




Stakeholder Reference Group


23 March 2020, 09:30 to 13:30
Nant Fawr 1

Agenda

- 1. Agenda**
 -  SRG Agenda 24 March 2020Welsh.pdf (2 pages)
 -  SRG Agenda 24 March 2020.pdf (2 pages)
- 1.1. Welcome and Introductions** Chair
- 1.2. Apologies for Absence** Chair
- 1.3. Declarations of Interest** Chair
- 1.4. Minutes and Matters Arising from the SRG meeting on 29 January 2020** Chair
 -  Item 4 - Unconfirmed Minutes of SRG Meeting 29 January 2020.pdf (7 pages)
- 1.5. Feedback from Board** Nicola Foreman

To note the items discussed at the Board meeting of 30 January
- 1.6. Shaping Our Future Wellbeing: In Our Community** Chris Dawson Morris

To explore stakeholder support for the implementation of tranche 1 schemes and planning for tranche 2

 -  Item 6 - Stakeholder Reference Group Wellbeing Hub Operational Principles.pdf (5 pages)
- 1.7. University Hospital of Wales 2** Abigail Harris / Ed Hunt

Planning for the replacement of UHW
- 2. ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP**
- 2.1. Next Meeting of SRG**

1.30pm-4pm, 19 May 2020

Nant Fawr 1, Woodland House
Briantnell Helen
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**GRŴP CYFEIRIO RHANDDEILIAID BWRDD IECHYD PRIFYSGOL
CAERDYDD A'R FRO**
9.30am – 11.30am ar ddydd Mawrth 24 Mawrth 2020
Nant Fawr 1, Llawr Gwaelod, Woodland House, Maes y Coed Road,
Caerdydd, CF14 4HH

AGENDA

RHAN 1: EITEMAU I'W TRAFOD		
1 9.30am	Croeso a Chyflwyniadau	Cadeirydd
2	Ymddiheuriadau am Absenoldeb	Cadeirydd
3	Datgan Buddiannau	Cadeirydd
RHAN 1: EITEMAU I'W TRAFOD		
4 9.35am (5 mun)	Cofnodion a Materion yn Codi o Gyfarfod y GCRh ar 29 Ionawr 2020	Cadeirydd
5 9.40am (5 mun)	Adborth gan y Bwrdd <i>Nodi'r eitemau a drafodwyd yng nghyfarfod y Bwrdd ar 30 Ionawr</i>	Nikki Foreman Cyfarwyddwr Llywodraethu Corfforaethol
Cyflawni Canlyniadau sy'n Bwysig i Bobl		
	<i>Dim eitemau</i>	
Cynaliadwyedd		
6 9.45am (60 munud)	Llywio ein Llesiant yn y Dyfodol: Yn ein Cymuned <i>Archwilio i gefnogaeth rhanddeiliaid ar gyfer gweithredu cynlluniau cam 1 a chynllunio ar gyfer cam 2</i>	Chris Dawson-Morris Pennaeth Cynllunio Strategol
egwyl 5 munud		
7 10.50am (40 mun)	Ysbyty Athrofaol Cymru 2 <i>Cynllunio ar gyfer disodli Ysbyty Athrofaol Cymru</i>	Abi Harris Cyfarwyddwr Strategaeth a Chynllunio Ed Hunt Cyfarwyddwr Rhaglen Disodli Ysbyty Athrofaol Cymru
Diwylliant a Gwerthoedd		
	<i>Dim eitemau</i>	
Blaenoriaethau'r Gwasanaeth		
	<i>Dim eitemau</i>	
RHAN 2: EITEMAU I'W DERBYN A'U NODI ER GWYBODAETH GAN Y GRŴP CYFEIRIO RHANDDEILIAID		

1	Dyddiad Cyfarfod Nesaf y GCRh 1.30pm-4pm, 19 Mai 2020 Nant Fawr 1, Woodland House	
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Mae'r ddogfen hon ar gael yn Saesneg / This document is available in English

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CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
9.30am – 11.30am on Tuesday 24 March 2020
Nant Fawr 1, Ground Floor, Woodland House, Maes y Coed Road, Cardiff,
CF14 4HH

AGENDA

PART 1: ITEMS FOR DISCUSSION		
1 9.30am	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
PART 1: ITEMS FOR DISCUSSION		
4 9.35am (5 mins)	Minutes and Matters Arising from the SRG meeting on 29 January 2020	Chair
5 9.40am (5 mins)	Feedback from Board <i>To note the items discussed at the Board meeting of 30 January</i>	Nikki Foreman Director of Corporate Governance
Deliver Outcomes that Matter to People		
	<i>No items</i>	
Sustainability		
6 9.45am (60 mins)	Shaping Our Future Wellbeing: In Our Community <i>To explore stakeholder support for the implementation of tranche 1 schemes and planning for tranche 2</i>	Chris Dawson-Morris Head of Strategic Planning
5 minute comfort break		
7 10.50am (40 mins)	University Hospital of Wales 2 <i>Planning for the replacement of UHW</i>	Abi Harris Director of Strategy and Planning Ed Hunt Programme Director for Replacement of UHW
Culture and Values		
	<i>No items</i>	
Our Service Priorities		
	<i>No items</i>	
PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP		

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1	Next Meeting of SRG 1.30pm-4pm, 19 May 2020 Nant Fawr 1, Woodland House	
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This document is available in Welsh / Mae'r ddogfen hon ar gael yn
Gymraeg

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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 29 JANUARY 2020, NANT FAWR 1,
WOODLAND HOUSE**

Present:

Richard Thomas
Sam Austin
Sarah Capstick
Liz Fussell
Iona Gordon
Tricia Griffiths
Zoe King
Dean Loader
Paula Martyn
Linda Pritchard
Geoffrey Simpson

Care and Repair Cardiff and the Vale (Chair)
Llamau
Cardiff Third Sector Council
UHB Volunteer
Cardiff Council
Carer
Diverse Cymru
South Wales Fire and Rescue
Independent Care Sector
Glamorgan Voluntary Services
One Voice Wales

In Attendance:

Federica Faggian

Consultant Microbiologist, Public Health Wales
(items 20/01-20/06)

Aaron Fowler

Head of Corporate Governance, UHB

Abigail Harris

Executive Director of Strategic Planning, UHB

Ann Jones

Patient Safety & Quality Assurance Manager, UHB
(item 20/09)

Vicky LeGrys

Programme Director, Major Trauma Centre, UHB
(item 20/08)

Anne Wei

Strategic Partnership and Planning Manager, UHB

Harriet Whitaker

Antimicrobial Pharmacist (items 20/01-20/06)

Keithley Wilkinson

Equality Manager, UHB

Apologies:

Duncan Azzopardi

Cardiff University

Mark Cadman

WAST

Shayne Hembrow

Wales and West Housing Association

Steve Murray

South Wales Police

Rachel Nugent-Finn

Vale of Glamorgan Council

Secretariat:

Gareth Lloyd, UHB

SRG 20/01

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and Tricia Griffiths was introduced as the new member providing a carers' perspective.

SRG 20/02 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Angela Hughes and Wendy Orrey.

SRG 20/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 20/04 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 27 NOVEMBER 2019

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 27 November 2019 subject to amending the spelling of Sarah Capstick's name in the list of those present.

Draft Sustainable Travel Plan

Anne Wei provided an update from Colin McMillan. The Sustainable Transport and Travel Group had met earlier that month and received a presentation on the initial draft Travel Plan. Although well received, the Group had expressed concerns that the staff survey response had been low and that no patient/visitor survey had been undertaken. The transport consultants had therefore been asked to undertake further survey work. The comments made by the SRG had been noted by the Group as well as its offer to assist with any further engagement exercise.

Draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023

Anne Wei reported that the Plan was being finalised and would be launched in March 2020 following sign off by the Public Services Boards. Welsh Government had allocated £7m for prevention to Health Boards via the Regional Partnership Boards with £881k being provided to Cardiff and Vale. Plans for how this would be spent were aligned to delivery of the Move More, Eat Well partnership plan.

SRG 20/05 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda and draft minutes of the Board meeting held on 28 November 2019.

SRG 20/06 ANTI-MICROBIAL STEWARDSHIP

The SRG **RECEIVED** a presentation from Federica Faggian on initiatives to change prescribing practice to prevent the development of resistance to antibiotics.

The SRG was informed that antibiotics are drugs used to treat bacteria. Certain bacteria are inherently resistant to particular antibiotics. Some bacteria undergo genetic modifications which may be random or occur through the acquisition of genetic material from other bacteria. These processes can lead to antimicrobial resistance. Antimicrobial resistance is increasing at a faster rate than antibiotic development and in the relatively near future it may not be possible to treat even simple infections with antibiotics. The consequence is that the risks of infection associated with surgery may render elective surgery such as organ transplants prohibitively dangerous and emergency surgery such as Caesarean sections could become life threatening. It is estimated that there may be 10 million deaths per year attributable to antimicrobial resistance by 2050 which would be more than from cancer.

The National Institute for Health and Care Excellence describes antimicrobial stewardship as 'an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness.' The UHB has an Antimicrobial Management Group that has managed to influence antibiotic use through the years but is struggling to maintain an appropriate level of activity because of resource constraints. The SRG was informed of the different strategies that have been used including the removal of some antibiotics from guidelines, the creation of an antimicrobial App to store antimicrobial guidelines for primary and secondary care, collection of data through audits and usage surveys and public engagement events. Clinical pathways are also being developed to ensure there is consistency in the way illnesses and conditions are treated.

The SRG was then asked for its views on ways to engage with the public and other stakeholders to support this work. The SRG made a number of observations.

- Patients often present to their GPs and expect to leave with a prescription. Federica Faggian explained that delayed prescriptions are one possible tool. Patients could be issued with a prescription but be told how their symptoms were likely to progress and advised to only obtain their medication if their conditions deteriorate.
- Prescribers need to be empowered with the confidence not to prescribe.
- There is a pressure to go to GPs for 'sick notes' to authenticate absences from work or school.
- The SRG could help with getting messages out to the public via third sector and other networks.

- Increasing awareness of the issues and the need for behavioural change could be promoted through training of front line staff e.g. school nurses, district nurses and staff from partner organisations
- Everyone has the responsibility for promoting the antimicrobial stewardship messages but it would be particularly helpful if social influencers were to become involved.

SRG members were encouraged to advise Federica Faggian should they think of any further suggestions after the meeting.

Action: All

SRG 20/07 DRAFT CLINICAL SERVICES PLAN

The SRG **RECEIVED** a presentation from Abigail Harris on the draft Clinical Services Plan (CSP) that was currently being tested internally within the UHB. The UHB was working with the Consultation Institute on the development of a comprehensive external engagement programme but this was an opportunity to keep the SRG updated on progress and seek its early views.

The SRG was reminded of the background to the Plan and informed of the key proposals over the next ten years. Arguably the biggest proposed change would be that all Medical admissions would go to UHW with UHL becoming the centre of excellence for planned surgery. The CSP should articulate clearly the fact that the changes are proposed on the basis of anticipated improved clinical outcomes.

The SRG was asked for its views on the draft plan and the 'Plan on a Page' and made the following observations.

- The UHB should pre-empt criticism and the potential reasons people may give for opposing the proposals and consider how it would respond.
- Access and parking to UHL is likely to be a big issue. Abigail Harris explained that it had been acknowledged that the current Park and Ride service to UHL would have to be improved. There might also be an opportunity to look at increasing voluntary transport provision. She suggested it may be a trade off with people having to accept travelling further but with a much reduced chance of their procedures being cancelled.
- The public transport infrastructure needs to be improved and working with both local authorities to provide a more co-ordinated plan for sustainable travel across the region was important.
- The development of the UHB's sustainable travel plan is an opportunity to get the views from stakeholders including patients and carers, on

barriers to using more sustainable travel options and to promote messages about alternative ways to access services.

- The CSP will have to be more public facing once the external engagement commences e.g. it should use storytelling and examples to illustrate simple, tangible benefits to 'Wyn'. Abigail Harris indicated that consideration was being given to describing how 'Wyn' would travel through different clinical pathways.
- The 'plan on a page' is too focussed on buildings.
- There is a lot of information to digest and it may be better to find ways to bite-size key messages.
- It may be difficult to convince people of the benefits of the provision of GP beds as in the past health providers have closed similar facilities citing patient safety. Abigail Harris explained that this would be a different type of GP bed providing urgent treatment rather than rehabilitation.
- The focus on enabling patients to remain in their own homes for as long as possible is welcomed but there will inevitably be some people who will require admission to a residential home. Is the UHB working with care homes to ensure patients receive the care they need whilst they are there and that their changing needs can be met without having to move? Abigail Harris confirmed that there was a desire to work with residential homes but their registrations would have to change to enable them to be more flexible in the nature of care that they can provide.

SRG 20/08 MAJOR TRAUMA CENTRE

The SRG **RECEIVED** a presentation from Vicky LeGrys on the roll-out of the Major Trauma Network and the establishment of the Major Trauma Centre at UHW.

The SRG was informed that the South, Mid and West region of Wales was currently the last area of the UK to have a formal Major Trauma Network but that the South Wales Major Trauma Network would go live in April 2020. The SRG was reminded of the patient benefits of establishing a Network and why UHW had been chosen as the location of the Major Trauma Centre (MTC).

The UHB had recruited approximately 200 additional staff (70% of the additional staff required) only 6% of whom have come from other Health Boards. The UHB was continuing to work with the other Health Boards on developing the patient pathways a key component of which would be the repatriation of patients back to their home Health Board area once they no longer need to be treated in the MTC. Patients referred to the MTC would be admitted via the current Emergency Unit (EU). An additional resuscitation bay was being created and a replacement CT scanner being commissioned.

The SRG was asked what it thought the public and other stakeholders would be most interested in to inform the UHB's communication plan as it nears the launch of the Network.

The SRG made several observations.

- An update was requested on the provision of accommodation at UHW for relatives. Vicky LeGrys explained that there was limited physical space on the UHW site and it would not be possible to provide specific overnight accommodation for relatives. There are already facilities for relatives of patients in Critical Care and the UHB was working with patients and their families to see how to improve facilities on the new Polytrauma ward. The UHB has worked with other Major Trauma Centres to see how they address this need. A key worker has also been appointed who will be able to liaise with patients and their families to help support them with their accommodation requirements.
- It might be difficult to explain what constitutes Major Trauma to the general public and how the service will differ from what people expect to be available already. Vicky LeGrys explained that the Major Trauma Network was producing a Communications plan and list of frequently asked questions that would address issues such as the type of patient that would be sent straight to UHW and why.
- Communications should focus on the improved patient outcomes and compliance with the 98 standards for a MTC.

SRG 20/09 ANNUAL QUALITY STATEMENT

The SRG **RECEIVED** a presentation from Ann Jones on the development of the UHB's Annual Quality Statement (AQS) 2019/20. The AQS would be published on 29 May 2020 in English and Welsh alongside the Annual Report and Annual Accounts. It was likely to be the last time that a physical AQS would be published in this way as a new NHS Quality Bill was being published which would introduce different requirements.

The SRG was then asked to consider these specific questions.

- Are there any specific items you feel should be included in this year's AQS?
- Was there the correct balance of words, photographs and infographs in last year's AQS?
- Was there a good balance of what went well and what did not go so well.
- Is it written in an open way?
- Does the SRG have any other comments?

The SRG asked several questions and made a number of observations.

- The AQS was visually impressive
- The AQS was too focussed on Cardiff with insufficient information on initiatives in the Vale of Glamorgan. It was agreed examples relevant to the Vale should be sent to Ann Jones

Action: Linda Pritchard

- How is evidence obtained? The SRG was informed that validated data is obtained from Clinical Boards and Corporate teams. Information is also obtained through direct conversations with staff and patients.
- Are third sector commissioned services included? The SRG was informed that this year's document would have a special focus on community mental health services and that third sector services were very much part of this
- 'Show Me Where' resource might be useful for volunteers, perhaps in an adapted format. Ann Jones agreed to discuss with Angela Hughes.

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Action: Ann Jones

SRG members agreed to email Ann Jones any further comments.

Action: All

SRG 20/10 UPDATING SRG TERMS OF REFERENCE

Anne Wei informed the SRG that Health Boards had been issued with revised Model Standing Orders by Welsh Government. The new Standing Orders confirm that SRG members must not serve more than five years consecutively. This means that Liz Fussell and Richard Thomas would both be attending their final SRG meeting in March. The process of recruiting new members and a selecting a new Chair would begin immediately. It was agreed that an interim Chair would be appointed on the basis that new members might wish to be considered for the role of Chair.

Two other changes are that SRG agendas will henceforth also be published in Welsh and SRG members will have to confirm their eligibility to continue as members in writing on an annual basis. A simple form has been produced for this purpose.

SRG 20/11 NEXT MEETING OF SRG

9.30am-12pm, 24 March 2020, Nant Fawr 1, Woodland House.

Stakeholder Reference Group

High level principles for joint working in Wellbeing Hubs

Situation

The Shaping Our Future Wellbeing: In Our Community (SOFW) programme is considering the high level principles which will form a foundation for operating the Wellbeing Hubs. Wellbeing Hubs have been developed in partnership with Cardiff and Vale local authorities, GP Practice(s), the third sector and other key stakeholders.

Background

Key to the implementation of the Health Board's (UHB's) Shaping Our Future Wellbeing 10-year strategy is the Shaping Our Future Wellbeing: In Our Community Programme (SOFW).

The design principles for SOFW are:-

- Empower the person: support people in choosing healthy behaviours; encourage self-management of conditions.
- Home First: Enable people to maintain or recover their health in or as close to their own home as possible.
- Outcomes that matter to people: create value by achieving the outcomes and experience that matter to people at an appropriate cost.
- Avoid harm, waste and variation: adopt evidence based practice, standardising as appropriate; fully use the limited resources available, living within the total; minimise avoidable harm; achieve outcomes through minimum appropriate intervention.
- Overarching principle of: Promote equity between the people who use and provide services.

Through a series of new community facilities the SOFW programme will build the major physical infrastructure needed to give people easier access to health and wellbeing services, promoting local integrated working and co-production, with the ultimate aim to reduce health inequalities across the City of Cardiff and the Vale of Glamorgan. Each facility will strengthen our ethos of partnership working to bring about benefits for our 'customers', i.e. that health and wellbeing is about more than just health care in the purest form of visiting a GP. It is also about tackling social isolation, providing opportunities for integrated and complimentary services in a non-clinical, welcoming and inspiring centre in the heart of communities.

Within Cardiff and Vale of Glamorgan we have three geographical Localities, with three Primary Care Clusters in each. Both the Vale of Glamorgan Council and the Cardiff Council work within Neighbourhoods which are geographically the same as Clusters. We are currently funded by Welsh Government to develop the capital business cases for three Wellbeing Hubs at Penarth, Maelfa (Llanedeyrn) and Park View (Ely), with the first two expected to open in two years' time. We are developing plans for Wellbeing Hubs in the remaining Clusters and Health & Wellbeing Centres for each of the three Localities in two further tranches stretching through to 2025. The Wellbeing Hubs will be designed to have up to four zones (Health, Wellbeing, Team

and Community zones) with each zone being led by our key partners to deliver services in a seamless integration.

There are many examples of attempts to integrate care across healthcare services and the communities they serve, but it is important to note this paper is a starting point to ensure the staff are patient-focussed in their delivery of health, social and wellbeing services. Not just the UHB staff (those based permanently and those visiting to run clinics) but also local authority, GP, third and independent sector staff and those staff operate on a daily basis to these high level principles to form a foundation for integrated operating of the Wellbeing Hubs being developed in partnership.

The new Wellbeing Hubs provide the opportunity to focus on improving the outcomes for citizens supporting users with behaviour change. Staff from all agencies working in the hubs will be expected to support citizens in this context, therefore we need to adopt high level principles to allow all Wellbeing Hubs to operate seamlessly, yet adapt to meet the unique elements and location of their population.

Assessment

The Wellbeing of Future Generations (Wales) Act 2015 challenges us to fully embed the five ways of working within our work and its high level principles can be seen threaded throughout the SOFW. The 5 ways of working are Long Term; Prevention; Integration; Collaboration; and Involvement.

A draft set of principles for the operation of wellbeing hubs drawn from the 5 ways of working is suggested below:

Long Term

- Decisions will be taken with a focus on meeting the long term needs of the populations served by the Wellbeing Hub.
- Decisions will be taken with a focus on reducing health inequalities.

Prevention

- Wellbeing Hub service will have a prevention first focus, supporting the community and its citizens to prevent problems occurring.
- Everyone will take responsibility for improving their health and wellbeing through individual behaviour change and supporting other, wider determinants of health such as education, housing and employment.

Integration

- Wellbeing Hubs will operate as single integrated facilities focussed on the common goals of meeting the needs of their population with stakeholder organisations supporting each other to deliver statutory and wider obligations.
- Wellbeing Hubs will be recognised as a great place to work and learn.

Collaboration

- Wellbeing Hubs will have a default “yes” approach to working with partners to support our communities.
- Wellbeing Hubs will offer services that deliver the population health our citizens are entitled to expect.

Involvement

- Wellbeing Hubs should operate as assets where the community feels ownerships, reflecting and celebrating the diversity of their communities.
- Wellbeing Hubs will deliver outcomes that matter to people.

How might these Principles work in practice?

To support an understanding of these principles some scenarios about how these principles would influence decision making are set out below. (It is recognised that some policies will be governed by cost).

Long Term

- Where there is short-term, low uptake of group activities for minority community groups, discover why and challenge traditional thinking to continue to help meet the long-term needs of these communities.
- Introduce and expand taster sessions across wider determinants of health to encourage behaviour change e.g. "If you like that, have you tried this?"

Prevention

- Where there is pressure on rooms; preventative services would be prioritised.
- Actively seeking Making Every Contact Count opportunities across the health and care system to embed prevention throughout our care pathways.

Integration

- Wellbeing Hubs should have common welcome and/or reception arrangements which are based on a single purpose.
- User Groups established and include arrangements to enable staff to shadow other teams.

Collaboration

- Third sector organisations and community members wanting to access hub facilities to run groups or events should be encouraged with a default "yes" approach.
- Services should monitor the population local health to measure progress.

Involvement

- User groups should be established with community members, art and gardens should be developed by the community.
- The user groups should establish a way to measure (e.g. survey) the achieved delivery of the six SOFW outcomes that matter to people.
 - *I want to understand my care choices.*
 - *I want to be healed and my pain eased.*
 - *Give me hope.*
 - *I want to be healthy.*
 - *I want my family and me to be supported.*
 - *Be there for me at the end of my life.*

Bricknell Helen
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Recommendations

Stakeholder Reference Group are ask to consider the draft principles and consider the following questions;

- Are there elements of the principles which could be strengthened to support a greater level of integrated working?
- Are there any key elements missing from the principles?
- Are there other examples of putting these principles into practice it would be helpful to include?

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Appendix A Example of the 5 Ways of working applied to a Wellbeing Hub

WELLBEING HUB @ MAELFA



Wellbeing of Future Generations (Wales) Act – 5 Ways of Working

The creation of a wellbeing hub co-located with the Powerhouse community hub will bring together a range of primary care, community health and wellbeing services to support the physical, mental and social wellbeing of residents in the communities of Pentwyn and Llanedeyrn. Proposals have been developed in partnership with local GPs, the local authority and third sector organisations and will focus on 'prevention' and 'wellness' rather than 'illness'.

Long Term



- The project is a key component of the Shaping Our Future Wellbeing: In Our Community Programme, which will develop and reconfigure our community infrastructure over the period to 2025 and beyond to support the transformation of services to deliver a social model of health, promote healthy lifestyles, reduce health inequality, deliver healthcare close to people's homes and work collaboratively with our partners; and
- The facility will be designed to provide fit for purpose, flexible, multi-functional, shared, community based facilities to support local delivery of collaborative and sustainable multi-agency services to meet the future health and wellbeing needs of the residents of Llanedeyrn and Pentwyn.

Prevention



- Empowerment of people to choose healthy behaviours and self-manage their health with the long term aim of reducing demand and reliance on health services;
- Service and workforce models will be redesigned to deliver sustainable community focused services which create efficiencies and capacity to help mitigate the changing needs of a growing population;
- To work with partner organisations to provide a range of locally delivered health and wellbeing services, tailored to meet the identified needs of local residents.

Integration



The Wellbeing Hub @ Maelfa will support the WFG wellbeing objectives:-

- *Prosperity* – empowerment of people to manage their health, improvement of health outcomes and reduced health inequalities. The project will help to enable development of sustainable community facilities which use energy efficiently, generate energy and aim for carbon footprint neutrality;
- *Resilience* – use of green outdoor spaces incorporated into the design of the project to support individual and community activities, e.g. community garden, to develop a strong and resilient community;
- *Health* – people's physical, mental and social wellbeing needs met through collaborative service delivery with partner organisations
- *Equal* – reduced health inequalities through targeted provision of services/ interventions which meet the health and wellbeing needs of local population
- *Cohesive communities* – promote co-production, co-design and co-ownership to nurture the development of a strong community spirit and consequent positive outcomes such as improved public health and social resilience
- *Culture* – community focused wellbeing facilities which support people to participate in a variety of cultural, art, sport and social activities

Collaboration



- Delivery of a social model of care which focuses on people's physical, mental and social wellbeing needs met through collaborative service delivery with our partner organisations;
- Working with partner organisations it will provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need
- Improving communication between clinicians and citizens and supports mobile working

Involvement



- Working with the Cardiff and Vale Community Health Council and third sector organisations to engage local communities and co-produce the services to be delivered in community based facilities

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