Appendix 1

Transformation Offer Report Summary

This offer sets out the proposals of the Gwent Regional Partnership Board, to support the continued development of a '*seamless system'* of care, support and wellbeing in Gwent, in response to the Welsh Government's new long term plan for health and social care 'A Healthier Wales'.

The offer has been developed through the Regional Partnership Board mechanism, with a dedicated transformation leadership group, established to act as the brokers of change, and determine the content of the offer.

The offer demonstrates the shared drive in Gwent to '*Step up to change'*, rather than continuing to '*observe the system struggle'*, to deliver a system, predicated on pace, traction and agility, within the context of austerity and rising demand.

The proposal is constructed in two parts- the first '*Delivering an early intervention, prevention and improved population Wellbeing system*' focused on the development of new integrated services, specifically Integrated Wellbeing Networks, and Primary Care Transformation. The second, '*Creating integrated models of health and social care*' focuses on the service redesign of existing service models, in CAMHS and Hospital Discharge. Taken together these two elements of what will be the substantive 'transformation' programme, will provide the foundations for a seamless system of care, and address the need to remodel at pace specific services to address sustainability and demand concerns.

The transformation fund will provide the capacity, capability and resource to develop a truly integrated commissioning approach, through design, planning, delivery and management of services able to make the most impact on improving wellbeing across health and social care, and as a result, the achievement of a more 'seamless system'.

Specifically, this offer seeks to deliver transformational change in the following areas:

- The development of a new model of prevention and wellbeing services.
- The development of primary and community care.
- The development of new pan Gwent 'Home First' discharge services.
- The development of a pan Gwent integrated system of emotional and mental wellbeing for children and young people.
- The development of a programme to create a Gwent 'Wellbeing workforce'.

The new models proposed are in areas of shared significant challenge, in terms of demand, capacity, access and financial sustainability, and where the additional capacity, and leadership that will be achieved through the transformation fund, will make a significant difference to the '*whole* system' over time. It is in these identified areas, where the biggest difference can be made at pace, in creating a seamless patient pathway across health and social care.

At the heart of integrated service delivery is the continued development of the Neighbourhood Care Networks (NCN) Model, which is unique to Gwent and where we are able to direct resources around community need, support improved healthy behaviours and create new integrated pathways into primary and community care.

The NCNs are the footprint for the development of a sustainable, social model of primary care to support people to better manage their own health and wellbeing, be independent and resilient for longer in their own homes and localities.

Through the new transformation fund, there is an opportunity to build the pace of delivery of the required whole systems change, by funding dedicated work to develop, and implement a place based integrated service model. We have undertaken work to assess the delivery of services at the right level i.e. regional, borough and neighbourhood to ensure we are able to provide access to services in the right place, at the right time.

The development of a new model of prevention and wellbeing services

The Integrated Well-being Network (IWN) concept provides the framework for establishing integrated, place-based well-being systems across GP clusters in Gwent. Bringing together a holistic range of assets that contribute to positive health and well-being on a place-basis will enable people to find the support they need to stay well within the community, reducing the need to access the care system.

This will support the evolution of a more socially centred model of Primary Care through the Compassionate Communities model, focussed on a more proactive and preventative approach, empowering patients and carers to find non-medical information and support in the community. Signposting and active linking of patients to community well-being assets will be an important part of the multi-disciplinary team activity in primary care, and the development of a rich and diverse well-being network will be the foundation upon which this activity can operate.

The NCNs have been identified as they are aligned to developments that can provide a focal point for the IWN concept to progress, as well as implementation of the Compassionate Communities approach:

- Caerphilly North (aligned with Bryntirion primary care transformation developments).
- Newport East (aligned with Ringland Health and Well-being Centre development).
- Blaenau Gwent East (aligned with Brynmawr Resource Centre development).
- Monmouthshire South (aligned with the South Monmouthshire Health, Well-being and Social Care Project).
- Torfaen North (aligned with Blaenavon place-based pilot).
- Blaenau Gwent West (aligned with Tredegar Health and Well-being Centre development).
- Caerphilly South (aligned with Lansbury Park Deep Place Plan).

IWN has the following objectives:

Establish place-based co-ordination and development of well-being resources

- Engage organisations in a co-ordinated place-based 'well-being community' which aims to improve co-ordination, alignment and visibility of existing well-being resources in order to enable timely and seamless support for people.
- Facilitate an Assets Based Community Development (ABCD) network which will engage organisations with community development functions in order to develop the ABCD approach and create links with well-being networks.
- Develop a range of methods for communicating with the community about available well-being resources, to develop a shared sense of ownership and responsibility.

Establish systems for linking Primary Care with well-being resources

- Ensure professionals are able to effectively triage/signpost patients to information, advice and assistance using electronic technologies.
- Develop and evaluate a range of ways to link patients with the 'well-being community' attached to the NCN (including reception navigation or community connector roles).

Develop the well-being workforce

- Identify, develop and deliver a range of interventions which support an intentional whole system transition towards the shared values and practice underpinning our whole system approach. Staff across the whole system will be encouraged to 'live and breathe well-being', changing the conversation towards what matters to people and what they can do to improve their own health and well-being. In addition, staff working across the system will have the knowledge and skills to improve well-being (e.g. supportive signposting, behaviour change, mental well-being).

Communication and engagement to support whole system change

- Organisational development and leadership programme which creates an enabling environment for the workforce to focus on outcomes and what matters to people.
- Engage local communities in changing the way they receive support.

Identify ways that hubs can be centres for well-being resources in the community

- Maximising the well-being potential of Health & Well-being Centres.
- Joining up hubs to make best use of the range of well-being resources in local communities.

The development of primary and community care

A strong Public Health approach, provides the foundation and context for the delivery of '*A Healthier Wales'*, improving population wellbeing, so that more people are supported to stay healthy and well and more effectively manage their health, is the biggest challenge the system currently faces, it is also the biggest opportunity.

It is estimated that 20% of patients present to their GP with underlying social problems such as debt, housing or social isolation, and this is often the case with patients who attend frequently.

The second part of this programme, will work in tandem with the development of an Integrated Wellbeing Network approach, to construct a new place based approach to the delivery of primary and community services in Bargoed (Bryntirion Surgery), before scaling up and expanding wider across Caerphilly North.

It is our intention to use this transformation approach to stimulate widespread adoption of the new model across five NCN areas which present the greatest sustainability challenges, areas which include:

- Blaenau Gwent (West and East NCNs)
- North Caerphilly
- East Newport
- North Torfaen

The areas prioritised described above are a combination of Health Board managed practices and independent practices that are experiencing sustainability challenges. The transformation funding will allow us to proactively support areas that most need this new model of care.

People are accessing their primary care settings for support with numerous situations and not just for healthcare. For most people, their principal contact with the NHS is via their GP Practice. In order to provide a sustainable solution for the future, the service needs to adapt to provide services outside historic opening times and deliver services and information via different modalities (e.g. telephone, internet) to meet the growing needs of the population through a prudent approach.

The increasing demands on primary care services in addition to the on-going fragility of workforce, requires General Practice to evolve from single-handed uni-professional care to a system based on teams of professionals working collaboratively in primary care teams.

Gwent intends to adopt the 'compassionate communities' model in the five identified NCNs with greatest sustainability challenges. Compassionate Communities builds teams around general practice, operating a "hub" for about 10,000 population. The approach requires a systematic approach to well-being in care and treatment plan enable through a web-based directory of well-being support and services (i.e. DEWIS), health connectors, community connectors and a local community development service.

In Gwent there is now widespread acknowledgement and commitment that we need to integrate social care provision, community health services and third sector wellbeing support through a single point of access and place based working, as evidenced by this offer. This requires a more streamlined, responsive and relationship-based approach where families receive the right support first time reducing unnecessary hand offs.

The development of new pan Gwent 'Home First' discharge services

We propose to develop a 'Gwent wide intensive domiciliary support service 'Home First''. The additional capacity provided through the transformation fund will allow, dedicated work at pace to implement solutions that will mitigate pressures in advance of winter 2018/19.

The evidence from across Gwent suggests that it is both the frailty and acuity of patients that makes discharging them complex, when community and social care is also under pressure to maintain a growing number of older people safely at home. Therefore, Regional partnership board, through a working group of Health Board and local authority heads of service, as part of the Gwent Adult Strategic Partnership, has developed a "Home First" solution to implement a Gwent wide, integrated model of discharge to recover and assess. The proposed model can be scaled up to a regional or national level, and combines the dedicated capacity, resource and expertise needed across health and social care, to safely discharge people from hospital. The service model supports an integrated approach to service provision providing an opportunity for local authorities to work across organisational boundaries for the first time providing accelerated assessment and short term care packages for citizens receiving care in the Royal Gwent and Nevill Hospital (in the first instance) irrespective of their normal place of residence.

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The development of a pan Gwent integrated system of emotional and mental wellbeing for children and young people

This proposal focuses on the implementation of a new service model for emotional and mental resilience for children and young people, redrawing the current landscape, to provide a more sustainable model of care, by working in a different, expansive and more integrated model.

The proposed new iceberg model has been developed as a shared public service response. It is driven by striving to provide the right services at the right time, thus preventing long waits for specialist clinical services, and a context where too many children and young people access assessment without meaningful follow-up support.

Fundamentally, this approach will ensure that only the children and young people who need the specialist intervention provided by Child and Adolesent Mental Health Service (CAMHS) and related services are able to access that service promptly and will do so by re-designing the current tiered approach, to:

- Develop frontline capacity to understand children, and young people's distress within a normative, contextual, developmental and relational framework and to implement intervention plans on the basis of this understanding.

- To increase access to the right evidence-based psychological interventions within the children and young people's communities and homes, with interventions provided at the lowest level of intensity that is consistent with achieving positive outcomes ('do what is needed').

- To co-produce and develop intervention services that are based on a whole family approach, drawing on a systemic and relational understanding of how the problems have evolved, and a whole family and community approach to designing the interventions that fall out of this formulation.

- To increase frontline staff's access to highly qualified and experienced mental health professionals who are embedded in community services able to support frontline staff and join with partner agencies in the design and delivery of services.

- To provide effective mental health 'in reach' to school/college staff and leadership teams at pre-school, primary and secondary school level, with access to specialist consultation, training and support to enable them to support the well-being of pupils at both an individual pupil and a whole-school level.

It builds on the very strong collaborative working relationships between Health, Local Authorities, Education and the Third Sector. Furthermore, the proposal supports and strengthens three planned developments in Gwent. Firstly, through mental health-ring fenced transformation funds, ABUHB has invested in co-ordination capacity to enable Locality-based, multi-agency single points of access for all children and young people with mental health and wellbeing. This is an essential element of the wider 'iceberg' model described in the current proposal. Secondly, through ICF resource (with longer-term sustainability to be achieved through a reduction in out-of-area placements), partners working under the Gwent Strategic Partnership for Children and Young People are finalising the model for a multi-agency resource 'hub' that aims to provide care close to home for our most vulnerable and complex children and young people, who are currently often sent out-of-area to specialist placements that deliver poor outcomes at considerable cost. Thirdly, new mental health monies that are being invested in CAMHS provision are being directed to the Primary Care Mental Health Service and Specialist CAMHS, with both service areas using this resource to provide support and access to consultation to communities and/or to support local place-based working. All three of these developments will support and strengthen, and will in turn be supported and strengthened by, the transformational changes described in the current proposal.

In Gwent, we are committed to intervening much earlier, addressing the seeds of distress before they take root, and to do this will require radical, and transformational change, developing the new iceberg model, in the context of a new framework for children and young people's services, based on prevention, early intervention and timely targeted support. The new approach will adopt an Adverse Childhood Experiences (ACE's) informed approach, and be delivered in conjunction with the Gwent ACE's programme.

This new integrated model will ensure there is more proactive support to children and young people, providing them with opportunities to build their own resilience, recognise their need earlier, encouraging them to support one another and feel comfortable talking about their issues. If they need to access services they can do so when, where and how they choose to.

The development of a programme to create a Gwent 'Wellbeing workforce'

The creation of an integrated wellbeing workforce is perhaps the most challenging area of this transformation offer, if a step change in the pace of workforce planning and development cannot be achieved and a more multi-disciplinary approach adopted as standard, then transformation will stall.

Critical to the success of this '*systems alignment'*, is the development of the 'wellbeing workforce' in tandem with service realignment and remodelling. Training opportunities must be created, in order to ensure the workforce of the future is available to deliver this model. This will require a 'grow your own' model and, as such, it will be necessary to develop an academy-type approach alongside work already underway to establish an Academy for Health & Social Care.

Effective transformation work also needs to address career pathways spanning health and social care, with clear opportunities for progression. Good links with higher and further education bodies to ensure the right core skills training have been made and additional capacity will enable development of a career approach that can benefit employers, individuals and the training providers.