

# Integrated Service Partnership Board (ISPB)

# NEWPORT

*2023/2024*

## CONTENT

<b>Chapter 1 – Setting the Scene</b>		<b>Page 3</b>
<b>1.1</b>	<b>Background Information</b>	<b>Page 6-7</b>
<b>1.2</b>	<b>Challenges and Opportunities</b>	<b>Page 8</b>
<b>Chapter 2 – Regional Population Needs Assessment</b>		<b>Page 9</b>
<b>2.1</b>	<b>RSPB Plan</b>	<b>Page 10</b>
<b>Chapter 3 – Place Based Health Care Model</b>		<b>Page 11-15</b>
<b>3.1</b>	<b>Newport East</b>	
3.1.1	<i>Ringland/Llanwern</i>	
3.1.2	<i>Caerleon/St Julians</i>	
3.1.3	<i>Beechwood/Lliswerry</i>	
<b>3.2</b>	<b>Newport West</b>	
3.2.1	<i>City Centre/Pill</i>	
3.2.2	<i>Rogerstone/Duffryn</i>	
3.2.3	<i>Malpas/Bettws</i>	
<b>Chapter 4 – ISPB Priorities</b>		<b>Page 16</b>
<b>Chapter 5 – Enabling Delivery</b>		<b>Page 17-18</b>

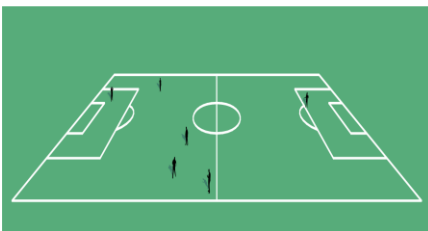
## Chapter 1 - Setting the Scene

This integrated plan has been developed with the objective of continuing to build on the previous success of improving population health and wellbeing at a local level; supporting people to stay well, lead healthy independent lifestyles and reduce inequalities. It will be the cornerstone of our Integrated Service Partnership Board (ISPB) business, enabling us to be clear and purposeful in our actions and to hold ourselves accountable for delivering our priorities, for the benefit of the communities we serve.

Current services need to evolve to be able to sustain and improve. There is a necessity to change historical ways and patterns of working that no longer meet the needs of today's society and the needs of the future population, notwithstanding the changes to our service delivery and communication brought about by the recent pandemic. Change is required to address several key factors:

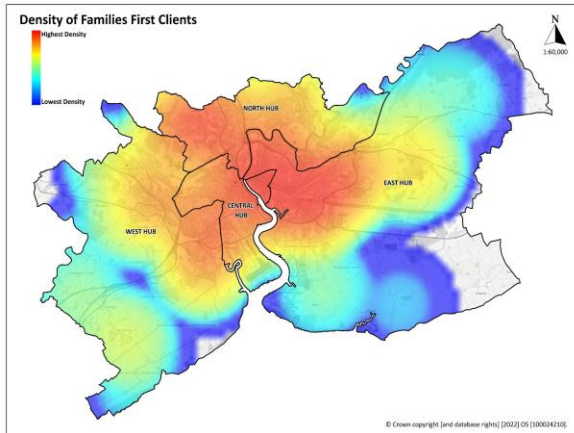
- The demand for health and social care is growing and will continue to grow; we have an aging population, with patients living longer and with more complex needs; an increasing population of people aged 15 to 64 and a significant increase in children under 15, which intensifies the challenges faced by all sectors.
- All our health, social care and community services need to be sustainable in the short, medium, and longer term.
- Our population is characterised by large areas of health inequalities, linked to socio-economic deprivation the current financial climate will further impact these areas.
- Our demography continues to diversify with an increase in our asylum seeker, Ukrainian resettlement, and refugee population.
- Our estate is not robust to provide services for now and the future.

In Newport, the population size has increased by 9.5% from around 145,700 in 2011 to 159,600 in 2021. This is higher than the overall increase for Wales (1.4%). Newport is now ranked as the sixth largest Local Authority for total population, moving up one place in a decade.



As of 2021, Newport is the second most densely populated of Wales's 22 local authority areas, with around 6 people living on each football pitch-sized area of land.

There has been an increase of 14.5% in people aged 65 years and over. This increase is set to continue with an estimated aging population projection to 37,241 by 2039, which will account for almost a quarter of the population.



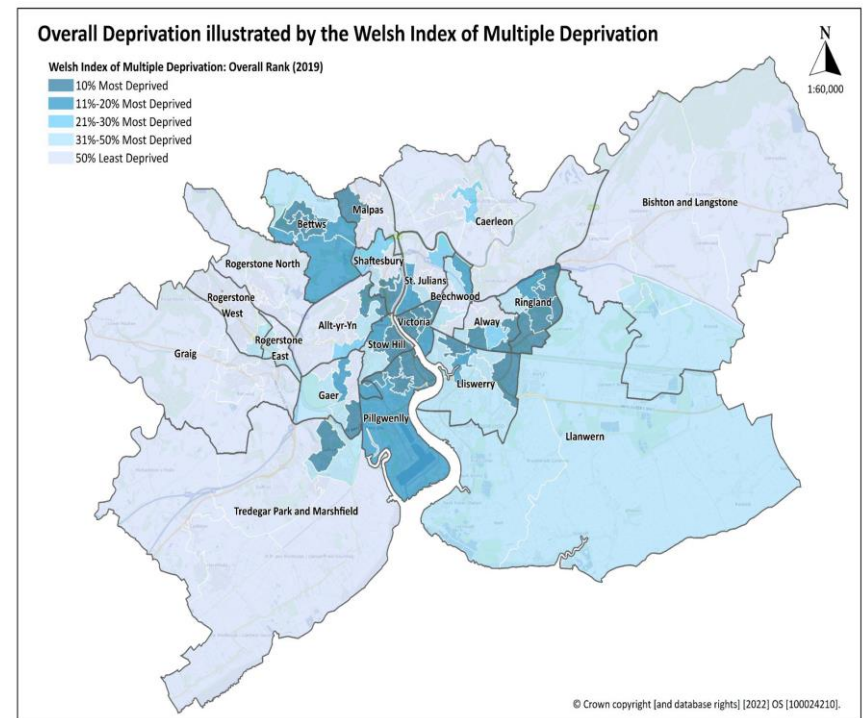
The has been an increase of 8.4% in people aged 15 to 64 years and an increase of 10.2% in children aged under 15 years. The population increase for children under 15 years has doubled that of neighbouring Cardiff. This is a challenge for the local authority, with the large impact on schools and services.

The recent Ukraine settlement has further impacted upon these figures. Pregnancy and childhood surveillance data shows that around third of children in Newport are living in poverty, teenage pregnancy rates and dental caries in 5-year-olds are higher compared to Wales. Around a quarter of 4 and 5-year-olds are either overweight or obese. Geographical patterns of poverty are also reflected in health inequalities and significant differences in healthy life expectancy across the city. Certain neighbourhoods are disproportionately affected by unemployment, low incomes, poor skill levels and crime and anti-social behaviour.

Aneurin Bevan University Health Board (ABUHB) Newport Locality Team and Newport City Council are necessitated by the Social Services and Well-being (Wales) Act 2014 to plan, develop and improve services collaboratively; working with other partners and stakeholders and the public to engage, plan and promote services in relation to well-being. All aspects of our strategic and operational planning will need to consider the Well-being of Future Generations (Wales) Act 2015 to ensure that everything we do supports its objectives for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language.

The first ISPB plan for Newport will provide us with the template to embed and enhance our existing collaborative working to address these challenges and take every opportunity to provide a more co-ordinated approach to planning and operational service delivery across the city.

The area of Gwent has been declared a Marmot region. Led by Professor Sir Michael Marmot, the Marmot Review into health inequalities in England was published in February 2020 and proposes an evidence-based strategy to address the social determinants of health; the conditions in which people are born, grow, live work and age and which can lead to health inequalities. Our intention is to put into practice the report's recommendations by working collaboratively across all public services in Newport to



ensure that improved health and reduced inequalities at the centre of our policies, approaches, and resources to early years, education and skills, transport, housing, communities, and businesses.

The ABUHB Director of Public Health Annual Report 2022 outlines how we can work to address inequalities in our region by setting out a framework under two policy goals:

- To create an enabling society that maximizes individual and community potential.
- To ensure social justice, health and sustainability are at the heart of all policies. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life.

This is reflected in the 8 policy objectives below which have been agreed by the ISPB as key principles and priorities to inform the framework for future planning, implementation, and evaluation: -

1. Giving every child the best start in life
2. Enabling all children, young people, and adults to maximize their capabilities and have control over their lives.
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention
7. Tackle racism, discrimination, and their outcomes
8. Pursue environmental sustainability and health equity together.

### Why is this important?

Demand on health and care services is reported to be rising year after year; communities in more deprived circumstances are reported as being left behind<sup>1</sup>. How can the health and care agencies respond to such challenges in a sustainable and equitable manner? How do we make the shift to prevention and early intervention?

Tackling these challenges can only be achieved through a paradigm shift that positions communities at the centre of service provision while ensuring communities have the conditions that allow self-sufficiency, reciprocity and community capital to flourish<sup>2</sup>. Community-centred approaches are crucial to addressing the complex causes of poor health and well-being that lead to individuals in crisis and accessing health and social care services<sup>3</sup>. A community-centred approach

Figure 21: How Integrated Well-being Networks work



Public engagement is paramount so that people are continuously co-designing their own model of care and truly own and feel responsible for not only their community, place-based care, but for their own health and well-being.

The aim of the Integrated Well-being Network (IWN) programme is to develop a whole system approach to community well-being and prevention that brings together a wide range of well-being assets on a place-basis.

## 1.1 Background Information

Newport is a multi-cultural city, which covers a geographical area of 84.05 sq. mi (217.70 km<sup>2</sup>). The population size has increased by 9.5%, from around 145,700 in 2011 to 159,600 in 2021. This is higher than the overall increase for Wales (1.4%) (ONS Census 2021). It has some of the most and least deprived neighbourhoods in Wales, in some instances just a walking distance apart. Geographical patterns of poverty are also reflected in health inequalities and significant differences in healthy life expectancy across the city. Certain neighbourhoods are disproportionately affected by unemployment, low incomes, poor skill levels and crime and anti-social behaviour.

Data from Welsh Government identifies that, as of end June 2022, Newport has the second highest number of ethnic minority communities in Wales, around 12% of the local population, with 48 different languages spoken amongst 20 identified communities.

Age	Newport	Blaenau Gwent	Caerphilly	Monmouthshire	Torfaen	Total
Under 18	3040	300	420	270	190	4220
18-64	10,030	1280	1750	1540	870	15,470
65+	270	40	90	120	40	560

*Migration data as per February 2023 (data Oct-Dec 2022)*

Newport is also an asylum seeker dispersal area. The National Transfer Scheme (NTS) was established by the Home Office to enable the safe transfer of unaccompanied asylum-seeking children (UASC) in the UK from one authority to another. Allocations via the NTS are capped at 0.1% of the childhood population for an area. Newport's capped level is 35 young people. While Newport with currently 32 UASC is very close to the capped number of 35 young people it is anticipated that there will be a continued growth in the number of children arriving. This is in part because of the ceaseless pressures on the ports and the numbers of children still being held in hotels. The Home Office is regularly reviewing the cap and it is very likely to rise.

Local Authority	0.07% Threshold	0.1% Threshold	Capacity Remaining	Percentage of Child Pop that is UASC
Newport	25	35	5	0.086%
Wales Total	422	605	360	0.040%
Data accurate as of: (DD/MM/YYYY)	22/07/2022	22/07/2022		

CLA UASC		Care Leaver UASC	
32		42	
NTS	Spontaneous arrivals	NTS	Spontaneous arrivals
17	15	2	40

In addition, there is a growing homeless and rough sleeper population. Excluding Roma, traveller, and sex workers data, the Newport has a total of 642, which is 35% of the Gwent total of 1839.

The Newport Locality Team within Aneurin Bevan University Health Board has established two Neighbourhood Care Networks; East and West, which work collaboratively across sectors including both public and third sector, to develop and improve sustainable primary care and community services on a local footprint. Across Newport there are key independent contractors that are integral to our health and social care system comprising of 17 GP practices, 36 community pharmacies, 18 dental practices and 12 optometry practices.

Newport City Council Adult Social Care Services are arranged on a city-wide basis, with two dedicated teams for Older Adult Services supporting Newport East and Newport West.

Newport City Council Children's Services and Prevention and Integration Services have been established on a city-wide basis to respond to the needs of the growing population most effectively.

## 1.2 Challenges & Opportunities

There are, and will continue to be, challenges and opportunities to achieve the aims of this plan and will need the ISPB and local teams to find solutions and respond to address these.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• MDTs implemented and working well across Newport primary and community care and partner organisations. This is reducing the number of unplanned admissions to hospital, encouraging self-care, and improving collaborative working across sectors.</li> <li>• Realignment of internal hospital social work team in the RGH to ensure MDT in place for admitted patients with assessed eligible needs.</li> <li>• Improved collaboration with Integrated Wellbeing Networks</li> <li>• Improved partnerships with the third sector</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment across both health and social care to short, fixed term/secondment roles impacting on expansion plans of projects.</li> <li>• Inability to move pilot funded workstreams into core business to free up budgets.</li> <li>• Workforce pressures faced by an already depleted and exhausted workforce across health and social care.</li> <li>• Increase of asylum seekers and refugees impacting upon the provision of all services</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Successful transition of NCN development programme with more robust guidance and delivery frameworks</li> <li>• Collaborative engagement</li> <li>• Digital Medicines Transformation portfolio e.g., Primary Care Electronic Prescription Service</li> <li>• Delivery of the integrated Newport East Health and Wellbeing Centre in 2024</li> <li>• Creation of an integrated workspace in Church Road</li> <li>• Development of a Dementia drop in HUB in partnership with the Third Sector</li> <li>• Development of the Prevention and Integration division within Newport City Council.</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability of all health and social care services e.g., domiciliary care, GPs, paramedics, nurses, pharmacists, social workers</li> <li>• Uncertain funding cycle arrangements</li> <li>• Medicines shortages and supply challenges</li> <li>• Cost of living pressures impacting on health and wellbeing of populations</li> <li>• Estate in general across Newport is not fit for purpose to sustain place-based care.</li> <li>• Demand on services e.g., waiting list backlogs for health and social care services.</li> <li>• Recruitment to specialist posts such as Approved Mental Health Professionals</li> </ul>



## Chapter 2 – Regional Population Needs Assessment (RPNA)

The Gwent Regional Partnership Board (RPB) has published its second Regional Population Needs Assessment (RPNA). This assessment will underpin Health, Local Authority and Third Sector plans to guarantee the delivery of an integrated approach tailored to the needs of each community in Newport by collating statistics which demonstrate services that need to be implemented or enhanced so that the specific needs of each community are being met.

The Population Health Needs Assessment Toolkit (7/10/22) identifies the key areas of concern within each area of Gwent. Newport's Neighbourhood Care Networks (NCN) have developed, and are continuing to develop, plans in collaboration with the Integrated Wellbeing Network that will address and support the key areas of concern as stated below: -

- **Depression/mental health** - Psychological Health Practitioners, Mental Health Occupational Therapists, and domestic abuse support. IWN supporting health professionals and the public with access to accurate and informed community based mental wellbeing information.
- **Immunisations** - Working with partners to encourage increased uptake in the participation of immunisations for the 2–3-year-old cohort.
- **GP suspected cancer conversion rate** - Working with cancer services to support early detection of suspected cancer cases through increased screening uptake and cancer clinical applications use. IWN supporting the Cancer Rehabilitation Service by providing health professionals with access to accurate and informed community-based wellbeing information. Providing the opportunity for health optimising advice at teachable moments regarding improvements in lifestyle factors around health and wellbeing.
- **Total demand into urgent primary care** – Continuing to focus on the development of the collaborative place-based care, disease prevalence data and ensure community staff have an opportunity to enhancing skillsets such as providing Care Aims training.
- **Urgent primary care cases assessed out of hours** - To further analyse the out of hours data and identify any trends from the GMS Activity Data Dashboard
- **Occupied bed days in hospital** - Continue to look at identifying preventative admission measures to avoid unnecessary and avoidable admissions and alternative discharge pathways with the Community hospitals, local authority and third sector organisations.
- **Emergency admissions to hospital from care homes** - Continue to identify ways to improve communication with Care Homes, uptake in the local enhanced services (LES).
- **Percentage of MH interventions started within 28 days of referral** - Continue to work with the Mental Health division within the health board to explore ways of addressing gaps in the aim to support and see people within 28 days of referral.
- **General Medical Services Demand & Sustainability** - Work with general practice and primary care contracting teams to analyse current and future workforce trends, identifying aging workforce forecasts and pathways to ease demand. Continue to identify services and initiatives that can help to increase access to GMS services. Continue to monitor environmental factors that will impact upon GMS sustainability such as new housing developments that will potentially affect neighbouring GP patient lists. IWN approach to community well-being and prevention that brings together a wide range of well-being assets on a place-basis to reduce the demand on health services, including access to accurate and informed community-based wellbeing information.

- **Ukraine Resettlement-** to work with the local authority and health board teams to ensure that the correct clinical pathways exist to meet current and future needs.
- **Homelessness** - Our aspiration is that homelessness in Newport is “rare, brief and non-recurring”. Preventing homelessness will be key in achieving this objective and we will increase our work in this area by creating a multi-agency homelessness prevention hub. Taking a rapid rehousing approach, we will work with RSL, partners and the third sector to increase the supply of affordable housing for people at risk of homelessness and those who become homeless. We will align housing support services to support these objectives ensuring that people in housing need are given the support they need to tackle control over their lives and achieve their potential.
- **Domestic Violence** – continue to embed IRISi, to have all practices fully trained and increase referrals regarding domestic violence to relevant sources. VAWDASV legislation requires all relevant authorities/services to complete Ask and Act training that is reportable to Welsh Government.

## 2.1 Regional Partnership Board (RPB) Plan

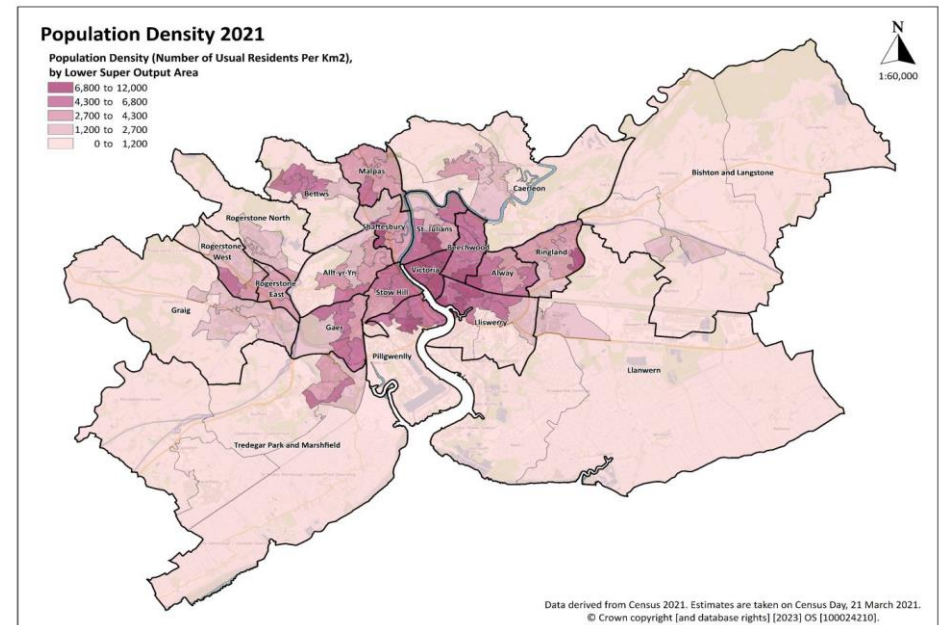
The RPB Area Plan is due to be published in April 2023 and will focus on the needs of the Gwent population whilst aligning with the goals of the Wellbeing of Future Generations Act. The RPB will continue to engage with the public to ensure that their priorities continue to capture the changing needs of the population. The ISPB will form the link between Newport NCN and the RPB to ensure that the focus on population health and social care needs remains constant.

## Chapter 3 – Place Based HealthCare Model

Both the Wellbeing of Future Generations Act and the Social Care and Wellbeing Act emphasise the wider determinants of health and highlight the important sources of support within communities which is not solely about a clinical response. Social services, housing, transport, community activities, voluntary services, natural resources, finances, and benefits – these all positively contribute to health and wellbeing if the connections are there between our often-disparate services. The sustainability of Primary Care and Community services is challenged by significant recruitment difficulties, particularly for GPs and Community Hospital nurses. This challenge is met significantly by implementing the Primary Care Model for Wales with a multi-skilled workforce in GP surgeries which requires space and appropriate accommodation.



Newport city, with its 2 NCNs have identified 6 'places' throughout the city. Place Based Services will be multifaceted to be centred on the people and their community but on an identifiable geographical area. This will ensure that these "places" are best equipped to design, develop, and implement services that will improve communities within the defined place which will result in better outcomes for individuals.



### 3.1 NEWPORT EAST

Newport East has a GP practice population of 78,184 and covers the electoral wards of Alway, Beechwood, Caerleon, Ringland, St Julians, Victoria, Langstone and Llanwern, Graig. The three "Place Based" areas as outlined in this plan are Ringland/Llanwern, Caerleon/St Julians and Beechwood/Lliswerry. The area has good road and rail transport links with some areas having easy access to the M4 which brings opportunity for work and social links. There are varying states of deprivation and affluency, the highest areas are namely Ringland and Alway, Somerton and Corporation Road.

Newport East is below the Gwent average for childhood immunisations and screening services uptake. The NCN continue to work in collaboration with partners to introduce incentive schemes and identify ways in which uptake could be improved. The total demand into Urgent Primary Care (per 10,000 GP registered population) is 1366, above the Gwent total of 1238.

### **3.1.1 PLACE: RINGLAND/LLANWERN**

The area is identified as a place of contrasting high and low deprivation. The furthest east of the “place” borders with Monmouthshire County Council and is more affluent. A new housing development is being established within the semi-rural Llanwern area which will encourage families from Bristol and surrounding areas to relocate due to the removal of the tolls on the Severn bridge. The geographical area next to Llanwern is Ringland/Alway and is an area of high deprivation. Ongoing work to redevelop this area is taking place to create a Ringland “campus” in association with Newport City Council and Newport City Homes, with the creation of a Health and Wellbeing Centre for Newport East. There is a well-established wellbeing collaborative in place to support the redevelopment.

The proportion of working age adults who are economically active in the Ringland and Alway wards are below the Newport average and the Wales figure. Ringland and Alway wards record rates of children living in low-income families above both the Newport (24.3%) and Wales (20.5%) rates, with certain areas above the 40 percent mark and more than twice the average for Wales.

Deprivation levels in Ringland are high. Parts of Ringland rank in the top 7% deprived areas in Wales. This would indicate that life expectancy and healthy life expectancy in these areas will be lower than the Newport and Wales averages. Areas of Alway rank in the top 4% of most deprived in Wales.

In comparison, the Llanwern ward is not considered to be an area of deprivation, however it does rank in the top 10% most deprived in terms of access to services predominantly due to its relatively isolated location on the rural fringe of Newport. Similarly, Langstone is among the least deprived areas of Newport and Wales, however, there remains a risk that people experiencing long term ill-health or disabilities may struggle to access essential services and could become socially isolated.

The Newport East Health and Wellbeing Centre (NEHWBC) development in Ringland is being supported through Welsh Government Pipeline funding and will enable integrated working between ABUHB, Newport City Homes and Newport City Council to deliver collaborative health and wellbeing services to the population in Newport East. The new build will incorporate 2 GP surgeries (Ringland Medical Centre and Park Surgery). The anticipated completion date for the development is December 2024. The H&WBC will provide access to all services, in a purpose-built development that will physically link to the Newport City Council Hub.

### **3.1.2 PLACE: CAERLEON/ST JULIANS**

The most recent Census data in 2011 shows the population of Caerleon is made up of 96.9% of people from a white background and 3.1% of people from a non-white background. This is below the Newport average where 10.1% of people are from a non-white background. Caerleon records lower levels of unemployment than Newport and Wales. Caerleon has a significantly higher proportion of people in ‘professional occupations’ which are 9 percentage points above the Newport figure. ‘Managers, Directors, and Senior Officials’ occupations are also represented in significantly greater number than for the rest of

Newport. The Welsh Index of Multiple Deprivation identifies areas of minimal deprivation across the ward. St Julians overall has no significant areas of deprivation according to the main WIMD ranking.

With the recent approval of new premises for the ABUHB Newport Locality Team in this area, there is an opportunity to develop an integrated space which will strengthen collaborative working with partners. Due to its proximity to the city centre, it could also incorporate sessions/clinics provided by our partner organisations for example, Gwent Drug and Alcohol Service, Homelessness Services, Asylum Seeker services, MIND Cymru as well as Newport City Council and other Housing Associations. Services would complement but not replicate the offer being provided within the NEHWBC or other potential wellbeing spaces within the city. Initial discussions with partners to develop the model are due to take place.

### **3.1.3 PLACE: BEECHWOOD/LLISWERRY**

The Welsh Index of Multiple Deprivation identifies mixed areas of deprivation across the Beechwood ward. Part of the ward is in the top 16% of most deprived in Wales whereas another part of the ward sits in the top 22% least deprived areas in Wales.

In Lliswerry, in terms of the Physical Environment domain, this area ranked amongst the 10% most deprived as a combination of the concentration of heavy industry around the ward and resulting contamination and due to the increased risk of coastal flooding. Lliswerry has a higher unemployment rate than both the Newport and Wales.

## 3.2 NEWPORT WEST

Newport West has a practice population of 66,657 and consists of the electoral wards of Allt-yr-yn, Bettws, Gaer, Malpas, Rogerstone North, East and West, Tredegar Park and Marshfield, Shaftesbury Stow Hill, and Pill. The three “Place Based” areas as outlined in this plan are City Centre/Pillgwenly, Rogerstone/Duffryn and Malpas/Bettws.

The NCN has good road and rail transport links with some areas having easy access to the M4 and some areas are only a short distance from Cardiff which brings opportunity for good work and social links. There are varying areas of deprivation within Newport West. The areas within Newport West indicated as having lower levels of deprivation include areas of Bassaleg, Rogerstone and areas north of the Civic Centre within the city centre. The areas of highest deprivation are some of the highest in Wales, including Pillgwenly and parts of the city centre.

### 3.2.1 PLACE: CITY CENTRE/PILLGWENLY

This “place” has one of the highest areas of deprivation within the borough and Pillgwenly lies within the top 10% of most deprived Lower Super Output Areas for the Income, Employment, Education, Health, Housing and Community Safety domains in Wales.

The most recent Census data in 2011 shows the population of Pillgwenly is made up of 60.5% of people from a white background and 39.5% of people from a non-white background. This is much higher than the Newport average where 10.1% of people are from a non-white background.

The unemployment rate is also higher than both the Newport and Wales rates. Pillgwenly has twice the average working age benefits claimants than the Newport average (16.4% average). Pillgwenly also records rates of children living in low-income families as between 40% and 50%, significantly above both the Newport (24.3%) and Wales (20.5%) rates.

### 3.2.2 PLACE: DUFFRYN/ROGERSTONE

This area has close links to Cardiff, with some patients registered with St Brides who reside in a Cardiff postcode area. Compared to many rural areas Marshfield is positioned between two cities and has accessible public transport networks, although non-car ownership and ill health could present issues with accessing essential services.

It is an area of significant redevelopment with several new housing developments. The number of additional patients and lack of suitable estate has made it difficult to expand GMS service provision, extended care roles and wellbeing services. St Brides Medical Centre has recently been taken over by Bellevue surgery and is being run as a branch surgery.

The Welsh Index of Multiple Deprivation does not identify any significant areas of deprivation across the Rogerstone, Graig or Marshfield wards and they rank within the top 6 of the least deprived areas in Wales. Rogerstone and Graig have a higher proportion of retired residents than Newport.

### 3.2.3 PLACE: MALPAS/BETTWS

The Welsh Index of Multiple Deprivation identifies a single concentrated area of deprivation across the Malpas ward which ranks in the top 6% of most relatively deprived in Wales, particularly in terms of income, employment, and education. No other Malpas area ranks in the top 10% most deprived.

Bettws ward however identifies significant areas of deprivation, some parts of which rank in the top 9% of most deprived areas in Wales.

The existing Bettws clinic is not fit for purpose; there is a lack of space for existing service and access issues for patients, which are exacerbated by school start and finish times. Westfield Clinic is also a leased building which has no opportunity to expand.

Newport's aim is to provide a more integrated system of primary care with community care and wellbeing services, based around each NCN footprint.

Newport's agreed priorities, to be taken forward by the ISPB in 2023/24, are as follows:

- **Mental Health and Mental Health Early Intervention.**  
Awareness and understanding of post-covid mental health.
- **Children with Complex Needs.**  
Expansion of the Health Inclusion Service to include unaccompanied children, newly arrived and vulnerable children.
- **Older People with Long Term Conditions, including Dementia.**  
Parkland Model and Spring Gardens.
- **Partnership Collaboration.**  
Church Road Partnership hub, Place Based Care/MDT working, Newport East Health and Wellbeing Centre.
- **Carers, including Young Carers and Integrated Family Support Services.**
- **People with Learning Disabilities.**

These priorities will be delivered and aligned with Regional Partnership Board principles and culture:

- To improve health and wellbeing outcomes and reduce inequalities in the region.
- To provide co-ordinated, person-centred care, treatment, and support.
- To improve care, treatment, and support, ensuring people have more say and greater control.
- To provide information and advice, to help people sustain good health & well-being.
- To make more effective use of resources, skills, and expertise.
- To align or integrate functions and resources, where integration adds value to citizens.

With a particular focus on

- Improving access and outcomes for individuals who experience inequalities and barriers to service access.
- Homelessness and population health management
- Clinically safe alternatives to (re)admission to hospital and expansion of provision to address the needs of children, young people, and adults.



## Chapter 5 - Enabling Delivery

### 5.1 Delivery of ISPB Priorities

The ISPB will provide the local footprint for the tactical delivery of ISPB priorities contained within the emergent Plan and coordinate the use of all available resources to meet local needs, provide the strategic direction to inform the development of their respective cluster plans, and, in time, commission services and develop agreements to support partnership working.

The Population Needs Assessment, supplemented with local service intelligence flowing from the Professional Collaboratives and Clusters will lead the development of the ISPB strategic plan which will outline what services are needed, making prudent use of all funding, workforce, and other resources and which address the health, care and wellbeing needs of the local population. The plan will provide strategic direction to the clusters to enable them to develop their cluster plans for 2023/2024 in line with ISPB vision. The local NCN IMTP plans will inform the ISPB plan, providing a solid foundation to providing care closer to home for much of the population.

The framework for delivery, monitoring and reporting will be a key part of the ISPB agenda, with a robust governance structure to support this approach. Progress will be reported through local performance monitoring arrangements including reporting through to Welsh Government through the health board IMTP scrutiny processes.

### 5.2 Enablers

There are several enablers that are key to the success of delivering the agreed priorities within this plan.

- Partnership and Collaboration
- Estates
- Workforce and Culture
- Communication and Engagement
- Funding
- Quality, Value and Patient Safety
- Digital, Data and Technology



Partnership and collaboration are the fundamentals for delivering this plan. The vision and direction provided through the ACD/NCN Development programme will be key to achieving greater partnership working and meeting the local health and social care needs through effective and robust planning and service delivery. By maintaining respect, common purpose, and clear expectations, it will create an atmosphere where people can communicate, understand each other, and overcome challenges together. Clearly defined projects and roles; agreed objectives and timescales will encourage partnerships to flourish.

Robust estate and capital project prioritisation are required to be able to deliver a more collaborative approach to care. Access to fit for purpose buildings to enable the expansion of extended roles and wellbeing provision within place-based care and maximising the opportunities presented to us e.g., NEHWBC.

The impact of Brexit and the pandemic has had a significant impact on our workforce. Workforce pressures are being faced by an already depleted and exhausted workforce and there is a need to support wellbeing of staff wherever possible. Transformation of services to enable effective and sustainable provision in the short, medium, and longer term is essential with training and resources to be able to deliver the new models of service delivery. A key action will be to understand the barriers to recruitment and retention across all partners by undertaking comprehensive workforce modelling and refocussing support where possible. Understanding the professional assessment of service pathway gaps, barriers and opportunities identified by the NCNs and professional collaboratives will support this.

Communication and engagement with the Newport population is essential to successful delivery. Public perception of public services is very low, from access to GP appointments, waiting list backlogs and access to care packages. By taking communities on the journey with us, we will better understand their needs and how we can support them. Joint communication and engagement will strengthen health and social care messages and manage expectations accordingly.

Identifying joint funding and commissioning options and reviewing of existing contracts will provide further opportunities to deliver the agreed priorities. Uncertain funding cycle arrangement is impacting on the stability of projects. Recruitment to short, fixed term/secondment roles is not attractive to staff and impacts upon project delivery. Continued investment requires clear exit strategies for successful projects to become core funded for services to release funding for new initiatives.

Shared learning and best practice across partners are essential to delivery of the plan. By identifying trends and underlying causes of system failures, ongoing education and support can be provided to staff creating a supportive, no blame culture.

Digital data and technology can assist and streamline current referral processes such as DN's/GMS referral pathways and to also prepare for upcoming changes such as electronic prescribing once approved via Welsh government. Continuation of support to GP practices in the purchase of IT solutions that assist patient access and communications, e.g., E-Consult and AccuRx and enabling access to shared systems will help to simplify collaborative working and sharing of information across partnerships.