

Jargon- generally professionals were described as using long words that purposefully make understanding difficult and they were frozen out of decision making.

Factors contributing to social wellbeing

Enabling aspirations for children-reports of younger generations not being stopped by stigma of poverty

Social groups and activities- being able to learn new things and get together in groups

Socialising- developing friendships beyond activities and having active communities where people pitch in to help. Friendly communities so people say hello to each other

Volunteering- Aids connectedness with a two way process- people feel wanted and of use within their community and the community benefits. It also helps people meet new people

Having communities facilities- people valued chapel, church and pubs as they were places that brought people together

Positive mental health- for those who were meeting in groups and out and about mental health was reported to be positive. However, there were concerns for other older people who may not be accessing groups or may not have the same social connections.

Avoiding isolation and loneliness- activities and social opportunities were undertaken in order to actively avoid isolation and loneliness. However, there was concern for others in the community. Isolation and loneliness was reported to occur in evenings and at weekends when transport was more limited, less was going on. This was particularly acute for those who lived alone or who had lost their spouse/ partner.

Suggested improvements to enhance social wellbeing

Use of leaflets, posters and information via phone rather than reliance upon internet

More activities- hard to find out what is going on and there is scope for more things to do.

Gender should be considered in what is put on

Intergenerational activities so divides are reduced

Community groups and activities that are networked together to build a sense of community

Support for local facilities eg post offices etc as these act as social hubs

Better action to support older carers

Improvements to health and social services with transparent complaint procedures that are acted on

ECONOMIC WELLBEING

Factors inhibiting economic wellbeing

Low income- you need money to be able to afford to do anything and attend activities.

Benefit entitlements are not communicated well- you have to find out for yourself. Made to feel lucky for receiving a pension when it's an entitlement after a lifetime of work. Worry about certain times of year eg Christmas. More affluent areas stated that families live on benefits because it's easier than working.

Concern for children and young people in the area- there is not much for them in terms of opportunities and jobs and education system does not give them the necessary life skills needed. Additionally, education fails those who are not academically minded. University fees are expensive. Both parents have to work which effects family life

Local job market- only part time low paid work. People's economic needs are not being met

Local town- in poorer areas only, towns do not have varied shops. Homelessness and street based substance misuse means people do not want to visit

Impact of poverty- more affluent feel that it's not there. Others felt that when you are within a poor area you don't notice it yourself. Others say the good thing is it attracts money and enables investment that presents an opportunity to redefine and improve things.

Factors promoting economic wellbeing

Thriving high streets- eg Treorchy

A focus upon sustainability and local solutions

Community economy eg the windfarm money supporting local groups

Social prescribing (enables groups to have more members and a bit of money)

Suggestions for improving economic wellbeing

Improve local employment, training and skills opportunities

Publicise grants that are available more widely

Give support to community groups in submitting their own grants and applications so skill is built up at community level

CULTURAL WELLBEING

Barriers to cultural wellbeing

Public transport- communities are poorly connected to each other via poor route planning. Buses don't operate in evenings or at weekends. This prohibits older people being able to access cultural events and groups; particularly as many of them are in neighbouring communities during the evening.

Public toilets- older people need public toilets that open and near to bus stations, community buildings etc. a lack of open toilets causes people to not be able to go out

A lack of investment is leading to cultural breakdown- people don't feel they have a belonging in their area which leads to skeleton communities, reduced community facilities and vandalism.

Lack of social cohesion- there was a mixed perception of cohesion in the area. Some participants blamed migration for a break down in cohesion and a lack of focus upon homelessness and support for veterans; others felt that there was a need to be a welcoming country and give support to people whoever may need it. However; both viewpoints agreed that there was a lack of social cohesion affecting cultural identities and some felt that if village buildings eg chapel were the only place to meet it would not be accessible to certain people.

Frustration at government- generally people expressed dissatisfaction with governments and politicians.

Unconscious gendered services- lead to either men or women feeling excluded or that an activity or event 'is not for them'

Factors promoting cultural wellbeing

Local cultural facilities- eg art gallery, cinemas. This was noticeably available in affluent areas and not poorer areas

Being able to learn and speak Welsh and know about Welsh heritage

Celebrations of cultural diversity

ENVIRONMENTAL WELLBEING

Barriers to environmental wellbeing

Gaps in services- it was felt that sometimes services pass to each other and don't take responsibility eg anti social behaviour, enforcing recycling, problems regarding recycling centres etc

Drug use- poorer areas described problems of street based substance misuse. In addition to drug paraphernalia litter, there was vandalism, street crime, begging, evident street homelessness,

Housing and road developments- these take up local green space and create increased traffic and problems accessing local services (particularly in bridgend and also mentioned by children and young people)

Level of traffic and noise of cars

Access to pavements- cars park on pavements and bins are left out

Street safety- affluent areas did not mention this. Poor areas spoke about how they need a better police presence, improved street lighting. Groups of young people appear threatening but often they have no where else to go or use free wifi from a community building or shop.

Care for community areas- litter flytipping and shop rubbish all blight the appearance and feel of communities and nothing is done about it. Pavements and potholes cause accessibility issues and dog poo fouls streets.

Local environmental concerns- RCT had a number of concerns regarding flooding and unstable coal tips.

Housing problems- in poorer areas lots of people spoke about problems getting repairs done, social landlords not considering the nature of complexes and therefore mixing residents with different needs and lifestyles. In more affluent areas people spoke about the problems of know who to rent housing to and finding reputable workmen.

Factors promoting environmental wellbeing

Walking groups- introduces people to their green spaces, connects people, learn about heritage and the area

Use of empty buildings- aids communities and enriches towns

Good transport- regular, connects communities,

Low street crime

Suggestions for improving environmental wellbeing

Improve transport to enable people to get out more and reduce the need for car journeys

Improve access to outdoor spaces by providing toilets and benches

Affluent areas felt there was a lot for young people poorer areas felt there needed to be more for children and young people

Help with sourcing safe tradespeople

Improve communication about recycling, provide recycling litter bins and dog poo bins

THINKING ABOUT THE FUTURE

A number of concerns about health and accessing health services if they need to due to appointment systems and referral delays

Aspects of town centres have improved while other aspects have worsened- noticeably homelessness, substance misuse,

Lack of investment in local shops and facilities lead to places feeling run down

ISSUES SPECIFIC TO OLDER CARERS

Social wellbeing

Many carers do not access support services. Older people expressed concern for carers mental health more than the people they were caring for who had dementia.

People who cannot leave their house are 'out of mind' and the people caring for them are unseen

There's a need for good information and facilities- concerns ranged from care coordination, understanding benefits and entitlement, accessing respite, direct payments, a lack of connection between services and a lack of conversations with professionals

Economic wellbeing

Carers have had to leave paid jobs to care,

A range of difficulties regarding getting benefits, the low amount of benefits, understanding direct payments, how to employ carers,

Cultural wellbeing

Focused upon rights for the person being cared for and preserving their identity and ensuring human rights

A feeling of having lost person identity under the umbrella of 'carer'

SPECIFIC CASE STUDY: LGBTQ+ services older people and mental health

The person has experienced huge failings and frustrations in being transgender and undergoing the process of physically transitioning female to male. There's been no real support service, and it's down to the luck of finding the 'right' GP over getting signposted and referred to services. Not all GPs are taking up training opportunities to learn more. Each cancelled appointment means a delay, and it's a struggle to understand why online appointments are cancelled due to Covid. It drags a long process out even further, and for some people it comes at huge mental cost. There are people taking their own lives whilst waiting.

There's no tier three bariatric service in the Welsh NHS whereas it's available over the border. It's unfair that it's different and too driven by a 'tickbox'. For patients, it feels like endless barriers, but the world isn't black and white. In this instance, it's unfair that you can find a surgeon willing to carry out the procedure but not an anaesthetist.

Mental health provision has been minimal and patchy. There're messages in the media about reaching out, but when you ask for help you don't get it. We discussed personal experience of having suicidal thoughts and intentions, but it's the police who are sent in response to 999 calls and they don't have the training or ability to help beyond securing someone.

"Services aren't supported to meet community need...it's the service they want to provide rather than the services needed"

NARRATIVE

1. older people talk of volunteering in terms of using their time, skills and building social wellbeing. Young people on the other hand talk of volunteering to widen their skill base, gain experience and lead to paid work. ie different reasons, different anticipated gains, and different outcomes wanted.
2. Noticeable difference between affluent and non affluent areas. Eg Pontyclun residents talked about being lucky, how much they had in terms of services, fairly decent transport and low crime. Poorer areas focused upon problems in managing on a low income and the difficulties in getting work or sustaining work. Poorer areas

also exhibited a conflict with some suggesting benefits means people don't contribute whilst others being empathetic to the circumstances of being unemployed.

3. Perceptions of government- Across all groups, older people expressed dissatisfaction with politicians and felt championed by a few local councillors or mayors. There appeared to be a sense of powerlessness and confusion regarding covid rules and the move to an online world.

COMMUNITIES OF INTEREST: DISABILITY

Demographics of engagement with this community- 194

31 adults with people first

12 people with bridgend people first

Regional engagements- 142

citizens from the deaf community- 9

Parents of 5-7 year olds who attend ASD rainbows group- numbers unknown

ENVIRONMENTAL WELLBEING

Green spaces- participants appreciated being able to get out into local green spaces and spoke about the need to preserve bees, wild habitats, and beaches.

Litter, plastic pollution and other forms of environmental degradation were discussed and should be avoided.

Less traffic during Covid was perceived as positive and a move to electric cars and buses is needed

Houses need solar panels and development of green energy

Whilst disabled people find nature good for mental wellbeing many felt excluded. The deaf community said accessing information through sign language was hard, transport links to green areas are poor and being able to use public transport is an issue for many.

CULTURAL WELLBEING

Transport- Most participants were reliant upon public transport. Some had bus passes which enabled them to get out during day time but others had to pay and found the cost prohibitive. Many people found accessibility difficult- a lack of lowered pavements, easy read routes and timetable, routes that connect communities. Evening and weekend services and understanding how to use public transport all contributed to reduced access to cultural events and activities.

Advocacy and rights- Many participants had access to an advocate and found this invaluable for being heard and knowing their rights as a disabled person. However; many participants faced exclusion due to inaccessible information with a lack of easy read and sign language accessible services, events and signposting. Some people were not allowed an advocate due to parental decision and there appeared to be an issue of autonomy for adults who had parent carers or lived with their parents. Some people felt unheard and described how they did not have anyone they could talk to to help them understand their rights.

Recognising communities- the deaf community and some geographically based learning disability communities spoke about how they have their own culture, their own community and gain belonging through peer support and socialising. This aspect of disability and impairment is often overlooked by non disabled and hearing communities and is important in terms of realising and supporting rights.

SOCIAL WELLBEING

Factors contributing to social wellbeing

Assistive technology- voice programmes, alexa, videos enable social connection with friends, family and the world. It enables access to information and digital inclusion.

Activities- getting out and about and going to activities means meeting people. In group homes activities are run that helps residents meet each other but it does not help with wider community connection.

Support with behaviour management- behaviour plans and support for personal behaviour management enable people to go out and do things with other people.

Respite- where respite is chosen and is a positive experience it can aid social wellbeing. It enables a change of environment, socialising and a sense of independence. However, this is not always the case.

Day centre- When this is enjoyable for the individual and there are activities that they want to do with people that they get on with, day centres can aid social wellbeing and help people get out and about. However, this is not always the case.

Factors inhibiting social wellbeing

Digital exclusion- knowing how to use technology and accessing technology can be hard. The move to online health services has excluded many people with learning disabilities due to digital exclusion and members of the deaf community due to the reliance upon phonecalls.

Respite- where respite is not chosen or enjoyed it inhibits social wellbeing and causes distress. People felt their privacy and rights were overlooked and they were put together with strangers who they did not know or like.

Day centres- where provision is not chosen, day centres inhibit social wellbeing. People reported feeling bored, lonely, disinterested and attend because someone else has told them to

Lack of confidence- knowing how to express opinions and not having confidence to speak affects social connectedness. Some people have PA's or staff with them and whilst this enables them to go out it also inhibits them connecting to the wider community.

Lack of intimate relationships- individuals expressed a desire for intimate relationships and missed the companionship that comes with them.

Lack of service coordination- lack of communication and coordination between health and social care leads people to have disjointed provision and a lack of support for socialising.

Suggestions for improving social wellbeing

Support for managing and negotiating friendships- some people with learning disabilities found it hard to be online safely, to understand how to manage disagreement, dealing with bullying, dealing with exploitation, and developing friendships beyond activities.

Enable access to the wider community- all people with disabilities and impairments want to be a part of the wider community and meeting people in mainstream, hearing settings. However they face barriers that prevent them from doing so.

ECONOMIC WELLBEING

Understanding benefits- The benefits system was not understood by participants and in some instances where their money came from. There were a number of difficulties experienced by the deaf community in understanding PIP and in accessing PIP and direct payments.

Getting paid work- many people wanted paid work but found it difficult to secure. Some people had their disability or impairment described as a health and safety issue and others spoke of being subjected to workplace bullying. [analysis note: but the same people are able to get secure, long term volunteering without these issues being raised]

Volunteering- People who had volunteer jobs spoke about the enjoyment of helping others, feeling valued and learning new skills.

SPECIFIC ISSUES RAISED BY PARENTS CARERS OF CHILDREN WITH ALN

Social wellbeing

Need for support services for parent carers and sibling carers which are long term rather than short programmes

Improved communication with and between health and social care.

Support for all family members with mental health and additional stresses

Children need consistency in professionals working with them and to be included in diagnosis and care processes

Education- lack of support to access LA's, no help until children get behind or are seen as "problems"

ECONOMIC WELLBEING

Direct payments- hard to understand and find the time but enables personalised support

Economic impact of having a caring role and not being able to work

Additional costs- eg petrol,

NARRATIVE

1. Transition to adulthood and adult services- mentioned by all groups as problematic; particularly where a child is diagnosed as ALN but does not meet social care thresholds.
2. Direct payments and PIP confuse and are hard to access; particularly for people with sensory impairments
3. Volunteering is important but could be a source of "cheap/ free workers"
4. This community of interest faces large economic exclusion; particularly in relation to paid work. This could potentially be overcome through supported employment schemes and local businesses
5. This community is at risk of exploitation and bullying and there was evidence of participants having experienced these issues. Work should be undertaken to support the communities with how to negotiate friendships.
6. This community is not well linked into mainstream hearing communities. More could be done to enable community connecting as opposed to just providing socialising opportunities.

COMMUNITIES OF INTEREST: BAME

Demographics

- 87 people across the region

ECONOMIC WELLBEING

Inaccessible information; could be due to being in complicated English, not easy read, not in home language so cannot understand what services maybe available

Housing – how to go about reporting a problem ie. Boiler not working, support services etc, racism in neighbourhood – how to report this in council properties/ housing associations.

The empathy is not there, feel as though tenants should be lucky they have a roof over their head regardless about how 'safe' they feel in their own home.

Businesses/Customers - some members of the BAME community own businesses on the high street or are self-employed as taxi/delivery drivers. Lockdown has been hard in terms of understanding the rules and how they affect their businesses - lack of information and complexity around the furlough scheme and covid grants - lack of support services to help them understand these processes.

Immigration - lots of fear and misunderstanding linked to immigration and asylum seeking processes - felt forgotten during covid/lockdown as everything went on hold. Family separation as visas not being issued and rules around red/amber list countries and what people need to do if they arrive here from them.

Jobs/Right to work/National Insurance Numbers - National Insurance Numbers take a long time to be issued resulting in people losing job opportunities. Issues and confusion around different visas and individuals 'right to work' - lack of jobs made worse by covid. Furlough Security - those without indefinite leave to remain find it hard to put down roots as unsure of how long they will be allowed to stay here. Job security is an issue. Lockdown has made many small businesses collapse/struggle. Uncertainty about the future.

Housing - affordability, lack of options, strict rules in supported housing, evictions, nowhere to go and don't know who to ask for help, housing benefits

ENVIRONMENTAL WELLBEING

Want to be able to feel safe and walk our own area/ community without having to respond/ ignore or runaway from racism, name calling because of the way we look, what we wear.

Don't feel comfortable speaking own language out or wearing religious and cultural clothing out. Always feel that we have to look over our shoulder, don't feel safe.

Safety - want to feel safe in physical surroundings ie. workplace, home, community. To be able to go out and not feel afraid of being targeted.

Nature - to enjoy nature like the animals, birds, trees, parks

Climate Change - is an issue that means nobody knows what will happen in the future. The future is uncertain. Need to do more to help the environment.

Peace - to feel free. To be able to enjoy the local environment and escape the pressures of everyday life

Fresh/Clean air - its good for your body and mind.

CULTURAL WELLBEING

Want to feel part of the community, don't want to feel alienated – want to be included in things, not having to hide our own identity; clothing, foods, speaking own language.

Everyone coming together and learning about different religions, languages, cultures and history – we can all learn from one another.

Background/Culture/Nationality - more understanding, curiosity and tolerance of difference.

Opportunities for people to share and learn about different backgrounds and cultures. To be able to be me and not be afraid of what people may say or think. Religion.

Traditions - to be able to undertake activities that remind us of home, or where we come from. Opportunities for members of different cultures to come together

Belonging - want to make where I live my home and to feel part of this community.

Community - more things to do in the community to help each other. Pride in our community.

Getting to know/meet new people. Having fun. Feeling safe and supported in our community.

Acceptance and Understanding - Feeling safe and supported in my community.

Opportunities for members of different cultures to come together. Translators and information in my language so that I can know what is going on and what I can take part in, or where I can go if I have a problem. Takes time. Celebration of diversity and difference.

Get rid of labels and see everyone as a human being.

SOCIAL WELLBEING

Don't have family around, sometimes struggling to make new friends – makes people feel isolated and sad. Struggle to trust people and people in authority- this could be due to the way people may have been treated in their own country; asylum seekers/ refugees etc

Support services in person, maybe someone who understands us, speaks our language or maybe even looks like us helps people in these categories, they feel they can connect.

Family - haven't visited or seen my family in over 2 years.

Friendships - I have lived here for over 20 years but still don't feel like I have many good friends here. More opportunities for people to meet new people and develop friendships.

Peer support networks where members of similar cultures can come together to help each other. More activities that help us mix in society and help people here understand and accept us

Community Activities - more things to do that don't cost lots of money. I want to be able to do more sports. Bring the community together to do things and look after our community together. Better transport as sometimes there are activities going on that I would like to try but I can't get to them as there are no buses.

Belonging - I want to make this my home, but I feel like an outsider. People need to want to understand and get to know us so that we can feel like we belong. Peer support networks where members of similar cultures can come together to help each other. Life here can be very lonely.

Trust - I have had lots of bad experiences in my life and have been racially abused which means I have my guard up when I am out.

Impact of Covid

Increased isolation. Some confusion in understanding the rules.

NARRATIVE

1. Suggestions for improvements or factors supporting wellbeing were not present within the data for this community of interest. This suggests that there is low resilience to the problems highlighted or few counter acting elements in daily life.
2. There are high levels of equality issues being reported that have effected all areas of wellbeing- this community is experiencing high levels of social isolation, maybe having some connection to others within their community of interest but no connections beyond it; high levels of cultural isolation partly due to a lack of cohesion and a lack of inclusive services and partly due to low income, and low environmental wellbeing due to housing problems and prejudice and abuse within their neighbourhoods.
3. This community appears to be the most isolated and reports some fundamental problems in comparison to other communities of interest.

COMMUNITIES OF INTEREST: VETERANS

Demographics for engagement

- Taf ely- 10 over 50.
- Cynon valley veterans group- 7 men

ECONOMIC WELLBEING

Factors inhibiting economic wellbeing

Income problems- Rising costs of living/ Inequality in the benefits system/ Unemployment – changing industries and technology need to re-skill people to fit what's needed in future/ War pensions – army veterans are not getting fair share in comparison to what they have contributed/ Money ** – everything stems from this.

Youth unemployment- Young people can't get jobs, less opportunities for YP today. A lot don't want the jobs on offer, they want high wages for little work.

Income levels- People need a reasonable living wage to make their contribution and feel valued in society, this makes the economy grow also/ Quality of life decreases as money gets scarce

No help for veterans, especially income related

Debt – jobs are out there but it will take a long time to recover from COVID.

Public bodies and people in power not making valleys towns thrive. They've strangled progress, too many cheap shops.

Shrinking town- In three generations time, Aberdare will be a ghost town.

Suggestions for improving economic wellbeing

Bring industry in – not small units but large employers to generate more income and keep it local.

CULTURAL WELLBEING

Factors inhibiting cultural wellbeing

unacceptable behaviour is acceptable– stabbings, ASB, violence. You people with knives – don't think they've been parented properly./ Police not visible.

Culture of equality perceived to be a problem- 'Namby pamby' given in to woke culture, too politically correct. Served Queen and proud.

Culture of violence- Gaming and music to blame, gang culture. It's a global issue but happens locally too, see it on social media. Discipline at home and school is lacking

Lack of will for volunteering- Volunteering – not enough people will volunteer, makes me feel good doing for others. It's not motivated by money but by kindness.

Fractured communities are a challenge- - Community – growing together is a challenge/

Social networks are not as strong as they were/ Community spirit not as strong.

ENVIRONMENTAL WELLBEING

Factors inhibiting environmental wellbeing

Global factors- Climate change – impacts on all of these. Flooding had major impact on communities. However, don't want it 'rammed down my throat'/ Protests have opposite effect of what is intended./ Climate crisis- Need to save the planet – we know whole world is suffering – the natural world is on the brink of disaster – who take responsibility?

Local concerns- Air quality is a problem/ Green spaces for mental health./ Nature – love it The place where you live is very important. We have wonderful areas of natural beauty in this area./ If you live in a nice street it affects your behaviour for the better.

Safety (see also cultural wellbeing) Safety links with this – wherever you live it impacts on your physical and mental wellbeing/ Law and order – personal privacy

The impact of poverty- Lack of money – community in this area, their behaviour depends on their financial and social situation. Anti social behaviour is linked to deprivation. Young people get into trouble because they are pushed into it, they are not given a good enough start in life to achieve a good lifestyle.

SOCIAL WELLBEING

Factors reducing social wellbeing

People who suffer with poor mental health is as a result of feeling lonely and isolated. Many people suffer in silence, it's not known to anyone. This could be resolved through befriending. So many reasons behind mental health, hard to identify, COVID has made it worse, MH issues have increased due to finances and lockdown – relationships have suffered.

GP appointment systems- Afraid to phone GP, can't get an appointment. I self medicate, GP is last resort/ System is overpopulated/ Waiting times are too long/ Health care professionals are not aware of PTSD, other veteran issues / Health care professionals are not trained to understand the effects and long- term consequences of PTSD/ GP appointments over the phone are too difficult for veterans – especially if they have PTSD/ The response of medical staff to health conditions

Lack of Law and order

Lack of information and awareness of what a veteran is

Mental health and work patterns- Mental health issues, job issues all impact on communities and the family unit has changed

Factors contributing to social wellbeing

Healthy lifestyle – if you don't live healthily, then cannot enjoy retirement. Pandemic has stopped me doing my daily routine – affected my mental health, I gave up a bit, but I am getting back to it again now.

Good care- Best social care given to my elderly mum – fantastic staff

Love gardening and home DIY.

Having friends to rely on helps me a lot. E.g. when I went to the local rugby club on remembrance Sunday, us veterans had a standing ovation when we walked in. from that day, I have made new friends and it keeps me going.

Ideas for improving social wellbeing

Education courses should be free for veterans and pensioners

THINKING OF THE FUTURE

Nothing changes – progress is too slow

I believe that well-being in my area will improve in the future

Strongly Agree 2

Agree 5

Disagree 7

Strongly disagree 2

No answer 1

COMMUNITIES OF INTEREST: VAWDASV

Demographics

- 6 service users, gender, ages, and other details unknown.

SOCIAL WELLBEING

Defined as feeling safe, having opportunities to do things, being able to trust services

Important because: We need to feel safe outand women shouldn't be propositioned or feel vulnerable. Children learn about respect from what is around them. Need to prioritise access to service with advice and signposting to services where you are not just put on a list, particularly access to mental health. Need more services for children and young people to increase their social wellbeing.

ENVIRONMENTAL WELLBEING

Defined as wildlife and countryside, litter and fly tipping, sustainability

Important because: fly tipping and litter affects local areas and wider countryside which impacts upon enjoyment of green spaces. We need to have a clean environment and be sustainable- we know how to but are not doing it. Investment goes to children's education but adult's behaviour needs changing.

ECONOMIC WELLBEING

Defined as jobs and a steady income, security and affordability

Important because: being able to plan for the future, being able to have a home to bring children up but there is a housing crisis.

CULTURAL WELLBEING

Defined as neighborhood belonging, diversity and cultural awareness, welsh language and heritage

Important because: We should know about welsh heritage and our language. We need to be accepting to other and be a welcoming country too. Less affluent areas help each other out and have a neighbourhood spirit and local businesses are important in that local culture. We need equality to change gender relations and how some people feel entitled.

THINKING OF THE FUTURE

3 agree it will improve and, 3 disagree because it will take time and need to keep pulling together.

CONCLUSIONS: RECOMMENDATIONS

The list of recommendations below were reflected in both the survey data and the creative method data.

1. There are gaps in the engagement, noticeably LGBTQ communities and a lack of gender transparency.
2. Attention should be paid to intersectionality. For example, older people or young people will cross over with, for example, disability or BAME communities. The next stage of consultation work should include provision for inclusive working to enable intersectionality to be accounted for within the data.
3. There has not been sufficient time for analysis of engagement data. We would recommend that the survey analysis is cross referenced with analysis from each of the communities of interest in order to identify where specific communities may have individual need. We would also suggest that communities of interest data is examined for where there are cross ver issues (eg mental health, caring roles, poverty) but may need different outcomes or specific requirements within those cross over issues.
4. Future survey design: for the next well being assessment we would recommend that the postcode question is creed as a closed question and specify format XXXX XXX to enable cross-tabulation during analysis. Additionally, add a question asking for local authority area. Feedback on survey design included several comments that people were unable to read the word clouds properly.
5. Future creative method design: THere is no doubt that marginalised and excluded communities have been included within this engagement due to the use of creative method. However; more could be made of depth of data is the methods are designed with an analysis framework in mind prior to their implementation.
6. Mental health is a cross cutting issue, but sometimes specific conditions relate to a particular community of interest. For example, older people talked about dementia, young people about anxiety, veterans about PTSD BAME about isolation.
7. The impact of poverty cannot be underestimated. Across all groups living in areas of lower income, environmental concerns were focused upon local issues whereas other higher income areas spoke about global issues. Other issues include safety, scarcity of shops, housing problems etc. This cuts across all interest groups.
8. Transport is a universal issue with the exception of those in affluent areas who have access to a car. A lack of affordable integrated transport impacts social wellbeing, cultural wellbeing and is discussed in relation to environmental wellbeing.
9. Volunteering is a cross cutting issue- in poorer areas people spoke about informal volunteering helping out neighbours and pitching together as a part of the culture. Veterans spoke about it as contributing. Young people and people with learning disabilities want more volunteering opportunities to help them get work experience and older people want volunteering to help them get out and stay active.
10. Issue of safety- some people in social wellbeing would say they feel safe in their neighbourhood and had family and friends nearby whilst at the same time would report feeling unsafe when discussing environmental welbeing. It is possible that this relates to actual experience as opposed to perceived threat when out and about. However, this could be explored in more detail during consultation phase in case there is an anomaly or street safety is not thought about in relation to social wellbeing.

11. All groups in all areas spoke about the difficulties of securing GP appointments and the problems it posed. There appeared to universal dissatisfaction with the current system.
12. Attention needs to be paid to BAME communities given the level of low wellbeing reported across all 4 pillars. Further investigation should be undertaken with regards to intersectionality- what are BAME children, disabled people and older people experiencing?
13. Recovery from Covid - support is needed to reduce people's anxiety around socialising again.
14. Digital exclusion - online healthcare appointments were disliked by older people and many other communities.
15. Caring roles is a cross cutting issue- The role of carers arose in older people;s groups, disability groups and young people's groups. There is a lack of information regarding young carers and the caring experience generally varies greatly within the different communities of interest. There were common themes regarding isolation, lack of support (particularly during Covid) complicated rules regarding benefits and the complicated system for using direct payments.
16. There was a lack of information directly from children and young people with ALN. Whilst one group included parent carers; their concerns and experiences are necessarily going to vary from those of the children or young people they parent and care for.
17. Many communities of interest spoke about problems with the interface between health services and social care services.
18. A lack of information in accessible formats was a theme running through the communities of interest; particularly regarding an over reliance upon technology and digital formats.

APPENDIX: Organisations engaged with:

Llantrisant Brownies
Cynon Valley Veterans' Group
Gilfach Goch Community Association After School Club
Gilfach Goch Community Association Youth Group
Girl Guides
Girl Guides
Penrhiwceiber Knit & Natter
Pontyclun 50+
Rangers Group
Reconnect50+ Bedlinog
Bridgend Green Network
Garw & Ogmore Valley ASB Group
VAWDASV
RCT People First - Our Voice Matters
Interlink RCT
British Red Cross
Trinity Childcare & Family Centre
NRW (Healthy Hillsides)
People First Bridgend
HAPI/Newydd Housing Association
Alzheimers Society
PAPYRUS Prevention of Youth Suicide
New Horizons
Mental Health Matters Wales
BAVO
Tanio
Adferiad
Armed Forces Covenant
Army Cadets
Employability Bridgend
Co-Production Network for Wales
Bridgend County Care & Repair
Cwm Taf People First
Age Connects Morgannwg
Cwm Taf Youth Offending Service
Cwm Taf Morgannwg Safeguarding Board
Oasis Centre
Voluntary Action Merthyr Tydfil
Platfform
Valleys to Coast
Valleys Kids
Mind
Awen Cultural Trust
Invest Local
CSP
Llamau
Calan DVS
New Pathways
Early Help
Bridgend Youth Justice Service
Race Council Cymru
South Wales Police
Public Health Wales
Valleys Regional Park

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SCRUTINY COMMITTEE REPORT

Date Written	19 th January 2022
Report Author	Mark Brace, Chair, Cwm Taf PSB
Service Area	Cwm Taf PSB
Committee Date	28 th January 2022

To: Chair, Ladies and Gentlemen

Update on Quarter 2 PSB Work Programme

1.0 SUMMARY

- 1.1 This is a standing item on the Cwm Taf JOSCS, in order that members receive timely and relevant updates on the progress of ongoing work of the Cwm Taf PSB. Mark Brace, Chair of Cwm Taf PSB will present the main points.
- 1.2 The Report will include:
- Key progress against the Objectives set out in Delivery Plans 2021-22 during quarter 2;
 - Update on future priorities, based on the work of the Wellbeing Assessment; and
 - Update on future governance arrangements

2.0 RECOMMENDATIONS

It is recommended that:

- 2.1 The Committee discusses and comments on the content of the report; and,
- 2.2 The Committee identifies any further information relating to the content of the Report that it would like to consider and makes the request to the PSB.

3.0 REASONS FOR RECOMMENDATIONS

- 3.1 For the committee to have an overview and offer scrutiny to the work programme of the PSB, in order that any questions and recommendations are made to the Board for the benefit of the work and implementation of the Act.

4.0 BACKGROUND

4.1 The work of the Cwm Taf PSB must be designed and delivered to meet the statutory requirements as set out in the Well-being of Future Generations (Wales) Act, 2015. The Act requires public bodies to carry out sustainable development. Section 2 of the Act defines this as: “Sustainable development” means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals. The Seven Well-being Goals are: A prosperous, resilient, healthier, more equal, more cohesive, more vibrant culture and Welsh language, and a more globally responsible Wales.

4.2 In the Welsh Government Statutory Core Guidance on the implementation of the Act, ‘Shared Purpose, Shared Future: 1, the following guidance is given for Overview and Scrutiny Committee function and purpose:

The Overview and Scrutiny Committees will not have a role in relation to the accountability of individual public bodies (apart from the Local Authority itself). The role of the Overview and Scrutiny Committees designated to scrutinise decisions made or actions taken by the public services board, will be focused on the shared well-being objectives included in public services boards’ Local Well-being Plans, rather than the individual well-being objectives of a public body.

4.3 **Progress Against the Well-being Objectives** – the work and progress against the four objectives set out in the Well-being Plan continue to be impacted upon by the recovery efforts of COVID-19, and the effects of Brexit. During Quarter 2, we saw the emergence of the COVID-19 new variant Omicron, and this resulted in renewed pressures on partners’ delivery of services. Progress updates on the delivery plans for Quarter 2 were provided at the 18th January 2022 PSB meeting by the following Objective Leads:

- Healthier People (Angela Jones, CTMUHB);
- Thriving Communities (Paul Mee, RCTCBC);
- A Strong Economy (Alyn Owen, MTCBC),
- Tackling Loneliness and Isolation (Sharon Richards, Voluntary Action Merthyr Tydfil)

Board members received the progress updates on each Objective by report, and these are provided in the Committee papers.

Key highlights from the second quarter include:

- **Healthier People** – the Vulnerability Profile project, which was piloted in RCT by CMUHB and RCTCBC has required additional time to complete the final analysis report on the pilot. Work is currently ongoing to finalise evidence reviews on indicators such as low birth weight in babies, numbers of children taken into care, families with identified adverse childhood experiences, and children’s school readiness. They have undertaken research by an external body, to overcome the issues of data sharing between organisations, and they have engaged Masters and PhD students to help with the analysis. Plans for rollout across the region are

still in development. This is expected to be presented to the Board by April 2022.

- **Thriving Communities** – the PSB received a written update from the RCTCBC, who lead on the community hub development in RCT. The Board did not receive a written update from MTCBC, due to service delivery pressures. However, Mark Brace, Chair did attend an implementation group meeting of the Gurnos hub, by invitation, in December 2021, which was reported to the previous JOSC meeting in December. The main challenge discussed was sustainability, in terms of financial and integrated service provision. This was raised at the January PSB meeting, and forms part of the challenges outlined by RCTCBC in their written update attached. Key highlights for the RCT hubs include: the development of Community Resilience Volunteers, a legacy from the pandemic, where people stepped up to volunteer in their local communities, and this has continued to strengthen; a resident survey was carried out with 965 residents in RCT, and has been shared with PSB for the purpose of the Wellbeing Assessment, and a steering group of delivery partners was established during the pandemic, and this has continued and strengthened, outcomes from the work of the group are outlined in the update report.
- **A Strong Economy** – a regional approach to strengthening the foundational economy, with the support of the Centre for Local Economic Strategies has progressed, despite the challenges of service delivery throughout the pandemic. This innovative approach has brought together key public organisations, to act as ‘anchors’ in their areas, and this work has begun with a focus on progressive procurement. A dissemination event took place on the 18th January, focusing on food procurement, construction and retrofit, and enhancing opportunities for small to medium and social enterprises. The working group for CTM will reconvene in the next quarter. Public Health Wales’ project ‘Fair Work for Health, Wellbeing and Equity’ have called on the PSBs in the region to consider how they can support participation in fair work, particularly when developing the Wellbeing Assessment and Plan. The findings have been fed in to the assessment work.
- **Tackling Loneliness and Isolation** – this objective continues to be greatly impacted upon as a result of the impact of COVID-19. The community and voluntary sector response and mobilisation was, and continues to be, an enormous effort, and widely publicised. A new Tackling Loneliness and Isolation Development Officer has been in post for several months, covering Cwm Taf, and she has made good progress with the Befriending Services Network. They have set up governance structures and based on a workshop carried out in December, they have agreed priorities for forthcoming meetings, to include areas of work such as dementia awareness, safeguarding and substance misuse. The need for essential befriending services has been highlighted over the last 20 months, and continues to be a priority for the region. One of the Network’s first priorities is to establish ‘Befriending Champions’ in the communities of Cwm Taf, both MT and RCT Councils have been approached through their MT’s democratic services and RCT’s Community Development Service. PSB Support Officers have been attending Neighbourhood Networks across RCT and Merthyr Tydfil speaking with groups and partners, as part of the engagement work, to understand feelings of loneliness and isolation in our communities. Links have also been made with the ‘Mind our Future’ project across Cwm Taf, which has a specific focus on children and young people, and the ways in which loneliness and isolation impacts their lives.

The issue of sustainability of these vital services, and the nature of the short term funding cycles that the voluntary sector are subjected to was also raised in this objective report, as well as the Thriving Communities report. Therefore, this is a key priority and issue for the PSB in the coming quarters, and into the next round of planning. It was agreed that a joint letter from the Chair of the PSB and JOSB would be sent to WG, outlining challenges and opportunities for the PSB moving forward, and some of the concerns around sustainable and flexible funding would be included.

4.4 **Emerging Priorities** – this second quarter of the PSB reporting year, the Board have continued to spend time considering changing and emerging priorities, particularly in light of the impact of COVID-19 and Brexit. Partners have agreed that the Board need to take an approach which is more focussed, with fewer priorities, in an attempt to produce greater impact on some of the long standing, systemic issues faced by all our partners in the public sector. Some of the broader priorities have been identified from the impact data which has emerged from the pandemic from various partners, such as mental health, climate change / green recovery and economic recovery. However, the Board are committed to fully utilising the analysis of the data and engagement activities from the Well-being Assessment process before confirming specific areas of focus, in line with the 5 Ways of Working.

4.5 **Future Governance Arrangements** – the PSB continue to develop the strategic direction and focus to ensure alignment with the work of the Regional Partnership Board, and support for a Cwm Taf Morgannwg PSB by 2023 continues to be the focus. Members of the PSB were asked to consider further governance and operational arrangements at the January meeting, and the actions from this item will be reported in the next quarter report, following the ratified minutes at the next PSB meeting.

5.0 INVOLVEMENT

5.1 Through the continued work the Well-being Assessment and the setting up of the Community Assessment Action Group, the PSB have committed to the involvement of its wider partners and people in our communities. This will be further developed after the Assessment is completed with support from the Co-production Wales Network project, which will support Cwm Taf and Bridgend PSB to embed the practices of co-production over the next 5 years.

6.0 EQUALITY AND DIVERSITY IMPLICATIONS

6.1 No equality and diversity implications to report.

7.0 FINANCIAL IMPLICATIONS

7.1 There are no direct financial implications for the Board, however, there are financial responsibilities placed on individual public bodies to deliver against the objectives set out in the well-being plan. There may also be financial considerations in respect of the changes to governance and structure over the next 18 months.

8.0 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERATIONS

8.1 There are no legal implications to consider in this report. The legislation is considered and reviewed throughout the development of all PSB work.

9.0 LINKS TO PSB's WELL-BEING OBJECTIVES

9.1 The report focus is on the progress of the well-objectives.

10.0 CONCLUSION

- 10.1 The PSB's work against the delivery of its well-being objectives set out in the Well-being Plan has been significantly affected by the impact of COVID-19 on partners' services. The Joint Scrutiny Committee is requested to acknowledge this disruption when undertaking its duties to scrutinise the delivery plans. It is evident that despite the challenges, the work programme continues to progress, albeit in different and flexible ways to what would have been planned at the outset of the current programme. There are some key challenges, which have been highlighted, particularly around sustainability of some of the work under the Objectives, most notably, Thriving Communities and Tackling Loneliness and Isolation, and this will require a more strategic focus on partnership delivery arrangements, funding mechanisms, and integration of services with a place based approach.
- 10.2 The PSB have identified broader priorities, which have emerged from the data of partners' recovery programmes in response to the pandemic. This work will be further developed by the Well-being Assessment and its findings. The PSB are committed to using the data and intelligence to shape the iteration of the Well-being Plan, with a tighter focus on fewer priorities.
- 10.3 The structure and governance arrangements of the current Cwm Taf PSB will undergo significant changes during this existing reporting year and beyond. Both Cwm Taf and Bridgend PSBs have agreed and committed to a merger, which will create a new Cwm Taf Morgannwg PSB, in time for the preparation of the new Well-being Plan in 2023. Therefore, is requested that the committee acknowledge the programme of work that this will create.

Mark Brace
Chair, Cwm Taf PSB

BACKGROUND PAPERS		
Title of Document(s)	Document(s) Date	Document Location
Objective Updates attached.		
Does the report contain any issue that may impact the Council's Constitution?		No

Update on Progress

Despite a really challenging time throughout the pandemic, there has been significant progress on this work stream, due to dedicated resources to support this work both Welsh Government, Public Health Wales and the Prevention and Early Years grant to Health Boards.

Vulnerability Profiling

The purpose of this programme of work is to enable information sharing between partner organisations to identify pregnant women and children who would benefit from early interventions to prevent poor outcomes for them and their children. This is required for safeguarding purposes and this project extends this principle to all pregnant women and children. The scope was originally from preconception to age 2, that is the First 1000 days of life, but has been extended to age seven to ensure that profiles are developed that promote school readiness and transition into and through the foundation phase of education. Progress to date is summarised below:

- Data fields of interest identified by multi agency partners, including all LAs.
- Data Disclosure Agreements signed by CTMUHB, RCTCBC, South Wales Police and SAIL (Secure Anonymised Information Linkage), Swansea University.
- Early win includes electronic transfer of birth data from the Health Board to RCTCBC (pilot area) which was manually input from published pdf documents previously, risking errors.
- Swansea University engaged as a key partner using SAIL. This work has included an evidence search for risk factors associated with our agreed priorities to confirm that the data field selected were correct:
 - low birth weight,
 - being taken into care,
 - subject to adverse childhood experience(s) and
 - school readiness
- In addition Swansea University has used SAIL to verify and check the outcomes of children from 2000 across RCT and Wales by linking these fields along with outcomes for children. This will enable weighting of the risk factors by importance to prioritise action locally.
- Qualitative research has been undertaken by EMPOVA funded by the PSB to gain the views of families and professionals in sharing data across organisations to inform future practice and confirm risk factors as seen by a range of partners in their work. This research was particularly challenging during the pandemic. Responses were received from 96 professionals a broad range of agencies including NHS, Local Authorities, third sector, FRS, police and Welsh Government. In addition semi structured interviews were undertaken with 13 senior managers. Families were engaged through online surveys and promoted by key professionals. There were 209 responses with 169 fully completed. The findings suggest that

Cwm Taf Well-being Objectives -**Delivery plan Update – Healthy People**

the public agree that information sharing between agencies providing support and services is acceptable. However, in common with professionals who took part in this study there was recognition by the members of the public who completed the survey of the importance of personal rights and privacy and further comments highlighting that it is much better if parents agree for information to be shared.

- In addition to the above work, the project attracted KESS2 European funding following a successful application between CTMUHB and Swansea University. This enabled a Masters programme student to be employed to specifically identify where vulnerable families were located geographically to compared against the financial distribution to the more deprived areas provided by Flying Start Services. This work is near completion and evidence for, low birth weight and poor school readiness, suggests that there as many vulnerable families living outside of flying start areas:. Of the children who are low birth weight, 21.18% live in a flying start area with nearly 4/5 of the low-birth-weight cases occurring outside of a Flying Start eligible postcode (RCT pilot area). Across Wales more children who have low school readiness do not live in a Flying Start area. This indicates a potential for more intelligent targeting of anti-poverty funding.

Further research is currently in progress with a PhD student within SAIL (cost neutral), to progress the early years vulnerability profiling work with the inclusion of the Family Resilience Assessment Instrument Tool (FRAIT) and level of care (Universal, Enhanced, Intensive) in the Early Years Vulnerability Profiling work.

CHOICE Pilot

The CHOICE project delivers trauma informed, prevention focussed sexual health services, tailored for and co-produced with vulnerable women and their partners.

The project aims to improve the knowledge and skills of patients and partner agency staff in understanding fertility, sexually transmitted infections, testing, and Long Acting Reversible Contraception (LARC) options available. Empowering vulnerable women and their partners to make an informed decision about LARC, giving both voice and choice. Supporting a reduction in unintended pregnancy, which can often lead to the removal of a baby/child into Local Authority care.

Funding was initially secured for a 2 year pilot (April 2020-March 2022) through the Welsh Government Prevention & Early Years funding stream and the team are delighted to confirm that an additional 3rd year of funding has also now been secured from the same funding stream. A Year 3 pay/non pay projection has been finalised.

CHOICE interventions include:

- Counselling and support
 - Regular telephone consultations
 - LARC & condom provision
 - STI screening; opportunistic and symptomatic
 - Emergency Hormonal Contraception provision
 - Cervical screening
 - Pre Exposure Prophylaxis/Post Exposure Prophylaxis (PrEP)
 - HIV point of care testing
 - Tailored 1-1 education sessions on understanding your body, reproduction, fertility and sexual health and well-being
 - Onward referral to additional support services where a need is identified
- Referrals and uptake of the CHOICE service have continued to grow month on month. At the end of November 2021, the project had received **621** referrals. ***Bridgend – 205; Merthyr Tydfil – 168; Rhondda – 84; Cynon – 60; Taf – 104. Within each of the ILG areas, referrals equate to – Merthyr/Cynon, 228. Rhondda/Taf 188; Bridgend, 205.***
 - Referrals received from: ***Barnardo’s Reflect service; 23, CTMUHB Contraception & Sexual Health service; 58, Youth Offending Team; 8, Domestic Abuse; 62, Drug & Alcohol services; 178, Education; 13, Family resilience programmes; 7, CTMUHB Health visiting service; 27,CTMUHB Maternity service; 171, Housing & Homelessness; 11, CTMUHB Youth Partnership team; 9, Body wise/ Pregnancy Advisory service; 31, CTMUHB Mental Health services; 10, Welsh Ambulance service; 2, Integrated Autism Service; 1, Family Health and Wellbeing Programme; 1, CTMUHB Looked after children team; 1, Care leavers programme; 1. New service referring to the project – Action for children; 7.***
 - The project has provided ***365 Long Acting Reversible Contraceptive devices; 66 Progesterone only/Combined Oral Contraception; 265 Sexual health screenings; 62 cervical smears, with 15 needing immediate onward referral to Colposcopy services. Multiple contact attempts for 7 clients***

Cwm Taf Well-being Objectives -Delivery plan Update – Healthy People

have been unanswered; 22 have moved out of area; 7 are currently pregnant; 3 of which were referred into the project as pregnant; 7 clients have been sterilised; 3 are sadly now deceased; 3 have entered custodial sentences and 1 is in a same sex relationship.

- Additional client outcomes; **36 clients referred to the project declined a LARC; 6 were provided with the contraceptive pill; 18 had STI screening and 8 a cervical smear.**
- The newly developed partner agency sexual health staff-training course will commence shortly. Key partners are also encouraged to undertake Level 1 MECC Training to support healthy conversations with their clients.
- Partnership links established within the CHOICE Project support a holistic, person centred approach. Enabling the CHOICE team to fast track clients directly to key partner support agencies. 11% of CHOICE clients were referred on to partner organisations for additional support during the first year of the project (1st April 2020-31st March 2021).
- Evaluation: Work has commenced with support from the CTMUHB Finance and Integrated Sexual Health Teams to develop a cost consequences analysis. This piece of work will form an integral part of the CHOICE Year 2 report and will enable us to demonstrate the financial cost savings the CHOICE Project has the potential to offer both the Health Board and Local Authorities partners.

A number of service enhancement have also now commenced:

- Introduction of a text reminder service for clients (currently a pilot in the Bridgend area).
- Introduction of x 2 new CHOICE Outreach clinics delivered in partnership with: CTMUHB Blood Borne Virus team (with a focus on asylum seekers); & CTMUHB Perinatal mental health team.

Healthy Weight/ Obesity

Childhood Obesity:

A number of key areas of service development are now coming to fruition to address this important issue:

- The HENRY - Healthy Families: Right from the Start Programme has been commissioned in CTM, utilising Prevention and Early Years grant funding. This is a franchised service where a small team of employed staff are trained to deliver the 8 week programme to families of children up to the age

Cwm Taf Well-being Objectives -**Delivery plan Update – Healthy People**

of five. This 'HENRY approach' brings together support for parenting efficacy, family emotional wellbeing and behaviour change with information about nutrition, active play and physical activity, setting and achieving goals as a family and oral health. The programme was launched online in September 2021 due to Covid-19 restrictions, health and social care practitioners can refer families into the service, families can also self-refer. The programme is currently delivered across 8 weeks consisting of 1 hourly group sessions. In addition to this the programme can also be delivered on a 1 to 1 basis with parents who may benefit from individual support and a more flexible approach around sessions and times. Once Covid restrictions diminish, it is planned to implement face to face programmes in community centres that will run in conjunction with the online programmes.

- Public Health Wales is also funding the development of targeted services for children and families up to seven years, with support from Healthy Weight Healthy Wales grant funding. Three pilot areas across Wales have been selected, including Merthyr Tydfil. This will enable a tailored 1:1 family programme based on food and nutrition, active play, physical activity and positive parenting skills. The pilot will additionally take a systems based approach working with education settings, specifically relying upon strong partnership working within communities and a range of referral and recruitment mechanisms to support engagement with the target population. Delivery of the pilot is expect to commence in Q1 2022/23
- In addition Jamjar have been commissioned to support the delivery of a co-produced social marketing campaign with a name chosen by residents. Healthy Start Healthy Future will utilise targeted and organic social media posts around healthy living for families suggesting low or free costs ideas for play and physical activity and realistic ideas for eating well and healthily. The campaign will work with PSB partners and wider to promote existing services, building on campaigns and community work not duplicating it. The programme will launch in January 2022 and run for at least 2 years with outcomes measured by social media reach and signposting in to services.

[Whole Systems Approach \(WSA\) to Healthy Weights in CTM](#)

The Healthy Weight: Healthy Wales Whole Systems Approach (HWHW WSA) programme is funded by Welsh Government to 'enable delivery of a national programme for Healthy Weight System Based Approaches'. This includes the establishment of a national team within Public Health Wales to provide oversight and develop evidenced based approaches, and work with local health boards to develop local teams.

The HWHW WSA Programme is a collaborative programme between Public Health Wales, the Directors of Public Health Leadership Group and Welsh Government.

While overweight is common across all social groups in society, being obese is much more likely for those who live with multiple disadvantage and those in certain ethnic groups who are more likely to experience poor health as a result of their weight.

Cwm Taf Well-being Objectives -**Delivery plan Update – Healthy People**

The rise in levels of overweight and obesity is complex and is the result of a number of rapid changes in our lives and lifestyles over the 20th century.

The complexity of the problem means that there are no simple solutions and no one agency or organisation can solve it alone. In addition there has been growing recognition that there are complex inter-relationships between different aspects in a system that is constantly adapting and changing. Action taken by one part of the system can have an unintended consequence on other parts. The role and influence of the commercial determinants of health has never been greater and often has a global dimension.

The Whole System Approach to a Healthy Weight in Wales will take a long term view. It will recognise complexity and work with a range of stakeholders, including local communities, to both better understand the system and the opportunities for change. The process explicitly aims to reveal the structures and goals within a given system.

Directors of Public Health and the local public health systems leads will provide expert public health leadership within their region, maximising their local relationships and partnerships and their links with their local communities to implement and drive change. The approach will recognise the importance of building on local assets and opportunities, and strengthening cross-sector alliances.

Although systems working has similarities with effective partnership working, it is set apart by the application of complex systems thinking, methods and practice to both understanding the problem and to support identification and testing of actions to address it.

When moving from a traditional working model to systems working there are a number of ways of working that will become more prominent. These include:

- Strong leadership across the system through actively engaged partners, rather than a single main driving force
- Consistent language used across the key organisation involved to promote a unified approach
- A shared understanding of the local context and what will work in this context
- Meaningful engagement with local communities who experience the system to understand their viewpoint
- Recognition that outcomes are influenced by a complex and adaptive system of interacting components
- Robust governance structures and shared values (This is where the PSB can support the aims and objectives of a WSA).
- Continued learning, reflection and refinement for ongoing improvement

Cwm Taf Well-being Objectives -**Delivery plan Update – Healthy People**

- Initiatives embedded within the broader policy.

To set strong foundations for an effective whole systems approach to it will be important to embed these ways of working, recognising that creating this system will take time. It will be important to build relationships, trust, and community and organisational capacity.

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Wellbeing Objective: Strong Economy

The (draft) delivery plan for this Objective, produced for July 2021's PSB considered the impact that the Covid-19 has had, and continues to have, on this objective and the ability to deliver on both the shorter-term outputs and longer-term outcomes.

Identified 'quick wins' for the 2021-22 PSB year were to:

1. Regional approach and cross promotion of Valleys Gateways sites in the region: Cyfarthfa Park, Ynysangharad Park and Dare Valley Park.
2. Looking at how the Employability Pledge can be implemented to support economic recovery in the region
3. Progressing on the work started with the Centre for Local Economic Strategies and getting buy-in / long term commitment regarding changing procurement practices. Using Atamis information from CLES looking at local spend and leakage.
4. Considering and preparing for the impact of furloughing in the Region.

Progress:

1. Phil Lewis of the VRP gave a presentation at PSB in July 2021 which prompted discussion on how we could work together to deliver on the wellbeing plan priorities, influence the development of policies and funding priorities as the new Programme for Government takes shape and what opportunities are there to develop the regional partnership to share best practice in a way that supports Covid recovery and Brexit mitigation plans. The presentation and VRP delivery plan were shared with Members following the meeting.
2. Colleagues involved in designing and driving the Employability Pledge have been involved in PHW's 'Fair Work for Health, Well-being and Equity' panel which also touches on reducing social and economic inequalities. The background for this panel is that work and working conditions are critical determinants of health, and a healthy engaged workforce contributes to business productivity and societal prosperity. Participation in fair work provides a sense of purpose and means that people have money and resources for a healthy life for them and their families. This reduces psychological stress, creates a stepping-stone out of poverty and helps children have the best start in life. Fair work can contribute to an economy of well-being, improving outcomes for the whole population, including those most disadvantaged. Ciarán Humphreys, consultant in public health, provided an update on the work at the Bridgend PSB meeting in December 2021, with the recommendation being that PSB consider how its work supports participation in fair work in a way that will improve health, well-being, and equity and what additional support would be of value as well-being assessments and plans are developed.
It is believed that aligning the work of the Pledge to this panel would be of mutual benefit, especially in the context of the pandemic and associated control measures which disrupted working lives and opportunities to participate in fair work. Some groups have been particularly affected, such as young people, older people, those from disadvantaged backgrounds, women, especially mothers, and ethnic minority groups.

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The pandemic exacerbated pre-existing inequities in participation in fair work and health, while bringing new challenges of its own. Whereas the forecasted levels of unemployment due to the pandemic have not materialised, ensuring those experiencing disadvantage have access to fair work remains an essential way of improving long term health and well-being of individuals and households, including for children.

3. The Centre for Local Economic Strategies (CLES) work in Cwm Taf Morgannwg is a regional approach to strengthening the foundational economy and building resilience in the local supply chain. Work has concentrated on understanding procurement barriers and supporting collaboration on funding bids. Colleagues involved in the work have found the opportunity to network with counterparts in other organisations useful and have learned from each other's practices. The more recent Health Board involvement has further strengthened it from the perspective of managing being part of a structure but opportunities for local spend / contracts.

One of the last sessions with CLES brought together social enterprises with colleagues from public sector, Welsh Government, and the Wales Cooperative to talk about their experiences as SEs working in the region and managing procurement rules and frameworks.

There is an online dissemination event today (18 January) to share the wider learning from the programme, with a specific focus on the three themes which were common across more than one PSB cluster:

- Food procurement
- Construction and retrofit
- Enhancing opportunities for SMEs and social business.

We will be re-convening the regional Cwm Taf Morgannwg working group in the coming few weeks.

4. The topic of furlough was considered in the PSB's Community Impact Assessment and engagement has continued through the 'Protect' workstream established as part of the regional 'Test, Trace, Protect' structure and the review into mental health provision undertaken in spring 2021. It is also something we are considering in the current work on the assessment, both in terms of data and engagement.

Managing and preparing for the impact of Covid on society in the context of the ongoing pandemic is still an area where the PSB has been on the periphery.

The Delivery Plan also highlights that we are not starting from scratch. The pandemic disrupted plans but also created opportunities, shifted priorities and showed what can be possible. Developing a short to medium term development plan for the Tourism Sector that allows us to test and develop growth models was also something highlighted in the delivery plan for this PSB year.

REPORT TO BRIDGEND PUBLIC SERVICES BOARD

Fair Work for Health, Well-being and Equity

1. Purpose of report

- 1.1. The purpose of this report is to highlight ongoing work in relation to fair work, health, well-being and equity and to seek to views of Board members as to how this work can best support partnership action.

2. Connection to the Well-being Objectives for Bridgend County

- 2.1. This report assists in the achievement of the following well-being objective/objectives as described in the Well-being Plan for Bridgend County

***Reducing social and economic inequalities**

3. Background

- 3.1. Work and working conditions are critical determinants of health, and a healthy engaged workforce contributes to business productivity and societal prosperity. Participation in fair work provides a sense of purpose and means that people have money and resources for a healthy life for them and their families. This reduces psychological stress, creates a stepping stone out of poverty and helps children have the best start in life. Fair work can contribute to an economy of well-being, improving outcomes for the whole population, including those most disadvantaged.

Fair work is where workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected.

Characteristics within the definition: Fair reward; employee voice and collective representation; security and flexibility; opportunity for access, growth and progression; safe, healthy and inclusive working environment, legal rights respected and given substantive effect.

The promotion of equality and inclusion is integral to all six characteristics.

Source: Fair Work Wales, Report of the Fair Work Commission, 2019
<https://gov.wales/fair-work-wales>

- 3.2. Employment and working conditions are one of the five essential conditions for health equity, outlined in the Welsh Health Equity Status Report Initiative (WHESRI)

in collaboration with WHO Europe.



- 3.3. The pandemic and associated control measures disrupted working lives and opportunities to participate in fair work for many in Wales. Some groups have been particularly affected, such as young people, older people, those from disadvantaged backgrounds, women, especially mothers, and ethnic minority groups. The pandemic exacerbated pre-existing inequities in participation in fair work and health, while bringing new challenges of its own. Whereas the forecasted levels of unemployment due to the pandemic have not materialised, ensuring those experiencing disadvantage have access to fair work remains an essential way of improving long term health and well-being of individuals and households, including for children.
- 3.4. Public Services Boards can have a vital role in driving participation in fair work. This includes through influencing availability of fair work in an area and place-making, supporting access to that work, encouraging and incentivising fair work practice, being exemplars as good employers and anchor institutions and through the implementation of the Socio-Economic Duty.
- 3.5. The current Bridgend Well-being Plan highlights the importance of addressing income inequality and health inequality, with a focus on disability, older people and other equality groups, reducing the skills gap, promoting a healthy work place among private and third sector organisations, working to improve the skills level of the workforce in Bridgend County to reduce economic inequality. It seeks to widen access to opportunities, improve apprenticeship recruitment, develop working skills programmes to reduce in work poverty and low skill levels, develop ICT/Digital skill packages.

4. Current situation/proposal

- 4.1. Public Health Wales has established an expert panel to advise on how local agencies and regional partnerships can increase participation in fair work in a way that improves health, well-being and equity. The panel, chaired by Professor Ceri Phillips, received evidence from Public Health Wales and subject experts, identified additional evidence, and brought members own expertise to formulate themes, opportunities and draft recommendations. An initial interim report has been submitted to Welsh Government.
- 4.2. The interim findings of the panel has identified how local and regional agencies and partnerships can:

- **Create fair work**, integrating the concept into strategies and plans, and ensuring public money is spent in a way that increases participation in fair work, including through job creation, attracting fair work employers and socially responsible procurement
- **Support fair work**, through use of accreditation schemes, and supporting leadership and management training for fair work
- **Normalise fair work**, develop, share and showcase fair work to improve business productivity and employee health and well-being
- **Improve skills and access** to fair-work local workforce capability to adapt to job opportunities which support health and well-being, through upskilling, in-skilling and reskilling, focus on population groups assessed as most disadvantaged, reducing the impact of the digital inequalities gap.
- **Monitor and evaluate** the impact of efforts to increase participation in fair work, using data and intelligence to direct their efforts

4.3. We are now developing materials to support local and regional partners in their efforts to increase participation in fair work, based on the evidence and findings of the panel. This will also be informed by qualitative insights obtained from local authority councillors and staff and case studies from across the UK.

5. **Well-being of Future Generations (Wales) Act 2015**

- 5.1. Increasing participation in fair work for health, well-being and equity takes a long term approach to addressing well-being, focusing on upstream prevention. The work of the panel has been developed in collaboration, through statutory, business, third sector agencies and has involved young people directly affected by the impact of the pandemic on employment. Success relies on integration with existing approaches of Public Services Boards and their members.
- 5.2. This work is relevant to all seven goals of the Act, and particularly a healthier, resilient, more equal and prosperous Wales of cohesive communities.

6. **Financial implications**

- 6.1. No specific implications.

7. **Recommendation(s)**

- 7.1. Public Services Board consider how its work supports participation in fair work in a way that will improve health, well-being and equity and what additional support would be of value as well-being assessments and plans are developed.

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Wellbeing Objective: Tackling Loneliness and Isolation

The (draft) delivery plan for this Objective, produced for July 2021's PSB considered the impact that the Covid-19 has had, and continues to have, on this objective and the ability to deliver on both the shorter-term outputs and longer-term outcomes.

Identified 'quick wins' for the 2021-22 PSB year were to:

1. revisit and reinvigorate the Befriending Network;
2. explore how children and young people are experiencing and managing loneliness and isolation, particularly through working with schools and building on the work of well-being ambassadors; and
3. improve public sector signposting / support for those experiencing feelings of loneliness and isolation, including opportunities for 'Loneliness Champions' in the public sector.

Progress to date 2021-22:

1. A new Tackling Loneliness and Isolation Development Officer has been appointed for Cwm Taf. Karen Vowles has re-established the Befriending Network which is going from strength to strength and has now appointed a Chair Pauline Richards, with a Vice Chair hopefully by the next meeting. Karen will be meeting with the Chair on a monthly basis and developing the agenda, speakers and training sessions alongside her. The next meeting is for 15 February (delayed from 8 February owing to clash with the Social Value Forum) and it is planned that a Terms of Reference will be agreed.
During the November meeting a group work session, with the use of a Jamboard, undertook a piece of work which highlighted some areas of concern and areas for opportunities for the Network members. As an outcome of this session the Network will set the agenda for the next few meetings and potentially hold specific subgroups/task and finish groups to address some of the concerns highlighted. Joint training sessions via Teams/Zoom will also be held. Examples of these are Safeguarding, Dementia Awareness, Substance Misuse Awareness, etc.
2. There is now a separate 'Children and Young Persons Forum' through VAMT, supported by Tim Carter. Both RCT and Merthyr have submitted applications to the National Lottery Community Fund for the 'Mind Our Futures' project looking at empowering young people and creating and implementing a vision for a more resilient and mentally healthy future for young people in their community and addressing mental health inequalities that have been made worse by the pandemic.
3. The learnings from the mental health scoping review carried out in early 2021, research from the Bevan Foundation, discussions from the Befriending Network and other engagement including for the regional assessments are being used to understand our communities. The need for essential befriending services has been highlighted over the last 20 months, with sustaining support and funding the key priorities.

A Hackathon was planned, developed and delivered in Merthyr Tydfil for older people on 30th November in partnership with Jenny Mushiringani Monjero. Fifty attendees had

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originally booked places which dwindled to 30 the week prior to the event. This was around the same time that the media were highlighting the Omicron variant and cases were climbing in the Merthyr area. On the day only 10 individuals attended.

PSB Support Officers have been attending Neighbourhood Networks across RCT and Merthyr Tydfil speaking with groups and partners, as part of our engagement work, to understand feelings of loneliness and isolation in our communities. Karen Vowles has also been running sessions in Calon Las Hub, informing the engagement work of the Assessments. Further consultation sessions are planned for January but Covid compliance means these may need to be rescheduled.

In terms of the broader elements of the PSB Well-being Plan around understanding, connecting, volunteering and the promotion of it work is ongoing, but we must recognise that we are in a very different situation now to when the everything was written in 2018 with significant flooding, Brexit and a global pandemic all impacting on our communities, and this has caused significant shifts in attentions and priorities.

Upcoming focus:

Befriending Champions

Merthyr Tydfil CBC have been approached regarding this project. Expressions of interest were requested via Democratic Services and we are still awaiting responses. In RCT, discussions have been held with Syd Dennis who is very interested in taking this forward.

We would ask for support with engaging with Police and Fire & Rescue services to have conversations with them regarding the project within their services.

Future project under development

Having 'Cuppa and Chat' tables in cafés is currently on hold due to the Covid pandemic and restrictions. The aim of this project is to develop tables in cafes which will actively encourage people (strangers) to get together and chat. The pilot will be established in Cynon Valley and Merthyr Tydfil initially and reviewed after three months. These will be specifically scheduled sessions e.g. 'Tea Pot' café in Mountain Ash every Friday between 10.30 and 12 noon. A sign will indicate the table, timeslot and that the table is specifically for people to join with you and chat. This project promotes sustainability, and it should need a small amount of staff/volunteer time which can be gradually withdrawn when the table becomes 'established', and people become "regulars" at the table. This is not meant to be a table to share intimate details of life but to develop a network of social support and potentially friendships to combat social isolation.

(Ongoing) Challenges

It has been almost two years since storms Dennis, Ciara and Covid first hit, the community and voluntary sector response and mobilisation was, and continues to be, an enormous effort. Food sufficiency networks have been established and have achieved great success, with Merthyr's Food Prosperity Network having been identified as an example of good

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practice and RCT recently becoming part of the sustainable food places network. The inequalities that exist in the region, driven by poverty, are manifested in many ways and can drive feelings of isolation, not being able to participate and struggling to cope with rising living costs. Understanding these challenges, what matters to our communities and how we can work together to address them is one of the key actions identified for tackling loneliness and isolation and one made all the more important in the context of Covid.

The main challenge for the Third Sector delivery is the funding issue. Short term funding for a long-term issue and the challenges of burn out for both staff and volunteers during the last two years, combined with a continuing change of face to face to telephone befriending, based on the frequently changing covid guidance/directive is also impacting on the delivery of befriending services.

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Befriending Network
Jamboard discussion groups
November 30th 2021

Gaps in provision

Volunteering

- Volunteer recruitment is difficult
- Recruited volunteers but they are not actually volunteering
- Need links to volunteering services
- Cynon area – difficult to recruit volunteers
- Funding needed for volunteer expenses
- How do we motivate volunteers in such a difficult time
- There's a volunteering lull after the initial covid 19
- We need joint volunteering open days to attract volunteers.

Children & Young People

- Lack of counselling services for young people outside of School
- Children's services – no equal spread across localities

Lack of services

- Support for carers of people living with dementia
- Dementia friendly communities
- Social interaction – next step for support
- Short Term funding
- Losing connections due to projects shut down
- Available community venues large enough to deliver services and the cost of these services

What opportunities are there?

- Volunteering and support
- TSO to take on community transport
- Connect RCT
- Mapping
- Mainstreaming projects for sustainability
- Bringing Young People into projects to tackle anti-social behaviour and involve them.
- Well-being assessment – demonstrate needs and what’s working
- More collaborative funding bids – more sustainable
- ICF -5 years funding as opposed to annual funding
- More community kitchens/gardens as a way of volunteering, learning skills and intergenerational activities
- Minibuses for communities and resources to support them

What can we do to improve services?

- Listening to communities with meaningful and real consultation
- Partnership working not tokenistic
- More collaborative working – public and voluntary sector
- Peer to peer mutual support for learning and sharing best practice
- Training via CVC’s to allow groups to meet identified needs

Funding –

1. keep Covid simplicity of accessing grants
2. Earlier identification of underspends/slippage to ensure better use of resources
3. Mentoring people to apply for grants, steer through the form filling

How can we work together & develop consortium/partnership bids going forward?

- Peer to peer support for grant applications
- Link to community partnership and practitioner networks
- Identify key organisations to come together on a common aim
- Organisations sharing their expertise and resources to avoid duplication
- Discussions before hand so that work is complimentary and not overlapping. Organisations working to their strengths.
- Empower and support small organisations to be lead organisations to allow inclusivity
- Keeping the benefits of lockdown working – virtual meetings bring people together easier
- Less precious about the work and greater willingness to share – community over project

Any thing else?

Issue over short term funding and tight deadlines to spend money by, which is a barrier to consultation.

Update on Thriving Communities January 2022

- *To promote safe, confident, resilient, and thriving communities, improving the well-being of residents and visitors and building on our community assets*

The Covid-19 pandemic changed the landscape completely and quickened the pace of hub development as the Council strived to ensure that residents had the local support they needed during the Lockdown and thereafter. The experience of the pandemic has not only influenced where additional hubs were established but also the learning gained throughout this period - the engagement with residents and partners, and the feedback received - have shaped what we have in place today.

Currently RCT has the following **hubs**:

- Aberdare Library/Cynon Linc (Aberdare)
- Canolfan Pennar (Mountain Ash)
- Garth Olwg Lifelong Learning Centre
- Llantrisant (Library/Leisure Centre)
- Llys Cadwyn (Pontypridd)
- Porth (Plaza)
- Yr Hwb (Ferndale)
- Treorchy Cultural Hub over 2 venues - Library and Park and Dare Theatre

Core to the development has been the **Community Support Steering Group** established with partners initially to address the needs of residents during the Lockdown but that has gone from strength to strength and widened its remit. The partnership is strong and able to address a wide range of resident needs collaboratively:

- Joint applications for funding continue to be developed for example to Wales and the West Utilities
- Joint approaches to new challenges for example we worked together to highlight and provide support for people affected by changes to Universal Credit
- the offer of LFD test collections for residents has been introduced from 20 December 2021
- Homelessness support and Probation services are expected to be present at hubs shortly
- Probation Services are engaging with the Local authority to better integrate support services for offenders with Neighbourhood partnership arrangements
- The Community Development team in collaboration with Adult Services, Community Groups and CRVs proposed to provide people with a Learning Disability with access to supported volunteering opportunities. An agreement has been co-produced between Adult Services, Community Groups and residents with a Learning Disability and supporting paperwork to provide volunteer placements for people with a Learning Disability within community groups.
- Closer links developed between the hubs and Adult Social Care has continued and there is a recognition that the community hub model can reduce pressure on statutory services. There has also been significant development in the relationship with the Health Board as the response to the pandemic has illustrated the assets that are available among partners and

community groups to provide support to residents who are at a vulnerable stage in their lives but whose needs could be addressed without a health intervention if the correct infrastructure is put in place.

The **infrastructure** developed during the pandemic for example, the online e-form and the one Council Contact Centre number for requesting support remains in place as has the process for referrals through the hubs to relevant organisations as they have proved to be effective in the most challenging of circumstances. It has ensured and continues to ensure that anyone who needs support knows how to contact the Council. This does not mean that the Council provides the support required in each instance. Referrals are transferred through to the most appropriate partner or community group.

Community Resilience Volunteers continue to support residents and the work of the hubs and they are managed through the GROOP community workforce approximately 35 are actively involved on a regular basis providing on-going support to those in need. Work continues to support our CRVs and provide access to training and information so that they can be transferred over to support local community groups over the longer term now that life is beginning to return to more normality. The current multi-service CRH virtual staffing team reflects these new relationships

The focus over recent months has been on establishing, and in the case of the pre-Covid hubs, re-establishing the **Neighbourhood Networks** so that communities have an opportunity to identify what is important to them and what their priorities are. Neighbourhood Network and Food Support Funds have been made available to enable local groups to apply for funding to address priorities identified locally.

- **Neighbourhood Network Fund** – Not for profit organisations can apply for up to £1,000 to meet identified local or strategic needs. 2 WG grants and RCTCBC contribute towards this Fund. Released in December 2021 to date, 9 Community Groups have benefitted from across RCT with a variety of interventions planned, which will be reported upon at year end (March 2022)
- **Food Support Fund** - Not for profit organisations can apply for up to £500 to meet identified local or strategic needs. 1 WG grant, RCTCBC and Trivallis contribute towards this Fund. The Food Support Fund has been available to groups throughout the pandemic and during the last quarter to end December 2022 a further 6 organisations providing food support to residents have benefitted.

To further support the development of Neighbourhood Networks an RCT Together online **resident survey** has been carried out (and remains live) and the results shared with the CTM Population and Wellbeing Assessment teams.

The Community Development Team have provided support to the 2 CTM assessments. Lisa and Kirsty attended all the Neighbourhood Networks initially and met later with interested and specific groups as and when required.

Challenges

- Whereas it was originally anticipated that the majority of community hubs would be supported by anchor organisations and that they would undertake the community coordination role, this is not currently the case although we continue to explore possibilities.

- The sudden and unexpected arrival of short-term funding (WG/WCVA mainly) whilst welcome is disruptive and places significant pressure on our service area. This ‘knee jerk’ approach taken does not support longer term, sustainable community development, or resident support.
- The pressure to support the Community Hub and NN developments from a financial basis has been on the Council in the main although applications for external funding (for example, ICF for 2021/22) have fortunately been successful enabling continued support for the model. Funding for capital developments has been easier to access than revenue funding and this has been true both for the Council and for the third sector. While buildings are important, the role of the Community Coordinator is crucial in ensuring the success of the wider Neighbourhood Network.
- Other public services benefit from the work undertaken by the hubs but do not contribute to the costs! If there is to be longer term sustainability, then this needs to be addressed.

Update against the Delivery Plan Actions

Actions	Milestones	Completed/Progress
Improve access to information and services through a single point of contact approach at the Community Hub within each Community Zones, joining up/integrating ‘one public service’.	To sustain and further develop the role of RCT’s Community Resilience Hubs by embedding some of the partnership mechanisms set up to deal with the Covid-19 pandemic.	Yes
	Develop the strength and role of the Community Support Core Steering Group, including wider partners if necessary as recovery continues.	Yes – additional partners included but will be kept under review and further enhanced as appropriate.
	Improve the RCT Together Web page to make it more accessible and interactive. RCT Together Rhondda Cynon Taf County Borough Council (rctcbc.gov.uk)	Yes
	RCTCBC to apply for the UK Community Renewal Fund to UK Government to provide financial support for the work of the neighbourhood Networks and their identified and	Yes but application unsuccessful

	agreed priorities. Total Project value of £613,265.25 of which £75,848.48 will be available for Capital Investment.	
Communities to be positively engaged and empowered so they have a real say in the services they receive and how they are organised and delivered in their community together through a co-production approach	To undertake a resident survey across RCT, asking residents to identify 3 things they'd like to see more of and 3 things they'd like to see less of http://inform/en/news/2021/june/rctresidentssurvey.aspx . The results will be shared with neighbourhood networks	Yes Survey Summary results shared with Population and Wellbeing assessment teams. (Attached) with further local breakdowns eg Older persons being shared with OPAG next week for discussion.
	To ensure adequate support to meet resident needs is available through partnership with third and voluntary sector.	On-going – good relationships established, new referral routes set up but this work will continue as resident needs change and new groups are developed.
	To ensure residents are heard and have the opportunity to influence decisions, activities & services in their communities	On-going but one resident survey completed and shared with NN and other partners (including PSB team)
	Develop RCT as a Sustainable Food Place in partnership with communities	On-going – huge developments in this area with a Sustainable Food Coordinator appointed and extensive partnership established.
	Further develop the “RCT Together” Community Asset Transfer approach to ensure the successful transfer of Council Land and buildings to community organisation can actively address service priority needs identified by local Neighbourhoods and communities.	Policy review being undertaken

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RCT TOGETHER

SURVEY 2021



1. What matters to YOU the most?

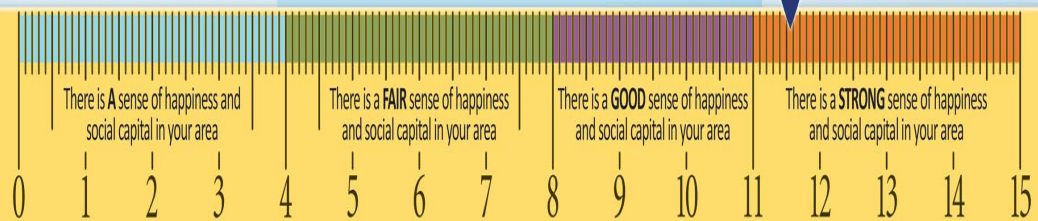


What **956** residents of Rhondda Cynon Taf told us when we asked them about their community.

2. What matters to YOUR COMMUNITY the most?



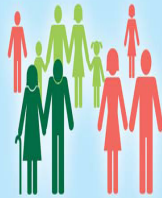
RHONDDA CYNON TAF SCORE **11.57**



MEASURING SOCIAL CAPITAL IN RCT

How well people can access information and connections between residents in the community

3. What you would like to see MORE of in your community?



The majority of people would be willing to travel up to **4 miles** to access good services or activities.



42% of people would like more opportunities to **learn, use or practice Welsh language** in the community.

4. What you would like to see LESS of in your community?



RHCT GYDA'N GILYDD
RCT TOGETHER

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Cwm Taf Well-being Objectives -**Delivery plan – Healthy People**

Update on Progress

Despite a really challenging time throughout the pandemic, there has been significant progress on this work stream, due to dedicated resources to support this work both from Welsh Government and the Prevention and Early Years grant to Health Boards.

Vulnerability Profiling

The purpose of this programme of work is to enable information sharing between partner organisations to identify pregnant women and children who would benefit from early interventions to prevent poor outcomes from them and their children. This is required for safeguarding purposes and this project extends this principle to all pregnant women and children. The scope was originally from preconception to age 2, that is the First 1000 days of life, but has been extended to age seven to ensure that profiles are developed that promote school readiness and transition into and through the foundation phase of education. Progress to date is summarised below:

- Data fields of interest identified by multi agency partners, including all LAs.
- Information sharing protocols signed by CTMUHB, RCTCBC and South Wales Police
- Early win includes electronic transfer of birth data from the Health Board to the Council which was manually input from published pdf documents previously, risking errors.
- Swansea University engaged as a key partner using SAIL (Secure anonymised information linkage). This work has included an evidence search for risk factors associated with our agreed priorities to confirm that the data field selected were correct:
 - low birth weight,
 - being taken into care,
 - subject to adverse childhood experience(s) and
 - school readiness
- In addition Swansea University has used SAIL to verify and check the outcomes of children from 2000 across RCT and Wales by linking these fields along with outcomes for children. This will enable weighting of the risk factors by importance to prioritise action locally.
- Qualitative research has been undertaken by EMPOVA funded by the PSB to gain the views of families and professionals in sharing data across organisations to inform future practice and confirm risk factors as seen by a range of partners in their work. This research was particularly challenging during the pandemic. Responses were received from 96 professionals a broad range of agencies including NHS, Local Authorities, third sector, FRS, police and Welsh Government. In addition semi structured interviews were undertaken with 13 senior managers. Families were engaged through online surveys and promoted by key professionals. There were 209 responses with 169 fully completed. The findings suggest that the public agree that information sharing between agencies providing support and services is acceptable. However, in common with professionals

who took part in this study there was recognition by the members of the public who completed the survey of the importance of personal rights and privacy and further comments highlighting that it is much better if parents agree for information to be shared.

- In addition to the above work, the project attracted KESS2 European funding following a successful application between CTMUHB and Swansea University. This enabled a Masters programme student to be employed to specifically identify where vulnerable families were located geographically to compared against the financial distribution to the more deprived areas provided by Families First. This work is near completion and evidence suggests that there as many vulnerable families living outside families first areas as inside. This indicates a potential for more intelligent targeting of anti-poverty funding.

CHOICE Pilot

When this project was initiated Local Authorities in Cwm Taf Morgannwg had among the highest numbers of babies taken into care at birth or before the age of 2 years, with associated poorer outcomes for both the parents and children along with associated costs to the LAs. The most important risk factors for going into care at this stage are mothers with poor mental health, victims of domestic abuse, misusing substances or having previously had a baby taken into care. This pilot aims to promote contraceptive choice to these women to prevent unplanned pregnancies. Progress to date is summarised below:

- Research was carried out with focus groups involving women and their partners who use services for substance misuse, domestic violence, the reflect programme for those who have had babies taken into care. The feedback was that women found it difficult to access contraception, with getting GP appointments and not knowing where family planning services were on different days. The stressful nature of their lives meant that they did not pursue this further.
- Prevention and Early Years funding was allocated to fund a pilot service model with a small team of four sexual health nurses to provide an outreach service for women in these risk groups, with referral from the services they use, as well as maternity, health visiting and pregnancy termination services. The service promotes and provides long acting reversible contraception as well as providing screening for sexually transmitted diseases and cervical cancer.
- The service was established in 2020 and went live in September 2020. Early uptake is encouraging having 344 referrals between September and June. Rhondda= 36, Cynon= 34, Taf= 5, Merthyr= 106, Bridgend= 117. The highest number of referrals have been received for clients living within the Merthyr/Cynon area; 41%; followed by Bridgend; 33% and Rhondda/Taf; 26%.
- Referrers information: Barnardo's/ Reflect= 18, CASH= 32 , YOT=6, Domestic Abuse= 31, Drug & Alcohol= 95' Education= 11, Family Health and Wellbeing Programme= 1, Mental Health Services= 2 Integrated Autism Services= 1 Welsh Ambulance Services- 1 Health visitors= 8 Maternity= 98 Housing & Homelessness= 10 Youth Partnership= 8 Body wise/ PAS= 19
- Of the referrals clients have received: 170 - Long Acting Reversible Contraception, 121 - Sexual Health Screenings, 20 - Cervical Smears 8 – requiring Direct referrals to specialist colposcopy services

- Feedback from women who did not take up LARC: 8 moved out of area, 6, no contact, 4 pregnant, 2 sterilization, 2 deceased, 2 in prison, 14 declined LARC but 10 had STO screening and 3 cervical smears
- Has engagement with the CHOICE Project benefited your service users?

‘Yes absolutely, fast and thorough services and women report that they know where to go now and who to call. Choice is a non-judgemental one-stop shop that is breaking down barriers for the women who need it the most’

‘Service users who may not have engaged previously, have had access to sexual health and contraception. We have had more clients who have requested a referral to the project as they have heard positive feedback’

- The CHOICE team have engaged with extremely vulnerable clients including individuals that were homeless, drug users, sex workers, those experiencing severe anxiety, depression, multiple personality disorders, clients that had been the victims of grooming and vulnerable young people under the age of 16.

Childhood Obesity:

A number of key areas of service development are now coming to fruition to address this important issue:

- The Henry Programme has been commissioned, utilising Prevention and Early Years grant funding. This is a franchised service where locally employed staff will be trained to deliver the programme to families of children up to the age of five. This ‘HENRY approach’ brings together support for parenting efficacy, family emotional wellbeing and behaviour change with information about nutrition, physical activity, and oral health. The programme will commence in September, initially online, but with individual and groups as Covid-19 restrictions allow.
- Public Health Wales is also funding the development of targeted services for children and families up to seven years, with support from Healthy Weight Healthy Wales grant funding. Three pilot areas across Wales have been selected, including Merthyr Tydfil. This will enable a tailored programme to be developed with the involvement of local families to meet local need.
- In addition Jamjar have been commissioned to delivered family social media campaign, survey 400 families to co-produce content.

Well-being Objective 2.1a	The first 1000 days (F1000D)
Lead Officer	Angela Jones
Immediate step: 2.1a	
Why do we need to do it?	Information shows a need.....

<p><i>To be informed by Well-being plan, Well-being and any other Assessments and Future Trends</i></p>	<ul style="list-style-type: none"> • To reduce high number of Children Looked After (CLA), particularly in 0-2 years • To reduce high number of vulnerable people of child bearing age/pregnant/parents • To break the cycle of vulnerability through exposure of children to ACEs • To improve school readiness of children • To reduce high levels of obesity in children aged 4-5 years and dental caries • To target resources more effectively to facilitate early identification of need, early intervention and prevention to improve outcomes.
<p>What difference will delivering this Objective make to the people and communities in Cwm Taf?</p>	<p><i>The Outcomes that will demonstrate a difference are.....</i></p> <ul style="list-style-type: none"> • Effective sharing of information across organisations on risk factors for Early Years vulnerability • Improving health and well-being for pregnant women and their infants • Reducing the number of CLA • Reducing exposure to ACEs • Mitigating and reducing the impact of exposure to ACEs • Improving school readiness of children
<p>What are the quick wins that the Partnership can complete in the first year?</p>	<p><i>The quick wins are.....</i></p> <ul style="list-style-type: none"> • Agree an Information Sharing Protocol (ISP) to replace current Data Disclosure Agreements (DDA's) to share evidence based risk factors to target early identification, early intervention and prevention to improve outcomes. • To target more effectively vulnerable women to prevent unplanned pregnancies through promotion and easy access to long acting reversible contraception (LARC)

	<ul style="list-style-type: none"> • Reviewing sex and relationships education (SRE) and personal social education (PSE) in secondary school. To focus on the importance health and well-being prior to conception for males and females. <p>Other actions are....</p> <ul style="list-style-type: none"> • Identify and implement effective targeted support to vulnerable women and their partners during pregnancy • Identify and implement effective targeted support for vulnerable families during early parenthood; to mothers, partners and their infants
<p>Who will be involved in contributing towards this Objective?</p> <p><i>This will include Cwm Taf PSB partners, people and communities, and new contributors who can help</i></p>	<ul style="list-style-type: none"> • PSB to agree actions, priorities and sign off InformationSharing Protocols • Welsh Government to support the co-construction of the early years system and funding flexibility of relevant grants • Health, Local Authorities, Education, Sexual Health Advisory Board, Public Health Team to directly deliver or commission services • Communities and target groups being involved in the design of services to tailor delivery to best meet their needs • All stakeholders who support vulnerable people e.g. probation, police, Health Board, schools, local authorities, third sector
<p>How does this Objective also contribute to the delivery of another Cwm Taf well-being objective?</p>	<ul style="list-style-type: none"> • Support to vulnerable people and families will help address issues of loneliness and isolation (Cross-cutting Objective). • Potential to pilot interventions in Community Zone areas (Objective 1.1). • Targeting of support to vulnerable people could include access to training skills, volunteering and employment (Objective 3.1)
<p>How does this Objective align with the delivery of other local or national plans or strategies?</p>	<ul style="list-style-type: none"> • Pre-conception to First 1000 days; Systems Group • Prosperity for All • Health Child Wales Programme • All Wales Maternity Strategy • Social Services and Well-being Act, Area Plan • Welsh Government Early Years Co-construction – Partnership with Cwm Taf

<p>How have you considered the Sustainable Development principles i.e. five ways of working in delivering this objective:</p> <ul style="list-style-type: none"> • Thinking and planning for the Long term • Preventing problems before they happen • Integrating with other strategies • Collaborating with others • Involving people and communities 	<ul style="list-style-type: none"> • Long Term: breaking the cycle of family vulnerability through identifying and reducing exposure to ACEs • Prevention: identifying early years vulnerability risk factors to effectively target preventative action • Integration: actively involving all partners of the PSB; • Collaboration: Pre-conception to First 1000 days; Systems Group linked to the Children and Young People’s strategic group, delivering the area plan: integrated in to the Welsh Government Early Years Co-construction – Partnership with Cwm Taf and Bridgend PSB • Involvement: target groups will be involved with the development of effective interventions e.g development of the CHOICE programme.
<p>How will work towards this Objective contribute towards the seven national well-being goals:</p> <ul style="list-style-type: none"> • A prosperous Wales • A resilient Wales • A healthier Wales • A more equal Wales • A Wales of more cohesive communities • A Wales of vibrant culture and thriving Welsh language • A globally responsible Wales 	<ul style="list-style-type: none"> • A prosperous Wales – the support will include targeting to the most vulnerable women, children, families, including linking in to additional skills, volunteering and employment to reduce poverty, the effects of poverty and support prosperity • A resilient Wales – targeting early identification, intervention, prevention and support to and with vulnerable groups to promote their resilience to start/expand their family supporting their children to achieve their potential in the first 1000 days. • A healthier Wales – promoting the development of healthy children from pre-conception to age 2 years • A more equal Wales – directly addressing inequalities by targeting vulnerable people with the poorest outcomes • A Wales of more cohesive communities – providing knowledge and skills to communities to prevent ACEs and help nurture children in a community setting. • A Wales of vibrant culture and thriving Welsh language – using local cultural influences in designing interventions including play and music and the provision of services through the medium of Welsh

	<ul style="list-style-type: none">• A globally responsible Wales – providing services as close to the home as possible to reduce the need for transport and through the sustainable use of the local environment.
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Actions that will deliver this Objective 2021-22

Actions (from first year plan)		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
1	System-wide approach		<ol style="list-style-type: none"> 1. Sharing the system mapping with the Cwm Taf and Bridgend PSB, Regional Partnership Board, professionals, community hubs, service users to: <ol style="list-style-type: none"> a. promote better understanding of the complexity of pathways and determine the governance of planning and service delivery b. initiate innovative ways to simplify the system c. promote easier access to service d. Ensure effective governance 2. 	Jun – Nov 2018 – still ongoing 2021	Angela Jones/Zoe Lancelot ICE Sub Group

Actions (from first year plan)		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
2	<p>Vulnerability Profiling Agree an Information Sharing Protocol (ISP) and implement to:</p> <ul style="list-style-type: none"> • Early identification of risk factors for vulnerability • to target action for early intervention/prevention • identify appropriate outcome measures 		<ol style="list-style-type: none"> 1. Complete Vulnerability Profiling workstream and share findings with PSB and Welsh Government. 2. Publish work for wider dissemination 	<p>March 2021-22</p> <p>March 2021-22</p>	<p>Angela Jones with PSB leads for services with support from the CTM/WG Early Years Strategic Group</p>
3	<p>Preventing unplanned pregnancies To target more effectively vulnerable women to prevent unplanned pregnancies through promotion and easy access to long acting reversible contraception (LARC)</p>		<ol style="list-style-type: none"> 1. Identify and implement appropriate contraceptive outreach, working with “trusted key workers” in targeted services, having regard to current good practice by engaging partners working with priority groups. 2. Continue to develop the CHIOCE programme and maximise referral pathways 3. Develop a range of performance measures and evaluate effectiveness and acceptability of the service. 4. Identify opportunities for sustained funding. 5. 	<p>March 2021-22</p> <p>March 2021-22</p>	<p>Sexual Health Advisory Board with LA Children’s Services</p> <p>All PSB Partners</p>

Actions (from first year plan)		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
				March 2021-23	
4	Increasing School Readiness		<ol style="list-style-type: none"> 1. Early identification of early years vulnerability risk factors for lower school readiness to effectively target preventative action 2. Promote attachment of infant:parents 3. Optimise support/referral to interventions to support healthy growth, play and development through the Healthy Child Wales Programme 4. Early identification of speech and language: timing of health visitor assessment 5. Engagement and knowledge of parents with 'school readiness' 6. Review transition in to schools 		<p>Midwives/Health Visitors</p> <p>Health Visitors</p> <p>Health Visitors</p> <p>Speech and Language Therapists</p> <p>Health Visitors, schools, early years settings</p>
5	Improving Education Reviewing sex and relationships education (SRE) and personal social education (PSE) in secondary school. To focus on the importance healthy relationships, health and well-being prior to conception for males and females.		<ol style="list-style-type: none"> 1. Undertake review to include content, delivery, timing of delivery and uptake by vulnerable groups and having regard to the recommendations in <i>The Future of the Sex and Relationships Education Curriculum in Wales</i> 2. Recommendations to be implemented 		Sexual Health Advisory Board, School Nurses and Schools

Information that will help to monitor the delivery of this Objective

Quantitative Evidence – including Performance Indicators

PI ref	Local/ National	PI description	Direction of travel	Frequency	Responsible partner
	Local and National	Percentage of vulnerable clients with active LARC (data development need)	Increase		Various
	Local	Risk factors in pregnancy	Decrease		Midwives (MITS)
	Local and National	Low Birth Weight rates	Decrease		Midwives (MITS)
	Local and National	Initiation of Breastfeeding	Increase		Midwives
	Local and National	Breastfeeding at 6 months	Increase		Health Visitors
	Local and National	Children Looked After at Birth, Year 1 and Year 2	Decrease		Children's' Services
	Local and National	Children meeting their development goals e.g. weight, language development, physical development	Increase		Health Visitors

Data and targets will be required for all identified Performance Indicators

Qualitative Evidence

Activity	What will/does it demonstrate?	When/how often will this be available?

Risks that will affect the delivery of this Objective

Risk	Ref to existing action above, if relevant	Other mitigating actions if required
If a Information Sharing Protocol is not agreed then information to target services to the most vulnerable people cannot be implemented effectively		
If.....then.....		

Support required to progress this Objective, including any associated financial contributions

From PSB support Team	In respect of engagement/involvement	In respect of data or analyses



Well-being Cross-cutting Objective	Tackling Loneliness and Isolation
Lead Officer	Sharon Richards, Voluntary Action Merthyr Tydfil and Simon James, Interlink RCT
Immediate steps:	<p>We will continue to work in new ways to channel the undoubted strengths of our communities to tackle more effectively the loneliness and isolation which often exists within many of them.</p> <p>We will help to remove any barriers to and build on the surge in volunteering seen during pandemic, whilst also recognising when to stand back as the communities are growing their own success. This will include:</p> <ol style="list-style-type: none"> working with our communities to understand what is important to them and how together, we can help to build support to make improvements; target volunteering to include people from a range of backgrounds who are lonely or isolated, either through joining in or receiving support; connecting people interested in volunteering, along with specific interests, resources and skills. This will provide opportunities to children and young people as well as adults; advertise volunteering opportunities on behalf of community groups, third sector, public sector organisations and businesses; help with the official parts of volunteering e.g. Disclosure and Barring Services (DBS) checks, advice on supervision and health and safety risk assessments; and recognition and celebration of volunteering and its achievements in our communities.
<p>Why do we need to do it?</p> <p><i>To be informed by Well-being plan, Well-being and any other Assessments and Future Trends</i></p>	<p>More than ever, people are valuing their community and want to feel a part of it. Many want to offer skills and connections. The Well-being Assessment demonstrated that feeling part of, or like you belong to, makes a huge difference to well-being. We, as a Public Services Board, need to make sure there are as few things stopping people from getting involved as possible.</p> <p>The ONS Mapping loneliness during the Coronavirus (COVID-19) pandemic (7 March 2021) report states that 8.48% of people in RCT feel lonely often or always, this is higher than the Wales average of 8.25% and British average of 7.24%. 23.17% of people in RCT report</p>

Cwm Taf Well-being Cross-cutting Objective – **Tackling Loneliness and Isolation Delivery plan**

	<p>feeling lonely some of the time (Wales 21.23%, GB 19.57%) and 15.78% feeling lonely occasionally (22.15% Wales, 24.45%). No data is available for Merthyr to avoid disclosure but what the figures show is that more people within the Cwm Taf region feel more acute levels of loneliness more often.</p> <p>The same information release shows more people feeling lonely in RCT in the last seven days than the Welsh and British average.</p> <p>The impact of the Covid-19 pandemic has undoubtedly impacted on everyone’s mental health and led to, or exacerbated, feelings of loneliness and/or isolation as discussed in a June 2021 BBC News item. Tackling loneliness and isolation was on the agenda prior to the pandemic but it now needs to be prioritised including considering how to best support specific groups of people, such as children and young people, those that live alone and older people. We also need to consider the impact that home working has had on our workforce.</p>
<p>What difference will delivering this Objective make to the people and communities in Cwm Taf?</p>	<p>The long-term vision is to develop a greater understanding, with our communities, of why people get involved and volunteer, what barriers exist and what opportunities could be developed.</p> <p>Through delivering this Objective:</p> <ul style="list-style-type: none"> • people will feel more connected and less isolated; • people will be more active; • there will be increased community capacity to tackle loneliness and isolation • people will make increased use of their surroundings, including green spaces; and • people will have better mental health and well-being
<p>What are the quick wins that the Partnership can complete in 2021-22?</p>	<ul style="list-style-type: none"> • Befriending Network – revisit and reinvigorate • Exploring how children and young people are experiencing and managing loneliness and isolation, particularly through working with schools and building on the work of well-being ambassadors • Better public sector signposting / support for those experiencing feelings of loneliness and isolation, including opportunities for ‘Loneliness Champions’ in the public sector.

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<p>Who will be involved in contributing towards this Objective? <i>This will include Cwm Taf PSB partners, people and communities, and new contributors who can help</i></p>	<p>Nominated colleagues from identified PSB partners (see action below), 3rd sector representation as identified from the Social Value Forum, communities, schools and colleges, and neighbourhood networks.</p>
<p>How does this Objective also contribute to the delivery of another Cwm Taf well-being objective?</p>	<p>This is a cross-cutting step supporting the delivery of all our Objectives.</p>
<p>How does this Objective align with the delivery of other local or national plans or strategies?</p>	<p>It's a cross cutting theme throughout the Cwm Taf Well-being Plan as well as:</p> <ul style="list-style-type: none"> • WG's 'Connected Communities' Strategy to tackle Loneliness and Social Isolation • June 2021 Programme for Government with a focus on Social Prescribing and Mental Health • Regional Social Prescribing work, being led by Public Health Wales and involving the RIIC Hub • Links to the Covid Regional Strategic Oversight Group and structure, particularly PTG and RCCE • Preventative actions within the SSWB Act and Mental Health Partnership Plan; and • Valleys Regional Park through their social prescribing and green spaces agenda, and the developing National Nature Service.
<p>How have you considered the Sustainable Development principles i.e. five ways of working in delivering this objective:</p> <ul style="list-style-type: none"> • Thinking and planning for the Long term • Preventing problems before they happen • Integrating with other strategies • Collaborating with others • Involving people and communities 	<p>Long Term – This work of this Objective will develop a culture of being active in the community for people of all ages and abilities to build community capacity and reduce loneliness and isolation. It will work to lobby for policy and funding changes with a view to securing long-term commitment to this agenda.</p> <p>Prevention – setting up a robust framework for encouraging and supporting volunteering could result in more volunteering in their community, improving physical and mental well-being preventing loneliness and isolation among all age groups. Befriending services, social prescribing and volunteering are all identified ways of preventing people's health and well-being deteriorating to the point of needing medical intervention. This is particularly important in the context of the Covid-19 pandemic and people re-entering society after shielding.</p>

	<p><i>The Right Way</i> also states: “Develop appropriate priorities, targets and programmes of action to increase participation, in particular amongst otherwise excluded/ marginalised or disadvantaged groups.</p> <p>We will also work to improve the safeguarding and standardisation of volunteering opportunities and experiences, building on the work done with the Covid-19 Volunteering Grant made available through WG.</p> <p>Integration – this plan will positively contribute to the Cwm Taf Morgannwg Regional Partnership Board’s Area Plan, particularly around the key actions for the Mental Health Partnership and the work with older people and their Dementia Strategy. The work on this cross-cutting theme will also develop links across strategic partnerships to support people to develop confidence and skills through connecting to and being active in the community. Nationally, the Connected Communities WG strategy on tackling loneliness and social isolation sets out the context for the work, and we will also address the WCFG Commissioner’s advice on developing volunteering opportunities and reducing isolation.</p> <p>Collaborating – ensuring partners in the Public Services Board develop the capacity and resilience of community and voluntary organisations, particularly in the context of recovery from the pandemic. All partners will be encouraged to act as ‘one public service’, offering staff the opportunity to be involved in the community; and to provide opportunities within public services.</p> <p>Crucially, the PSB needs to improve on its collaboration with the community, working with groups and organisation to tackle loneliness and isolation together.</p> <p>Involvement – we will speak directly with people and communities about how we continue to reduce barriers in a way that enabled such mobilisation during the pandemic and what we can do to help and support. This will be done through accessible formats, using a variety of methods to ensure we engage with diverse communities. Where we work with young people, we will promote and encourage the extension of active citizenship, so that young people are aware of their rights and develop their political literacy, to enable them to be effectively involved now and in the future.</p> <p>We will maximise the offer secured by the PSB from Co-Production Wales to improve how the collective PSB involves communities in its work.</p>
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<p>How will work towards this Objective contribute towards the seven national well-being goals:</p> <ul style="list-style-type: none"> • A prosperous Wales • A resilient Wales • A healthier Wales • A more equal Wales • A Wales of more cohesive communities • A Wales of vibrant culture and thriving Welsh language • A globally responsible Wales 	<p><i>Identified in the well-being plan is contributing towards a more prosperous Wales, a healthier Wales, a more equal Wales, a Wales of more cohesive communities, and a Wales of vibrant culture and thriving Welsh language.</i></p> <p>Prosperous - the volunteering opportunities provided within this Objective could change people’s readiness and ability to find paid employment. It could also give young people opportunities to explore future career opportunities.</p> <p>Healthier – through volunteering opportunities, there will be a reduction in people’s feelings of loneliness and isolation which will have a positive impact on people’s mental health and well-being, as well as encouraging people to take up social prescribing opportunities that would make use of the fantastic green and blue space in the region.</p> <p>More equal – by developing this plan with people with protected characteristics and providing opportunities for older people, children and young people, people with disabilities, LGBTQ groups and BME groups, providing greater opportunities to volunteer get involved, the plan recognises the Public Sector Equality Duty and will carry out Equality Impact Assessments on any new or improved services.</p> <p>More Cohesive – by working through the Community Zones to deliver some of this plan, it will provide volunteering and befriending opportunities, which will contribute to well-connected and integrated communities that are pleasant to live in. We will also encourage inter-generational projects to encourage skills transfers, learning and understanding.</p> <p>Vibrant Culture and Thriving Welsh Language – we will promote and encourage Welsh language opportunities and volunteering in the Community Hubs and networks, through Adult volunteering and learning opportunities, forging links with local and National Welsh Language organisations. Culture and heritage will form an integral part of volunteering and befriending opportunities, such as, music and dance, sport, art, heritage sites and tourism destinations.</p>
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Cwm Taf Well-being Cross-cutting Objective – **Tackling Loneliness and Isolation Delivery plan**

Actions that will deliver this Objective

Actions		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
a.	Working with our communities to understand what is important to them and how together, we can help build support to make improvements.		NESTA work / Community-led development work (Simon)		
			Using recommendations from Bevan		
			Supporting food sufficiency networks		
			Continue to look at sustainability and capturing the work.		
			Standardising metrics to demonstrate impact (with a view to help with funding, consistency).		
			COoPro work around the Assessment process and steps towards understanding our communities / ongoing conversation		
b.	Target volunteering to include people who are lonely or isolated, either through joining in or receiving support.		Role of befriending, befriending network		
			Supporting the role of L&I Development Officer and ensuring strategic buy in		
			Role of Welsh language / BAME work		
			Understanding the role of technology https://www.wcpp.org.uk/publication/the-role-of-communities-and-the-use-of-technology-in-mitigating-loneliness-during-the-coronavirus-pandemic/		
			Schools and wellbeing ambassadors		
c.	Connecting people interested in volunteering, along with their specific interests, resources and skills.		Supporting		
			Green Spaces, Coed Lleol, Actif Woods, Friends of... WtoW		
			Valleys Regional Park and National Nature Service		
			MTBWYF		
		Pen Y Dre / Cyfarthfa Wellbeing Ambassadors			
d.	Advertise volunteering opportunities on behalf of community groups, third sector,		Utilise new platforms (Connect RCT, RPB website) and existing ones		
			Social Prescribing		
			Work to understand how people view / want to find opportunities?		

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Actions		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
d.	public sector organisations and businesses		Social Media		
			Rebecca Goodhand / Comms with RPB around ensuring there's one message		
e.	Help with the official parts of volunteering e.g. Disclosure and Barring Service (DBS) checks, advice on supervision and health and safety risk assessments.		Safeguarding and Covid, volunteers uniforms		
f.	Recognition and celebration of volunteering and its achievements in our communities.		Using AGMS. Public sector sponsorships		
			Social Media Volunteering week.		

Cwm Taf Well-being Cross-cutting Objective – **Tackling Loneliness and Isolation Delivery plan**

Information that will help to monitor the delivery of this Objective

Quantitative Evidence – including Performance Indicators

PI ref	Local/ National	PI description	Direction of travel	Frequency	Responsible partner
		To help be developed under Action A			

Data and targets will be required for all identified Performance Indicators

Qualitative Evidence

Activity	What will/does it demonstrate?	When/how often will this be available?
Subjective Well-being Measures (Warwick/Edinburgh scale) to be used across activities delivered through community hubs	Asking people to grade how strongly they agree with subjective well-being statements at the beginning and end of an activity can assess the impact that the activity is having on the individual and collective well-being.	As activities are run
Case Studies		
Capturing Journeys, linked to the RPB / Assessment	The difference being made	As captured

Risks that will affect the delivery of this Objective

Risk	Ref to existing action above, if relevant	Other mitigating actions if required
Too great a demand for services to cope with / feel like their making an impact		Maintain pressure on funders to consider the sustainability of services, and recognising the preventative role of the third sector
Covid restrictions preventing activities from going ahead / those with the greatest need		Helping community groups work with council and other key holders to make spaces 'Covid secure' and as open and accessible as possible.

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If there are insufficient resources then there is likely to be limited impact on loneliness and isolation		To look at what current resources could be more effectively used to direct providers to address loneliness and isolation
If there is an assumption this is about older people then key issues with certain groups including people with disabilities (physical and mental) children, young people and adults will not be addressed.		To ensure we define target groups and/or target communities to measure progress.

Support required to progress this Objective, including any associated financial contributions

From PSB support Team	In respect of engagement/involvement	In respect of data or analyses
Support for audit and analysis as described in Action a.3 above.	Other Objective Leads and key partners to drive specific projects and ensure their own delivery plans seek to tackle loneliness and isolation, where possible	Evidence base for identifying how we collect and report making a difference.
Administration / secretariat of delivery group. Establishing a working group.	Help to identify what groups are most affected by loneliness and isolation and establish an evidence base.	Welsh Bacalaureate, results and value.
Clearer definition of target groups is required to assess involvement capacity and needs.	Integration and collaboration with SSWB board	Evidence gathering from other work areas and national schemes.

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Well-being Objective 3	Strong Economy – To grow a strong local economy with sustainable transport that attracts people to live, work and play in Cwm Taf
Lead Officer	Alyn Owen / Chris Long
Regional Strategic Context:	<p>The Cardiff Capital Region City Deal (CCRCD) Strategic Business Plan identifies four key 'Regional Strategic Themes' which are:</p> <ul style="list-style-type: none"> • Skills & Employment • Connecting the Region • Innovation • Regeneration & Infrastructure <p>The COVID-19 pandemic and economic impact, particularly around furlough, has placed increased importance on this work and the need for PSB bodies to recognise the important Regionally, Cwm Taf and Bridgend PSBs are working with the Centre for Local Economic Strategies (CLES) around progressive procurement and community wealth building to look at how PSB organisations can better work with and support the local supply chain as well as understanding the roles that organisations play as anchors for economic development.</p>
Sub Regional Context:	<p>Economic Recovery Building on the launch of the Employability Pledge Focus on the Tourism Economy and opportunities Local Development Plans (per LA) Low carbon / carbon free purchasing (Bridgend)</p>
Immediate steps:	<p>We are not starting from scratch. The pandemic disrupted plans but also created opportunities, shifted priorities and showed what can be possible. With an eye still on the long-term vision for this Objective, foci for the work in 2021-22 are:</p> <ol style="list-style-type: none"> 1. Identify the key issues within the Cwm Taf workforce and create an action plan to address these problems (COVID-19 and non COVID-19 related), building on the work started with the Employability Pledge

Cwm Taf Well-being Objectives – **Strong Economy Delivery plan**

	<ol style="list-style-type: none"> 2. Develop a short to medium term development plan for the Tourism Sector that allows us to test and develop growth models. 3. Continue working with CLES to harness the power of progressive procurement, linked to the Community Wealth Building work supported by Welsh Government and build resilience in the local supply chain.
<p>Why do we need to do it?</p> <p><i>To be informed by Well-being plan, Well-being and any other Assessments and Future Trends</i></p>	<p>The Covid-19 pandemic has hugely impacted on our communities in a wide variety of ways, including the economy. A large number people were furloughed, lost their job or their sense of financial security. Businesses have faced unprecedented challenges, uncertainties, and struggles.</p> <p>We need to work to make sure that the progress and flexibilities in working arrangements that have been utilised during the pandemic are maintained for those enjoying them, whilst recognising that for some staff there is a need to return to an office environment. As we enter a recovery phase, the mix of future requirements needs to be considered, as well as the practicalities of accommodating a changed workforce.</p> <p>The Community Impact Assessment undertaken following the first wave of the pandemic reinforced that as a collection of public services we employ a significant amount of local people, support a large number of local businesses through procurement and play a huge role in the economy of Cwm Taf. As such, we play a significant role in safeguarding and supporting local jobs. The future is still uncertain for a lot of people, not least those still on furlough and businesses working within Covid restrictions.</p> <p>The work with the Centre for Local Economic Strategies (CLES) is using Atamis data to look at how public sector ‘anchors’ procure, and how much spend leaves the region. This is informing the approach we take with CLES around progressive procurement and community wealth building.</p> <p>The Valleys Regional Park Delivery Plan sets an aim of ‘The Valleys landscape underpins a resilient local economy, supporting businesses, community enterprise and development of skills and learning’. Coupled with the aims of building partnership working across all sectors</p>

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	<p>and influencing public policies, this provides a strong foundation for closer working with VRP colleagues.</p> <p>A long-term strategy for a region like Cwm Taf needs to combine and sequence multiple interventions that are not in tension with one another but require careful integration.</p>
<p>What difference will delivering this Objective make to the people and communities in Cwm Taf?</p>	<p>A strong economy underpins personal and community well-being. A resilient workforce is a huge asset, beyond individual financial security and the sense of purpose brought about through employment, and there is no doubt that the changes in the last 18 months have had a huge impact on our employees. Delivering on this Objective will ensure that the progress and lessons of the pandemic are not lost.</p> <p>Working with VRP regionally to promote gateway sites within Cwm Taf and beyond will deliver many positive benefits, as well as promoting the unique opportunities on offer in RCT and Merthyr Tydfil for tourists. For those that live in Cwm Taf, there will be improved awareness of (and potential use) of green spaces for people of all ages and benefits that this brings for personal and mental well-being. There is also volunteering, and employment opportunities brought about through visitor attractions and uptake.</p> <p>Beyond Cwm Taf, attracting more visitors to the region represents the chance to increase spend in the area, and investment in the hospitality and tourism sector and develop training and employment opportunities.</p> <p>The CLES work will improve resilience in the local supply chain, confidence in and awareness of local businesses and ensure that as much spend and contract is kept within the region as possible. This will have a positive impact on local employment, businesses and the environment as the carbon footprint is reduced.</p>
<p>What are the quick wins that the Partnership can complete in the first year?</p>	<p><i>The quick wins are.....</i></p> <ol style="list-style-type: none"> 1. Regional approach and cross promotion of Valleys Gateways sites in the region: Cyfarthfa Park, Ynysangharad Park and Dare Valley Park. 2. Looking at how the Employability Pledge can be implemented to support economic recovery in the region

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	<p>3. Progressing on the work started with the Centre for Local Economic Strategies and getting buy-in / long term commitment regarding changing procurement practices. Using Atamis information from CLES looking at local spend and leakage.</p> <p>4. Considering and preparing for the impact of furloughing in the Region</p>
<p>Who will be involved in contributing towards this Objective?</p> <p><i>This will include Cwm Taf PSB partners, people and communities, and new contributors who can help</i></p>	<p>Membership of the group working to deliver this objective will evolve as the approach develops, with the membership changing /being flexible to reflect this. Invitations will be extended, as and when appropriate, to:</p> <ul style="list-style-type: none"> • Merthyr Tydfil County Borough Council • Rhondda Cynon Taf County Borough Council • Brecon Beacons National Park Authority (BBNPA) • Natural Resources Wales (NRW) • Valleys Regional Park (VRP) • Ten South East Wales Local Authorities (as part of the SE Wales DMG) • Schools and colleges delivering tourism courses • Visit Wales • Post 16 Training Providers • Various community groups / organisations and businesses • Welsh Government • Cardiff Capital Region City Deal (Programme Board & Cabinet) • Corporate Joint Committees • Private Business Representatives
<p>How does this Objective also contribute to the delivery of another Cwm Taf well-being objective?</p>	<p>The work complements other well-being objectives.</p> <p>We will use the Community Hub network to target support and involve our communities will be trialled in these areas, particularly with Communities for Work+ and training opportunities being provided in and around the Hubs.</p> <p>The focus on workforce and progressing the Employability Pledge will improve physical and mental well-being, encouraging access to green spaces, active travel and social prescribing, contributing to the work of the Healthy People objective.</p>

Cwm Taf Well-being Objectives – **Strong Economy Delivery plan**

	<p>Volunteering has long been identified as a way upskilling and accessing employment routes as well as benefits to well-being, and this Objective will help to improve and promote volunteering in the public sector.</p>
<p>How does this Objective align with the delivery of other local or national plans or strategies?</p>	<p>This work strategically aligns itself a range of strategies and programmes, all of which have a positive effect on developing a strong economy and well-being. These are as follows:</p> <ul style="list-style-type: none"> • Prosperity for All • Well-being of Future Generations Act • Partnership for Growth Strategy (Visit Wales) • Growth & Competitiveness Repot (CCR City Deal) • South east Wales Regeneration Strategy • Our Valleys, Our Future (Valley's Task Force) • South East Wales Destination Investment Plan • Merthyr Tydfil Destination Management Plan 2016-18 • RCTCBC Destination Management Plan 2019-21
<p>How have you considered the Sustainable Development principles i.e. five ways of working in delivering this objective:</p> <ul style="list-style-type: none"> • Thinking and planning for the Long term • Preventing problems before they happen • Integrating with other strategies • Collaborating with others • Involving people and communities 	<p>Thinking long term, by tackling the source of the ‘wicked problems’ associated with the economy we can actively contribute to creating a stronger workforce, both now and in the future. Through identifying skills shortages and linking with training opportunities, we can look to ‘grow our own’ and prevent employment or skills gaps, and potential shortfalls in service provision particularly in the context of recovery from the pandemic.</p> <p>Investing in and developing our workforce will also boost the aspirations. We can also ensure that our current and future workforce is able to meet the evolving needs of our diverse citizens and visitors. We will also provide those living, working and visiting Cwm Taf to have more options for active and sustainable travel – the Well-being Assessment identified the opportunities to build on Cwm Taf’s potential as a premium cycling destination and the region has over 800km of public rights of way.</p> <p>By working together and integrating our approach we will collectively make a difference to the workforce of each PSB member, as well as the identified growth sector of tourism, and contribute towards the seven national well-being goals, as set out below. There is a natural link to the Capital City Region Deal and work of the Valleys Regional Park that we will be looking to capitalise on.</p> <p>In order to understand our workforce and our economy, we recognise that we need to work differently and actively seek to collaborate. We will be creating a steering group for</p>

Cwm Taf Well-being Objectives – **Strong Economy Delivery plan**

	<p>this work based on the list of parties identified in collaborating on achieving this objective as listed above.</p> <p>The approach in involving local businesses and communities will support this work. The joint training compendium will help to identify gaps, both in terms of the workforce and the training opportunities, and we will work with our communities and businesses to address these. We will work to understand the economic needs of our existing and potential workforce and labour market, with particular regards to language, culture and heritage.</p>
<p>How will work towards this Objective contribute towards the seven national well-being goals:</p> <ul style="list-style-type: none"> • A prosperous Wales • A resilient Wales • A healthier Wales • A more equal Wales • A Wales of more cohesive communities • A Wales of vibrant culture and thriving Welsh language • A globally responsible Wales 	<p>This approach, as set out in the Cwm Taf Well-being Plan will contribute towards a prosperous Wales as we are working to develop a skilled and well educated population in an economy looking to restore and improve its pre-pandemic position.</p> <p>Through working with PSB partners, particularly Natural Resources Wales, we will be protecting and promoting the beautiful natural landscape of Cwm Taf, improving access and facilities around the extensive Rights of Way network. All of this will contribute towards a more resilient Wales.</p> <p>We know that being in employment, and feeling valued through workforce development, contributes towards better physical and mental well-being. Having a higher disposable income (GDHI) makes it easier for people making healthier choices. Along with promoting active travel and encouraging people to use the green spaces around Cwm Taf will contribute towards a healthier Wales.</p> <p>Developing the workforce across Cwm Taf and working closely with HE/FE and training providers across the region will help to enable people to fulfil their potential. Through stimulating and boosting the aspirations and skills of people to meet public and private sector career opportunities will contribute towards a more equal Wales.</p> <p>Working to create well-connected communities will create cohesive communities, creating and improving access to employment opportunities across the region.</p> <p>Developing the growth area of tourism and use it as an approach for the private sector workforce development will promote and protect culture and heritage, contributing towards a Wales of vibrant culture and thriving Welsh language.</p> <p>Consistently promoting active travel and working to create more skilled jobs, linked to the capacity of our developed and future workforce within Cwm Taf, will result in fewer residents travelling outside of the area for employment and contribute to a globally responsible Wales.</p>

Cwm Taf Well-being Objectives – Strong Economy Delivery plan

Actions that will deliver this Objective

Actions		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
3.1	Stimulate and boost the aspirations and skills of our people to meet public and private sector career opportunities.		Align the employment and training needs of the sector to the Cwm Taf Employment Programmes in the respective local authority areas.		
			Covid context of furlough, unemployment and volunteering.		
			Developing priorities under the Employability Pledge.		
3.2	Growth and promotion of tourism using the assets of our beautiful natural environment, heritage and culture for the health, prosperity and benefit of the whole community and alongside the development of the Valleys Landscape Park.		Continue to develop leisure/tourism as an employment and training opportunity		
			Work with VRP to develop and promote the 'Cwm Taf' offer building on the Gateway Sites of Ynysangharad Park, Dare Valley Park and Cyfarthfa Park.		
			Build on and support success of tourism ventures such as Zip World, Bike Park Wales and Rock UK in considering recovery from the pandemic		
			Long term vision: A vibrant tourist industry attracting people from near and far, enjoying our natural environment, history, and culture		
3.3	To make the most of the investment and return opportunities of the £1.229 billion City Deal locally within Cwm Taf		This is beyond the control of the PSB. Potential opportunities for the region resulting from City Deal will be maximised however the Board is unable to influence the work and therefore set a programme of work		It is felt this is not something for the PSB to drive / deliver given it is controlled by external factors

Cwm Taf Well-being Objectives – Strong Economy Delivery plan

Actions		Milestones		Delivery date	Lead
Ref	Description	Ref	Description		
3.4	Further explore the opportunities for sustainable housing and renewable energy developments with associated community funds		Retrofitting and green developments are for the considerations of local development plans. RCT LDP is being revised 2020-2030 with broad representation making up the Forum, including colleagues from PHW.		
3.5	Develop a Progressive Procurement / Community Wealth Building approach with the Centre for Local Economic Strategies		This work has been developed regionally (with Bridgend) through work with Welsh Government looking at foundational economy and the role of public sector bodies as anchor organisations. A work plan is being developed for the region that will be integrated into this delivery document.		CLES and the existing working group

Information that will help to monitor the delivery of this Objective

Quantitative Evidence – including Performance Indicators

PI ref	Local/ National	PI description	Direction of travel	Frequency	Responsible partner

Data and targets will be required for all identified Performance Indicators

Qualitative Evidence

Cwm Taf Well-being Objectives – **Strong Economy Delivery plan**

Activity	What will/does it demonstrate?	When/how often will this be available?

Risks that will affect the delivery of this Objective

Risk	Ref to existing action above, if relevant	Other mitigating actions if required
If participation and commitment of partners is missing then this Objective will not be realised.	ALL	PSB to own
Covid-19 has severely impacted on every aspect of life and the economy, including workforce and business resilience. Readiness, capacity and ability.	ALL	

Support required to progress this Objective, including any associated financial contributions

From PSB support Team	In respect of engagement/involvement	In respect of data or analyses
Support in making strategic links across Cwm Taf	To be discussed	Support in analysing data and developing various reports / plans.

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Thriving Communities Objective

RCT Community Resilience Hubs – Progress Highlights 2020-2021

- At the early stages of development RCT Cabinet made a commitment to the development of up to 10 Community Hubs.
- The developments in RCT have not only concerned themselves with the Children's Zone Pilot
- Covid-19 hastened those developments.
- From the outset of the pandemic the Community Support Steering Group in RCT has been the lynch pin for responding to resident needs and organisational challenge. Full reports for all activities undertaken by RCTCBC can be made available.
- These strategic partnerships identified local community response members 'placed' in each of the 7 Community Resilience Hubs. Attached is the current virtual multi agency team list soon to be updated to include Adult Services and Health colleagues
- The Community Development Team – RCT Together establishment was increased - ICF and RCTCBC - to respond to resident requests and now focusses attention on the development of Community Neighbourhood Networks. Attached is the current RCT Together staffing structure and Multi agency Community Resilience Hub Virtual Teams (Appendix A)
- Case studies are available for all periods.
- During 2019-2020 the Community Development Team secured circa £150,000 additional external revenue funding to respond to resident needs, utilised to build resilience and included £35,000 for capital investment in community projects.
- The Children's Zone pilot evaluation is in final draft and due for publication shortly after sharing with Ministers, this closes the pilot activity.
- As part of the CTM Protect response RCT have been part of the WG Self Isolation support pilot and an evaluation of this is available on request.
- Covid-19 has fundamentally changed the way we work, the response of communities, third and voluntary sector organisations has allowed adult services to sustain support to the NHS and respond to those of high need.
- Covid-19 has changed attitudes within our communities with people more willing it seems to help other people.

Plans for 2021-22 include:

- Bringing into the virtual teams in Community Resilience Hubs - Health and adult Service presence – agreed in principle, individual contact details tbc
- An accessible resident survey asking residents to identify 3 things they'd like to see more of and 3 things they'd like to see less of is available to all RCT residents and is being widely publicised. <http://inform/en/news/2021/june/rctresidentssurvey.aspx>. The results will be shared with neighbourhood networks, alongside National data reports.
- The Community Development Web page has been made more user friendly – inviting contact and making asking for support more accessible. [RCT Together | Rhondda Cynon Taf County Borough Council \(rctcbc.gov.uk\)](https://www.rctcbc.gov.uk)
- An RCTCBC application for the UK Community Renewal Fund has been submitted to UK Government if approved will provide financial support to the endeavours of the neighbourhood Networks and their identified and agreed priorities. Total Project value of £613,265.25 of which £75,848.48 will be available for Capital Investment.

Key risks

- The development of a UK National Social Prescribing Framework approach by health may well undermine the fledgling development and collaborative endeavour of local communities/the community response.
- The need to secure longer term financial investment for the Community Resilience Hub/developments is critical if the positive progress it to be maintained and residents and Community Groups t continue to receive support. To date for example critical team members have just 12-month employment contracts funded by ICF and

End

Merthyr Tydfil Community Zone

Summary of Progress

In Merthyr Tydfil, the County Borough Council continues to be the lead stakeholder, with Merthyr Valleys Homes as the anchor organisation to develop the pilot community Hub, key partners include voluntary and third sector organisations such as Voluntary Action Merthyr Tydfil and 3 G's Development Trust which has created a community hub facility that offers a space for community members to meet up friends and family, access and use IT facilities, access services and support such as Health Visitors, Parenting Team, Early Language Development, Communities for Work and Communities for Work Plus, Youth Support, South Wales Police, the Youth Club and Barnardo's.

A Hub and Spoke approach has been developed which annually maps the services and provision in the vicinity. The Hub 'spokes' include a local Flying Start childcare facility, 3 Gs Arts & Media Studio, local schools, the Foodbank and a number of active third sector groups such as Gurnos Men's Group and the PHAB Club. Links to specialist drop-in provision in and across Merthyr Tydfil, which includes housing tenancy support, smoking cessation, drug and alcohol support and employment and careers support.

Engagement approaches and activities have been, and continue to be rolled out to establish priorities and regularly refreshed in relation to specific areas of work, including working with services to maintain and promote their offer over the pandemic, and develop online approaches, and working with the partners and youth group to respond to the needs of the community during Covid, delivering on a community environmental projects, and in collaboration with Merthyr Valley Homes the roll out of a community consultation survey with to establish community needs during Covid,

Covid-19 Pandemic Response

Within context of the Covid-19 pandemic, the Gurnos Hub has played a substantial role in terms of response with improved collaborative working opportunities the sharing of resources and co-ordination with key partners.

The challenges of the pandemic have been immense, and the Hub facility closed to comply with COVID guidelines under the 'community venue' guidance. However, throughout the pandemic services have been reviewed and wherever possible developed to be delivered online. This online approach has been very successful with the Hub offer of information, advice and assistance model being maintained virtually, via the Calon Las Facebook and twitter pages.

With increasing engagement numbers 'hits' every week, with over 500 follows. Residents having up to date information on support, services and signposting such as employment services, food bank and housing support. Online courses have been promoted and community competitions such as Xmas art, wreath making and delivery of selection boxes

have been rolled out. This has been very successfully with resident feedback indicating it has been a lifeline.

During September to November 2020 Community consultation was rolled out virtually to ascertain needs especially around health and wellbeing; Responses analysed illustrate the need reach more residents and use of social media, with work ongoing to link in with organisations who refurbish laptops;

Via the commissioning model with Voluntary Action Merthyr Tydfil, the IAA/Community Development Officer has had opportunities to access funding and roll out support and wellbeing packs to community resident and worked collaboratively with the Youth Services to develop wellbeing packs for vulnerable resident and young people.

All stakeholders housed in the Hub have maintained their service offer, with either face to face or support that has been developed virtually, with participants and residents offered one to one online appointment and support. Under strict COVID guidelines, the Health service offer of baby weighing and immunisation has been maintained where guidance has allowed, and via an appointment basis.

The co-located services as part of the Families First and Flying Start offer have been working centrally with the local authority as part of the vulnerable learner's panel- providing a virtual model of sharing key worker updates and tracking the most vulnerable children and young people in the area and across Merthyr. This has included home visits under the statutory services and where COVID allowed some face to face visits (outside)

Ongoing conversations with work being carried out to analyse and ascertain community needs and priorities. A Hub Operations group is in place to review WG guidance and develop new processes and system for the new facility such as include policies and procedures for COVID compliance when it is open to the public.

During spikes in COVID cases, The Hub has hosted a Covid testing facility and distribution of LFT kits

Financial Investment and Future Plans

Through investment, and using the WG Legacy Grant to target support within the pilot via employing a part-time strategic lead officer and commissioned approach with third sector organisation to provide a Community Development and Information and Advice (IAA) officer. This grant investment has continued for 2021-22, however, with the WG review of the Legacy grant it is unclear if this commitment will continue beyond 2022.

Through further investment the local authority secured ICF investment to refurbish the Hub building and provide better IAA facilities. This refurbishment has been further developed, with the local authority securing a large scale 21st Century Schools grant investment in 2019 creating a larger and quality facility with increased space for IAA and community café. The facility is near completion, and with WG guidance, ongoing discussions are taking place to re-opening and resume the face to face service, albeit reduced.

Longer term commitment to develop and submit a three-year application to the Big Lottery was submitted December 2020 by Voluntary Action Merthyr Tydfil (VAMT) who led on the proposal, Resilient Gurnos. The proposal set out its intend how it would build on the progress and investment made, especially at this important juncture of Calon Las to raise its profile, involve the community and provide the leadership needed to support individuals and groups to engage with confidence in the aftermath of the pandemic. However, unfortunately the bid was not approved, so sourcing alternative funds is a key priority for the steering group going forward.

Strategic and Long Term

Future plans depend on strategic funding (from WG) to continue or extend support for the Children's First model and doing so in a more structured manner that does not compete with funding for other more targeted agendas. The longer-term strategic commitment to the approach and roll out across Merthyr is unclear given the pressure on resources and desire to evidence impact of the approach.

At the moment, investment remains whilst WG Legacy grant is available and further development is dependent on collaborative grant applications or partners contributing towards the agenda – which has been a challenge to date. There is a reliance on the securing of external funding by almost all partners in order to continue or begin contributing to this approach, which is seen as over and above existing service offers e.g the recent Big Lottery application.

With no large-scale financial investment, the success of the Hub remains reliant on 'good will' of stakeholders, and with the funding model being short term, resources can be limited and commitment sporadic.

There is a need to strengthen the impetus on Health/Public Services to align with Community Hub/Zone developments, so there is a clear focus on localised services that reduce barriers especially in respect of health provision in local areas so that families don't have to worry about the cost of travel to hospital appointments such as speech and language or worry about childcare arrangements.

There will be continued reviews of how to have better integration of approaches across services and sectors within a cluster model.

APPENDIX A

Community Development Team Staff Structure

Syd Dennis
Service Manager

Rhondda

Debra Hanney
Senior Community Development Officer
Mobile: 07880 044520
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Community Development Officer

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Community Co-ordinators

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Community Development Officer

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Community Co-ordinators

Neal David – Pontypridd Hub (Llys Cadwyn)
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Email: Neal.Davies@rctcbc.gov.uk

(Temporary) Neal David – Llantrisant Hub

Lucy Lloyd – Garth Olwg Hub
Mobile: 07786 523803
Email: Lucy.Lloyd@rctcbc.gov.uk

Community Resilience Centres

7 Community Resilience Centres

- Open 9am-5pm Monday to Friday

<https://forms.rctcbc.gov.uk/en/Web/coronavirusvulnerableperson/AskThirdParty>

Please use this single form or call 01443 425020, to request assistance, and please note this is a public facing form and can be completed by anyone at any time.

- All Multi-disciplinary team and key workers to abide current national guidelines
- Supported by Multi-Agency Core Steering Group
- Any safeguarding issues contact **MASH 01443 742940**

Community Development Team Lead Officers

- Debra Hanney – Senior Community Development Officer– 07880044520
debra.hanney@rhondda-cynon-taff.gov.uk
- Dean Emson - Senior Community Development Officer– 07854334683
dean.emson@rctcbc.gov.uk
- Lynne Williams - Senior Community Development Officer– 07799131971 Lynne.Williams@rctcbc.gov.uk

Additional Information

- **DWP/JCP**
<https://www.understandinguniversalcredit.gov.uk/coronavirus/>
- **Alzheimers Society – Dementia Connect (V)**
<https://www.alzheimers.org.uk/referralform>
Your referral code is ALZ-00932
Dementia.connect@alzheimers.org.uk
0333 150 3456
- **New Horizons (V) – Mental Health and Well-being helpline**
01685 – 881113
info@newhorizons-mentalhealth.co.uk
Mon – Fri 9 a.m. to 4 p.m.

- **British Red Cross**

If you're feeling lonely or worried, finding it difficult to access food or medication, or are concerned about someone else, we can provide support. Call our free and confidential coronavirus support line on 0808 196 3651 to chat to a friendly British Red Cross volunteer. They can:

- help with practical information and advice
- give you emotional support
- connect you with support in your area.

The phone line is open daily from 10am to 6pm.

Phone: 0808 196 3651 Free and confidential

For more information please visit:

redcross.org.uk/coronavirus-support-line

Centre	Co-ordinator and Partners	Response Team
<p><u>Garth Olwg Life Long Learning Centre</u> Off St. Illtyd's Road, Church Village, Pontypridd, CF38 1RQ</p> <p>01443 425020</p>	<p>RCTCBC</p>	<p>Lucy Lloyd – Community Co-ordinator Contact – 07786523803 Lucy.lloyd@rctcbc.gov.uk</p> <p>Clair Ruddock – Community Development Officer 07786523652 Clair.ruddock@rctcbc.gov.uk</p> <p>Welsh Language - Ianto Phillips</p>
	<p>Interlink (V)</p>	<p>Lead - Imogen Hopkins (07515 166035) ihopkins@interlinkrct.org.uk Buddy - Julie Edwards (07598009035)</p>
	<p>DWP/JCP (V)</p>	<p>Lead – Sian Davies (07717456659)</p>
	<p>Citizens Advice (V)</p>	<p>Lead – Mike Simons (07375417818)</p>

		Michael.Simons@carct.org.uk
	Trivallis (V)	Lead – Alix Howells alix.howells@trivallis.co.uk
	Foodbank (V)	Lead – Andrew Butcher (07900557379)
	Public Health and Protection (V)	Lead – Gary Black (07944446505) EHO – Kelly Snare
	Trading Standards (V)	Lead – Kathryn Davies (07384910509) Buddy – Gary Lewis (07384910518)
	Age Connects (V)	Yvette Davies (07877817532) Information and advice team via information@acmorgannwg.org.uk Monday – Friday cover only at present
	Cynon Taf Housing (V)	Lead - TBC
	Cwm Taf Care & Repair	01443 755696 enquiries@cwmtafcr.org.uk 38-39 Duffryn Street Ferndale RCT CF43 4ER
	Rhondda Housing Association (V)	Lead – Simone Devinett (07834482016) simone.devinett@rhawales.com Buddy – Leigh Caveney (01443 424268) leigh.caveney@rhawales.com
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	Resilient Families (V)	Lead - Rachel Hawkins Rachel.g.hawkins@rctcbc.gov.uk

- V = Virtual working – is available by 'phone or email, and has the facility to work from home

Centre	Co-ordinator and Partners	Response Team
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Centre	Co-ordinator and Partners	Response Team
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Centre	Co-ordinator and Partners	Response Team
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	Foodbank (V)	Lead – David Holland (07928451374)
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Centre	Co-ordinator and Partners	Response Team
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	Foodbank (V)	Lead – Cleide Correia (07427537437)
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Centre	Co-ordinator and Partners	Response Team
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	Foodbank (V)	Lead – Mandy Haydon-Hall (07411965958)
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Centre	Co-ordinator and Partners	Response Team
<u>Llantrisant Library</u>	RCTCBC	Neal David – Community Co-ordinator Officer

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Cwm Taf Public Services Board Work Programme 21-22 PSB Year

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



PSB Qtr	Meeting Date	Areas of work to be covered and lead	PSB Requirement	Planning meeting?	Papers Issued
Standing Items		<ul style="list-style-type: none"> Minutes of Previous Meeting Actions Arising Information Reports / Documents (Workplan) Any Other Business <i>Update from SPB Chair</i> Chairs Review 	<ul style="list-style-type: none"> Agree as Accurate Concentrate on any actions that are not Green in action log Information only unless a request is asked in advance of meeting to discuss a particular item – time allocated as required. Will always include workplan for review and update if required. To be requested in advance of meeting via Chair – time allocated as required <i>Overview of SPB meeting including any items being escalated to PSB as individual agenda items</i> Opportunity to review meeting, identify good news stories and items to be addressed by PSB, re-consider any items to be added to work plan 		
Recurring Items		<ul style="list-style-type: none"> Budget – annually? Performance Against Delivery Plans inc tangible differences JOSC Updates / Requirements 	<ul style="list-style-type: none"> Agree contributions / monitor spend as reported Review and constructive challenge on exception basis of performance / progress against delivery plans including any performance indicators, risks, tangible differences made via partnership working at PSB Level Scrutiny requirements from JOSC that need to be considered by PSB 		
1	27 July 2021 (summer holiday) * note, trial 10am start	<ul style="list-style-type: none"> Review of ToR / Vice Chair vacancy VRP Update Well-being Assessment: progress and requirements Review of Well-being Objectives and future plans to June 2022 (to inform business plans) 	<ul style="list-style-type: none"> No changes expected following July 20 review. VRP request to update to PSBs in the Valleys. VRP should look to strengthen ongoing links with PSBs. Note tendering update and address requirements. Discuss progress and future plans. 	21 June	20 July 2021

Cwm Taf Public Services Board Work Programme 21-22 PSB Year

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

		<p>– Leads to be spoken with in advance: PM / AJ / AO / SR & SJ</p> <ul style="list-style-type: none"> • Health Foundation Workshop 12 July • PSB role as Strategic Board: Mental Health workshop • Update on Involvement / NESTA • Update on work with WCVA (futures) <p><i>For Information: Published Annual Report 2020-21 WG Programme for Government / Statement of Wellbeing</i></p>	<ul style="list-style-type: none"> • Commit to business plans for planning in the year ahead / links to Assessment. • Consideration of ‘delivery arm’ of PSB. • Feedback and update. • Discuss how it informs the future work, Assessment and Plans with the intention for workshops. • Discuss role of Board and links to CSP/APB. Contributions to achieving shared agenda. • Invite CSP / APB / RPB / Safeguarding • Mapping where we are, what we know / don’t know, what can the PSB do (Assessment and Plan). • Inform Members of success in securing CoPro support for 5 years. Simon James work – workshop for October PSB. • Update for Members on potential opportunities being explored in relation to the Assessment. Buy in for any potential workshops. 		
2	12 October 2021*	<ul style="list-style-type: none"> • Well-being Assessment: progress and requirements – first findings and updates 	<ul style="list-style-type: none"> • Update on analytic work (scheduled for completion 30 Sept 2021) • Update on 100 days of engagement 		5 October 2021

Cwm Taf Public Services Board Work Programme 21-22 PSB Year

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

	Brought forward for half term / RCT Cabinet	<ul style="list-style-type: none"> • (Draft) delivery plans for WB Objectives – June 2022 • Receiving the findings of the vulnerability profile work and recommendations • Update from delivery boards • Workshop: NESTA offer, Community Action and volunteering 	<ul style="list-style-type: none"> • More specifics on the work for the year, deadlines and steps. • Work to show the threads between the Objectives. • Inform the ‘emerging priority’ discussion, following on from mental health session in July 		
3	18 January 2022	<ul style="list-style-type: none"> • Well-being Assessment: progress and requirements – final draft and plans for sign off • Preparation for the 2021-22 Annual Report • Chair and Vice Chair position to be reviewed (annual review) • Meeting Schedule July 22 – June 23 (merged?) • PSB Budget and Support Team Arrangements • Update: Delivery Plans 	Note, this will be the final Annual Report relating to the 2018-2023 Wellbeing Plan.		11 January 2022

Cwm Taf Public Services Board Work Programme 21-22 PSB Year

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



4	26 April 2022 * purdah	Draft Annual Report 2021-22 Preparation for publication of the Assessment by May 2022 NOTE: JOINT PSB / LAST MEETING OF CWMT TAF PSB?	Members receive draft Annual Report for comment (to be published July 2022)		19 April 2022

Consideration for Future Meetings:

- **Need to be adaptable to considering any requirements to progress with Bridgend**
- **Delivery arm of PSB – is there an intention to re-instate SPB or thematic delivery groups?**
- **Futures workshop (autumn 2021?) for Assessment work**

Agenda Item

CWM TAF PUBLIC SERVICES BOARD October 2021	
REPORT OF THE CWM TAF MORGANNWG REGIONAL EARLY YEARS INTEGRATION TRANSFORMATION BOARD – UPDATE ON THE REGIONAL EARLY YEARS INTEGRATION TRANSFORMATION PROGRAMME	
Author/s:	Zoe Lancelott, Rhondda Cynon Taf County Borough Council Chris Hole, Merthyr Tydfil County Borough Council
Contact:	
Classification:	
Reason for exemption:	

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to update the Public Service Board on the progress made across the Cwm Taf Morgannwg region towards the delivery of an integrated early years system as part of the Welsh Government’s Early Years Transformation Programme.

2. RECOMMENDATIONS/TASK

- 2.1 Note the content of the report
- 2.2 Consider the findings of the Stage 1 external evaluation of the new delivery model being piloted as set out in section 4.3 of the report.
- 2.3 Consider and agree the proposed governance and reporting structure as set out in section 5 of the report.

3. BACKGROUND

- 3.1 In July 2017 a report was presented to Cwm Taf Public Services Board requesting consideration be given to the adoption of a common set of regional principles to support the integrated delivery of the following initiatives in partnership with Welsh Government:

- Children First
- Early Years Co-Construction Project, and
- Funding Flexibilities Pathfinder

- 3.2 In support of establishing a co-ordinated strategic approach across the region, the Public Services Board agreed a set of principles that included the following early years specific actions:
- a) A single integrated approach to early intervention is developed across Cwm Taf that focuses on the principles of building of resilience; applies vulnerability profiling data to support the targeting of services; delivers an integrated Early Years system through improved collaboration on approaches to TAF.
 - b) An Early Years Vulnerability Profile (0-7 years) is developed to identify the level of need of families and piloted in RCT as an alternative to the geographically based eligibility criteria of Flying Start.
 - c) Information sharing arrangements are introduced to enable the secure and appropriate inclusion of Health data in the Early Years Vulnerability Profile.
 - d) Health visiting services provided by the UHB are jointly commissioned across Cwm Taf with a new service specification that reflects these principles and subsequent developments; delivering a model of Universal progressivism.
 - e) That a Cwm Taf governance structure be agreed for the integration of the Early Years system.
- 3.3 The PSB also confirmed the commitment of partners in Cwm Taf to progress the development of these principles into a practical proposal to deliver an integrated Early Years system in Cwm Taf, to be piloted in Rhondda Cynon Taf. Recognising early years as a priority for the region, commitment was also given to the removal of any potential barriers to information sharing across organisations and to extend the further development of proposals to include Bridgend CBC, given the forthcoming changes to UHB boundaries.
- 3.4 The ambition of the Welsh Government Early Years Transformation Programme is to deliver on the vision which is set out in Prosperity for All “to create a truly joined-up, responsive system that puts the unique needs of each child at its heart”. This means every service that families and young children come into contact with being clear how they can best support child development in the broadest sense. It will target parents as early as possible and sustain support where it is needed. Investing in the early years is an investment in the economy and workforce of the future.

‘We want children from all backgrounds to have the best start in life. Our aim is that everyone will have the opportunity to reach their full potential and maximise their chances of leading a healthy, prosperous and fulfilling adulthood, enabling them to participate fully in communities, the workplace, and contribute to the future economic success of Wales.’

Prosperity for All – the National Strategy (Welsh Government)

- 3.5 The Cwm Taf Morgannwg Early Years Transformation Board oversees this work at a regional level and provides strategic direction and leadership to deliver on the following objectives:
- To explore how early years services might be re-configured,
 - To explore what it will take to create an Early Years system locally,
 - To work together to deliver services in a co-ordinated, integrated and timely way,
 - Focussing on coordination of services, planning, commissioning and identifying and addressing needs,
 - To identify barriers to integration and remove them.
- 3.6 As the proposals to pilot an integrated Early Years system in RCT had implications for the national Flying Start Programme, approval was required from the Welsh Government Ministers. The approval to proceed

was granted in February 2020 on the condition that a hybrid model of childcare delivery was implemented; the geographical eligibility had to remain as well as the needs based eligibility proposed. The required re-organisation of Council services in RCT to facilitate the new early years system had been undertaken already and the costs of the new model met within existing budgets, through the flexible use of Community and Children's Grant funding and the recommissioning of services.

- 3.7 The Early Years Integration Transformation fund was introduced by Welsh Government in 2020-21 and made available to Pathfinder regions. The Cwm Taf Morgannwg Early Years Transformation Board is responsible for managing this grant funding across the region to ensure it supports the delivery of the regional objectives aligned to the principles agreed by the PSB. The 2021-22 allocation for Cwm Taf is £281,250, based on the 0-7 population figures for RCT and Merthyr which is used to fund activities in the following four areas:
- Key roles – Regional Transformation Lead Officer and Resilience and Wellbeing Health Programme Lead Officer
 - External evaluation of the pilot delivery model in RCT – Stage 2
 - Provision of wellbeing support to increase resilience and address inequalities resulting from impact of COVID-19
 - Attachment Research project
- 3.8 A separate grant of £50k from Welsh Government supports the joint work underway on the development of the Early Years Vulnerability Profile.
- 3.9 Bridgend CBC joined Merthyr Tydfil CBC and Rhondda Cynon Taf CBC as part of the regional Early Years Transformation Board in 2018-19, formally becoming part of the Welsh Government's pathfinder programme earlier this year. As a pathfinder area, Bridgend will receive a local co-ordination grant this financial year to support the mapping, scoping and visioning work required by Welsh Government. Following completion of this work any regional Transformation Grant funding awarded by Welsh Government for 2022-23 onwards will include additional monies to account for the 0-7 population figures in Bridgend.

4. PROGRESS

- 4.1 Good progress has been made to deliver the objectives of the Early Years Transformation Programme across the Cwm Taf Morgannwg region.

Piloting a single integrated early years delivery model in RCT

- 4.2 As part of the Early Years Transformation Programme in Cwm Taf Morgannwg, a new Flying Start delivery model with a Family Health Visitor as central is being piloted in Rhondda Cynon Taf. This new pilot approach builds on the pre-existing Resilient Families Service and sees the delivery of a new Resilience and Wellbeing Health Programme alongside the delivery of universal parenting support, early language support and a hybrid childcare delivery model.
- 4.3 The Resilience and Wellbeing Health Programme was launched in October 2020 despite the additional pressures and restrictions placed on a health service having to adapt services in response to the pandemic. Adopting an approach of universal progressivism, this service is providing all families across RCT with children aged 0-5 years with the opportunity to access an enhanced level of Health Visiting contacts as required, regardless of geographical location based on need and resilience. The universal offer delivered by Family Health Visitors provides the contact visits as described in the Healthy Child Wales Programme, with the additionality of an antenatal contact, as well as a contact at 20 months to undertake a Schedule of Growing Skills (SOGs) assessment. The assessments provide extra opportunities to identify developmental needs of children and inform the targeting of wider early years

services and family support interventions delivered via the Resilient Families Service (RFS) in addition to the wider health support.

- 4.3 To ensure the impact and outcomes of the pilot approach in RCT are effectively measured this work is subject to a three stage external evaluation, the first of which was completed by Miller Research in April 2021. The Stage 1 report evaluates the pilot since its launch, reviews the progress of implementation so far and the position across the Cwm Taf Morgannwg region. The key findings are summarised below and the full report can be found in Appendix 1.
- a. The pilot and its objectives appear fit for purpose and highly coherent with the policy context. It meets the explicit requirement for the coordination and integration of existing early years programmes and the close cooperation of the local authority and health board.
 - b. Progress has been made against the objectives of the pilot, which remain coherent and relevant to the policies and needs. As the programme is in the early stage of delivery there is still much to be done to fully realise the objectives, such as the removal of barriers that have been identified.
 - c. The resources available are adequate in the eyes of stakeholders. Through collaboration and coordination, the existing skills, knowledge, and experience of staff is being better deployed to meet the needs of families and organisational needs. Where there are identified gaps, training is being provided to address them. The majority of funding for the pilot is being met with existing budgets, with transformation programme funds being used to support some aspects and develop regional working. There are deliberate management processes in place with governance structures including all teams involved.
 - d. As the approach is built on the integration work that has already happened in Rhondda Cynon Taf County Borough Council, notably the establishment of the Resilient Families Service, delivery has begun successfully. Services are available to all in RCT with access determined by assessment of need. Reservations amongst stakeholders, notably over workforce capacity, have been overcome. COVID-19 has been a disruption but only with a similar impact as would have been the case on the sector without the pilot approach. The rapid adoption of remote communications has facilitated greater cooperation at the strategic level although there are concerns that there will be a greater strain on services due to the pandemic.
 - e. At this stage there is already some evidence of the outcomes of the pilot. The distinction between generic and Flying Start health visiting has been removed, with caseloads shared across the workforce. All health visitors are now able to offer the same range of support, including an additional antenatal visit and a visit at 20 months for the SOGS assessment. There is evidence of the presence of new families receiving support who previously would not have been eligible due to where they live.
- 4.4 The specification for Stage 2 of the external evaluation is currently being written with a view to this work being commissioned and completed by the end of the financial year. Stage 2 will focus on rigorous evaluation of the systems and processes underpinning the pilot delivery model.
- 4.5 A third stage of evaluation is planned for 2022-23 which will be a summative evaluation concerned with measuring the outcomes for service users and the impact on services and policy of the new delivery model and will mark the end of the pilot phase. The findings of this Stage 3 evaluation will inform local discussion about the adoption of this model on a regional footprint as well as formal discussions with Welsh Government about implications for national policy.

Attachment Research Project

- 4.6 The first stage of the Attachment Research Project work led by Merthyr Tydfil on behalf of the region

commenced in 2020-21, including delivering baseline training to the wider workforce across the region on identifying attachment difficulties.

4.7 The Parent Infant Foundation was commissioned in March 2021 to conduct the following regional research activities:

- Map existing services and interventions which support and/or treat the attachment relationship within a graduated response model of universal, targeted and specialist services and identifying gaps between services
- Identify any good commissioning and service delivery practice across the region in comparison to delivery in other regions of the UK
- Measure population needs across the Merthyr Tydfil, RCT and Bridgend
- Consult with parents/carers to gain their views and understanding of 'attachment', its importance to child development as well as identifying barriers to support, via surveys, focus groups and direct interviews.
- Undertake a training and skills audit of the workforce and develop a training needs pathway that compliments a graduated response approach to the delivery of attachment interventions
- Provide recommendations about best options of tools for measuring levels of parent–infant attachment, and developing an outcome measurement approach.
- Provide a summary of key evidence-based attachment approaches that would address the barriers identified by the consultation with parents and make recommendations on future practice across Cwm Taf Morgannwg region.

4.8 This research has been subject to significant interest from other parts of Wales and from Welsh Government due to its breadth and scope across the Early Years services. It is recognised and accepted that children's development does have a significant impact on the life trajectory of children, and for those whose development is impaired in these early stages can mean they can go on to be our most complex and most costly cases as they grow and progress through the systems be these Health, Social Services or Education.

4.9 Alongside the conducting of this research has been training across the region on attachment, due to the nature of Welsh government annual funding. However having recognised this work as a priority resources have already been earmarked from the grant to pilot work around the recommendations of the review as they become clear. A report to the PSB on the outcomes of the review will also be shared once completed and the areas of work that could be taken forward as pilots.

Vulnerability Profiling Project an Information Sharing Arrangements

4.10 The aim of the Early Years Vulnerability Profiling Project is to develop a profile that facilitates the *“Early identification of children aged 0-7 who are at risk of not meeting the developmental milestones necessary to progress effectively through the early years as a result of the socio-economic and health factors they and or their families face”* in order to offer an alternative to geographically based eligibility criteria for early years services. This project builds on the experience and successful application of Vulnerability Profiling by Local Authorities to improve the educational outcomes for children and young people aged 7-16 years.

4.11 Overseen by an established Steering Group, this work is now progressing on two project fronts and activity is split between two separate workstreams.

Workstream 1 is the First 1000 days focused Health profile which considers a larger list of data sets that have been submitted to SAIL (Secure Anonymised Information Linkage) at Swansea University for analysis. This information will be combined with data SAIL already hold to produce a geographical map of risk factors and provide precedence rates that suggest the likelihood of future vulnerabilities. The work to date has focused on identifying and weighting risk factors for low birth weight, lower school readiness, children being taken into care, Adverse Childhood Experiences and analysing the strength of

the association and comparison between Flying Start and non-Flying Start areas.

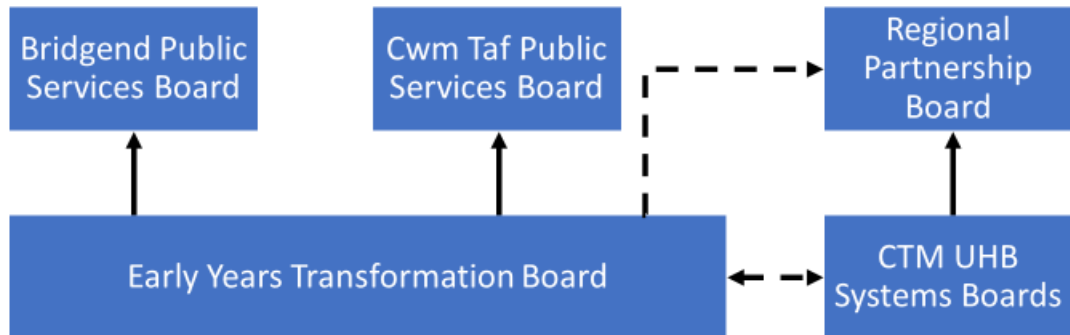
Workstream 2 is concerned with the development of an Early Years Vulnerability Profiling model to be piloted in RCT that can add key data sets from Health to the existing LA vulnerability profile able to identify individual children and families likely to be in need of enhanced support to be piloted as an alternative model to support the planning and targeting of Early Years support. The work to date has focused on the technical considerations and the physical transfer of electronic data between CTM UHB and RCTCBC, in order to facilitate the testing of an initial profile in 2021-22.

- 4.12 The Health Board has honorary contracts with key lecturers in the University of South Wales who are supporting a review of the FRAIT (Family Resilience Assessment Instrument Tool) and opportunities to follow a family journey and map the impact and help quantify the 'so what?'. Work has started to ensure that the FRAIT is aligned with and a key component of the Early Years Vulnerability Profile.
- 4.13 To support this development work, Data Disclosure Agreements are in place between RCT CBC and CTM UHB with a view to WASPI Information Sharing Protocols being developed in the near future. The findings of the qualitative research undertaken by EMPOVA to gather citizen's and professionals' opinions about data sharing will be used to inform the way in which this work is communicated to both the public and professionals alongside information governance considerations.
- 4.14 Merthyr Tydfil has been developing its capacity around the Capita system and has been working alongside key individuals in RCT in order to benefit from the learning and work piloted by RCT and CTM UHB.
- 4.15 Regular updates on this area of work are reported to the PSB under Well-being Objective 2.1a - The first 1000 days in the Cwm Taf Delivery Plan.

5. CURRENT AND FUTURE REQUIREMENTS

- 5.1 The landscape for this work is now very different from when this work began back in 2017. The Early Years Transformation Board was established in partnership with Welsh Government due to being a pathfinder region and was accountable to the Public Service Board. The focus of the programme being how to develop better universal and early preventative services whilst joining up the service offers across both the statutory partners and third sector Early Years services.
- 5.2 Since then the Regional Partnership Board (RPB) has established a clear set of priorities for children and families that are overseen by the Children Services Programme Board. Alongside this Cwm Taf Morgannwg UHB have introduced the new Systems Group structure, with the First 1000 Days System Group being critical to the future success of a joined up integrated Early Years system across the region. The established joint work of the Early Years Transformation Board has already accelerated the shared thinking across partners within the First 1000 Days Systems Group.
- 5.2 In light of these developments, discussion regarding the governance arrangements for this work has taken place to ensure effective communication channels and good governance between the different workstreams. Membership of the Early Years Transformation Board includes key senior officers across the region representing the three Local Authorities, various departments of the UHB and Public Health Wales. In parallel to this, these officers are also members of the regional Children Services Programme Board and Emotional Health and Wellbeing sub group of the RPB, and sit on the First 1000 Days and Children and Young People Systems Groups at various levels, thereby evidencing good communication and connectivity between the Boards and the agendas each are progressing.
- 5.3 Whilst there are clear shared priorities, it is important that the Early Years Transformation work remains

focused on the wider preventative agenda and engages with the full range of partners across the entire Early Years spectrum of services. Therefore, it is proposed that Early Years Transformation Board continues to be accountable to the PSB with regular updates shared with the Systems Boards and the RPB via the Children Services Programme Board as set out below, to the mutual benefit of all workstreams.



6. CONCLUSION

- 6.1 This report as provided the Public Service Board with an update on the progress made to date towards the development of an integrated early years system for children aged 0-7 across Cwm Taf Morgannwg as part of the Welsh Government’s Early Years Transformation Programme.

Appendix 1 – Stage 1 Evaluation - The Provision of Early Years Transformation – Miller Research 2021

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The Provision of Early Years Transformation

Stage 1 Evaluation

Rhondda-Cynon-Taff CBC

Version/ Publication Date July 2021

The Provision of Early Years Transformation: Stage 1 Evaluation,
Version 1

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Glossary

Acronym/Key word	Definition
Capita system	A single management information system to capture all assessments, appraisals and support packages offered to families, enabling accurate record keeping and transparency of processes undertaken.
Cheltenham tool	A tool utilised by Health to ensure parity of caseloads across the Family Health Visiting Service. This tool allocates workforce numbers according to levels of deprivation.
Children and Communities Grant (CCG)	An umbrella initiative that brings together the funding for seven existing Welsh Government programmes and supports local authorities to deliver the services they provide more strategically through the flexibility of these individual programmes.
Early Years Integration Transformation Programme	A co-construction programme involving nine pathfinder Public Service Boards. The programme aims to test a more coherent, integrated and focused approach to the early years, to ensure that children from all backgrounds have the best start in life.
Families First Programme	A universal programme for families with children aged 0-25 that aims to improve the design and delivery of local authorities' family support services, by offering support that caters for whole families, rather than individuals within families, and by co-ordinating the organisations working with families, so that families receive joined-up support.
Flying Start Programme	A targeted early years programme for families with children under the age of four years who live in some of the most disadvantaged areas of Wales.
Formative evaluation	A type of evaluation used to identify the strengths and weaknesses of an intervention's processes and target areas for improvement.

Healthy Child Wales Programme (HCWP)	A universal health programme for all children up to the age of 7 years that sets out the planned contacts children and families should receive from health visitors and other health professionals, from the time of maternity service handover up to the first years of schooling.
Public Service Board (PSB)	Public Services Boards improve joint working across all public services in each local authority area in Wales.
Resilience Matrix Tool	An assessment tool that focuses on a family's resilience levels. The information gathered from the assessment will be used to inform a Family plan that aims to build a family's resilience levels and remove any barriers that are limiting positive change.
Resilient Families Service (RFS)	RCT CBC's recognised approach to delivering the early intervention and prevention agenda across RCT. The service aims to provide bespoke support for families up to 12 weeks to build their resilience with a single point of access and a single referral system.
Schedule of Growing Skills (SoGS) assessment	An approach to measuring child development through the assessment of nine key areas: Passive Posture, Active Posture, Locomotor, Manipulative, Visual, Hearing and Language, Speech and Language, Interactive Social and Self-Care Social.
Summative evaluation	A type of evaluation that focuses on an intervention's impact or efficacy through careful examination of project design and management. It is primarily outcome focused and most often undertaken at the end of the project, when the program or intervention is stable.
Team Around the Family (TAF)	An early intervention and prevention service that aims to work with families to help them identify their strengths and needs. TAF supports families by offering advice, guidance and support, coordinating with other agencies when

	appropriate. (Superseded in RCT by Resilient Families Service)
Theory of Change	An evaluation approach that outlines the causal linkages in an intervention. The process entails defining long-term goals then mapping backwards to identify necessary preconditions.
WellComm speech and language assessments	A toolkit designed to help early years settings identify children from six months to six years old who might be experiencing delays in speech and language development.

Executive Summary

- i. In 2017, Cwm Taf PSB and Welsh Government began working together in what would become the Early Years Integrated Transformation Programme. This programme is designed to address concerns around the coordination of early years services. In recognition of the steps already taken to address this, Cwm Taf became the first 'pathfinder' area for the programme, to develop and pilot an integrated approach based on local contexts.
- ii. As part of the transformation programme, a new Flying Start delivery model is being piloted in Rhondda Cynon Taff (RCT) that will see the delivery of a Resilience and Wellbeing Health Programme, alongside the delivery of universal parenting support, early language support and a hybrid childcare delivery model via the Resilient Families Service.
- iii. This Stage 1 evaluation report assesses the pilot since its launch, reviews the progress of implementation so far and the position across the Cwm Taf Morgannwg health board area.
- iv. The pilot and its objectives appear fit for purpose and highly coherent with the policy context. It meets the explicit requirement for the coordination and integration of existing early years programmes and the close cooperation of the local authority and health board. Policies the pilot is directly relevant to are:
 - Wellbeing of Future Generations (Wales) Act 2015
 - Social Care and Wellbeing (Wales) Act 2016
 - Prosperity for All
 - A Healthier Wales
 - Regional Strategy for Children, Young People and Families
 - Children and Communities Grant
 - Healthy Child Wales Programme

- v. There is a clear need for the pilot approach from these policies and it is evident to stakeholders that specific circumstances in RCT also present a driving need. When compared to Wales as a whole and the wider UK, RCT has amongst the highest levels of child poverty with rising levels of social, communication and mental health issues amongst children and young people, high rates of children looked after on the child protection register and high numbers of children leaving school with no qualifications. In summary the rationale for the pilot is:
- To address the vision set out in Welsh Government policy and programmes
 - To provide equality of access by extending support from a geographical, postcode-based approach to a needs-based approach
 - To meet the high-level of demand for support services in the local area
 - To deescalate vulnerable families in need of support, preventing the move up to statutory services
 - To reach the families with the most complex needs
 - To provide a unified service for children and families with a single point of access
- vi. The core objectives of the pilot are:
- To explore how early years services might be re-configured.
 - To explore what it will take to create an Early Years system locally.
 - To work together to deliver services in a coordinated, integrated, and timely way.
 - To coordinate services, planning, commissioning, and identifying and addressing needs.
 - To identify barriers to integration and remove them.
- vii. Progress has been made against the objectives, which remain coherent and relevant to the policies and needs. As the programme

is in the early stage of delivery there is still much to be done to fully realise the objectives, such as the removal of barriers that have been identified.

- viii. The resources available are adequate in the eyes of stakeholders. Through collaboration and coordination, the existing skills, knowledge, and experience of staff is being better deployed to meet the needs of families and organisational needs. Where there are identified gaps, training is being provided to address them. The majority of funding for the pilot is being met with existing budgets, with transformation programme funds being used to support some aspects and develop regional working. There are deliberate management processes in place with governance structures including all teams involved.
- ix. As the approach is built on the integration work that has already happened in Rhondda Cynon Taf County Borough Council, notably the establishment of the Resilient Families Service, delivery has begun successfully. Services are available to all in RCT with access determined by assessment of need. Reservations amongst stakeholders, notably over workforce capacity, have been overcome. COVID-19 has been a disruption but only with a similar impact as would have been the case on the sector without the pilot approach. The rapid adoption of remote communications has facilitated greater cooperation at the strategic level although there are concerns that there will be a greater strain on services due to the pandemic.
- x. At this stage there is already some evidence of the outcomes of the pilot. The distinction between generic and Flying Start health visiting has been removed, with caseloads shared across the workforce. All health visitors are now able to offer the same range of support, including an additional antenatal visit and a visit at 20 months for the SOGS assessment. Stakeholders have commented on the presence of new families receiving support who previously would not have been eligible due to where they live.

- xi. The longer-term impacts will take considerable time to become evident. There are a range of deep-seated changes expected that provide a fundamental difference to the population of RCT. The goals go far beyond the stated objectives of the pilot reflecting the vocational nature of the sector.

Recommendations

- xii. The experiences stemming from the pilot's early stages of implementation has provided several recommendations for future delivery of the pilot, as well as the requirements for a future evaluation, including monitoring requirements. These are fully explained in section 10 of the report.
- xiii. The recommendations for future delivery of the pilot are to:
- amend the Resilience Matrix scoring system to improve accuracy.
 - increase communication between services at all levels.
 - protect the availability of training.
 - review health visitor referrals into Resilient Families Service
- xiv. The recommendations for future evaluation are to:
- continuously monitor and gather data.
 - prepare stakeholders for stage 2 evaluation in early 2022.
 - conduct a stage 3 impact evaluation once a significant period of delivery has passed.

1. Introduction

- 1.1 In recent years Welsh Government has worked with local authorities, health boards and the third sector to instigate a range of early years programmes. These provide children and their families with the support and guidance they require to have the best start in life and the opportunity to reach their full potential.
- 1.2 As a result of these programmes, there have been improvements in the provision of services and take up of support by families. There has, however, been concern that the approach to early years lacks coordination, minimising positive impacts on children, their families and the wider community.
- 1.3 In 2017, Welsh Government recognised the steps Cwm Taf PSB had been making to address these concerns and both parties began actively engaging in early years co-construction. This has since developed into the Early Years Integrated Transformation Programme with Cwm Taf coming on board as the first 'pathfinder' PSB. Individual approaches towards integration in the early years sector are being developed and piloted in each PSB in the programme based on the context of their own geographic areas.
- 1.4 As part of the Early Years Transformation Programme in Cwm Taf Morgannwg, a new Flying Start delivery model is being piloted in Rhondda Cynon Taff (RCT). This new pilot approach will see the delivery of a Resilience and Wellbeing Health Programme alongside the delivery of universal parenting support and early language support and a hybrid childcare delivery model via the Resilient Families Service.
- 1.5 To ensure the impact and outcomes of the approach are effectively measured, Miller Research was commissioned by Rhondda Cynon Taff County Borough Council (RCTCBC) in December 2020 to undertake Stage 1 of the external evaluation.

- 1.6 The purpose of this Stage 1 report is to evaluate the pilot since its launch, review the progress of implementation so far and the position across the Cwm Taf Morgannwg health board area. The findings are to be considered by all three local authorities in the health board, RCT, Merthyr Tydfil, and Bridgend as well as the Welsh Government.
- 1.7 In addition to serving as a standalone evaluation in its own right, Stage 1 also involved the development of an evaluation framework and a plan for a Stage 2, making recommendations for how and when this future evaluation should take place.

Report structure

- 1.8 The remainder of the Stage 1 report is structured as follows:
- Section 2 sets out the methodology for the evaluation
 - Chapters 3-7 present the evaluation team's findings, grouped by the sections of the logic model produced as part of the evaluation. These sections include:
 - Policy drivers
 - Needs and objectives
 - Inputs
 - Activities and outputs
 - Outcomes and impacts
 - Chapter 8 presents the impact and counterfactual options appraisal and sets out the approach to be undertaken in Stage 2 and later.
 - Chapter 9 presents the evaluation team's conclusions for the Stage 1 evaluation.
 - Chapter 10 contains the recommendations for the pilot moving forward.

2. Methodology

- 2.1 Stage 1 is a formative evaluation, exploring what works and why, the challenges and enablers for delivery of the pilot and lessons learned to date, as well as developing a robust, evidence-based approach to a summative, impact evaluation of the pilot. The methodology combines several approaches, with Theory of Change used predominantly.
- 2.2 Evidence was gathered through semi-structured qualitative interviews and a supplementary survey. In total the evaluation conducted 31 interviews with strategic and operational stakeholders. The topic guides are included in Annex C.
- 2.3 The supplementary survey was employed to further the reach of fieldwork. Pilot leads were conscious of the difficulties in attempting to conduct fieldwork with health and local authority staff during a Lockdown period of the COVID19 pandemic in early 2021. The survey was designed to allow stakeholders unable to commit to a full interview the chance to respond to key evaluation questions. Ultimately, most stakeholders contacted were able to participate in an interview with just five electing to respond via the survey.
- 2.4 A logic model (Annex B) was constructed, laying out the outline of the pilot, demonstrating the causal link between effects and the pilot activity laid out on Theory of Change principles, starting with impacts and outcomes, and working backwards including how they relate to the original project context and objectives.
- 2.5 From the logic model an evaluation framework (Annex A) was developed that sets out specific questions for evaluation and the identified indicators that will help answer those questions. The framework sets out the type of data, the likely source, and whose responsibility it is to gather the data.
- 2.6 Both the logic model and the evaluation framework were tested with a workshop of strategic stakeholders. This workshop gave an

opportunity for the stakeholders to comment on these vital evaluation tools and for the evaluation team to clarify their understanding.

- 2.7 This report contains the findings for the Stage 1 evaluation. The proposed evaluation approach to Stage 2 is contained in a separate document.

3. Policy

3.1 This section sets out the policies driving the need for the pilot in RCT. The pilot is either a direct response to policy demands or has been shaped by the circumstances that they create. The policies range from pan-Wales legislation to more local formal strategies.

3.2 The policies were identified through the document review and from conversations with stakeholders.

3.3 Overall, there is a clear driving vision for the pilot, stemming from national policy adopted into local delivery. As expected, strategic stakeholders were very clear on this vision and how the pilot fits within the policy framework. Frontline delivery staff were also aware, though to a more limited extent, and usually focused on their area of delivery.

Well-being of Future Generations (Wales) Act 2015

3.4 The Well-being of Future Generations Act aims to improve the social, economic, environmental, and cultural well-being of Wales. Circumstances in the early years of a person's life can make a large impact on the seven Well-being Goals and much can be done during this time. As a result, The Act makes it compulsory for public bodies, including local authorities and health boards, to think long-term. The Act explicitly states that this is to be done through improving integration and collaboration between services and by working better with communities.

3.5 Stakeholders mentioned particular alignment of the pilot with the goals for a more equal Wales, a healthier Wales, and a more resilient Wales. These goals have acted as drivers for decision making during the planning stages.

Social Care and Wellbeing (Wales) Act 2016

3.6 The underlying aim for this Act is to make the care and support that people in Wales receive personal to their needs. It sets out four

principles to ensure that the right help is delivered at the right time by setting out a person's right to a needs assessment if it appears that they have a need for support services. The four principles are:

- Well-being
- People
- Partnership and integration
- Prevention

3.7 The pilot is consistent with these principles, as it seeks to improve the well-being of children and their families, assessing needs on an individual basis and taking account of the opinions of families. It aims to then deliver better services that address the needs highlighted in assessments, by coordinating services and the staff delivering them. The focus on prevention is outlined as an effective way of working for early years.

Prosperity for All

3.8 Prosperity for All is the national strategy for Wales, published in 2017. Similar to the Well-being of Future Generations Act, Prosperity for All works in the long-term context to build a Wales where everyone has a good quality of life, living in strong, safe communities.

3.9 The strategy recognises early years as the first cross-cutting priority area: areas with the greatest potential to contribute to long-term prosperity and well-being. It explicitly lays out that public services will 'build on our current early years programmes and create a more joined-up, responsive system that puts the unique needs of each child at its heart.'¹

3.10 The pilot approach is one response by the local authority in RCT and Cwm Taf health board to fulfil this obligation, bringing separate

¹ Prosperity for All: the national Strategy, 2017, p.23
<https://gov.wales/sites/default/files/publications/2017-10/prosperity-for-all-the-national-strategy.pdf>

programmes together. The pilot builds on previous work undertaken by RCT to integrate its own early years sector by incorporating other stakeholders, such as the health board, into the approach for the first time.

A Healthier Wales

- 3.11 A Healthier Wales is Welsh Government's action plan, which resulted from a Parliamentary Review of the Long Term Future of Health and Social Care. It recognises that there are determinants of health wider than just the NHS, including an individual's early years. The plan calls for the coordination of health and social care, involving NHS, local authority, and other organisations, working together in an integrated way.

Regional Strategy for Children, Young People and Families

- 3.12 The Cwm Taf Public Services Board (PSB) is committed to delivering a range of strategic intentions across the region, including delivery of the goals of the legislation and national strategies discussed above. The regional strategy is built on the shared vision to increase the resilience of families and communities, providing the best possible environment for families, children, and young people, and a shift to early preventative action and away from more complex care.
- 3.13 The pathways identified in the regional strategy to improve outcomes are providing universal services at the right time, promoting well-being and resilience, early intervention when difficulties emerge, and the targeting of intensive support for those in most need. Three year objectives for the strategy include information sharing, coordination, cooperation, integration of services, and enhancing joint arrangements for all partners.
- 3.14 The regional strategy is guided by national policy direction as well as through a shared construction with Cwm Taf. Both local authorities of RCT and Merthyr Tydfil share similar outlooks in designing early

services to be based on the needs of the communities that receive them.

- 3.15 It is a natural choice to trial the integrated approach of the pilot in RCT as the local authority has recently undergone major transformation, reorganising, and integrating its services. As part of this, the early years has been made into a cross-cutting agenda, no longer within a separate department, that is a priority across the local authority. Most stakeholders, save a few high-level strategic stakeholders, are not able to distinguish between the integration caused by the pilot and the previous integration undergone within the local authority. Rather, it is seen as a single process naturally progressing through all aspects of RCT. This blurring of distinctions is aided by the clear alignment of the pilot with the regional strategy of the PSB.

Early Years Integrated Transformation Programme

- 3.16 In recent years Welsh Government has worked with local authorities, health boards and the third sector to instigate a range of early years programmes to provide children and their families with the support and guidance they require to have the best start in life. There are concerns across Wales and within Welsh Government that this approach has lacked coordination, which has minimised the potential positive impacts such an approach could have on children, families, and communities.
- 3.17 Welsh Government recognised Cwm Taf's efforts with coordination and integration and in December 2017 the PSB became Welsh Government's early years integration co-construction partner, with the aim of developing an early years integration model that could subsequently be rolled out more widely. It became apparent that developing a single model for roll-out across Wales would not be possible due to different circumstances between local authorities. Eight further 'pathfinder' PSBs were signed up to develop their own approaches based on the specific contexts of each area.

3.18 The transformation programme has provided funding to facilitate the integration of early years within PSB areas, including services delivered by local authority, health board, and third sector. The pilot in RCT was initiated prior to transformation programme funding being announced and the cost of it was met within existing budgets as a result of internal service reorganisation undertaken by the Council. In Cwm Taf the transformation programme funding has been used to support aspects of the pilot and to develop regional working. Reflecting the additional year of work compared to the other pathfinder areas, allowing for greater mapping and the building vital relationships across the sector, the pilot delivery area for the Cwm Taf PSB is larger and more ambitious than the other pathfinders and the only one to cover an entire local authority footprint.

Children and Communities Grant

3.19 The Children and Communities Grant brings together seven Welsh Government programmes that address the needs of children, young people, families, and vulnerable people. The programmes are:

- Childcare and Play
- Communities for Work Plus
- Families First
- Flying Start
- Legacy Fund
- St David's Day Fund
- Promoting Positive Engagement for Young People

3.220 Of these, Families First, Flying Start, and Childcare and Play are the most relevant for the Early Years Transformation Pilot within RCT. The pilot is deliberately designed to ensure there is no duplication of funding by coordinating the delivery of the programmes together. The individual needs assessment is designed to improve access to the programmes for those in need.

Healthy Child Wales Programme

3.21 The progressive universalism philosophy of the Healthy Child Wales Programme has been adopted by the early years sector in general. The levels of universal, enhanced, and intensive support are seen as useful labels to describe the services and the appropriateness of delivery. Local authority, health and other stakeholders have used them to explain to the evaluation how the pilot is seeking to improve access to universal services across RCT and ensure those in need of enhanced and intensive intervention are identified and supported quickly.

4. Needs and Objectives

Needs

- 4.1 To justify the resources inputted into a project, there needs to be a clear rationale. This includes identifying areas which exhibit market failure and which the pilot can address, but also areas of opportunity and strength that the pilot can exploit and enhance further. Once these needs are identified, it can be established whether they will be met by the objectives of the pilot.
- 4.2 The need for the pilot was identified through the review of policy documents and discussion with stakeholders at an operational and strategic level, whilst its objectives were contained in the Business Plan.
- 4.3 The needs for the early years pilot in RCT are contained in the evaluation logic model (see Annex B). Looked at collectively, the rationale for the pilot is as follows:
- To address the vision set out in Welsh Government policy and programmes
 - To provide equality of access by extending support from a geographical, postcode-based approach to a needs-based approach
 - To meet the high-level of demand for support services in the local area
 - To deescalate vulnerable families in need of support, preventing the move up to statutory services
 - To reach the families with the most complex needs
 - To provide a unified service for children and families with a single point of access
- 4.4 On completion of the documentation review and qualitative interviews with stakeholders, it is evident that the need to address the strategic direction stemming from Welsh Government policy is a strong driver

of the pilot. The Social Services and Wellbeing Act and the Wellbeing of Future Generations Act (for more detail see section 3) in particular were cited as key policies. Specifically, the principle of prevention was outlined in both acts as an effective method to achieve the goal of reducing the levels of vulnerability amongst families in Wales. The adoption of this approach is evidenced in RCT through the integration of a restorative, solution-focused approach to work amongst its operational staff.

- 4.5 The targeting of services via population assessments is also prominent in the legislation, with collaboration and coordination between services and organisations highlighted as an essential condition in order to achieve successful targeting.
- 4.6 The central rationale behind the implementation of the pilot in RCT is the shift in approach from providing support based on a family's postcode, to support based on need. Stakeholders emphasised that service users do not fit into specific geographical boundaries and that "vulnerability is not postcode based." (Operational Stakeholder, 2021). The unfairness and lack of equality stemming from the previous arrangements of Flying Start support was cited as exacerbating issues within the local area, with certain houses on the same street eligible and others not. A key aspect of this shift to a needs-based approach has included the transference of Flying Start standards and quality to previously non-Flying Start services.
- 4.7 Recent research by Loughborough University indicates that, of the UK nations, Wales has the highest levels of child poverty. Specifically, the areas of Cardiff and RCT have the greatest percentages of children living in poverty in Wales, at 35%.² Furthermore, there is a rising number of social, communication and mental health issues amongst

² Loughborough University; Centre for Research in Social policy (CRSP), *Compilation of child poverty local indicators*.

children and young people in RCT. The borough has high rates of children looked after on the child protection register and high numbers of children leaving school with no qualifications.

- 4.8 In coherence with the preventative approach adopted in RCT, a clear rationale for the pilot is averting families from escalating up to statutory services. Given the high level of vulnerability identified in RCT (see 4.7), it is imperative that families are given the tools at an early stage to cope with difficulties, thus preventing them from reaching a crisis point. This involves nurture and interaction between support staff and children and families before any breakdown.
- 4.9 As well as preventing families from escalating up to statutory services, there is also a need to support those who have stepped down from social services. In the absence of this support there is a risk that families can relapse and require subsequent escalation back up to statutory services. By supporting families who have 'stepped down', it ensures stability as staff will continuously work with them on safeguarding issues, keeping support on an even keel. Furthermore, it allows families to remain safe and engaged.
- 4.10 The ability to reach families identified as requiring additional support to prevent the escalation of complex needs is a significant driver behind the early years pilot in RCT. Given the wide range of potential difficulties experienced by children and families, including parent-child relationships, maternal or paternal mental health difficulties and the effects of domestic abuse, coupled with the importance of the first one thousand days of an infant's life, there is a need to offer flexible support at an early stage that reflects the situation of the family. Considering the barriers experienced by these families there is a danger that they will not engage with the support on offer and will repeatedly make poor judgments contrary to their own interests. Therefore, there is a need to empower families to make the right decisions and own their support plan, to help them develop their own resilience.

4.11 The need for a unified service, with a single a point of access was widely cited by stakeholders. The pilot is seen as a necessary development to enhance the RFS, already established in RCT, to allow it to be a true unified service. Previously, under the TAF structure the offer of support was fragmented with different services delivered and managed in a different way, inevitably resulting in families receiving varied quality in support. The limited communication between services meant that there was a lack of awareness amongst operational staff of the range of support available to families, as well as who would be best placed to offer that support. This highlighted the need for a delivery of services that offered a more fluid, time-efficient approach to families.

Objectives

4.12 The core objectives of the pilot are as follows:

- To explore how early years services might be re-configured.
- To explore what it will take to create an Early Years system locally.
- To work together to deliver services in a coordinated, integrated, and timely way.
- To coordinate services, planning, commissioning, and identifying and addressing needs.
- To identify barriers to integration and remove them.

4.113 Overall, the objectives of the pilot in RCT are coherent and relevant to the policies and needs outlined above. Furthermore, they appear suitable to achieve the intended outcomes and impacts that will be explored further in subsequent sections. Stakeholders have stated the pilot's capacity to improve outcomes for vulnerable children and families yet recognise that many of the benefits stemming from the new way of working will emerge over the longer term.

4.114 Reflecting on the delivery of objectives at this early stage of implementation, it is evident that services are being delivered in a more coordinated, integrated, and timely way in comparison to previous arrangements of delivery. Nonetheless, it is also clear that there remains a lot to be done to ensure services are fully coordinated and integrated. Additionally, whilst the pilot has already met the aim of identifying barriers to delivery, such as Health Visitor access to the RFS system, several of those barriers are yet to be overcome.

5. Inputs

5.1 Inputs are the resources available to an intervention to carry out its activities. This evaluation aims to identify the key inputs / resources that are available to RCT and whether the resources will enable the pilot to carry out its activities and achieve its objectives effectively.

Funding

5.2 As a pathfinder for the Early Years Integration Transformation Programme, Cwm Taf PSB has access to the Early Years Transformation Funding grant. For the pilot in RCT this funding is used to support aspects of the new approach and develop regional working. It is focused on mainstreaming changes in the coordination of existing funding rather than create a reliance on continued additional grant funding. This use of the grant funding appears to demonstrate a commitment to making lasting change through the pilot.

5.3 The early years services themselves are funded through existing programmes and policies, discussed in section 3, with the grants used flexibly to meet the needs of children and families in RCT and the programme requirements. Because of this, stakeholders are confident that the funding for the pilot is sufficient. There is concern that funding from the Transformation Programme will cease before the pilot approach has been fully embedded. This uncertainty is caused by the annual nature of funding from Welsh Government with confirmation of grant funding often coming late.

Skills, knowledge, and experience

5.4 The pilot approach utilises the skills and knowledge of the early years sector within RCT and the wider Cwm Taf Morgannwg area. The Cwm Taf PSB has a reputation for innovation, taking national programmes and delivering them to meet the specific needs of their communities.

- 5.5 Related to the skills and knowledge of the individuals and services involved in the pilot is the legacy of integration work in RCT. Stakeholders in some cases were not able to define a boundary between previous reorganisation in RCT and the new pilot approach, viewing it as a logical continuation of the same process. The recent experience of the RFS in coordinating an integrated approach is of great value to the pilot and should serve as an aid in overcoming barriers.
- 5.6 Additional staff have been appointed in the form of a Regional Early Years Transformation Programme Lead Officer and a Health Programme Lead. The Regional Early Years Transformation Programme Lead oversees the Pathfinder integration work across Cwm Taf and works to coordinate all partners across the region. They facilitate and manage the attachment research project, workforce development and support ongoing communication across the three local authority areas and the University Health Board. The Health Programme Lead is a Band 7 Health Visitor, whose role is to support the leadership and change management required for the pilot approach. The health lead also supports the health visiting teams of Merthyr Tydfil and Bridgend by communicating the learning from the pilot in RCT. They lead on the Resilience and Well-being Health Programme and the delivery of the Family Health Visiting service in partnership with RCT council. As these posts are funded through the Transformation programme the uncertainty of the annual grant is a cause for concern.
- 5.7 Skills and knowledge of staff are being boosted by additional training (see section 6 below), designed around the identified needs of children and their families. It appears that there is a wealth of knowledge and experience in a highly skilled workforce for the pilot. Both strategic and operational stakeholders do not feel any concerns and the available training makes them confident that any need will be able to be addressed.

Management and Governance

- 5.8 The pilot is being managed with deliberate processes. The reorganisation of health visiting has been managed by using the Cheltenham acuity tool to reallocate caseloads fairly in line with local demographics. This is done to ensure a balance with health visitors operating on a GP practice footprint. The Capita One software system is used for data recording and sharing information. Stakeholders feel this is an effective data system and is already showing a need for the pilot outside of former Flying Start areas. There is also significant capacity for data analysis in RCT.
- 5.9 Governance is carried out through close collaboration between the teams involved. Both RCT council and the health board are working together to oversee delivery. Multi-agency panel meetings are held to ensure collaborative decision making, to put in place the right plan for families. This is a departure from apportioning a percentage of time and outcomes to specific programmes, and instead puts the needs of end beneficiaries first.

6. Activities and Outputs

6.1 Activities are the actions of the pilot: how it is deploying the resources discussed above. This evaluation assesses the planned activities of the pilot in RCT, specifically, why they have or have not taken place, how well they have been implemented, and any barriers that have affected delivery or are likely to in the future. Stemming from the activities are the pilot's outputs. These encompass the key targets for measuring delivery and are outlined later in this section.

6.2 The activities of the pilot in RCT can be broken down into:

- Delivery of the Project Plan
- Volunteer and staff activity
- Overall spend
- Outreach and communication
- Record keeping.

Single assessment and referral process

6.3 The single referral and assessment system of the Resilient Families Service forms a central part of the pilot activity in RCT that is seeking to achieve a consistent approach across services. Whether it be from schools, health visitors or via self-referral, children and families are referred through a single front door to the central point of the Resilient Families Service. Subsequently, they are assessed by an RFS assessment officer, where the level of resilience and needs of the family are established. Brokerage officers then plan and meet with different services within the community to explore the potential avenues to meet those needs. They carry out appraisals to remove known barriers to increasing resilience levels (e.g., housing, finance education) and put together a support plan tailored to the family. Following a handover meeting, where families sign off on the support plan, the intervention worker liaises with the relevant services according to the plan. Progress is measured by tracking change in the family's Vulnerability resilience scores at the start and end of support.

The matrix is broken into four sections, identifying strengths and needs over a range of areas: environment, vulnerability, resilience and adversity with a score of 1-4 on each category. Finally, the evaluation at the end of the intervention period determines whether the family requires additional support, with the option of a 6-week extension (up to a maximum of 12 weeks) if necessary.

- 6.4 Despite stakeholders recognising the robustness of this process, staff disagreeing on a best course of action for families has been an issue. For instance, the plan does not always reflect what the assessment workers believe to be the best options for intervention. Assessment workers were also frustrated about a lack of notification on the outcomes for families following their handover to intervention workers. Those spoken seemed unaware that, thanks to shared systems, they are able to access that information independently.
- 6.5 Although RFS has existed for several years, the role of the pilot has increased the profile and engagement with RFS. Additionally, there are more services available through RFS. This contrasts with the previous Team Around the Family arrangements where, due to the distinction between Flying Start and non-Flying Start areas, amongst other factors, families had limited access to some services and received multiple assessments.

Approach to service delivery

- 6.6 The actions of the different services that directly deliver the pilot are crucial in ensuring that families with complex needs receive the support they require. As a result, the planning of services in RCT has centred on the realignment of services based on the needs of children and families. Staff no longer promote services such as parenting and early language to families, instead receiving referrals of families that actually need support. Delivering early language and communication support according to need has been a key target of the pilot. Now, if any child in RCT (regardless of whether they live in a Flying Start area or not) is categorised as 'delayed' following a SoGS assessment at 20

months, they receive a WellComm screening that decides the appropriate forms of intervention and engagement and schedules an assessment of progress post-intervention. This is in contrast to the arrangements prior to the pilot, where all children in a Flying Start area turning 21 months would receive a WellComm assessment, regardless of need.

- 6.7 Inevitably, this approach has resulted in some programmes having a lower number of assessments each month, but assessments are instead more appropriately targeted. In the case of speech and language, there are now a lower number of WellComm assessments in Flying Start areas and a higher proportion of those carried out requiring intervention. There has been no reduction in number of assessments overall with a high proportion of referrals coming from areas previously illegible for support.
- 6.8 The commissioning of services within RCT, whilst altered, has not changed dramatically with a more formal tendering process introduced in place of rolling contracts. Most services are operated internally within the health board and local authority. In the instance of childcare, services are operated by a mix of private providers and public services.
- 6.9 Staff within RCT have focused on a restorative, strengths based, solution-focused approach to delivering services. This has entailed preventative work with families to reduce the need for them to require statutory intervention. There has also been an adoption of a 'family approach' amongst those delivering services, highlighting the positive aspects of the parent's interactions with their child to build their confidence in their parental abilities and encouraging them to continue to make the right decisions over the long-term.
- 6.10 The delivery of free childcare services has been the issue most misunderstood by families. Unlike all other services in RCT, the eligibility of families for free childcare is still limited to those who live in Flying Start areas. Families who live in non-Flying Start areas can

access to free childcare as part of a wider package of support. This is conditional on an RFS assessment and agreement at the RFS panel meetings that resources are available. If approved, they will be given a termly placement which can be renewed following review at the end of the term.

- 6.11 Within RCT, stakeholders are working towards achieving sign off, granting universal access to needs based free childcare. Currently, a flexible method determined by surplus supply of places, is being implemented, with a ten percent flying start discretionary fund deployed to pay for those families that are not eligible. Placements are also maintained if the child has additional learning needs.

Management and arrangement of delivery

- 6.12 The new delivery arrangements of the pilot in RCT have led to a significant shifting of resource and responsibilities within the local authority and health board area. The removal of the Flying Start Health Visitor role and the creation of the universal Family Health Visitor role within the Resilience and Wellbeing Health Programme, has included a widespread reallocation of health visitors, with many families being assigned a new health visitor. However, according to stakeholders, families received limited information about the changes to the health visiting service, and as a result, were anxious about the reorganisation. Furthermore, there has been a concern that due to this lack of familiarity, families are having less contact with their health visitor and are thus not seeking out support they need. This is compounded by the Covid-19 pandemic, which has restricted contact between families and support staff.
- 6.13 Similarly, this reorganisation of health visiting has resulted in a change in health visitor caseloads. The number of new families taken on by a health visitor was determined by the number of intensive cases respective health visitors had. Following this reorganisation, there has been concern surrounding the significant increase in caseloads for certain health visitors, which combined with staff

sickness, has put strain on the service. Furthermore, some staff have had to go through periods of shielding due to the Covid-19 pandemic, which has led to staff having to cover families across the whole borough, instead of previously 'East' or 'West' RCT. Overall, operational stakeholders stated that the situation is manageable as long as working from home arrangements are still in place. However, as soon as regular face-to-face visits with families resume, there is a risk of teams becoming inundated.

6.14 There has been widespread participation in training amongst staff in RCT to ensure efficient and effective delivery of support services. Courses have ranged from general childcare training to child protection training. Some have been very popular; a recent Elklan training course was fully booked. Training is complimented by monthly team development sessions and mandatory training on a yearly basis, depending on staff roles.

6.15 Staff in RCT have access to a bespoke offering of training through 'The Source', an online training library linked with the Open University. Following approval from management, staff can request training and be allocated a place on the course. Operational stakeholders stated the importance placed on training across the local authority, with participation maximised by the offering of courses on evenings and weekends. There was recognition that some courses were better than others at adapting to online delivery.

Communications and engagement

6.16 Pivotal to the successful delivery of the pilot in RCT is information sharing between different organisations. With the introduction of RFS, and subsequently the pilot, there has been reduced silo working amongst services. The discussion of a family's case at the weekly RFS panel meeting has proved to be an important forum where services communicate with each other on which core RFS team would be best placed to meet the need of the family. Management meetings, provider forums and community updates have also

strengthened collaboration. Across services, pre-existing relationships between individuals has served as a key building block to this enhanced communication, as individuals know who to contact in different organisations.

- 6.17 Information sharing between nurseries and schools is particularly important with children facing an important transition between the two settings. For instance, the ‘team around the child’ meetings involving the child’s key worker, nursery supervisor and parent enables handover support. This information is then used to help transition the children. Additionally, communication between Flying Start and non-Flying Start settings in the field of childcare is improving. Stakeholders working in Flying Start childcare settings are now starting to receive notes on why non-Flying Start families are receiving childcare and what other support they are accessing from RFS. This, in turn, helps staff in those Flying Start settings provide the most effective support to children who live in non-Flying Start areas.
- 6.18 The use of Capita One as a single management information system enables those providing services through RFS to have an overview of what other services the families have accessed and forms an important part of the overarching drive for increased communication and coordination between services. Following the pilot’s implementation, the Capita One system now includes formerly flying start services that have now become universal. The use of Capita One by the RFS Health Team as well as the core RFS teams ensures the varying services in RCT can talk as one team.
- 6.19 Consequently, staff are getting access to more advice and guidance to establish whether there are other, better-placed services available to provide support, or alternatively, to ensure they are not duplicating the work of other services. However, despite these best practice examples of communication, there is a sentiment amongst staff that more could be done to further enhance collaboration, particularly at a strategic level.

Outputs

- 6.20 Outputs are the direct products of the pilot's activities and form the key indicators for measuring delivery. They are evidenced by the monitoring data collected by the services that make up the pilot.
- 6.21 Monitoring data is being captured by all services involved, to inform individual service delivery and the delivery of the pilot as a whole. The output data relevant to the external evaluation is listed in the table below.
- 6.22 Due to the comprehensive nature of existing monitoring this Stage 1 evaluation does not recommend any additional data gathering by services for the evaluation. To do so would increase the burden on pilot staff without yielding additional value.

Table 6.1: List of outputs

OP.1	Number of referrals
OP.2	Origin of referrals
OP.3	Number of re-referrals
OP.4	Percentage attendance rate
OP.5	Resilience scores
	Services delivered
OP.6	Number of families supported
	Health Visiting
OP.7	Average Health Visitor numbers of Universal, Intense, and Enhanced
OP.8	Number of interventions delivered by RFS Health Visitors
	ELC
OP.9	Number of WellComm assessments
OP.9a	Number assessed as Red, Amber, Green
OP.10	Number of Talk and Play sessions
OP.10a	Number attending Talk and Play sessions
OP.11	Number of drop in sessions delivered
OP.11a	Number attending drop in sessions
OP.12	Number of children with improved communication skills
	Parenting support
OP.13	Number of programmes/ sessions delivered
OP.13a	Number attending each Tier

OP.13b	Attendance rate
OP.14	Number of parents reporting improved parenting skills
	Childcare
OP.15	Number of places Flying Start/outside Flying Start families
OP.16	Foundation phase profiles
OP.17	Attendance rate

7. Outcomes and Impacts

- 7.1 The effects of the pilot include its outcomes (the medium-term change arising from the outputs of its activities) and its impacts (the longer-term and much more indirect change, partially arising from the pilot).
- 7.2 As outcomes appear sooner after delivery, they relate more directly to services than impacts. They reflect process and structural elements as well as wider attitudes and perceptions by key stakeholders. The impacts, in contrast, are more fundamental to the population of RCT and reflect back to the original policy drivers.

Outcomes

Short-term increase in families receiving support

- 7.3 If the identified need is true, that there are families outside of previous service boundaries eligible for support, there is expectation to see an increase in service demand as these families begin accessing them. The increase will be visible from monitoring data gathered by the pilot. As the pilot effectively increases resilience within the communities of RCT, this increase should not continue into the long term.

Families supported who previously didn't have access to Flying Start

- 7.4 A strong motivation to adopt the pilot approach is that the fixed geographic boundaries for Flying Start do not reflect the changing circumstances of the communities in RCT. Whereas pockets of deprivation stay relatively fixed in other local authorities across the Cwm Taf Morgannwg health board, the areas of deprivation in RCT can vary year to year.
- 7.5 A key outcome of the pilot will be for families who need, but previously have been unable, to access Flying Start type services, to be supported. Stakeholders will be able to inform the later stage evaluation whether this has been the case. Early signs point to an increase in the number of new families accessing services that have not done so before. So far stakeholders have commented on a

changing profile amongst those accessing services but feel this has been the result of a dramatic short-term change due to COVID-19 (see section 7.20 below).

Early identification of complex needs

- 7.6 With its focus on preventative intervention delivered at the earliest possible moment, success for the pilot will mean early identification of often complex needs. Operational staff have stated that they are seeing more complex cases than before the pilot, alongside a drop off of families who simply wanted to access what services were available not what they needed.

Support targeted where there is need

- 7.7 One criticism of previously designed programmes has been that it provides access to support for those who are not in need. The support is offered through other eligibility criteria, such as address, and so delivery figures do not represent the true potential impact that targeted delivery can make. It is important for the success of the approach that support is targeted where there is actual need, based on individual case assessment.

- 7.8 There is evidence that needs have been better identified since the start of the pilot. Services are developing appropriate programmes to deal with identified need rather than simply offering a generic programme of support.

Support for pilot approach across different services

- 7.9 For the pilot to be successful it will need the support of all the services involved. This is likely to include an element of self-fulfilment as service buy in leads to initial progress, generating additional support. An important factor in measuring this outcome will be the opinions of stakeholders from across the different services.

Professionals able to refer to appropriate support

7.10 Working together, professionals will be increasingly aware of more specific support that can be provided through referral. The universal availability of a single point of assessment and referral will enable referrals to be made more easily, effectively, and with confidence. In later stages of the evaluation, the opinions of professional stakeholders will be investigated, to determine whether the support on offer within the pilot is appropriate for the needs of the children and families they work with.

Support from parents

7.11 One concern raised by stakeholders was the possibility of RFS being considered the same as social services by the public and carrying a stigma of statutory intervention. As RFS is central to the pilot this would result in families rejecting support and not engaging with the wide range of services.

7.12 Publicity for the pilot encourages cooperation and portrays the RFS as a helping hand. If successful, then engagement should be high. Feedback from parents and figures of attendance will demonstrate whether the pilot has the support of parents.

Perceived externally as a single service

7.13 The perception of early years support from outside the sector is an important test for the pilot. The purpose of integration is to improve the experience and impact of services on children and their families. It will be a testament to the pilot's efforts, if, from an external perspective, the different services are seen as a single joined up organisation. This will rely on wide ranging buy in to the pilot across the sector and effective communications between separate branches.

Impacts

7.14 The impacts are the deep-seated changes expected, which have been repeatedly described as the most important by stakeholders. Everyone interviewed for the evaluation expressed a desire to see impacts that made fundamental improvements for the population of

RCT. This reflects the vocational nature of the sector with goals going beyond the stated objectives of the pilot. Measuring impacts with a standalone evaluation is difficult, as they will only become evident in some cases after a considerable length of time. It depends on monitoring at key milestone moments, such as when children start school, and long-term observation of cases. No stakeholders within RCT or the wider Cwm Taff Morgannwg region expect to see them emerging soon. The impacts remain important however, as they represent the core improvements brought about by the pilot approach.

Improved child and parental well-being

- 7.15 An impact that can be evidenced early on will be an improvement in the well-being of children and their parents. The interventions delivered by the pilot have the potential to make rapid changes to individuals and will be evidenced by the pilot monitoring and stakeholder feedback.

Reductions in disruptive child behaviour, dysfunctional parenting and co-parenting conflicts, and improved parental mental health

- 7.16 After the initial surge of demand, and the delivery of effective support to those in need in RCT, there should be a reduction in disruptive child behaviour, dysfunctional parenting, and improvements in parental mental health as the resilience of families is increased. The pilot approach will identify these changes through its delivery.

Long-term indicators

- 7.17 Over the coming years the following impacts should emerge:
- Reduction in health inequalities across communities
 - Reduced rate of poor mental health in children and young people
 - Reduction in the impact of ACEs/ increased resilience
 - Reduced numbers on Child Protection Register
 - Reduced rate of Children Looked After (CLA)

- Increased number of children meeting expected development milestones
- Reduced number of exclusions from school

External factors and unintended consequences

7.18 Longer term effects are more easily affected by external factors beyond the control of the pilot. External factors will also play a role in how the pilot is able to proceed with its activities.

COVID-19

7.19 The COVID-19 pandemic has already had a large impact on the pilot. The entire early years sector workforce has had to adapt to remote working, childcare settings have had to be closed through lockdowns, and more families are in need of support. As a consequence of COVID-19 the Early Years Integrated Transformation Programme was temporarily halted, resuming in the second half of 2020 with a reduction in the grant funding available to pathfinder areas. This delayed the initial start of the pilot.

7.20 Stakeholders who deliver frontline services have noticed a change in the profile of those in need and seeking support. Qualitative feedback suggests that, in addition to those experiencing long-term deprivation in RCT, there has been an increase in need from less deprived communities as the pandemic has impacted on employment and mental health.

Fewer life changing effects

7.21 One potential unintended consequence of the pilot's more efficient delivery of support is the reduction in life changing effects coming from interventions. Some stakeholders pointed to the likelihood of more limited effects on individual children and families as services are more targeted and delivered in shorter time frames. The cumulative effect of separate targeted interventions for individual issues was held by strategic stakeholders to counter this risk. Re-referrals to RFS may

be required and are not seen as a failure for the pilot unless individuals are repeatedly referred for the same reasons.

8. Counterfactual

- 8.1 Later evaluation stages will involve an impact evaluation, to determine whether an intervention caused a particular outcome. Broadly, this involves two main tasks: determining whether something has happened, and determining whether the pilot was responsible. The first task requires the measurement of change using descriptive statistics or narrative, whilst the second requires finding a means of estimating the counterfactual – what would have occurred had the pilot not taken place.
- 8.2 True empirical impact evaluation is often considered the gold standard for exploring and measuring effect, but it is not always feasible to undertake. Key factors when considering the feasibility of an empirical evaluation are the scale of the impact of the intervention, data availability, and potential comparison groups.
- 8.3 The ‘scale of impact’ is an assessment of how large an effect a driver of interest (e.g. the pilot’s activities) is likely to have on the impacts. Theoretically, there is a direct relationship between the pilot’s activities and its impacts, illustrated by the evaluation model (see Annex B). Although this suggests that an empirical evaluation is therefore feasible, external factors can confound things. Wider health, social, and economic conditions will play a role in the final impacts, making the relationship between the driver and the outcome of interest more complex.
- 8.4 Data availability in many respects is the strongest factor in the feasibility of an empirical impact evaluation for the pilot. The driver of interest is distinct from normal practice and the effects measurable, with the data comparable to measurements before intervention. The presence of equivalent datasets for Merthyr Tydfil and Bridgend, and elsewhere in Wales, makes it possible to construct a quasi-experimental non-equivalent comparison group.

- 8.5 A true randomly sampled control is not possible due to the scale of the pilot and its deliberate non-random nature. The pilot has been designed to address specific conditions present in RCT and covers the whole local authority area. The causes of need are diverse and prone to confounding external factors, reducing the robustness of a comparison with a control group. As support in the pilot is targeted it would also be unethical to withhold intervention in any identified case for the purpose of a counterfactual. A control group consisting of those who have no need to receive support is not comparable.
- 8.6 An attempt at an empirical impact evaluation for the pilot approach would fall short of required criteria and weaken the validity of any conclusions. For the reasons above, it is not the approach suggested for the evaluation.

Suggested approach

- 8.7 In this context, a later stage evaluation of the pilot should take a non-experimental approach. Such approaches are not 'true' impact evaluations, which take potential non-policy causes for observed change into account, but they can provide quantitative evidence to estimate the net impact of the pilot. This, along with qualitative data that provides evidence of how and why the pilot works or could be improved, will provide useful insight into the effects of the pilot.
- 8.8 The approach recommended is to:
- Use suitable existing datasets as a benchmark to estimate what would have happened without the pilot.
 - Conduct before and after analysis of data gathered from qualitative interviews carried out by the evaluation. This self-reporting of behaviour change by stakeholders will be sufficient evidence given the expected scope of the shorter-term effects.
 - Use quantitative data gathered by the pilot itself and wider stakeholders to evidence long-term impacts.

9. Conclusions

9.1 The conclusions in this section are structured using headings adopted from the EU Better Regulations framework. The evaluation logic model (included in Annex B) illustrates how these headings relate to its various components.

Coherence and relevance

9.2 The design of the pilot approach and its objectives appear to be fit for purpose and highly coherent with the policy context. The pilot meets the explicit requirement stated in policies for the coordination and integration of existing early years programmes and the close cooperation of the local authority and health board.

9.3 The pilot is deliberately relevant to the needs of the communities of RCT. Stakeholders feel that it is a welcome change to develop an approach that takes account of the specific circumstances of RCT that previous approaches were unable to do.

Efficiency

9.4 Feedback from stakeholders and a review of literature suggests that the pilot is being delivered efficiently. The approach is built on the integration work that has already happened in RCTCBC, and in many ways is the natural continuation of this process. There were initial reservations amongst the operational stakeholders, based on fears over sufficient workforce capacity, but these have been mostly overcome through use of the Cheltenham tool and additional training.

9.5 COVID-19 has disrupted the frontline delivery of services. The pandemic would have made a similar impact on the sector without the pilot approach and processes have adapted well to the challenges. The shift to remote communications has been of some benefit as it has facilitated greater cooperation between strategic stakeholders.

Effectiveness

- 9.6 At this stage of the pilot there is some evidence about the outcomes and impacts to assess how effectively it is being delivered. The distinction between generic and Flying Start health visiting has been removed, with caseloads shared across the workforce. All health visitors are now able to offer the same range of support, including an additional antenatal visit and a visit at 20 months for the SOGS assessment. Stakeholders have commented on the presence of new families receiving support who previously would not have been eligible due to where they live. It is too soon to evidence what long-term impact this will have on the communities of RCT.
- 9.7 There remain high levels of concern on the wider applicability of the pilot approach from stakeholders in RCT and the rest of the Cwm Taf Morgannwg area. The pilot has been designed to address the specific conditions of RCT and utilises systems that are not present elsewhere. There are lessons applicable to the wider area, mainly in relation to the factors critically considered in designing the approach including the coordination of existing systems to address localised issues.

10. Recommendations

- 10.1 The experiences stemming from the pilot's early stages of implementation has provided several recommendations for future delivery of the pilot, as well as the requirements for a future evaluation, including monitoring requirements.

Recommendations for future delivery of the pilot

Amend the Resilience Matrix scoring system

- 10.2 Stakeholders involved in the RFS assessment and referral system stated the need to update the scoring system of the Resilience Matrix. Furthermore, the questions asked by assessors and intervention workers are open to interpretation and are in the past-tense. Staff reported having to paraphrase the questions posed to families to make them easier to understand, at the expense of accuracy. By updating the questions of the evaluation tool to make them more user-friendly, families will produce more genuine responses that will improve accuracy and thus help provide the most effective support possible.

Increased communication between services at all levels

- 10.3 Although communication between organisations, services and families has been continuously improving following the implementation of the pilot, there is a need for further improvement to ensure the objective of delivering coordinated and integrated services in RCT is realised. This includes notifying families of any service change affecting them and delivering key messages through a community engagement team using a common language that is understood well by all.
- 10.4 There should be more frequent updates and meetings between Health and Local Authority to ensure that any changes that need to be addressed are made quickly. Furthermore, staff at a strategic level needs to frequently communicate with staff on the ground to ensure that at an operational level know, everyone is aware of what is going

on, including preliminary findings from delivery to-date. By entering into this dialogue, staff on the ground can provide valuable insight and knowledge from the ground-up that can be fed into decisions going forward.

Protecting availability of training

- 10.5 Similar to the pilot's approach to communication, there are already strong processes in place enabling staff to access training, to the benefit of children and families. However, with training budgets limited, there needs to be a wide availability of courses, alongside management encouraging staff to upskill to allow the specific, complex needs of families to be met.

Review HV referrals into RFS

- 10.6 Under current arrangements, RFS receive information from health visitors via basic paper forms, due to health visitors not having access to the RFS system. As a result, health visitors are unable to track the family's progress once they refer them to RFS. Moreover, RFS staff are often guarded in what they feel they can share with health visitors. This, combined with a lack of suitable IT equipment for health visitors, highlights the need for health visiting to be more fully integrated with RFS.

Recommendations for future evaluation(s)

Continuously monitor and gather data

- 10.7 In order to measure the 'true' impact of the pilot activity in RCT it is necessary for data to be continuously monitored and gathered throughout the implementation period. This includes a range of measures and indicators across services, at multiple levels of delivery (see evaluation framework). By continuing to monitor and gather data on early years activity it will enable stakeholders to ascertain the net change in outcomes for children and families pre and post pilot delivery. Furthermore, it will highlight areas of delivery that require additional refinement or wholesale changes.

Prepare stakeholders for stage 2 evaluation in early 2022

- 10.8 We recommend that there is a second stage of evaluation in early 2022 to enable the pilot's early outcomes to fully emerge. The method for the stage 2 evaluation is outlined in a separate companion document.
- 10.9 Stakeholders should be made aware of the Stage 2 plan and their participation encouraged at this time.

Stage 3 will be required to start to evaluate impacts

- 10.10 As defined by the Theory of Change, the impacts of an intervention are not felt immediately following implementation, but instead are realised in the long-term. Therefore, we recommend a third stage of evaluation to determine whether the intended impacts have come to fruition, alongside any unintended impacts.
- 10.11 In this pilot project, it is imperative that a stage 3 evaluation is only conducted after a significant period of delivery has passed, so as not to confuse all immediate outcomes with the overall trend of effects. For instance, due to the increased availability and efficiency of services stemming from the pilot, there is an anticipated increase in the number of children and families receiving support. However, the anticipated longer-term impact is that families become more resilient and independent following support, leading to a decrease in the number of overall referrals into support services in RCT.

Annex A Evaluation Framework

		Monitoring	External evaluator	
Policy			Evaluation question	Source
P.1	Wellbeing of Future Generations Act		What policies drive the pilot?	Literature review
P.2	Social Care and Wellbeing Act			
P.3	Prosperity for All		Has there been a change to the policy environment since the start of the pilot?	
P.4	A Healthier Wales			
P.5	Regional Strategy for Children, Young People and Families			
P.6	Early Years Integrated Transformation Programme		How does the pilot contribute towards policy objectives?	
P.7	Children and Communities Grant			
P.8	Healthy Child Wales Programme			
Need		Monitoring	External evaluator	
			Evaluation question	Source
N.1	To create an integrated Early Years system for RCT	Assessment of need across RCT	What is the need for the pilot?	Literature review and qualitative fieldwork
N.2	To address inequalities of delivery in Early Years services in RCT			
N.3	To implement a support system focused on prevention and resilience		What market failure or need does it address?	

		Monitoring	External evaluator	
N.4	To address specific community profiles of RCT	Assessment of need across RCT	How is the pilot different from other solutions?	
N.5	To address needs of families and children as individuals	Assessment of need across RCT		
N.6	To create an accessible service			
N.7	To reach the most complex needs at the earliest point		Why do beneficiaries need the pilot?	
		Monitoring	External evaluator	
	Objectives		Evaluation question	Source
OB.1	To explore how early years services might be re-configured		What were the project objectives?	Literature review and qualitative fieldwork
OB.2	To explore what it will take to create an Early Years system locally		What did beneficiaries expect to get from the intervention?	Qual fieldwork
OB.3	To work together to deliver services in a coordinated, integrated and timely way		Why were those objectives chosen?	Qual fieldwork
OB.4	Focusing on co-ordination and services, planning, commissioning and identifying and addressing needs		Did the project objectives meet the identified needs or market failure?	Literature review and qualitative fieldwork
OB.5	To identify barriers to integration and remove them		Why was this organisation the right one to deliver on the objectives and meet the identified needs?	Qual fieldwork

		Monitoring	External evaluator	
	Inputs/Resources		Evaluation question	Source
IN.1	Finance	Tracking of spend	What resources are being input to achieve the objectives?	Desk review and Qual fieldwork
IN.1a	Transformation Grant			
IN.1b	Local Authority funding			
IN.1c	Health Board funding			
IN.2	People	Details of people involved	Are the inputs sufficient to achieve the objectives?	Desk review and Qual fieldwork
IN.2a	Children and Young People Service			
IN.2b	Resilient Families Service			
IN.2c	Early Intervention and Prevention Commissioning Team			
IN.2d	Service Planning and Transformation Team			
IN.2e	Programme Flexibilities Team			
IN.3	Assets (Buildings, technology, equipment, natural environment)	Details of assets used	How effective have the inputs been?	Qual fieldwork
IN.4	Governance – systems of scrutiny and accountability	Business plan and related documents		
IN.5	Intended beneficiaries		Are the inputs relevant to the objective?	Qual fieldwork
IN.6	Management – processes of planning and delivering	Business plan and related documents		
IN.7	Project plan / business plan including time table and schedule	Business plan and related documents		
IN.8	Communications and marketing / awareness raising plan	Details of plan / materials		
IN.9	Monitoring and evaluation processes			
		Monitoring	External evaluator	

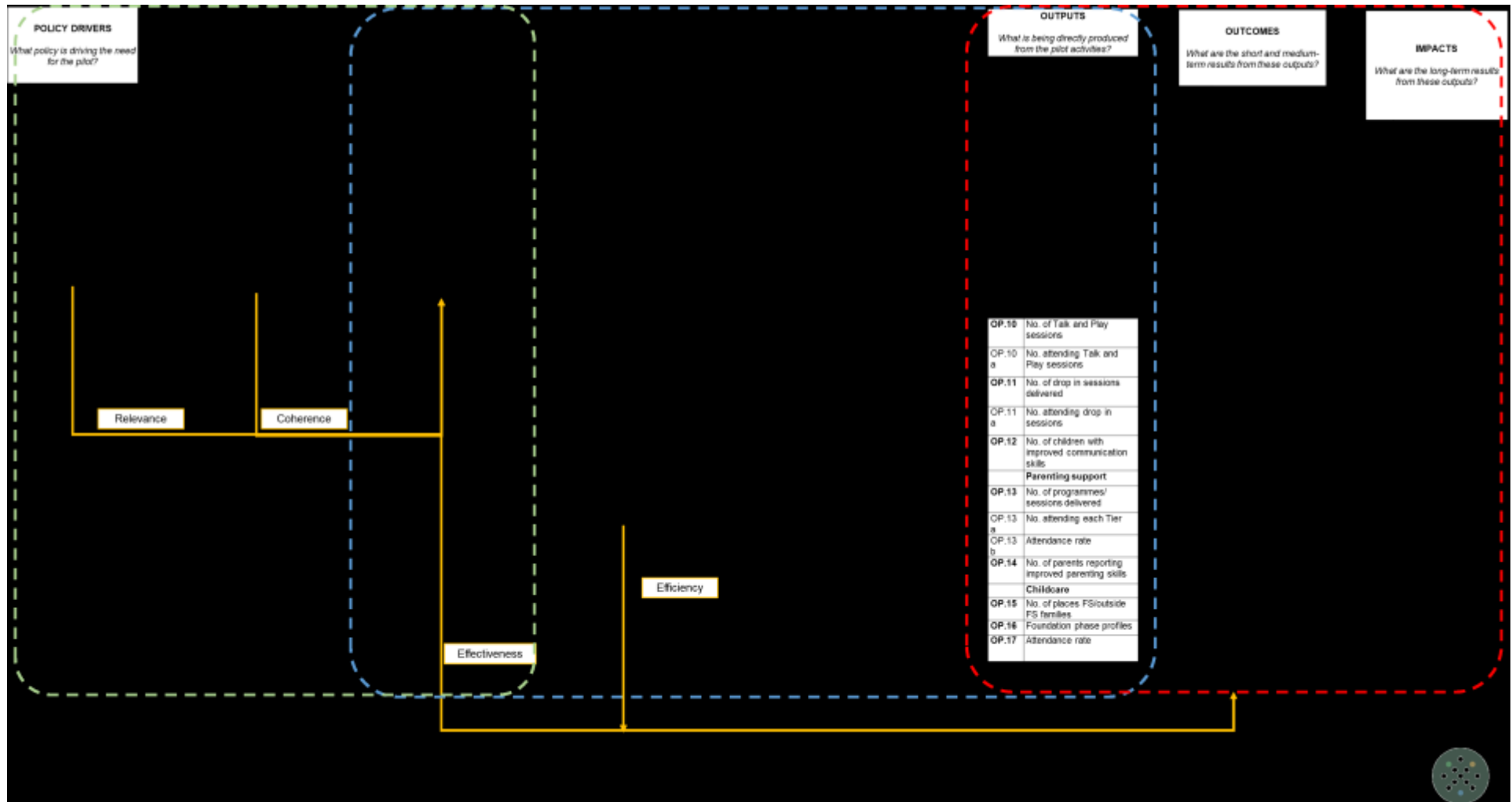
		Monitoring	External evaluator	
Activities			Evaluation question	Source
A.1	Single referral system via RFS		Are the activities an effective use of the resources to deliver the desired outputs?	Qual fieldwork
A.2	Single assessment system via RFS			
A.3	Pilot a new Flying Start delivery model		What has been delivered?	Desk review and Qual fieldwork
A.4	Health visiting reorganisation			
A.4a	On a GP practice footprint		Who delivered the activities?	Desk review and Qual fieldwork
A.4b	Balanced caseloads			
A.4c	Training	Records of training delivered	How well were the activities delivered?	Qual fieldwork
A.5	Parenting support			
A.6	Early Language and Communication support		Was the activity good value for money (and time)?	Desk review and Qual fieldwork
A.6a	SoGS at 20 months to inform more evidence based WellComm assessment	Records of SoGs and WellComm numbers		
A.7	Needs based childcare support			
A.7a	Allocating additional childcare places to the standard of Flying Start settings		Did the activities meet the needs of beneficiaries?	Desk review and Qual fieldwork
A.8	Communications and engagement (internal and external)	Copies of comms		
		Monitoring	External evaluator	
Outputs			Evaluation question	Source

		Monitoring	External evaluator	
OP.1	No. of referrals	Data monitoring by the pilot	What is the contribution of each activity to the outputs?	Desk review and Qual fieldwork
OP.2	Origin of referrals			
OP.3	No. of re-referrals			
OP.4	% attendance			
OP.5	Resilience scores			
Services delivered				
OP.6	No. of families supported		What progress has been made towards achieving the outputs?	
Health Visiting				
OP.7	Average Health Visitor numbers of Universal, Intense, and Enhanced			
OP.8	Number of interventions delivered by RFS Health Visitors		Desk review	
ELC				
OP.9	No. of Wellcomm assessments		What has gone well? Best practice / case studies	Qual fieldwork
OP.9a	No. assessed as Red, Amber, Green			
OP.10	No. of Talk and Play sessions			
OP.10a	No. attending Talk and Play sessions			
OP.11	No. of drop in sessions delivered	Qual fieldwork		
OP.11a	No. attending drop in sessions			
OP.12	No. of children with improved communication skills			
Parenting support		Qual fieldwork		
OP.13	No. of programmes/ sessions delivered			
OP.14	No. attending each Tier			
OP.15	Attendance rate		Qual fieldwork	

		Monitoring	External evaluator	
OP.14	No. of parents reporting improved parenting skills			
	Childcare			
OP.15	No. of places FS/outside FS families		What is the profile of the beneficiaries? Is this what was expected?	Desk review and Qual fieldwork
OP.16	Foundation phase profiles			
OP.17	Attendance rate			
		Monitoring	External evaluator	
	Outcomes		Evaluation question	Source
OC.1	Short term increase in families receiving support	Monitoring by the pilot	What are the outcomes of the pilot?	Desk review and Qual fieldwork
OC.2	Families supported who previously didn't have access	Monitoring by the pilot		
OC.3	Early identification of complex needs	Monitoring by the pilot		
OC.4	Support targeted where there is need		Does the project meet the needs?	Desk review and Qual fieldwork
OC.5	Support for pilot approach across different services			
OC.6	Professionals able to refer to appropriate support		How do the outcomes address the identified needs?	Qual fieldwork
OC.7	Support from parents	Monitoring by the pilot		
OC.8	Externally seen as a single service		Did the pilot deliver what was expected?	Qual fieldwork
OC.9	Unintended consequences?			
		Monitoring	External evaluator	
	Impacts		Evaluation question	Source
IM.1	Improved child wellbeing		What are the longer term impacts of the pilot?	Desk review

		Monitoring	External evaluator	
IM.2	Improved parental wellbeing			and Qual fieldwork
IM.3	Reductions in disruptive child behaviour, dysfunctional parenting and co-parenting conflicts, and improved parental mental health		What lasting behaviour change has occurred because of the pilot?	Qual fieldwork
IM.4	Reduction of health inequalities across communities			
IM.5	Reduced rate of poor mental health in children and young people		How much does the pilot contribute to the impacts?	Desk review and Qual fieldwork
IM.6	Reduction in the impact of ACEs/ increased resilience			
IM.7	Reduced numbers on Child Protection Register		How does the pilot contribute to meeting the needs / policy aspirations?	Qual fieldwork
IM.8	Reduced rate of Children Looked After (CLA)			
IM.9	Increased number of children meeting expected development milestones		How likely are the desired impacts in the future?	Qual fieldwork
IM.10	Reduced number of exclusions from school			
IM.11	Unintended consequences?			Qual fieldwork

Annex B Logic Model



Annex C Topic guides

Scoping Interview Topic Guide

To be completed ahead of the interview:

Interviewer:	
Interviewee:	
Interviewee Role:	
Date:	

Introduction (MR):

Miller Research has been commissioned by Rhondda-Cynon-Taff CBC to undertake an external evaluation of the changes produced as part of the Early Years Transformation Programme in Rhondda-Cynon-Taff (RCT).

Miller Research's commission is the first of a two-phase programme of evaluation of the new delivery model being piloted in RCT. This first phase is a formative, scoping evaluation, which includes:

- Reviewing the position across the Cwm Taf Morgannwg UHB footprint as part of the Cwm Taf Morgannwg Early Years Transformation Programme*
- Reviewing progress so far in implementing the new Flying Start delivery model pilot in RCT, and*
- Producing a comprehensive framework and plan for a full external evaluation of the Early Years Transformation Programme in Stage 2.*

As part of the evaluation, we are undertaking initial scoping interviews with key stakeholders, which will contribute to our initial understanding of the context and will directly inform a draft logic model for the transformation programme.

- 1. Please outline your role in [relevant organisation] and your involvement in the early years agenda.*
- 2. How would you define the scope of the Early Years Transformation Programme? What is it trying to achieve? How does it differ from early years provision in place previously? Probe for the role of the Flying Start delivery model being piloted in RCT.*

3. What factors (policies, organisational structures, service re-configurations, previous programmes or initiatives etc) have contributed to or enabled the Early Years Transformation Programme?
4. What have been the main challenges to date in planning and implementing the Early Years Transformation Programme? How have these challenges impacted on progress?
5. Who have been the key organisations/stakeholders in the Early Years Transformation Programme? What role have they each played?
6. What has been the role of the Early Years Integration Partnership? What has been the role of the Cwm Taf Early Years Co-construction Board? How, if at all, do these two bodies overlap?
7. How does the Early Years Transformation Programme align with the shared regional strategy for supporting children, young people and families?
8. What progress has been made in the pilot of the Flying Start delivery model? *Probe for barriers/challenges and enablers for delivery.* What impact is this having on children and families?
9. What has been the role of the Resilient Families Service in the pilot of the Flying Start delivery model?
10. What will success look like for:
 - the Early Years Transformation Programme?
 - The Flying Start delivery model pilot?
11. What existing indicators or measures (qualitative/quantitative) could be used to quantify or determine the level of success for:
 - the Early Years Transformation Programme?
 - The Flying Start delivery model pilot?

12. What additional information or data needs to be collected to evidence the success of the Early Years Transformation Programme/the Flying Start delivery model pilot?
13. Who do we need to talk to as part of this stage 1 scoping evaluation of the Early Years Transformation Programme/the Flying Start delivery model pilot?

Thank you for your time.

Fieldwork Topic Guide

Name	
Organisation	
Role	
Date and Time	
Interviewer	

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- Producing a comprehensive framework and plan for a full external evaluation of the Early Years Transformation Programme in Stage 2.*

As part of the evaluation, we are undertaking interviews with stakeholders to learn how the pilot has progressed so far, how success can be measured and develop a collaborative approach to later evaluation stages.

[Please reassure all participants that their contribution is anonymous and notes are being taken by typing only]

1. Please outline your role in [relevant organisation] and your involvement in the delivery of the Early Years pilot in RCT.
2. What is the need for the Early Years Delivery Pilot?
3. In your words, what is the pilot seeking to achieve?
4. How can success be best measured?
5. With regards to services delivered how:
 - a. are they planned?

- b. are they commissioned?
 - c. are needs identified?
- 6. From your perspective, can these be improved?
- 7. How are you working differently now from before the start of the pilot?
- 8. What effect is this having on:
 - a. staff?
 - b. families?
- 9. What data are you tracking?
- 10. How is information shared between different organisations?
- 11. When will the impacts of the new delivery model be seen?
- 12. What happens if the piloted delivery model is unsuccessful?
- 13. Which aspects of the pilot are critical for its outcomes?
- 14. Are there any external factors that will affect the pilot?
 - a. If so, what are these?
 - b. How can these be best utilised? (for positives)
 - c. How can these be overcome? (for negatives)
- 15. Thank you for your time, is there anything else you would like to add at this time?

Survey

Miller Research has been commissioned by Rhondda-Cynon-Taff CBC to undertake an external evaluation of the changes produced as part of the Early Years Transformation Programme in Rhondda-Cynon-Taff (RCT).

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- Producing a comprehensive framework and plan for a full external evaluation of the Early Years Transformation Programme in Stage 2.

As part of the evaluation, we are seeking responses to the following questions from stakeholders involved in the pilot. Your responses will be anonymised for analysis and reporting.

1. Please outline your involvement in the delivery of the Early Years pilot in RCT.

2. In your own words, what is the pilot seeking to achieve?

3. From your perspective, what improvements has the pilot made to Early Years services so far?

4. What improvements are necessary to the way the pilot is delivered?

5. What effect is the pilot having on:

a. staff?

b. families?

6. What data are you tracking?

7. What measures can be used to assess the pilot?

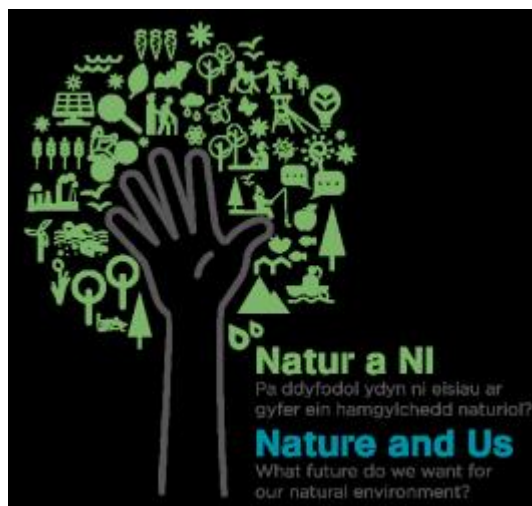
8. When will the impacts of the new delivery model be seen?

9. Thank you for your time, is there anything else you would like to add at this time?

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**Cyfoeth
Naturiol
Cymru
Natural
Resources
Wales**



Nature and Us

An exciting offer to PSBs

NRW with support from Welsh Government are jointly hosting a National Conversation with citizens in Wales about the future of the Welsh environment.

The purpose of the national conversation is to build a shared vision for the future of the Welsh environment – looking towards 2030, 2050, and the pathways to get there. We will be involving people in a conversation around 5 key themes, which are:

- What do people identify as the critical issue(s) for the future?
- If things went well, being optimistic but realistic, what would be a desirable outcome?
- If things went wrong, what factors would people worry about?
- What people think about different scenarios of the future?
- What people are willing to change?

As a statutory member of all PSBs in Wales, NRW would like to make an offer to all PSBs to be involved in this national conversation. There are two ways in which you can be involved:

- Help promote the involvement of citizens through supporting our communication campaign and our online involvement mechanisms.
- Agree to jointly host a focus group with a cross section of citizens for your PSB area, to explore the actions that we all might need to take to tackle the dual climate and nature emergencies. All costs to be covered by NRW with independently facilitated focus groups.

In return, we will be able to provide the results of our online survey cut to local authority and/or joint PSB areas. Both the data, and the process itself will not only support the Well-being plan, but will help to build local platforms for action,

supporting work ongoing through area statements, local nature partnerships and existing PSB work.

The focus group sessions will be run by a third-party research organisation, and will gather the views of the public about the future of the natural environment in Wales. As well as informing the Well-being plans, we will use these focus groups to help develop a shared vision for what that environment should look like over the longer term, and the pathways needed to get there.

We are aware that some PSBs have already run community surveys which include questions linked with the nature and climate emergency. We would welcome the opportunity to combine our findings, and continue to help PSBs identify actions that enable us all to take the action we need, as citizens, public bodies, businesses and Welsh Government.

If PSBs are interested in accepting our offer for focus groups, if you are happy to share your own survey results with us, please get in touch. NRW will work with you to agree how to select appropriate participants, for example, through a random sample or making use of existing citizen panels.

We are hoping to launch Nature and Us in January, and to run the focus groups in March – April 2022.

If you would like to take us up on this offer please contact:

NaturaNi@cyfoethnaturiolcymru.gov.uk