

HEALTHY LIVING



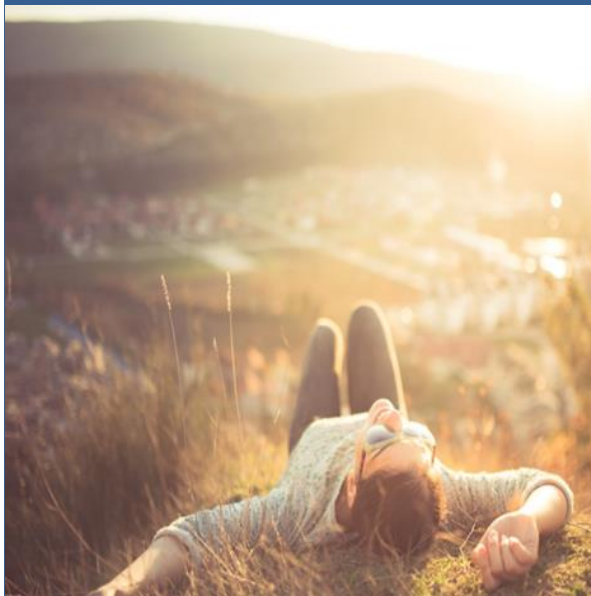
SECURE HOME AND FINANCES



Integrated Well-Being Networks in Gwent: Baseline Review

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MENTAL WELL-BEING



WORKING, LEARNING AND PARTICIPATION

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1. Introduction

1.1 Purpose

The purpose of this report is to present the findings of a baseline review which assessed the extent to which elements of Integrated Well-being Networks are available in localities across Gwent. The report also makes a series of recommendations for taking this work forward across Gwent.

1.2 The Case for Change

Pressure across the health and social care system to deliver efficiency savings and close the projected funding gap is real. Beyond these efficiency savings and funding shortfalls, financial sustainability requires services, and the infrastructure that enables them, to drastically change to meet the needs of the populations they serve now and for future generations. Based on Health Foundation trends (Watt and Roberts, 2016), no change to the current system would require health and social care spending across Gwent to rise by 71% by 2030/31 to meet population needs. There is now widespread acceptance that the current model is unsustainable and there is a need for a rapid shift towards prevention, early intervention and co-productive approaches to working with people who use services and their carers.

Recent legislation requires public bodies to take a long-term, collaborative and preventative approach which means engaging people to find out what matters to them, what they hope for and what they want to be different in their lives. There is increasing recognition that an exclusive focus on needs and deficits can result in people feeling disempowered and dependent, becoming passive recipients of services rather than active agents in their own lives. There is a widely held view that co-producing solutions with people, building on individual strengths and abilities, and nurturing readily available community based assets is a more sustainable way of building well-being and resilience in the community and thus reducing the pressures on health and social care.

1.3 Place-Based Integrated Well-being Networks

The Integrated Well-being Network (IWN) concept offers the framework for supporting the establishment of integrated, place-based well-being systems across Neighbourhood Care Networks (NCNs) in Gwent (see Figure 1). The framework encompasses the key factors that are associated with

people's well-being and encourages us to think holistically about the factors that impact on a person's health and well-being.

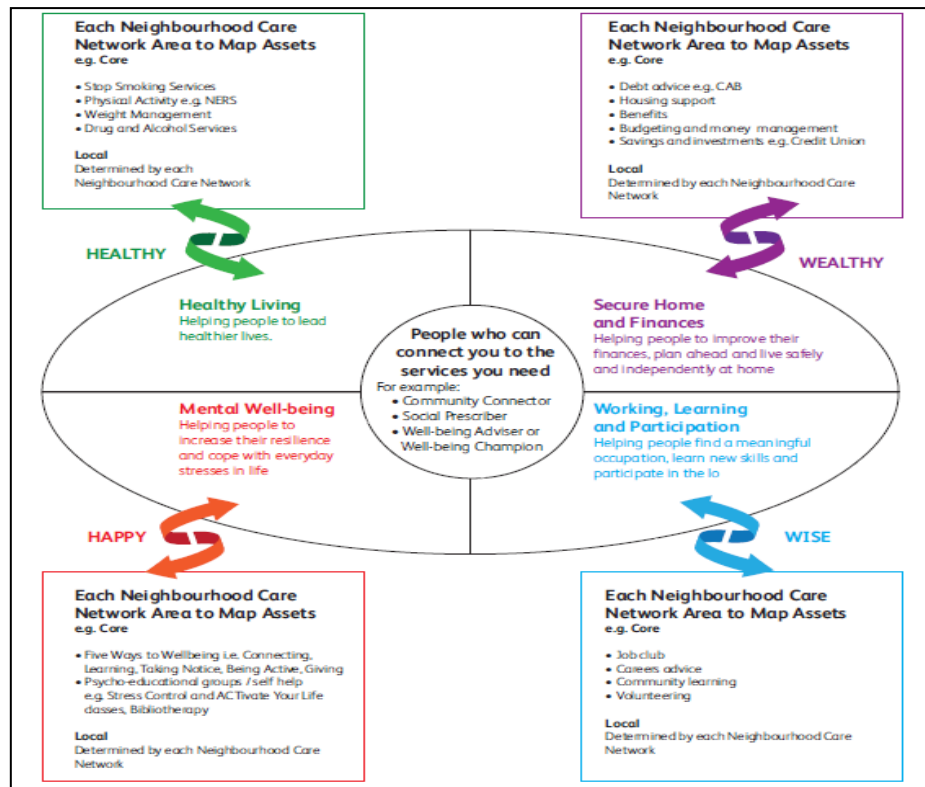


Figure 1: Integrated Well-being Network

The concept of an IWN is underpinned by three key principles;

- Ensuring people have a greater sense of control over what they need, making decisions about their support as an equal partner
- Early intervention and preventing the escalation of need by ensuring that the right help is available at the right time, as close to home as possible
- Organisations across sectors collaborating, on a place basis, to meet the needs of the communities they serve

Collaboration is not just about working together, but about moving away from the 'fortress mentality' whereby organisations act to secure their own individual interests and future. Within a place-based network, organisations form a community where everyone knows each other and can collaborate and respond to future challenges together. In this scenario, the local

system performance matters more than organisational performance, and the focus is on individual and population centred outcomes (The Kings Fund, 2015).

IWNs are not about creating more services or 'sticking plasters' that attempt to solve people's problems. Instead the aim is to capitalise on what is already available locally and bring in the unique strengths and assets that are within individuals and communities. These assets exist within all communities and contribute to good health and well-being (see Figure 2). A key feature of IWNs is that practitioners working within this system will use a person-centred and strengths-based approach to support people with care and support needs.

However, resources and assets should reach beyond those with existing care and support needs, to those that are not currently in the system. In particular, we need to identify the diverse 'rising risk' group who are on a trajectory towards greater involvement of health and social care services. Wherever possible we want people to find the support they need to stay well within their community, reducing the need for them to access support from the care system.



Figure 2: Community determinants that underpin health and well-being, Public Health England 2018

1.4 The Approach to Change for Gwent

The Parliamentary Review into Health and Social Care in Wales (2018) makes the case for three broad shifts in care - strengthened seamless care

closer to home; reorientated specialist care; and proactive improvement of population health and well-being,

"These three elements will need to be accelerated in order to build a different system of more effective community based services, supported by a shift of resources towards early help and support for people in their own home...New models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals..."

Local partners must work with their communities to build the care and support infrastructure that is right for that community; guided by prudent healthcare principles, and the design concepts of the Well-being of Future Generations (Wales) Act 2015 and the Social Services (Wales) Act 2014.

The recommended approach to developing place-based integrated well-being networks, outlined in this report, will contribute to the delivery of statutory and corporate plans, but it is recommended that further work is undertaken to ensure full alignment:

- Gwent Well-being Area Plan (delivery of prevention and early intervention agenda)
- ABUHB Clinical Futures: An integrated system of health, care and well-being (including 'Care Closer to Home' and Neighbourhood Care Networks)
- Public Service Board (PSB) Well-being Plans

It is recommended that IWNs are developed on NCN footprints, which provide the beginnings of natural place-based teams. The approach will need to be tailored to meet the needs of local communities, but it is recommended that a programme of work is owned and overseen by the Integrated Partnership Board in each area:

Recommendation 1: Develop IWNs on NCN footprints, with a programme of work owned and overseen by the Integrated Partnership Board in each area

Recommendation 2: Ensure full alignment of IWNs within relevant partnership plans, particularly PSB Well-being Plans

1.5 Baseline Review Methodology

A commitment was made to the Greater Gwent Regional Leadership Group in August 2017 to complete a detailed baseline review of the IWN elements that are already in place across Gwent to inform future planning. This review covered each of the five local authority areas and consisted of three key elements:

1. To establish the core offer of well-being services that currently exist within localities
2. To understand the emerging well-being workforce, including the 'linking roles' that exist to support people to navigate the system
3. To map the current or planned 'hubs' that can contribute to community well-being

Between October 2017 and March 2018, Aneurin Bevan Gwent Public Health Team contacted over 50 different people across a number of different sectors to gather information about each of these elements. The aim was to gain as complete a picture as possible in each local authority area, although some gaps remain where information was not available.

A summary of the information collected is provided under each of the headings below, with a full description of findings and recommendations in subsequent chapters of this report. The recommendations made suggest a strategic way forward across Gwent. More detailed reports will be made available to each Integrated Partnership Board and NCNs to inform their local approach.

1.5.1 Core Offer of Well-being Services

The "core offer" of well-being services, as captured in the four distinct areas of the IWN framework, was used to organise the mapping of services that exist in each locality. The approach brought together existing asset mapping and directories of services. Lead organisations were identified within each sector to capture this information. Within the core offer the following information was collected where available:

- What readily available services currently exist
- Access arrangements
- Staffing and funding / commissioning arrangements
- Demand and capacity
- Links with other services

- Use of Dewis Cymru

1.5.2 Linking Roles

For the purposes of this review, linking roles were defined as workers whose primary purpose is to link people with non-medical, community based well-being support (e.g. Community Connector, Social Prescriber). Usually people needing such support are identified within health and care services and referred to these link workers.

Roles were identified through key contacts in the Health Board, local authorities and third sector. The following information was collated where available:

- Staffing and funding / commissioning arrangements
- Skills and competencies of staff, including training requirements to fulfil their role, job descriptions and person specifications
- Service demand and capacity
- Referral sources and onward links to other well-being services
- Links with Dewis Cymru

1.5.3 Hubs

For the purpose of this review, the word 'hub' has been used as an umbrella term to encapsulate three types of hubs that exist or are planned across Gwent:

○ ***Health and Social Care Hubs***

These hubs co-locate health and social care services, such as Integrated Health & Social Care Resource Centres and Primary Care Health & Well-being Centres. They allow a wide range of health, well-being and social care services to be delivered in a primary and community setting, and enable people to be supported in their own home or community.

○ ***Local Authority Hubs***

These hubs provide Local Authority (or Leisure Trust) services where people can access, for example, library facilities, community learning, drop-ins for citizen's advice or housing support and information and advice on their local authority provided services.

○ ***Community Hubs***

These hubs are mostly owned and run by the community or as a social enterprise. The services and activities provided are therefore defined by

the needs of local people or members. They tend to host a variety of community groups, recreational activities and are a shared space for people to connect and participate in community life. They play a crucial role in building economic and social cohesion within the community.

The three types of hubs were mapped by contacting relevant leads or departments, through internet searches and local knowledge of partners. The following information was collected where available:

- Ownership and management
- Funding / commissioning arrangements
- Primary purpose and services delivered
- Capacity, operating hours
- Links to other organisations
- Links with Dewis Cymru

1.6 Envisaging the potential of Integrated Well-being Networks

Sian's Story

Meet Sian, a resident of Gwent. Sian is 67 and has recently lost her husband who died of cancer. She retired from her job as a lunchtime supervisor at the local primary school two years ago to look after her husband, and she doesn't get out much anymore. She doesn't suffer with any health conditions, but whilst caring for her husband she has put on weight and has been told she has "borderline diabetes". Lately she has been telling her daughter, who lives in Hong Kong, that she is feeling 'a bit low'. She doesn't have any other children and only a few friends. Although she finds it hard to admit to her daughter, Sian often feels anxious and is lonely now that her husband has passed away. She is not sure where to turn and has regular appointments with her GP due to her anxiety.

What do you think happens during Sian's appointments with her GP for anxiety? What would this mean for Sian's well-being? How might she go on to use health and social care services in the future?

A place-based integrated network of well-being service could help Sian:

- Find a bereavement service on Dewis Cymru via her GP surgery website or...
- Access a Community Connector, via her GP receptionists, who helps her feel more socially connected and motivated about the future or...
- Discover that her community hub runs an 'ACTivate Your Life' class and X-Pod programme or...
- Become more physically active and get a renewed sense of purpose by helping out at the community hub as a volunteer in the community café and food bank and...
- Become less reliant on antidepressants and her GP for support ...

2. Baseline Review Findings

2.1 Core Offer of Well-being Services

2.1.1 Purpose

A “core offer” of well-being services should provide universal support for anyone who needs them and should be available in each NCN area. The four distinct areas that make up the IWN should be considered holistically in line with the broad bio-psycho-social model of health and well-being. This review has not only provided valuable insight into the core offer of well-being services, but also insight into the wider well-being workforce that allow these services to function. The wider well-being workforce is anyone who can help people find the right information, and most appropriate services and/or support to make changes to their lives. For example, leisure centre reception staff who chat to people whilst taking their payment to use the facilities.

2.1.2 Key Findings

Overall Provision

Having used the IWN as the organising framework to gather information about existing services, this review has attempted to establish a full picture of service provision in each locality that will provide the foundation for place-based working. The ever changing configuration of service provision, lack of an up-to-date central database and difficulties in obtaining detailed information from many services, highlights the importance of ensuring Dewis Cymru and NHS 111 are used to maximum effect.

Overall this review found that all five local authority areas had services in each of the four IWN areas. This service provision is delivered either within a specific local authority area, across local authority borders, and/or across the whole of Gwent. In general, existing IWN provision is not aligned to NCN footprints, or configured on any place basis, below the locality level.

There are a number of factors that need further consideration as place-based working progresses:

- There is duplication in some areas meaning there is the potential for greater efficiency and streamlining services to better meet population need

- It is difficult to assess whether services are delivered at a scale that meets population need
- The level of integration between the four areas of the IWN need to be explored and, where appropriate, strengthened

Lead Organisations

Generally, there are strong links between organisations working *within* each of the IWN areas. During the mapping process, key organisations have been identified, which have expert knowledge, influence and strong links with other organisations in their sector (see Table 1).

IWN area	Lead organisations identified
Healthy Living	• Public Health Wales
Secure Home and Finances	• Housing Associations • Supporting People • Department of Work and Pensions • Citizens Advice Bureau
Mental Well-being	• Third Sector Mental Health Consortium • ABUHB Mental Health and Learning Disabilities Division
Work, Learning and Participation	• GAVO • Job Centre Plus • Learning and Work Institute Wales

Table 1. Identified lead organisations for each IWN area

It is proposed that these 'lead' organisations and/or any other appropriate ones that share similar knowledge, influence and strong links are approached to support the development of place-based integrated well-being networks by:

- Ensuring all relevant organisations in the sector are identified
- Facilitating a conversation with the sector about the IWN concept and how it can best contribute to place-based IWNs, including membership of NCNs

Recommendation 3: Agree the role of lead organisations within NCNs, with a clear purpose of progressing place-based IWNs

Links across the IWN

There seems to be inconsistencies in established links *across* IWN areas that would enable a truly holistic approach to health and well-being. For example, staff employed by Public Health Wales who provide smoking cessation support do not systematically provide onward signposting or referral to any other agencies within the IWN. Furthermore, they do not have access to a standardised directory of services that would enable them to do this if they so wished. The expectation is not that the well-being workforce should know everything, or that specialities are diminished, but that strong, consistent relationships are built to allow staff to signpost people appropriately across the IWN.

Place-Based Integrated Well-being Networks

It has been identified that a systematic and consistent approach to establishing place-based teams where all members are clear about their contribution to the health and well-being of the population(s) they serve, is lacking. With the exception of Monmouthshire, who have established place-based well-being teams around the five main towns, we have not found substantial evidence that other localities in Gwent are pursuing place-based teams.

Monmouthshire provides a good example of how a place-based well-being team can be formed and function effectively. The five virtual teams have regular conversations with one another and pride themselves on their person centred approach. These virtual teams have adopted the principles of no multiple assessment, 'hand offs' or referrals and instead encourage conversations, introduction and relationships. Monmouthshire County Council has acted as the lead agency to drive the creation of these place-based teams and has taken ownership of establishing and reporting of any gaps in provision. As the nominated lead agency they also manage the continuous 'rolling in' of any community health assets into these teams.

Recommendation 4: Set up place-based integrated well-being networks that bring together the core offer of well-being services collaboratively in each of the 12 NCN areas across Gwent

Recommendation 5: Identify a lead person, team or organisation to drive the implementation of an integrated well-being network within each NCN area

It is acknowledged that this review has focused on the main public and third sector resources that exist within each IWN area. The team did not focus on other community health enhancing assets (as per figure 2), such as:

- The skills, knowledge, and commitment of individual community members
- Friendships, good neighbours, local groups and community and voluntary associations
- The physical environment and economic resources

Given the importance of these assets in enhancing and sustaining community well-being, it is essential to consider how these can be incorporated into place-based integrated well-being networks at a neighbourhood level. The Asset Based Community Development (Gwent) Community of Practice can play a role in developing these connections.

Recommendation 6: When setting up place-based integrated well-being networks, consider the other community health enhancing assets that contribute to positive health and well-being by harnessing the community development expertise within local authorities and the third sector

2.2 Linking Roles

2.2.1 Purpose

Linking roles provide important connections between people, professionals and the wider well-being network. Link workers are able to spend time with individuals to find out what matters to them, co-produce solutions and link people with non-clinical community based support.

There are many “front doors” in health and social care that people access when they are looking for help. Often these approaches are deemed ‘inappropriate’ or do not meet service criteria, which can lead to multiple hand-offs or failure demand elsewhere in the system.

It is often the case that those working at the “front door” of these services are not well linked with the wider network of community health assets and have neither the time nor knowledge to find out exactly what the person wants and needs or how to access it. Link workers, who form part of the well-being workforce, can fulfil this important role.

In recent years the concept of ‘social prescribing’ has risen up the political agenda, and has been discussed as one approach to releasing capacity in primary care (NHS England, 2016). Although the term is not universally supported, the basic function of a Social Prescriber is to act within the well-being system as a link from health and care services to well-being support.

Across the region the Integrated Care Fund, NCN and Local Authority funds have been used to create new roles, e.g. Social Prescribers and Community Connectors. These roles help people to think about what matters to them, the outcomes they want to achieve and then link them with appropriate resources and support in the community. Link workers need to be considered as part of a spectrum of well-being support and not in isolation.

Currently there is insufficient evidence to say conclusively whether or not linking roles, such as social prescribers, have meaningful impacts on health and well-being (Bikerdike et al, 2016). However, there is no evidence to suggest the activity is damaging, and therefore the common sense approach is to ensure evaluation is built into any approach undertaken.

In addition to link worker roles, there have been significant developments in digital technology that enables people to find their own sources of

community support. NHS 111 has been established as the definitive directory for NHS services, and similarly Dewis Cymru has been set up to underpin the Information, Advice and Assistance (IAA) requirements of the Social Services and Well-being (Wales) Act 2014. The effective use of these universal online directories of services is a fundamental part of facilitating these links, not only for the well-being workforce, but also for members of the public.

2.2.2 Key findings

Across Gwent, at least nine different linking roles (by job title) have been identified, whose primary purpose is to link people with whatever support they need, across the IWN. In summary, these are (as at March 2018):

- IAA Workers (Social Services first contact team)
- Community Connectors
- Older Persons Pathway Care Facilitators (Age Cymru Gwent)
- Social Prescribers
- Practice based Social Workers
- Community Connections Befrienders
- First Call Support Workers
- Connecting Communities Connectors
- Age Connects IAA Workers

The majority of identified roles have fixed-term funding arrangements (e.g. ICF and Big Lottery), with only the Community Connector roles being permanently funded. The Newport Older Person's Pathway Care Facilitators, Age Connects IAA Workers, and Befrienders, exclusively provide support to older adults. The other linking roles support a range of adults with varying levels of need, ranging from; supporting isolated individuals to improve their confidence and access services in their local community, to individuals with more complex support needs such as enduring or acute mental health problems.

The level of integration between linking roles, other professionals and/or the wider IWN is variable. For example, only patients registered with GP surgeries in Torfaen can be referred to their Social Prescribers, but their connections are far reaching, and they have linked patients to each part of the IWN. Other roles do not systematically record the services to which they refer or signpost. These inconsistencies in data collection, recording and agreed outcome measures, means that the effectiveness of such roles are difficult to evaluate and compare.

The comparison of job descriptions and person specifications indicated similarities across different roles, which in turn has created duplication and potential confusion. Varying degrees of information, and available data, make it difficult to draw robust conclusions, but there is clearly a need to look at linking roles across the system to ensure the most effective use of resources.

Recommendation 7: Review provision of linking roles on a Local Authority / NCN basis to ensure effective use of resource, reduce duplication and address identified gaps based on need

Recommendation 8: Agree a consistent, Gwent wide approach to data collection and recording outcomes for the purposes of evaluating linking roles

Through the process of collecting information to inform this report, other well-being roles, which form part of the well-being workforce have been identified. The well-being workforce is anyone who has the potential to support someone's well-being, enhanced by being part of a place-based team and having the skills to support people using a strengths-based approach. This might include:

- Those for whom well-being is not necessarily the primary purpose of their role, but who have the potential to opportunistically navigate individuals to support through their routine interactions with people. Examples are: debt advisors, GP receptionists, leisure center staff and other 'front doors' (places where members of the public can go without being referred).
- Registered or unregistered professionals or practitioners providing interventions for those with care and support needs. This part of the workforce, although skilled in their area of specialty, need also to have the knowledge and skills to support behavior change and navigate the IWN.

It is important that all staff in the 'well-being workforce' have the knowledge and skills to help people find the local well-being services they need, as part of building a seamless, fully integrated well-being network.

Linking roles competency framework

It has been difficult to gain an understanding of the competencies of local link workers, and in turn what specialist training (if any) they require to

ensure they are competent to carry out their role effectively. The review team were unable to find any consistent competency framework and training package specifically for people performing linking roles.

Health Education England (2016) have published a core, common set of competencies for care navigation (i.e. linking roles) that have been used to broadly categorise existing link roles in Gwent. These competencies have been brought together in a tiered competency framework (Figure 3). This framework is a tool that can enable the benchmarking of care navigation across the health, social and voluntary care sectors. It has three successive levels; essential, enhanced and expert, providing a clear and coherent approach to care navigation across the workforce.

It is acknowledged that this framework is not definitive. For example, Social Care Wales are in the process of developing an IAA competency framework, and the national Health Trainer competencies developed by Skills for Health would also be relevant for a range of linking roles.

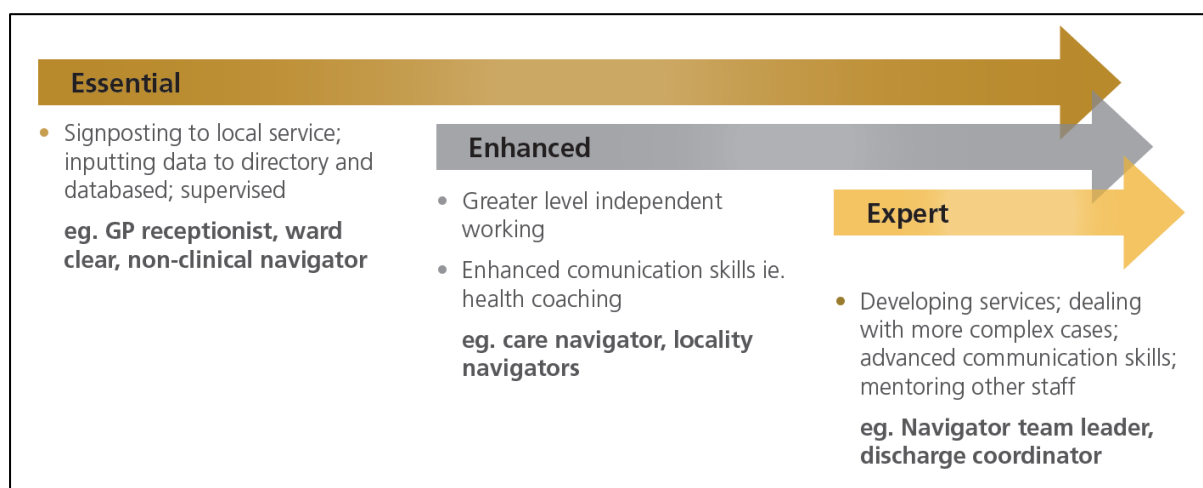
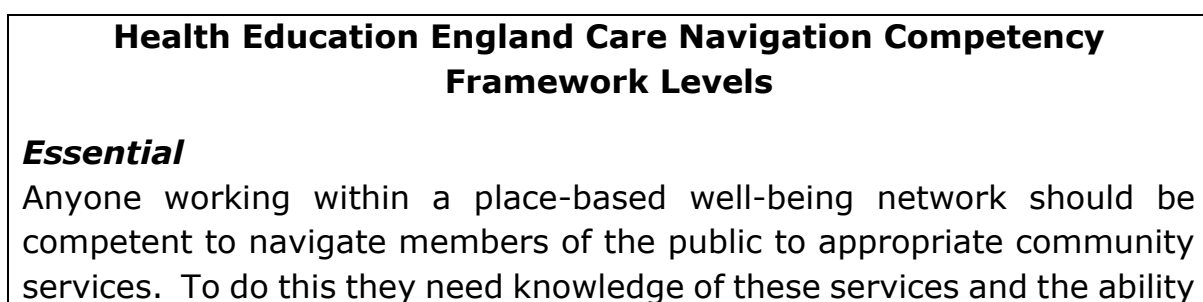


Figure 3. Overview of the Health Education England care navigation competency framework



to access this information from one consistent, up to date place. They should work in a person centred way to facilitate appropriate links between the person and the service that will meet their need. Anyone working at a 'front door' within the system should have the ability to carry out this level of navigation. Everywhere that has the potential for members of the public to attend unannounced should be considered a front door, and everyone at those front doors should be competent. These roles can include; GP Receptionists, Library Staff, Citizens Advice Bureau Staff, Community Hubs and Social Services Duty Desk Staff (IAA Workers). Unregistered staff working in healthcare settings could also be competent to deliver care navigation at the essential level, such as Healthcare Support Workers or Domiciliary Care Support Workers.

Enhanced

Individuals who need more intensive support than just signposting should be given the opportunity to spend time with a link worker to understand their needs in more detail, support them to develop actions for change, apply behaviour change techniques, and provide on-going and/or referral(s) to support services. Staff working at this level could include; Community Connectors, Social Prescribers and First Call Support Workers. These staff would generally be unregistered professionals working in social care settings however roles such as registered General Nurses may be included.

Expert

People requiring even more intensive support could be supported by someone who is competent to deliver at this level. Roles could include a Discharge Co-ordinator or Social Worker. Staff working at this level would have a greater depth and breadth of knowledge and experience in health and social care. At this level, individuals will often mentor and supervise others providing a navigation role. Generally this staff group would be registered professionals such as Specialist Nursing Staff or registered Social Workers.

Having a workforce that is competent across the levels within the Care Navigation Framework is crucial to ensuring that a place-based well-being network functions effectively.

Recommendation 9: Agree a consistent competency framework for care navigation across Gwent, and develop a shared training suite to ensure anyone providing care navigation is competent to do so

Technology to support linking/ care navigation

For effective care navigation to take place, at every level, access to an accurate and up-to-date core directory of services is crucial. In Wales, Dewis Cymru and NHS 111 provide the electronic platforms for people to access this information; providing the essential underpinnings for care navigation. For some people, simple signposting to these directories is sufficient. However, for people with more complex personal circumstances, this may not be suitable and a link worker can provide more intensive support.

This review has found that Dewis Cymru is not routinely used and there is a heavy reliance on people's local knowledge or locally held directories of services created by individual organisations.

Recommendation 10: Ensure all organisations are using Dewis Cymru and NHS 111 directories of services to underpin IAA functions amongst linking roles and the wider well-being workforce

2.3 Hubs

2.3.1 Purpose

In the context of this review, 'hubs' are buildings located in local communities. Typically, a virtual network of community resources or services are co-located within a hub. Hubs offer members of the public a significant front door to access community resources. They do not just provide a mechanism for connecting people to community resources, they also have the potential to offer practical help to those who need it, to host community activities, create volunteering opportunities and act as a pathway to greater civic engagement. All of these activities contribute positively to people's physical and mental well-being. Hubs are therefore an important element of place-based IWNs. They offer opportunities for services to co-locate, collaborate and deliver service provision from a shared space. The vision for Gwent is that a good network of hubs exists within each local authority area.

As outlined in Section 1.5.3, three types of hubs were reviewed:

- Health and Social Care Hubs
- Local Authority Hubs
- Community Hubs

2.3.2 Key Findings

Gaining a complete picture for every local authority area across Gwent has been difficult, due to the complexity of hubs and differences in definitions. Within each hub identified, a range of services are offered, and between each type of hub there is the potential to provide the core offer of well-being services. However, in some areas, silo working between hubs is evident, and the lack of a managed network, potentially undermines their ability to provide a core offer.

Within each local authority area the value of hubs is well recognised, but the appropriate harnessing of them as a community centred resource, and as front doors to a core offer of community well-being services varies. There is the potential to 'join up' the different hubs in a locality to create a network that is easy to navigate by anyone, enabling better access to the range of services on offer. Where there was evidence of good working

relationships between different types of hub there are opportunities for this to be further strengthened.

Findings suggest that among the hubs that were identified, none of them systematically used one consistent electronic directory of services such as Dewis Cymru. Many of the people contacted were unaware of Dewis, and those who knew about it, did not systematically use it. Whilst the value of local knowledge should not be underestimated, there is a risk that when people access hubs for information, advice and/or assistance, this will be provided inconsistently.

Recommendation 11: Ensure new and existing health and social care hubs (Integrated Health & Social Care Resource Centres and Primary Care Health & Well-being Centres) play a key role as part of integrated well-being networks, providing appropriate community based well-being services and access to information, advice and assistance

Recommendation 12: Develop links in each local authority area between the three hub types to ensure the well-being role of hubs are maximised through an integrated network

3. Next Steps

The Greater Gwent Leadership Group are requested to agree the recommendations in this report and the next steps outlined below.

- This report and the detailed findings for each locality will be presented to Integrated Partnership Boards across Gwent. This will allow a programme of work to be initiated based on the agreed recommendations.
- Six NCNs have been identified as 'early adopters' for implementation of the agreed recommendations. It is suggested that phase one of Integrated Well-being Network implementation takes place in these areas, supported by the Public Health Team:
 - Monmouthshire South (aligned with the South Monmouthshire Health, Well-being and Social Care Project)
 - Torfaen North (aligned with Blaenavon place-based pilot)
 - Blaenau Gwent East (aligned with Brynmawr Resource Centre development)
 - Blaenau Gwent West (aligned with Tredegar Health and Well-being Centre development)
 - Caerphilly South (aligned with Lansbury Park Deep Place Plan)
 - Newport East (aligned with Ringland Health and Well-being Centre development)
- A learning event for wider stakeholders has been organised for 12th July 2018. This will provide an opportunity to share the findings of the baseline review and initiate conversations about how the agreed recommendations can be implemented.
- The Public Health Team will work with officers supporting delivery of the Gwent Well-being Area Plan and PSB Well-being Plans to ensure system support for IWNs
- The Public Health Team will work with relevant partners to develop plans to implement recommendations that are most efficiently delivered on a 'once for Gwent' basis:
 - A Gwent wide approach to data collection and recording outcomes for linking roles (including ICF funded posts)
 - A consistent competency framework for care navigation across Gwent, and a shared suite of training opportunities

References

Bikerdike, L., Booth, A., Wilson, P.M., Farley, K. and Wright, K. (2017). Social Prescribing: less rhetorical and more reality. A systematic review of the evidence. *BMJ Open*. Available from: <http://bmjopen.bmj.com/content/bmjopen/7/4/e013384.full.pdf>

[Accessed 29 March 2018].

Health Education England (2010). Care Navigation: A Competency Framework. NHS England.

Public Health England (2018). *Health Matters: community-centred approaches for health and well-being*. Available from: <https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing> [Accessed 16th March 2018]

The Kings Fund (2015) Place Based Systems of Care. Available from: <https://www.kingsfund.org.uk/publications/place-based-systems-care> [Accessed 1st February 2018]

Watt, T. and Roberts, A. (2016). *The Path to Sustainability: Funding Projections for the NHS in Wales to 2019/20 and 2030/31*. The Health Foundation.

NHS England (2016) General Practice Forward View. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf> [Accessed 22nd February 2018]

The Parliamentary Review of Health and Social Care in Wales (2018). A Revolution from Within: Transforming Health and Care in Wales. Available from: <http://gov.wales/topics/health/nhswales/review/?lang=en> [Accessed 22nd February 2018]

Supplementary Reading/ Sources of Information

Liverpool Public Health Observatory (2010). Wellness Services- Evidence Based Review and Examples of Good Practice. Available from: https://www.liverpool.ac.uk/media/livacuk/instituteofpsychology/Wellness_Services_cost-effectiveness_review_Final_Report.pdf

The Marmot Review (2010). *Fairer Society, Healthier Lives*. Strategic Review of Health Inequalities in England Post-2010

Aneurin Bevan University Health Board Director of Public Health Annual Report 2016-17. *Living Well, Living Longer, in Gwent*