

INTEGRATED SERVICE PARTNERSHIP BOARD(ISPB) PLAN  
TORFAEN  
2023-2026



**Torfaen ISPB Plan**

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## Chapter 1: Setting the Scene

A Healthier Wales provides the strategic driver to deliver a seamless Health and Social Care system, with a focus on promotion of 'self-care' and provision the right support in the community at the right time. The role of the Torfaen Integrated Services Partnership Board (ISPB) is to facilitate a whole system approach that improves the health and wellbeing of the area, delivered through collaboration and integration of Health, Local Authority and Third Sector services that provides the best possible services to our residents.

The Torfaen ISPB has a shared objective of delivering against the principles of both national and local strategic drivers, ensuring;

- Services are strengthened, with a key focus on prevention and early intervention, and developed based on an evidence base that meet the needs of residents, through a place-based approach
- Services are delivered in an effective and efficient way through consultation with our residents and collaboration by partners
- Services are delivered by a quality workforce

Across Gwent, there is commitment between the Health Board, Local Authorities and Third Sector to work towards becoming a region that aims to tackle and reduce inequalities. Working across all public services to ensure that our policies, approaches, and resources are geared towards creating a fairer, more equal society both for our current population and future generations. By valuing and promoting good health, education and learning we can help people to reach their full potential. This in turn will contribute to creating better informed and connected communities throughout Torfaen that are fair, open and welcoming to all, where everyone gets to play an active part.

Torfaen ISPB will focus on the RPB emerging priorities however, will align to numerous strategic plans for a whole system approach. Key Partners in Gwent through the Public Service Board (PSB) have committed to become the first Marmot Region in Wales, therefore the ISPB will take into consideration and align to the Marmot Principles and framework in setting local priorities.

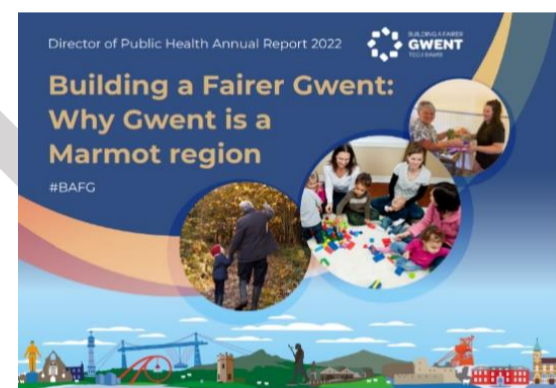
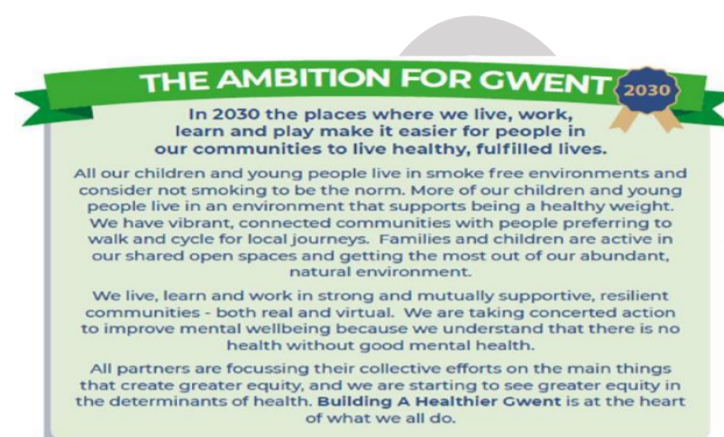
The Marmot framework sets action under two policy goals: to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 8 policy objectives below;

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

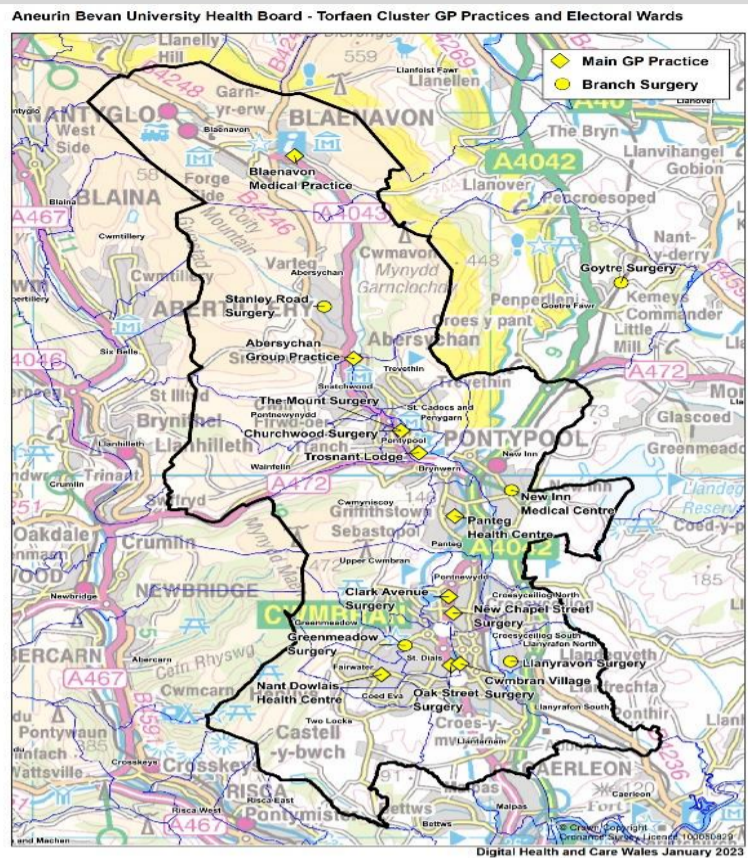
Torfaen, like many boroughs within Gwent, faces challenges in terms of health and wealth inequality, the rise of online shopping and the impact on our town centres and social issues affects our families and young people. The range and configuration of services varies depending on local population, geography, nature of local services, and local legacy in terms of how services have developed and evolved. Workforce deficits and increasing case complexities combined with an increase in the volume of residents accessing services has and continues to impact on our ability to provide excellent care and develop meaningful relationships with our communities.

Current services need to continually evolve to be able to become sustainable and improve in line with population needs assessments (PNA) and future ambitions. 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, 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 pockets 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



Background information



**Torfaen** is the most easterly of the south Wales urbanised valleys covering a geographical area of 126km<sup>2</sup>, with a population of **93,049 (ONS 2018)**. There are three urban centres: Pontypool, Blaenavon, and Cwmbran. The largest number of traveller caravans was recorded in Torfaen during the January 2016 Bi-annual Gypsy and Traveller count with a total of sixty-one, which was **41%** of the Gwent total.

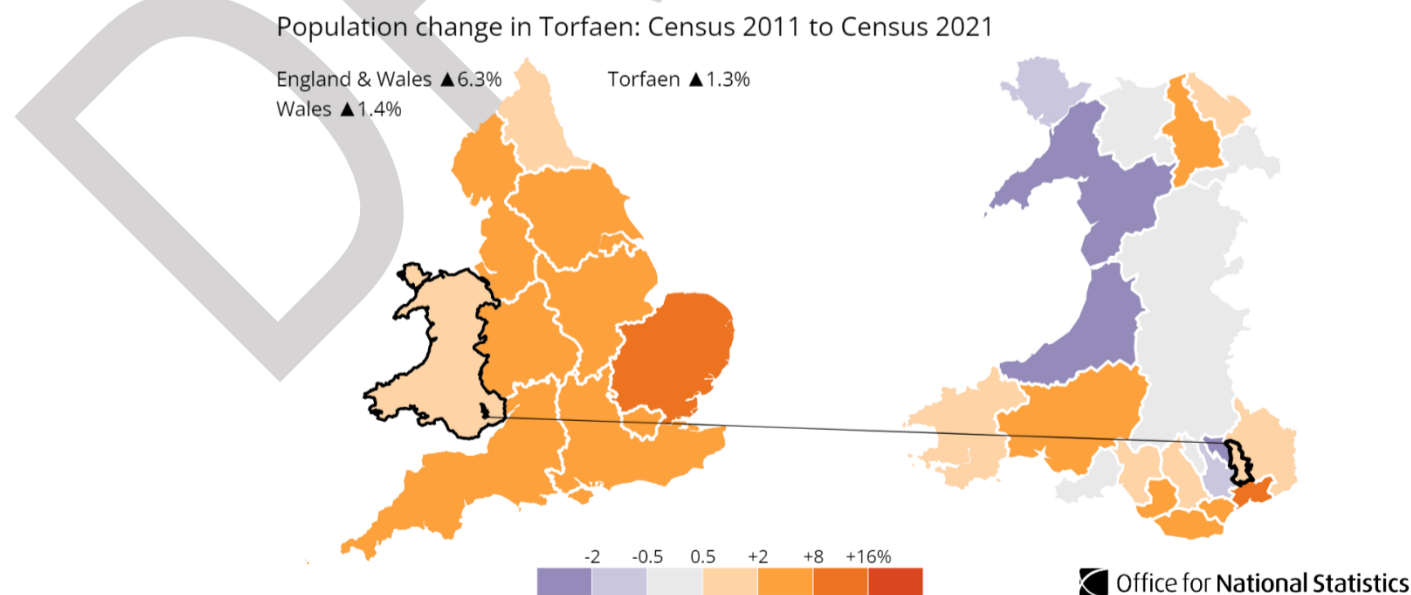
Torfaen borough was formed in 1974 as a local government district of Gwent, in 1996 Torfaen was reconstituted as a county borough and is governed by Torfaen County Borough Council which is a principle council.

Much of the southern part of the county borough around Cwmbran is extensively urban. The north of the county borough is greener and retains extensive areas of countryside, especially on the route to Blaenavon.

How life has changed in Torfaen

Between the last two censuses (held in 2011 and 2021), the population of Torfaen increased by 1.3%, from just under 91,100 in 2011 to around 92,300 in 2021. This means Torfaen's population increased at a similar rate to the overall population of Wales. The population of Wales increased by 1.4%, from 3,063,000 to 3,107,000.

In 2021, Torfaen was home to around 5.2 people per football pitch-sized piece of land. This area was the third-most densely populated out of all 22 local authority areas across Wales (after Cardiff and Newport). Population growth was similar in Torfaen to Wales as a whole.



Between the last two censuses, the average (median) age of Torfaen increased by one year, from 41 to 42 years of age. The median age is the age of the person in the middle of the group, meaning that one half of the group is younger than that person and the other half is older. The number of people aged 65 to 74 years rose by around 1,800 (an increase of 20.9%), while the number of residents between 35 and 49 years fell by around 2,200 (12.0% decrease)

Community Profiles

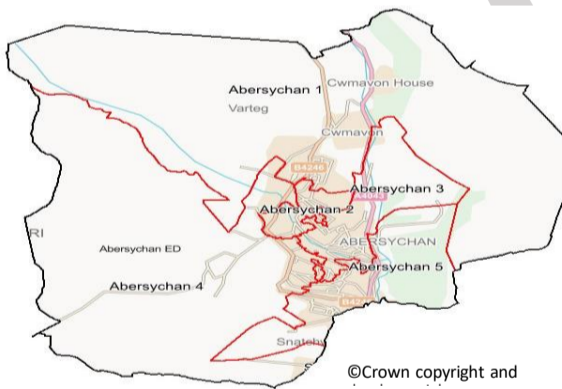
There are 16 electoral wards in Torfaen, and four principles towns Abersychan, Blaenavon, Cwmbran and Pontypool.



Name	Population	Key on map
<a href="#">Abersychan<sup>[a]</sup></a>	7,064 <sup>[1]</sup>	2
<a href="#">Blaenavon<sup>[a]</sup></a>	6,055 <sup>[2]</sup>	1
<a href="#">Croesyceiliog<sup>[b]</sup></a>	5,246 <sup>[3]</sup>	10
<a href="#">Cwmbran Central</a>	9,947 <sup>[4]</sup>	12
<a href="#">Fairwater<sup>[c]</sup></a>	11,632 <sup>[5]</sup>	11
<a href="#">Henllys</a>	2,682 <sup>[6]</sup>	14
<a href="#">Llantarnam</a>	4,125 <sup>[7]</sup>	15
<a href="#">Llanyrafon</a>	3,239 <sup>[8]</sup>	13
<a href="#">New Inn<sup>[a]</sup></a>	5,986 <sup>[9]</sup>	5
<a href="#">Panteg<sup>[a]</sup></a>	7,217 <sup>[10]</sup>	7
<a href="#">Pen Tranch<sup>[d]</sup></a>	5,989 <sup>[11]</sup>	3
<a href="#">Ponthir</a>	1,482 <sup>[12]</sup>	16
<a href="#">Pontnewydd</a>	4,954 <sup>[13]</sup>	9
<a href="#">Pontymoile<sup>[e]</sup></a>	5,082 <sup>[14]</sup>	6
<a href="#">Trevethin<sup>[f]</sup></a>	5,147 <sup>[15]</sup>	4
<a href="#">Upper Cwmbran<sup>[a]</sup></a>	5,228 <sup>[16]</sup>	8

Abersychan

These services all fall under the Torfaen North Neighbourhood Care Network.



**Abersychan** is a town and community north of Pontypool in Torfaen and lies in the narrow northern section of the Afon Lwyd valley.

Area = 24.78 km (9.57 sq mi)

Population = estimated population 7,064

Population density = 285/km<sup>2</sup> (740/sq mi)

Abersychan consist of the following areas, Pentwyn, Victoria village, Garndiffaith and Varteg  
The area has –

- 1 x GP Practices
- 1x Dental Practices
- 2 x Community Pharmacies
- 1 x Libraries
- 2 x Post Offices
- 2 x Primary School, x2 Nurseys and 1 x Secondary School

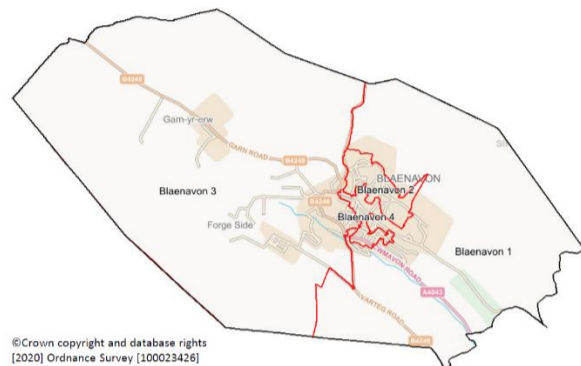
### **Blaenavon**

*These services all fall under the Torfaen North Neighbourhood Care Network*

**Blaenavon** is a [town](#) and [community](#) in [Torfaen](#) county borough, [Wales](#), high on a hillside on the source of the [Afon Lwyd](#).

Area = 17.83 km

Population = estimated population is 6,055 Population density = 340/km<sup>2</sup> (880/sq mi)



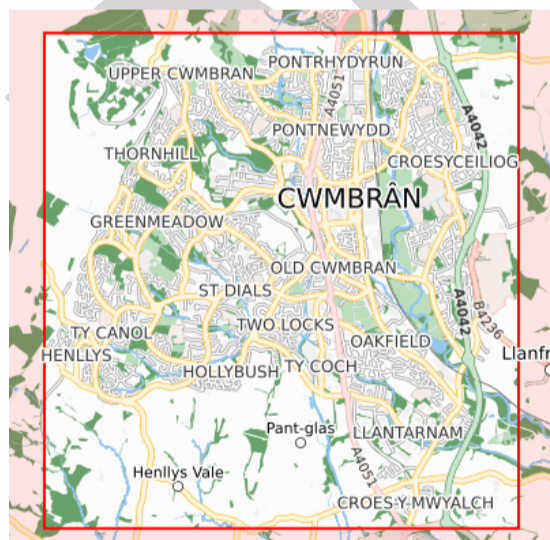
Blaenavon consists of one Middle Super Output Area (MSOA), containing one lower super Output Area. By looking at smaller geographical areas, we can see any differences that can impact on well-being.

The area is served by-

- 1 GP practices
- 2 x Dental Practices
- 2 x Community Pharmacies
- 1 x Optometry Practices
- 1 x Library
- 2 x Post Offices
- 1x Primary Schools
- Electric vehicle charging points in Market Steet
- 1 x Local Nature Reserves (Garn Lakes).

### **Cwmbran**

*These services all fall under the Torfaen South Neighbourhood Care Network.*



The area consists of seven Medium Super Output Area (MSOA), containing 22 Lower Super Output Areas (LSOAs). By looking at smaller geographical areas, we can see any differences that can impact on well-being.

The area is served by-

- 2 x GP Practices
- 7 x Dental Practices

- 6 x Community Pharmacies
- 4 x Optometry practice

There are also-

- 2 x Libraries
- 3 x Post Offices
- 8 x Primary Schools and 3 x Secondary School
- 3 x Electric vehicle charging points
- 1 x Local Nature Reserves (Henllys).

### Population Needs

The Gwent Regional Partnership Board (RPB) has published its second Regional Population Needs Assessment (RPNA). This assessment underpins 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 of the five boroughs across Gwent. Torfaen’s Neighbour Care Network (NCN) has 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:

#### Key indicators from RPNA Data

The data in the following table has been extracted from the RPNA and identifies the key problematic indicators within Torfaen when compared to Gwent in its entirety, alongside brief details of how Torfaen NCN intend to respond to these targeted areas of concern. There is also an appendix linked to Chapter 3 of this document that expands upon the details below by itemising existing and planned activities that will be reviewed by Torfaen’s ISPB.

- **Depression/mental health** - Psychological Health Practitioners, Mental Health Occupational Therapists, and domestic abuse support. Access to AMHP assessment services in a crisis through MDT collaboration.
- **Immunisations** - Working with partners to encourage increased uptake in the participation of immunisations for all age groups, in particular the 2–3-year-old cohort.
- **Emergency admissions to hospital from care homes** - Continue to identify ways to improve communication with Care Homes, uptake in the local enhanced services (LES) and evaluation of the CATCH service provision
- **Admissions to Hospital from the Community** – embedding of pathways that will support prevention and hospital avoidance; strengthening provision in the Community through Older Adult Redesign and further developing the model in Ty Glas Y Dorlan
- **Support to Diabetic patients to ensure treatment targets are hit** - collaborative working with Torfaen Leisure to support diabetic patients within younger community. Ensuring diabetic annual reviews take place in a timely manner to ensure a preventative approach and proactive treatment.
- **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/Bed days lost (domiciliary care)/Bed days lost (MDT assessment)** - 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. Development of Pathways of Care action plan to provide a targeted approach to delays to hospital discharge.
- **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 as the population increases.
- **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 WG.

### Strategic Context / Drivers

The strategic direction for the Torfaen ISPB is influenced by several drivers for change, with an emphasis on the Social Services and Wellbeing (Wales) Act 2014 which sets out the ambition for greater collaboration between Health, Social Care and the third sector in the delivery of a ‘whole system of seamless care and support’. This is endorsed through the Parliamentary Review of Health and Social Care (2018) and the Welsh Government’s response via their long-term plan, A Healthier Wales (2018). These documents describe the Quadruple Aim, the creation of a shared commitment to developing and prioritising change within social care and health. We are committed to the provision of excellent, person centred care for individuals and recognise that to deliver excellence requires service re-design and transformation to reduce inequalities in healthcare provision; ensuring timely access to sustainable services; moving care closer to home; and maintaining high quality, safe services which do no harm. We also recognise the breadth of policy which exists and how these will be adopted as an enabler for transformation.

Strategic Context	Enabler for Change
Wellbeing of Future Generations Act (Wales) 2015	Development of our priorities within the context of the ‘well-being goals’ and ‘sustainable development principles’ described within the Wellbeing of Future Generations Act (Wales) 2015. The principles are made up of five ways of working – long term – Integrated – involvement – collaboration – prevention - that public bodies are required to take into account when applying sustainable development.

<b>The Social Services and Well-being (Wales) Act (2014)</b>	The Act makes provision in the following areas; <ul style="list-style-type: none"> <li>• for local authorities and health boards to jointly undertake a population needs assessment</li> <li>• Promotes collaboration through part 9 of the Act</li> <li>• Promotes Information, Advice and Assistance (IAA) and preventative services</li> <li>• Sets national eligibility criteria for Care and Support, allowing for portability of assessment across local authority boundaries</li> <li>• provides equity to the needs of carers</li> </ul>
<b>Strategic Programme for Primary Care</b>	new models of care anticipated to be delivered, at scale, across Wales in the coming years The Transformation Model for Primary Care features heavily within this strategy and depicts a different approach to delivering services, featuring a renewed emphasis on early intervention; a focus on signposting, direct-access and social prescribing services; implementation of a new multidisciplinary workforce model; and greater utilisation of technological developments. At the heart of the strategic programme for primary care is working closely with partners, shifting the focus to a social model of care, ensuring timely access to primary care services when required and working seamlessly across the whole system.
<b>The Primary Care Model for Wales (2019)</b>	provides the national strategic direction for primary care, putting what matters to people are at the heart of this model to ensure the right care is available at the right time from the right source, at home or nearby. This model has provided the context and framework for the development of primary and community care over the last few years to enable a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs. Clusters are seen as pivotal to the delivery of this model.
<b>Last 1,000 days</b>	focuses on the most valuable currency in healthcare – time. The strategy recognises that a significant proportion of people who get stuck in the healthcare system are in the last 1000 days of their life. Using the TODAY model to help draw attention to where time is wasted for those who have the least time to spare, prioritising patient time and giving staff autonomy and responsibility to understand what good looks like for an individual, being able to assess care and activity against that and identify potential problems as part of an integrated team delivering individualised person-centred support.
<b>Clinical Futures Strategy [2018]</b>	the need for clinical modernisation has been recognised in the context of the delivery of the new model of primary and community care. The Clinical Futures Strategy sets out the strategic direction for modernising clinical services and forms part of the Health Boards response to delivering ‘A Healthier Wales’.
<b>A Healthier Wales (2019)</b>	the Welsh Government’s long-term plan for health and social services in Wales. Its sets out the vision of a ‘whole system approach to health and social care’ which is focused on health and wellbeing and on preventing physical and mental illness. The plan focuses on ‘providing more joined-up services, in community settings’, and the aim is to see ‘a shift from healthcare which focuses on treating people when they become unwell, to one that provides services which support people to stay well, lead healthier lifestyles and live independently for as long as possible’
<b>Right Care, Right Place at First Times (6 Goals for Emergency Care) (2022)</b>	Sets out the priorities for urgent and emergency care to ensure that patients get the right care, in the right place, first time.
<b>All Wales Rehabilitation Framework: Principles to achieve a person-centred value-based approach (2022)</b>	Provides the framework for a holistic person-centred process giving equal value to the person, surrounding society and wider determinants. The focus is upon early intervention and supported self-management which are delivered by a skilled workforce across health, social care, and third sectors.

## Define the key challenges and opportunities

### Challenges

The pandemic has had a significant impact upon our Communities and services, moving out of restrictions we have seen an increased demand on access to our services and the differing needs of the population that we serve further adds to the challenges being seen in our community hospital settings. People accessing the Health and Social Care system have presented as more complex and requiring greater levels of intervention in order to meet their needs at home, as an ISPB we need to flex how we respond to this demand but also reinvent our preventative offer that spans all levels of intervention through offering wellbeing activities locally and strengthening a more targeted preventative approach through use of the principles outlined in the ‘All Wales Rehabilitation Framework’ (2022).

Focusing on the principles of right care, right place, first time; we will coordinate support for our communities in greater need of care through development of a services designed to maximize benefits for patients and delivered at a locality level to meet the demands of our population. This approach will allow us to further develop schemes such as Ty Glas Y Dorlan, that offers a variety of wellbeing activities for the community, Extra care, assistive technology and short term stays for a programme of therapeutic rehabilitation to regain independence.

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

- Cost of living crisis in Wales, has a potential to affect everyone. Anxiety and depression, homelessness, obesity.
- Lack of workforce sustainability across the locality impacting on core service delivery. An inability to recruit and retain both clinical and non-clinical staff across the locality.
- Workforce pressures and capacity issues across the whole system, with particular focus in domiciliary care
- Continuing system pressures across services to be able to develop screening programmes and increase uptake rates
- Succession planning, aging workforce, increase staffing requirement against an aging workforce across Health and Social Care
- Lack of staffing resource to deliver CRT 8am – 8pm service.

- Short term funding impacting on opportunities to innovate and test new concepts, this also undermines retention of staff due to employment security

**Opportunities**

- Provide **System Leadership** which enables collaboration between partner organisations across health and social care to identify and meet the needs of the local population.
- Undertake **Integrated Planning** based on detailed assessment of needs and operational plans which set common ambitions between partners for integrated service delivery, service developments and opportunities in the delivery of integrated community-based care to the residents of Torfaen
- Understand the population needs including key priorities
- Understand professional assessment of service pathway gaps, barriers and opportunities articulated by clusters/ professional collaboratives and Local Authorities
- Development of an aligned delivery plan for the ISPB that pulls together the priorities of;
  - RPB
  - PSB
  - TCBC
  - NCN IMTP and wider ABUHB plans
  - TVA
- Support and influence the development an Integrated Workforce Plan which reflects both the local sustainability of services and the ambitions of Torfaen
- Based on need, jointly **commission** a suite of services from organisations that can deliver innovative, outcomes-based services, based upon need as identified within the Integrated Torfaen Plan
- To **enable delivery** of services to realise the objectives and actions outlined in the Integrated Torfaen Plan. This will include the selection of information based on existing data to create the framework for the ISPB and provide a baseline for monitoring in programmes of work
- To **create a culture which motivates** all partners within Torfaen use an innovative approach and intelligence to drive continuous improvements in the provision of integrated services.
- To ensure **continuous engagement** with the residents of Torfaen
- To identify, monitor and seek assurance that actions are in place to **mitigate risks** to partnership working and the delivery of the priorities outlined in the plan.

**Chapter 2- The Placed-Based Care Model for Torfaen**

A place-based approach is essential to building community hubs by nurturing and networking, using local assets and building on the strengths, capacity and resources available in local communities. The Torfaen NCN’s (both North and South) provides an ideal footprint for this approach by overcoming organisational silos in order to make best use of the resources available.

Torfaen are committed to the development of Place Based Care to ensure local residents are able to access and receive services as close to their home as possible. This will be achieved through development of;

<ul style="list-style-type: none"><li>• Availability of a broader range of clinicians to undertake appropriate interventions and only necessitating a GP consultation when required. This may include physiotherapy, occupational therapists, mental health workers, pharmacists and advanced nurse practitioners.</li></ul>
<ul style="list-style-type: none"><li>• Development of a sustainable and effective lower-level community service through recruitment of social prescribers and linking with community connectors who will be able to signpost and where necessary escalate individual cases and reduce the demand on higher level intervention services.</li></ul>
<ul style="list-style-type: none"><li>• Improved GP aligned multidisciplinary care approach with regular opportunity/meetings to discuss and react to specific cases before crisis point.</li></ul>

The development of an Integrated Wellbeing Network (IWN), through NCNs or clusters, allows a holistic approach to the complex interplay between material circumstances, the social environment, psychosocial factors and health behaviours. They are likely to be most effective when a community’s assets are fully realised and integrated with primary care and community services. Torfaen’s ambition is a place-based model of care whereby, people can access the care they need in their own resilient community and homes wherever appropriate and avoid any unnecessary harm, be it from injury at home, medication errors and unnecessary admissions to hospital or from delayed diagnosis or access to treatment. In our vision, services are designed to provide more co-ordinated care, with fewer handoffs and reduced complexity.

We aim to improve the health and wellbeing of our population, supporting people to stay well, lead healthy independent lives and reduce inequalities, building on the assets that are found in the community and mobilising individuals, organisations and services to come together to realise and develop their strengths. To deliver this we need to transform services so that our staff can work in collaboration. Developing new, integrated services, provided by well-trained confident staff, serving an empowered community through local accessible health and wellbeing services; providing the right service, at the right time, by the right person.

Torfaen are delivering place-based care through a hub approach bringing together health, social and third sector services. The first Hub of this kind has been developed in Blaenavon Resource Centre in the North, with further plans to scope out a central hub on the County Hospital site and one in the South of the Borough. This hub approach must be built on our estates strategy to ensure that services, equipment and infrastructure are aligned to make best use of resources and a well-trained sustainable workforce.

This vision is validated by the strategic direction set out in The National Primary Care Programme, A Healthier Wales and Prosperity for All setting out strategic ambitions for increasing workforce sustainability and utilising the third sector to meet the increasing demands upon our core services.



## Chapter 3- ISPB Priorities

Torfaen locality, as part of the Health Board-wide commitment to develop whole system service models will work collaboratively to improve the interface between services to support people to receive the right care, right place, first time to optimise individual outcomes and experiences.

Our key priorities for Torfaen that our activities will be aligned to are;

- Early Intervention and Prevention through Place Based Care
- Maximising our Assets
- Sustainability of our Communities and Services

For 2023/24 and future years the focus of the ISPB will be the following programmes of work under each category;

### Early Intervention and Prevention through Placed Based Care

**Ty Glas Y Dorlan** – Ty Glas Y Dorlan is a flagship project within the South Torfaen area, established in partnership it opened in Autumn 2021 providing on-site Reablement and a top floor Extra-Care facility. The ISPB will endorse the development of a phase 2 programme of work that;

- Provides the opportunity to build on the foundation of an established community asset to develop an Integrated Health (Primary and Community)/Social Care/Communities and Housing Integrated Community Reablement/Enablement Service-outward facing
- Uses the facility as an integrated hub to focus on IAA, Prevention/Early Intervention/Asset Based Community development/hospital avoidance
- Works with the community and community assets at a neighbourhood care network level to understand what makes a difference Macro to Micro level to keep people independent, healthy, active and connected
- Is a flexible offer that can support the demands of Health and Social Care in the medium and long term

**Blaenavon Resource Centre** – The Resource Centre currently hosts a variety of partners who offer services to the local community. Over the next financial year, the ISPB will commission a partnership working group to review the existing provision within building, utilising the working knowledge from the Integrated Wellbeing Network (IWN) and will receive recommendations on how services can be developed/provided that meet the needs of the community.

### Maximising our Assets

The ISPB recognises that estates provision within the borough will provide opportunities to further integrate our services in the medium to long term; this will require the board to focus upon estates opportunities in 2023-24. Over this period the ISPB will establish working groups to jointly develop the following estates;

- **Gwent House, Cwmbran Town Centre**
- **County Hospital Redesign**

As the working groups provide further detail around the scope of these programmes the ISPB plan will be updated.

### Sustainability of our Communities and Services

**Children services** – Over the first 12 months of this plan the partnership will undertake activity to identify the key priorities for Children and Young people.

**Older Adult Redesign** – the Torfaen ISPB will support the Gwent-wide programme of work, through developing integrated pathways of care between Health and Adult Social Care that addresses graduation of care from information, advice and assistance (IAA), preventative/intervention services to long term/specialist provision.

**Mental Health Pathways** – The partnership will engage with partners from mental health services in order to identify priorities for the ISPB over the first 12 months of the plan.

**Integrated Wellbeing Networks** - Building on the strength and resilience shown in our communities during the pandemic, promoting community wellbeing activities and self-management of issues. The ISPB will promote this approach across all programmes supported by the ISPB.

Our Partnership Board has reviewed our priority actions to ensure that they remain relevant to the changing landscape:

- Delivering the principles of the Social Services & Well-being Act 2014 (the Act), The Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary Care Model for Wales Ensuring that there is increasing alignment and engagement between the Gwent Regional Partnership Board and Cluster arrangements bringing services together at a local level
- Developing and strengthening the relationship with the Gwent Regional Partnership Board to enable and promote an integrated response to the needs of the local population
- Lead the development of an integrated plan which addresses the health, care and wellbeing needs of the whole population of Torfaen
- Support the implementation at local level of the partnership agenda, including (but not limited to): -
- NCN- cluster plans
- Integrated Borough Business plan
- Priorities determined by the RPB and the Torfaen Services Partnership Board (ISPB)
- Community Hospitals

The table included as an appendix to this document describes a set of shared objectives which have been agreed by the ISPB as key principles and priorities to inform the framework for future planning, implementation, and evaluation **noting; ISPB priorities will continue to be influenced and refined alongside RPB development and plan- published in April 2023**

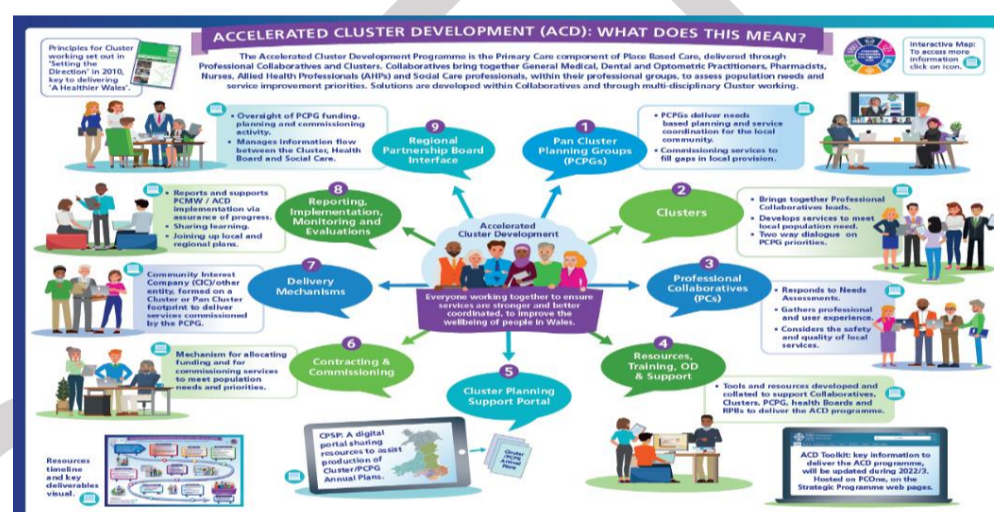
## Chapter 4-Enabling Delivery

An integrated approach to planning and provision of services is key to the success of this plan and working in partnership across all sectors on a borough, NCN and placed based level is of paramount importance and having the appropriate forum and governance frameworks to support this approach is essential.

Our goal is to deliver sustainable changes to our system, this means that ‘not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well’.

### Accelerated Cluster/NCN Development:

A key Enabler to address the health inequalities during 2023-24 is the transition to accelerated cluster working which is seen as the driver for change in developing and providing and accessing health and social care services through collaborative approaches across a local footprint.



### Workforce:

Torfaen has an established partnership landscape acting as an enabler for patient centred support which stretches across services and organisations. The Integrated Partnership Board has been strengthened with a focus around reshaping our workforce to deliver the right care in the right place, first time through the right staff, with the right skills, through designing integrated pathways regardless of organisations boundaries which focus on people staying well in their own homes and communities. To achieve this ambition an *assessment of demand and capacity* is required to ensure that existing resources are utilised most effectively.

Understanding the whole system and the importance of taking forward a sustainable integrated health and social care approach across primary/ community teams is a priority for the ISPB. In terms of maintaining a robust and responsive ‘whole-team’ approach, we need to understand the challenges locally and understand the growing needs of our population over the next 5 – 10 years so that we can develop a workforce capable of sustaining these needs.

### Digital, Data Intelligence:

We will embrace technology to improve sharing of information and monitoring of specific conditions to improve care for patients and reduce duplication between professionals and the development of Place Based Care will continue to be at the heart of our plans to enable communities to receive as much of their care as possible within an integrated social care and wellbeing hub as close to home as practicable through a range of transformation and re-design opportunities to meet our changing population needs.

### Estates:

Our workforce strategy considers what is required in terms of population needs and resources. As an ISPB we will collaborate to identify gaps, continue building partnerships working and integration within social care, health and the third sector in order to develop an estate agenda with to support the delivery of our placed based care, prevention, early intervention, self-care.

### Finance:

Across ISPB organisations / stakeholders' financial budgets align to be able to support services / workstreams to meet the need of the population.

There is a clear strategic direction set by Welsh Government in the National Model for Primary Care. This model aligns with local innovation, with the focus on a multi-professional workforce so people can be seen in the right place by the right person at the right time to best meet their needs. It is recognised that there are challenges across health and social care for the recruitment and retention of staff. This brings its own challenges with the ability to meet public expectation as well as the increasing demand on services across Torfaen.

In order to support the sustainability and availability of service access the ISPB will need to look at collaborative working for a whole system approach. Once gaps in delivery have been identified the ISPB will directly commission services utilising budget within the next 12-18 months, there will be agreed needs based commissioning planning and monitoring of services.

The ISPB also has opportunities to look at current budgets (including budget management), individually and jointly with a view in collectively making more robust access to meet the local need. The following are funding enablers and will be reviewed by the ISPB:

- Pooled budgets - Pooled budgets combine funds from different organisations to purchase integrated support to achieve shared outcomes.
- Regional Integration Fund (RIF) – is Health and Social Care, 5-year fund to deliver a programme of change from April 2022 to March 2027. The RIF will build on the learning and progress from the previous Integrated Care Fund (ICF) and Transformation Fund (TF) and attempts to create a sustainable system change through the integration of health and social care services. Key features and values include:
  - A strong focus on prevention and early intervention
  - Developing and embedding national models of integrated care
    - Community based care – prevention and community coordination
    - Community based care – complex care closer to home
    - Promoting good emotional health and well-being
    - Supporting families to stay together safely, and therapeutic support for care experienced children
    - Home from hospital services
    - Accommodation based solutions
  - Actively sharing learning across Wales through Communities of Practice
  - Sustainable long-term resourcing to embed and mainstream new models of care
  - Creation of long-term pooled fund arrangement
  - Consistent investment in regional planning and partnership infrastructure
- Participatory Budgeting – this enables people/residents of the borough to make decisions about how all or part of a public budget is spent. There can be many challenges to overcome when budgeting for, designing and implementing effective services. But participatory decision making can be a vital step towards delivering a better quality of life by meeting the communities most important needs.
- NCN (Neighbourhood Care Network) Budgets
- Additional Borough budgets across Health, Social Care and Third Sector (ABUHB, TCBC, TVA, IWN) – review of current budgets and additional opportunities to be sought based on local need.

#### **Experience, Quality & Safety:**

[The Health and Social Care \(Quality & Engagement\) \(Wales\) Act 2020](#) puts legal duty on us to provide services of good quality and to make improvements as required to ensure our population receive the best possible outcomes. Working on a place-based basis and delivering care to patients as close to where they live will require us to have robust governance arrangements for the quality, and safety of our services. In addition, ensuring that skills and experience are paramount to all aspects of health, social care and third sector resource to support the success of any transformation work to shift care out of the traditional hospital setting.

The health board has patient quality and safety forums for each of its divisions where the focus is on review and monitoring of key aspects but also very much on learning following local and other areas and sharing of best practice. The divisional forums sit within an organisational structure to support quality and patient safety.