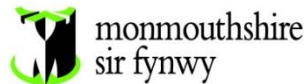


Public Document Pack



County Hall
Rhadyr
Usk
NP15 1GA

Friday, 27 June 2025

Notice of meeting

Public Services Scrutiny Committee

**Monday, 7th July, 2025 at 10.00 am,
The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA with
remote attendance**

Please note that a pre meeting will be held 30 minutes prior to the start of the meeting for members of the committee.

AGENDA

Item No	Item	Pages
1.	To elect a Chair.	
2.	To appoint a Vice-Chair.	
3.	Apologies for Absence.	
4.	Declarations of Interest.	
5.	Public Open Forum. Our Scrutiny Committee meetings are live streamed and a link to the live stream will be available on the meeting page of the Monmouthshire County Council website If you would like to speak under the Public Open Forum at an upcoming meeting you will need to give three working days' notice in advance of the meeting by contacting Scrutiny@monmouthshire.gov.uk The amount of time afforded to each member of the public to speak is at the Chair's discretion, but to enable us to accommodate multiple speakers we ask that contributions be no longer than 3 minutes. Alternatively, if you would like to submit a written, audio or video representation, please contact the team via the same email address to arrange this. The deadline for submitting representations to the Council is 5pm three clear working days in advance of the meeting. If combined	

	representations received exceed 30 minutes, a selection of these based on theme will be shared at the meeting. All representations received will be made available to councillors prior to the meeting. If you would like to suggest future topics for scrutiny by one of our Scrutiny Committees, please do so by emailing Scrutiny@monmouthshire.gov.uk	
6.	Adult Mental Health Services with a specific focus on adult suicide - To scrutinise mental health services for adults, particularly for those at risk of suicide.	1 - 20
7.	Care for people in the community with dementia, including support available to families - To invite Aneurin Bevan University Health Board to outline how it delivers services in Monmouthshire.	21 - 78
8.	Minutes of the previous meeting held on 12th May 2025.	79 - 88
9.	Public Services Scrutiny Committee Forward Work Programme and Action List.	89 - 94
10.	Council and Cabinet Work Planner.	95 - 100
11.	Next Meeting: Monday 13th October 2025 at 10.00am.	

Paul Matthews

Chief Executive

**MONMOUTHSHIRE COUNTY COUNCIL
CYNGOR SIR FYNWY**

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillor Jill Bond	West End;	Welsh Labour/Llafur Cymru
County Councillor Steven Garratt	Overmonnow;	Welsh Labour/Llafur Cymru
County Councillor Meirion Howells	Llanbadoc & Usk;	Independent
County Councillor Penny Jones	Raglan;	Welsh Conservative Party
County Councillor Tony Kear	Llanbadoc & Usk;	Welsh Conservative Party
County Councillor Malcolm Lane	Mardy;	Welsh Conservative Party
County Councillor Dale Rooke	Chepstow Castle & Larkfield;	Welsh Labour/Llafur Cymru
County Councillor Frances Taylor	Magor West;	Independent Group
County Councillor Armand Watts	Bulwark and Thornwell;	Welsh Labour/Llafur Cymru

Public Information

Access to paper copies of agendas and reports

A copy of this agenda and relevant reports can be made available to members of the public attending a meeting by requesting a copy from Democratic Services on 01633 644219. Please note that we must receive 24 hours notice prior to the meeting in order to provide you with a hard copy of this agenda.

Welsh Language

The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.

Public Speaking

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Aims and Values of Monmouthshire County Council

Our purpose

To become a zero-carbon county, supporting well-being, health and dignity for everyone at every stage of life.

Objectives we are working towards

- Fair place to live where the effects of inequality and poverty have been reduced.
- Green place to live and work with reduced carbon emissions and making a positive contribution to addressing the climate and nature emergency.
- Thriving and ambitious place, where there are vibrant town centres and where businesses can grow and develop.
- Safe place to live where people have a home where they feel secure in.
- Connected place where people feel part of a community and are valued.
- Learning place where everybody has the opportunity to reach their potential.

Our Values

Openness. We are open and honest. People have the chance to get involved in decisions that affect them, tell us what matters and do things for themselves/their communities. If we cannot do something to help, we'll say so; if it will take a while to get the answer we'll explain why; if we can't answer immediately we'll try to connect you to the people who can help – building trust and engagement is a key foundation.

Fairness. We provide fair chances, to help people and communities thrive. If something does not seem fair, we will listen and help explain why. We will always try to treat everyone fairly and consistently. We cannot always make everyone happy, but will commit to listening and explaining why we did what we did.

Flexibility. We will continue to change and be flexible to enable delivery of the most effective and efficient services. This means a genuine commitment to working with everyone to embrace new ways of working.

Teamwork. We will work with you and our partners to support and inspire everyone to get involved so we can achieve great things together. We don't see ourselves as the 'fixers' or problem-solvers, but we will make the best of the ideas, assets and resources available to make sure we do the things that most positively impact our people and places.

Kindness: We will show kindness to all those we work with putting the importance of relationships and the connections we have with one another at the heart of all interactions.

Role of the Pre-meeting

1. Why is the Committee scrutinising this? (background, key issues)
 2. What is the Committee's role and what outcome do Members want to achieve?
 3. Is there sufficient information to achieve this? If not, who could provide this?
- Agree the order of questioning and which Members will lead
 - Agree questions for officers and questions for the Cabinet Member

Questions for the Meeting

Scrutinising Performance

1. How does performance compare with previous years? Is it better/worse? Why?
2. How does performance compare with other councils/other service providers? Is it better/worse? Why?
3. How does performance compare with set targets? Is it better/worse? Why?
4. How were performance targets set? Are they challenging enough/realistic?
5. How do service users/the public/partners view the performance of the service?
6. Have there been any recent audit and inspections? What were the findings?
7. How does the service contribute to the achievement of corporate objectives?
8. Is improvement/decline in performance linked to an increase/reduction in resource? What capacity is there to improve?

Scrutinising Policy

1. Who does the policy affect ~ directly and indirectly? Who will benefit most/least?
2. What is the view of service users/stakeholders? What consultation has been undertaken? Did the consultation process comply with the Gunning Principles? Do stakeholders believe it will achieve the desired outcome?
3. What is the view of the community as a whole - the 'taxpayer' perspective?
4. What methods were used to consult with stakeholders? Did the process enable all those with a stake to have their say?
5. What practice and options have been considered in developing/reviewing this policy? What evidence is there to inform what works? Does the policy relate to an area where there is a lack of published research or other evidence?
6. Does the policy relate to an area where there are known inequalities?
7. Does this policy align to our corporate objectives, as defined in our corporate plan? Does it adhere to our Welsh Language Standards?

	8. Have all relevant sustainable development, equalities and safeguarding implications 9. been taken into consideration? For example, what are the procedures that need to be in place to protect children? 10. 11. How much will this cost to implement and what funding source has been identified? 12. 13. How will performance of the policy be measured and the impact evaluated
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General Questions:

Empowering Communities

- How are we involving local communities and empowering them to design and deliver services to suit local need?
- Do we have regular discussions with communities about service priorities and what level of service the council can afford to provide in the future?
- Is the service working with citizens to explain the role of different partners in delivering the service, and managing expectations?
- Is there a framework and proportionate process in place for collective performance assessment, including from a citizen's perspective, and do you have accountability arrangements to support this?
- Has an Equality Impact Assessment been carried out? If so, can the Leader and Cabinet/Senior Officers provide members with copies and a detailed explanation of the EQIA conducted in respect of these proposals?
- Can the Leader and Cabinet/Senior Officers assure members that these proposals comply with Equality and Human Rights legislation? Do the proposals comply with the Local Authority's Strategic Equality Plan?

Service Demands

- How will policy and legislative change affect how the council operates?
- Have we considered the demographics of our council and how this will impact on service delivery and funding in the future?
- Have you identified and considered the long-term trends that might affect your service area, what impact these trends could have on your service/your service could have on these trends, and what is being done in response?

Financial Planning

- Do we have robust medium and long-term financial plans in place?
- Are we linking budgets to plans and outcomes and reporting effectively on these?

Making savings and generating income

- Do we have the right structures in place to ensure that our efficiency, improvement and transformational approaches are working together to maximise savings?

- How are we maximising income?
- Have we compared other council's policies to maximise income and fully considered the implications on service users?
- Do we have a workforce plan that takes into account capacity, costs, and skills of the actual versus desired workforce?

Questions to ask within a year of the decision:

- Were the intended outcomes of the proposal achieved or were there other results?
- Were the impacts confined to the group you initially thought would be affected i.e. older people, or were others affected e.g. people with disabilities, parents with young children?
- Is the decision still the right decision or do adjustments need to be made?

Questions for the Committee to conclude...

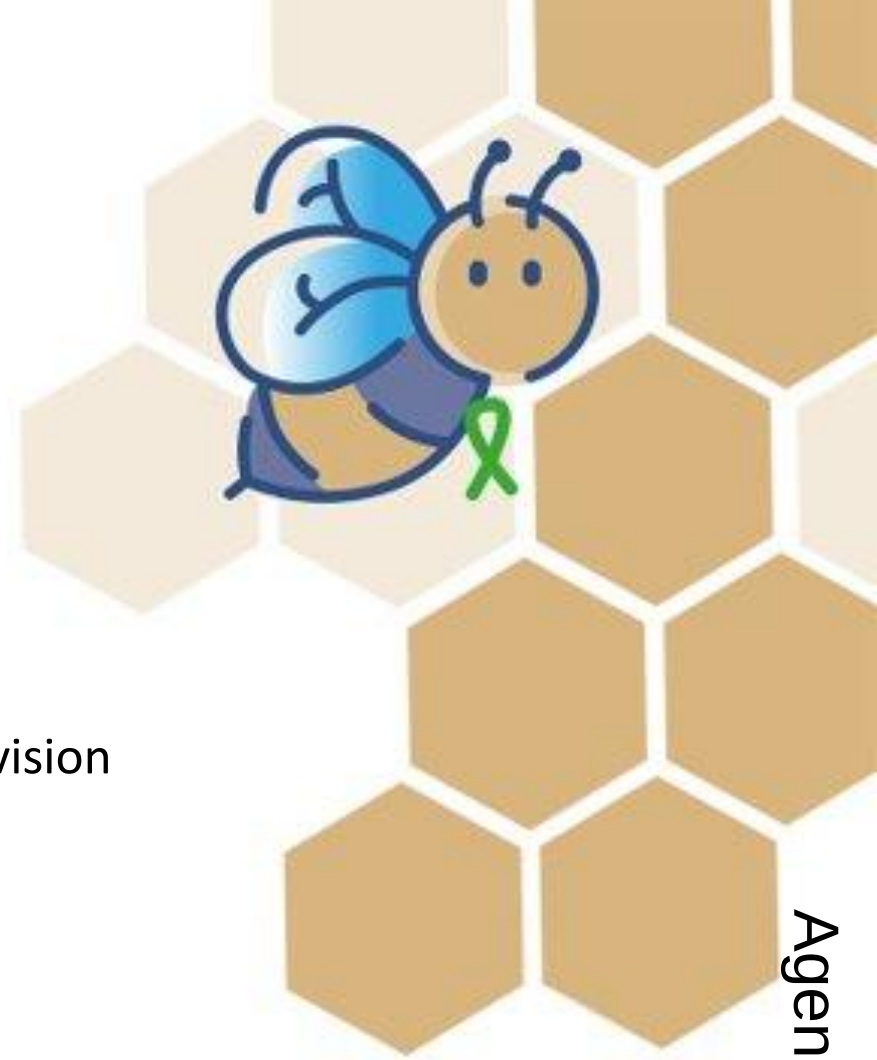
Do we have the necessary information to form conclusions/make recommendations to the executive, council, other partners? If not, do we need to:

- (i) Investigate the issue in more detail?
- (ii) Obtain further information from other witnesses – Executive Member, independent expert, members of the local community, service users, regulatory bodies...

Agree further actions to be undertaken within a timescale/future monitoring report...

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Understanding suicide and suicide rates in ABUHB: Systemic Learning



Page 1

Louise Turner, Divisional Director, Mental Health & Learning Disabilities Division

Dr Liz Andrew, Consultant Clinical Psychologist, Adult Mental Health

Understanding sudden and unexpected deaths (SUDS)

- The Health Board has various means of noticing and understanding SUDs
- SUDS are identified and reported in the Health Board through direct reports, reports from partners and alerts from the Coroner
- Suicide – there are a number of factors that determine whether a SUD is classified as suicide and this can often take some time
- NCISH – allows benchmarking and provides national thematic learning
- Newer developments
 - RTSSS: Deaths by suspected suicide are reported to Public Health Wales before a coroner's inquest. It is anticipated that the number of deaths by suspected suicide may be higher than the number of suicides as determined by a Coroner, as some deaths by suspected suicide may be found to have a different cause following a Coroner's investigation and inquest.

Suicide amongst those accessing mental health and learning disabilities services

- The Mental Health and Learning Disabilities Division provides a range of services including Crisis Prevention services (e.g. 111 Press 2), Primary Care Mental Health Support services, Secondary care services (Mental Health and Learning Disabilities) and specialist services (e.g. Specialist Drug and Alcohol services, Veterans services, Liaison services and Forensic services). Services are provided for all adults from the age of 18 upwards. Services for children are provided by a separate Division.
- All unexpected deaths of people known currently or in the last 12 months to Mental Health services are reported as a Serious Incident.
- All unexpected deaths are treated as an SUI (this includes death by physical health causes)
- All SUIs are subjected to scrutiny and learning
- Case-based learning and thematic learning
- In relation to suicide, as there can often be a delay in terms of a conclusive verdict, we are therefore likely to over-estimate the incidence of suicide

Data from RTSS (up to Jan 2024)

- From 1 April 2022 – 31 March 2023 there were 356 deaths by suspected suicide of Welsh residents who died in or outside of Wales, giving a rate of 12.6 per 100,000 people.
- Males accounted for 78% of deaths by suspected suicide. The age-specific rate was highest in males aged 35-44 years (29.4 per 100,000), followed by males aged 25-34 years (29.2 per 100,000).
- By regional area of residence, Mid and West Wales had the highest rate of death by suspected suicide (15.7 per 100,000), which was statistically significantly different to the all-Wales rate and with North Wales and South-East Wales.

Social factors:

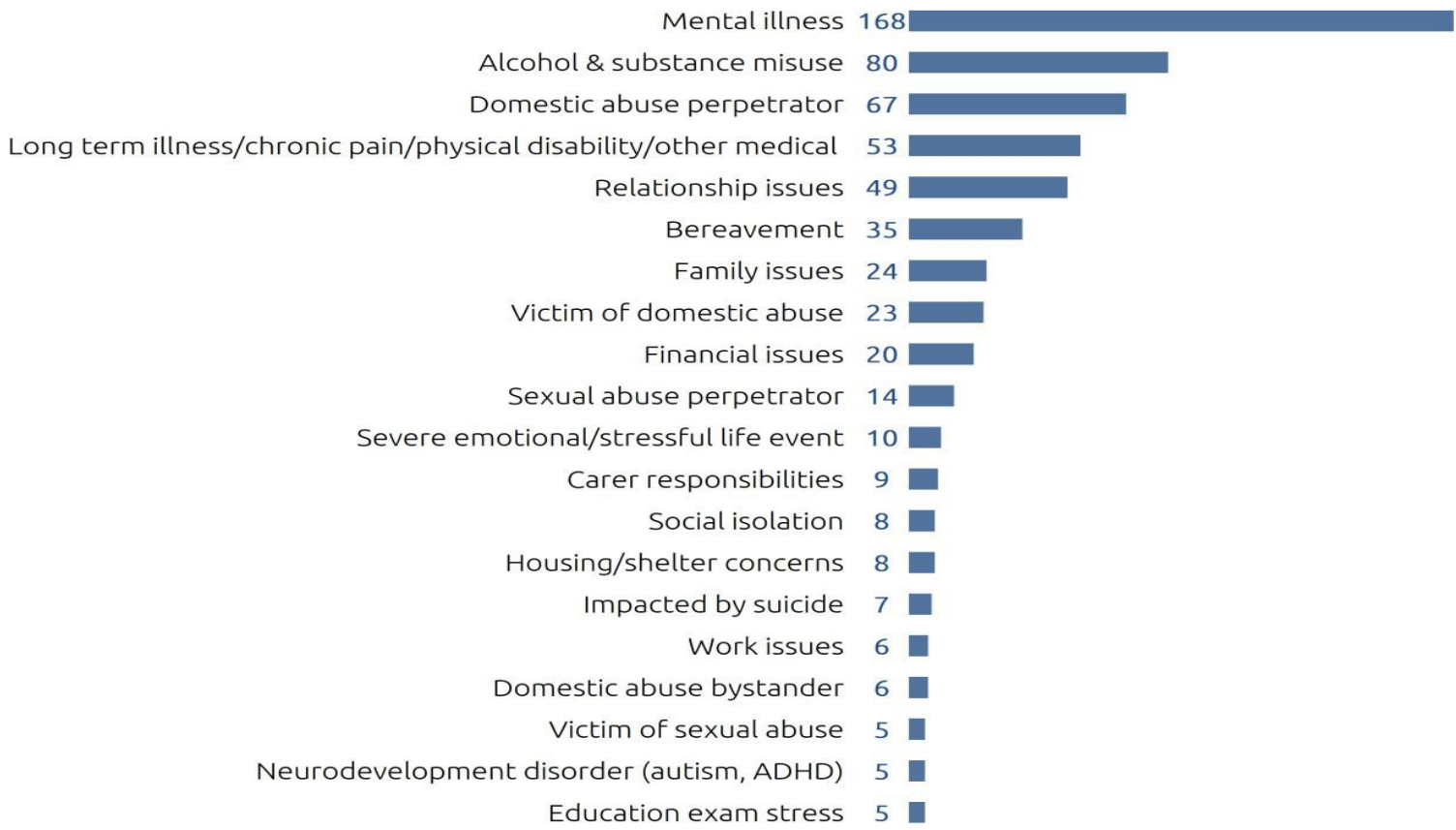
- The rates of deaths by suspected suicide in residents in the most deprived and next most deprived areas (13.9 per 100,000 and 13.7 per 100,000) were statistically significantly higher than the rate in residents in the least deprived areas (9.5 per 100,000).
- The rate of deaths by suspected suicide in people who were reported to be unemployed was 114.1 per 100,000, which was at least 12 times higher than in any other employment status group.
- 74% of the deaths by suspected suicide were in people previously known to the police.

Some other key features

- ABUHB not an outlier in RTSSS either in terms of variance from the All Wales rate or from being statistically significantly different from any other HB
- 'Mental illness' was a factor cited in 47% of those dying by suicide
- Alcohol and drugs – 22%
- Domestic abuse perpetrator 19%
- Long term illness

Page 5

A representation of the prevalence of specific contributing factors



What do we currently know about the local incidence of suicide?

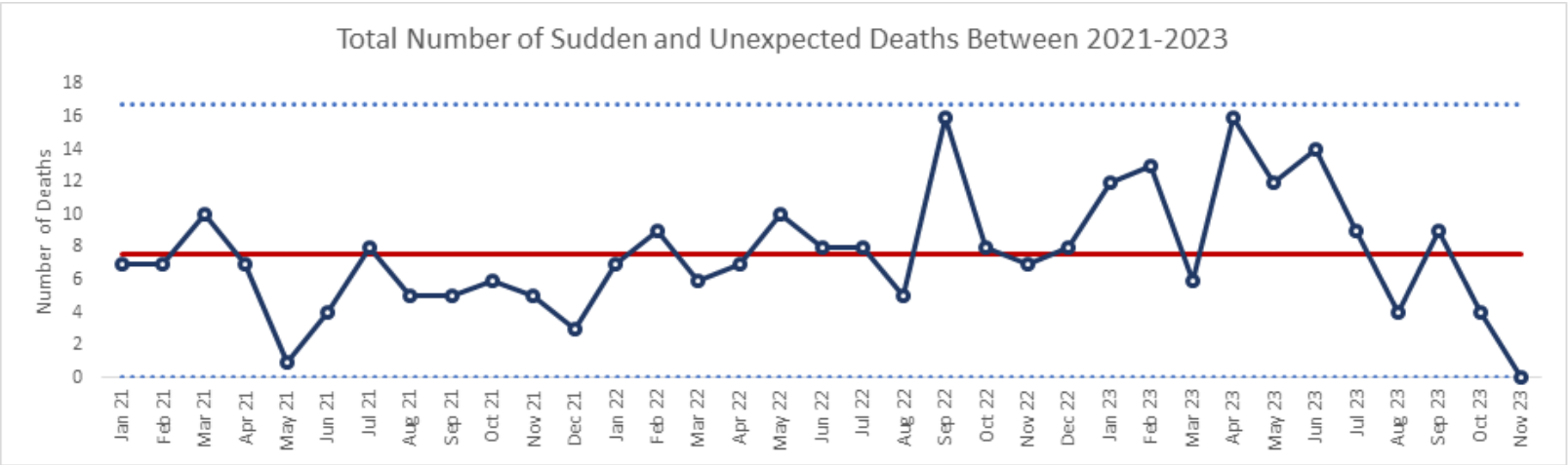
- A focus on data and intelligence held by the Mental health and learning disabilities Division
- Two recent deep dive reviews were conducted to help us consider any local learning
- This learning identified all SUDs in the MH&LD Division and conducted a comprehensive review of the known contributing factors in order to allow us to bring thematic learning, identify any particular hot spots and trends.

Local Learning

- Studied the period 2021 – 2023 and, more recently Jan – June 2024

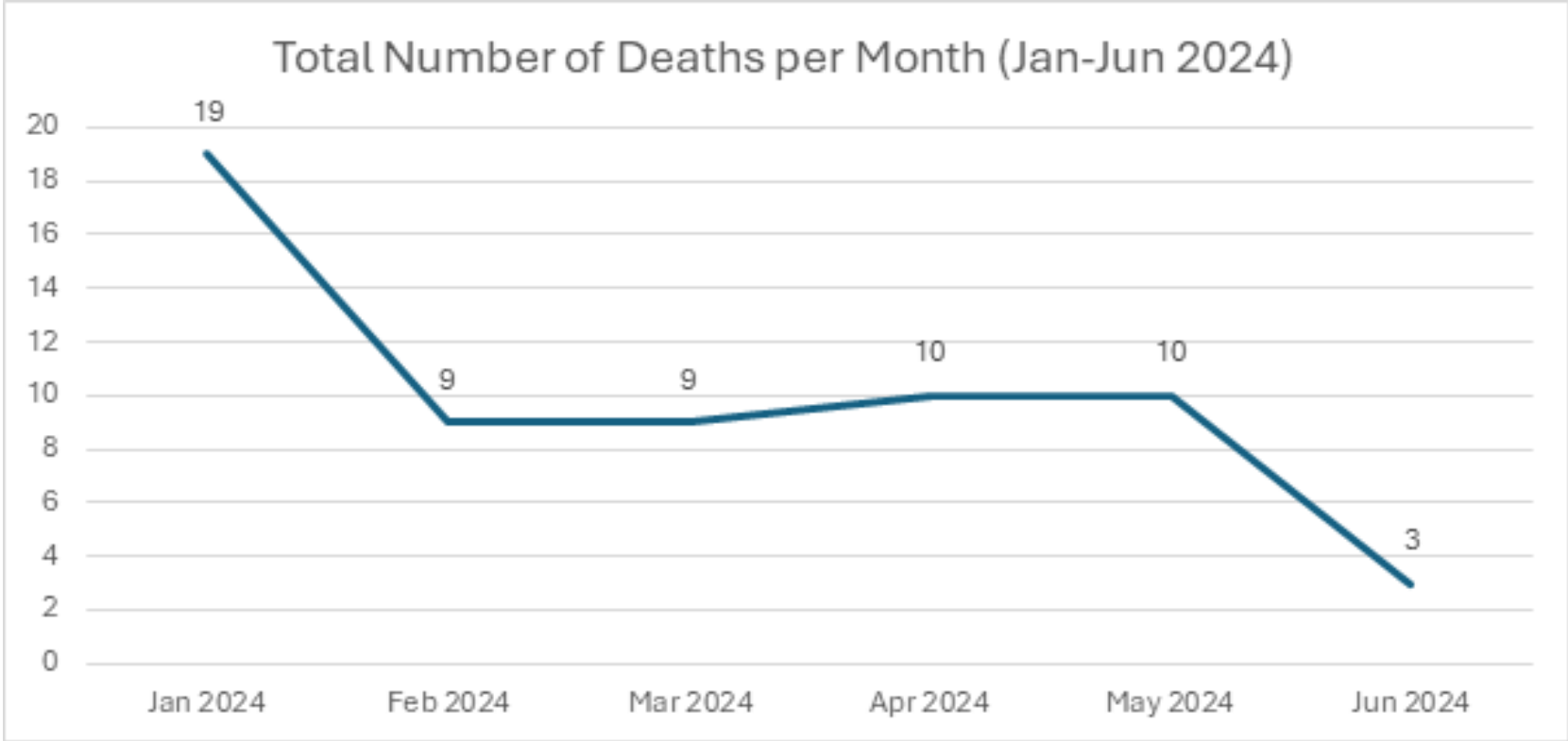
Findings

Page 8



More Recent Findings (Jan – June 2024)

Page 9



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Iechyd Meddwl ac Anableddau Dysgu Gwent
Mental Health & Learning Disabilities Gwent

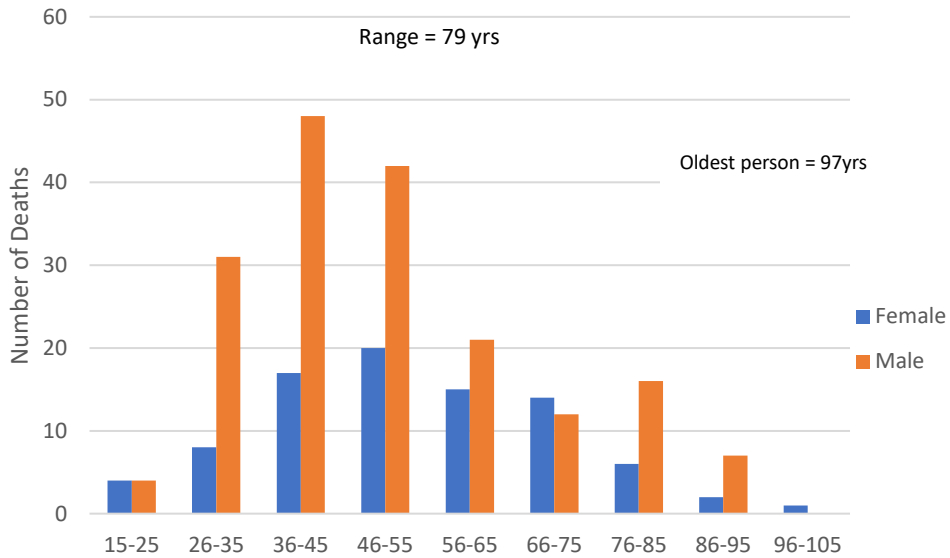
Cyfrwyng Gofal a'r Canolfannau ar yr Unigolyn a Thestunol
Integrated Care Network and the Local Authority

Bee-ddwch y Newid
Bee the Change

Iechyd Meddwl ac Anableddau Dysgu
Mental Health & Learning Disabilities

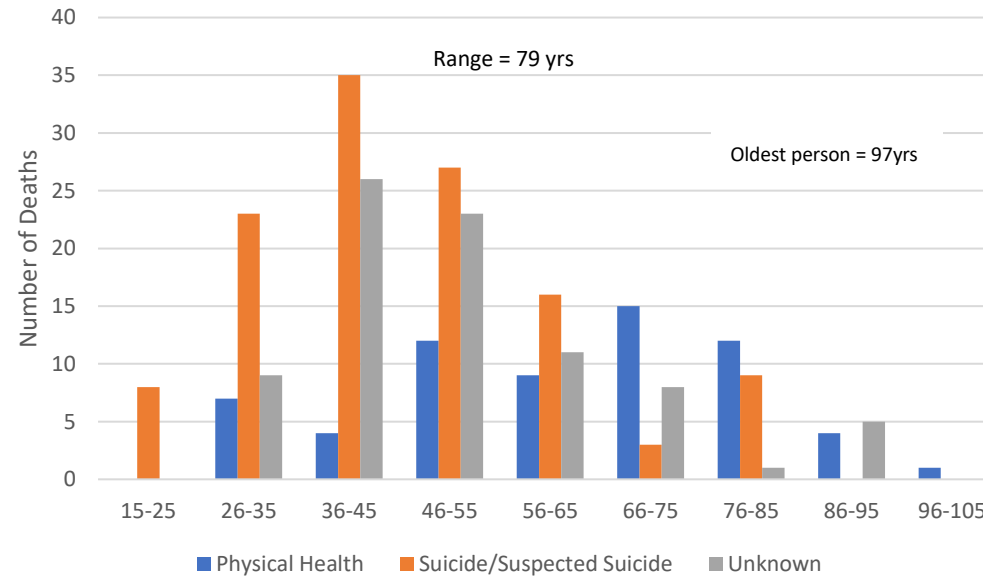


7 of which were suicide/suspected suicide, 33% of these 60 deaths were unclassified/unknown



All deaths by age and sex at birth

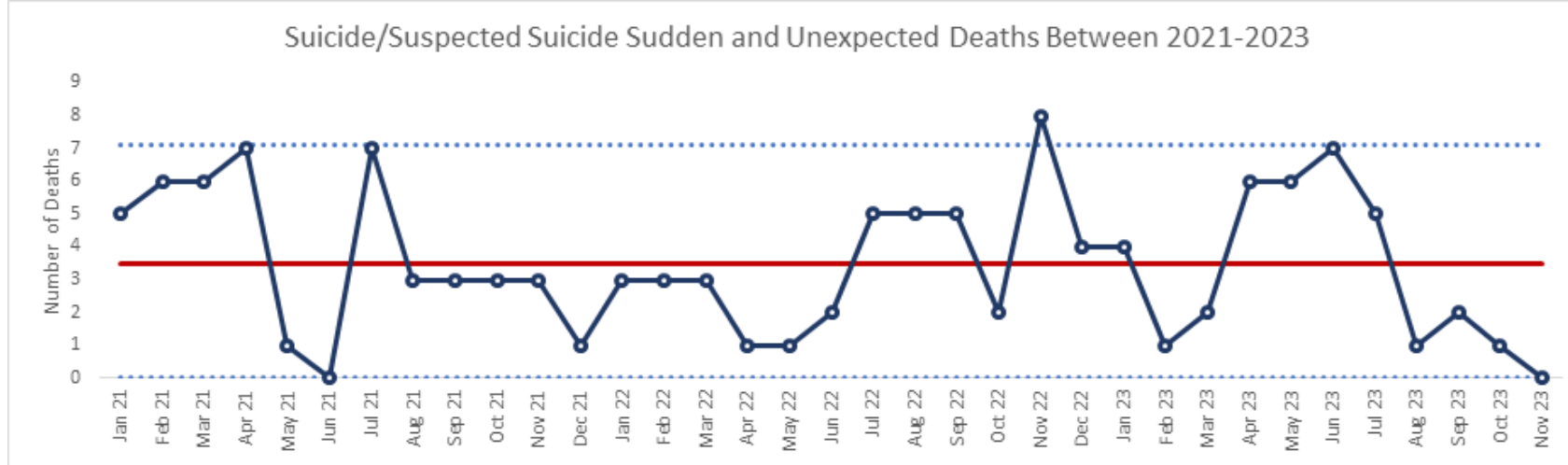
Mirrors national trends



Number of deaths by cause of death and age

Note numbers of young people losing their lives

Local data

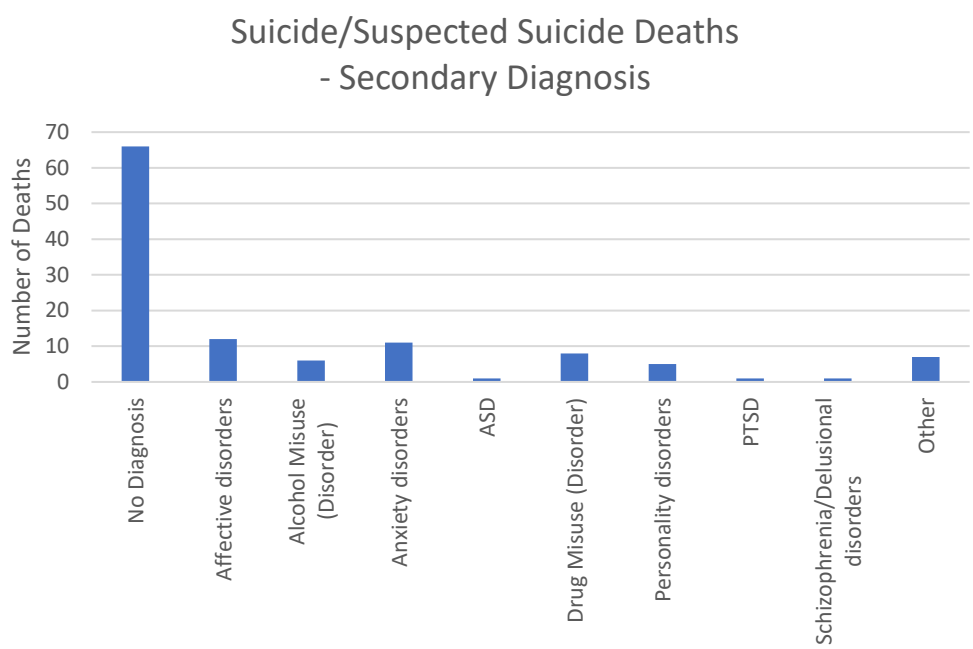
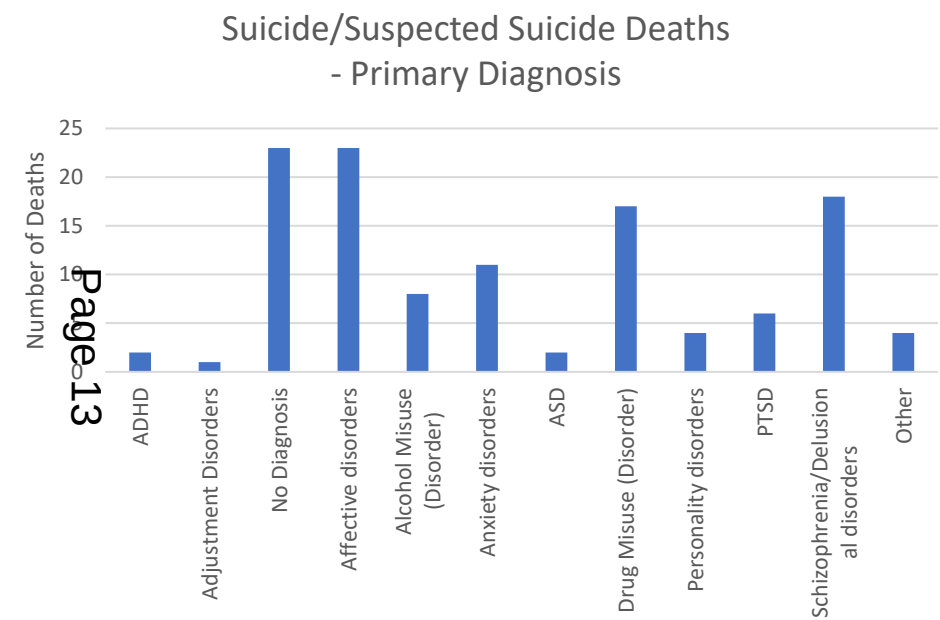


- Page 11
- No particular trends in terms of months or seasons. Considerable variability from month to month and eyeballing of the clinical data does not help us elucidate any more in terms of factors that may serve to underpin this variability.
 - In terms of other clinical trends, local data bears many similarities in terms of demographics, to national data collected through both RTSSS and NCISH. Across all age groups, more men than women die by suicide or suspected suicide. This is significantly more likely in younger men aged 26 – 55 with the starkest contrast between men and women in the 36-45 year category.

Demographic trends

- The vast majority of people (men and women) who die by suicide were not in a relationship according to the electronic patient information system and/or clinical records.
- This data is not particularly reliable as often it would have been collected at the point of access to the service rather than point of death. Furthermore, 44 males and 11 females did not have their relationship status recorded in any data source . In line with the data presented in the RTSSS, the majority of people who die by suicide are economically inactive and not in a relationship or partnership .
- In terms of ethnicity, 64% of those confirmed or suspected to have died by suicide were from white ethnic group. The remaining were unknown/not recorded.

Suicide/suspected suicide & clinical need

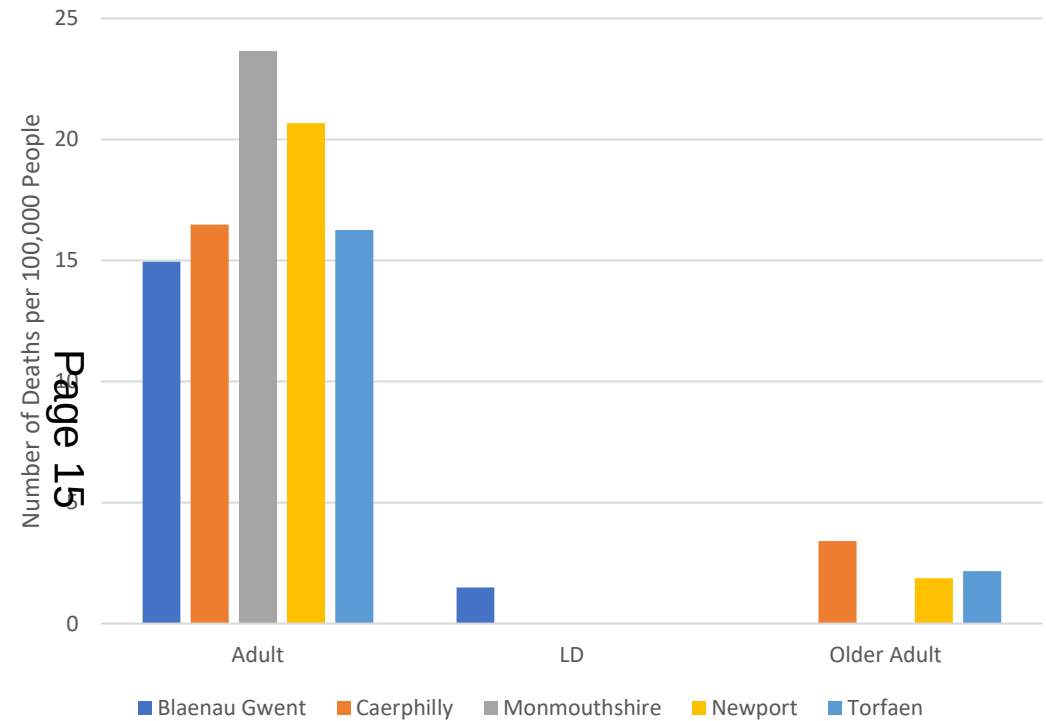


Trends – clinical need

Examination of these charts indicates that there are trends in terms of the diagnostic groups in which suicide was more prevalent during this study period

These include affective disorders, psychotic disorders (including schizophrenia and schizoaffective disorder), and drug disorder or substance use. The latter was only coded if it was noted as a formal diagnosis rather than a behavioural pattern identified as part of routine clinical practice (this was recorded separately as a narrative)

Suicide and geographical*



- The preponderance of deaths by suicide occur in people who are known to the Adult Mental Health directorate. This is the Directorate serving the largest population and with the greatest diversity of service provision
- Highest proportionate rate in 2021-2023 study is in Monmouthshire
- This trend was not replicated in the 2024 analysis, although the prevalence of death attributable to physical health causes was higher in Monmouthshire

* Per 100,000 population

What are we already doing?

- As stated earlier, there is a clear process around recording and investigating SUDs including suicide and suspected suicide. This learning is conducted and reviewed by a full multi-disciplinary team. This reports in to the Health Board Quality and Patient Safety infrastructure and includes the HB mortality group.
- The MH&LD Division can also self-assess against the NCISH toolkit

- Safer Wards
- Easy follow-up after discharge from hospital

Page 16

No out-of-area admissions

24 hours crisis support

- Family involvement
- Personalised risk management
- Outreach teams
- Reducing alcohol and drug use
- Managing self-harm (psychosocial assessments in place, liaison teams in situ, highly specialist intervention for severe and enduring self-harm)

Further quality improvement measures

- Routinely monitoring depression and providing more robust services for provision of evidence-based care for depression and anxiety
- Improve interface between drug and alcohol and mental health teams
- Reduce variation (COG)
- Evidence based intervention for those with psychosis (outside of EIS window)
- Additional measures for men with mental ill health – it would be helpful for partners to consider community level interventions for men.

Wider health board

- It is important to acknowledge that suicide is not always underpinned by a 'major mental illness'.
- Suicide can be seen as an act that occurs in the context of stressors that outweigh the person's ability to cope. Factors that can increase the risk of suicide occur outside of mental health systems and services: complex physical health needs, chronic pain, bullying in schools, social contagion, drug and alcohol services.
- With this in mind, the Health Board has access to interventions designed to enhance coping in multiple specialties including for our own staff who may be at risk as a result of their occupational profile:
 - Alcohol liaison service
 - HART
 - Public Health

Community Resources to be aware of

- 24/7 help in an emotional crisis: 111 press 2
- [Papyrus UK Suicide Prevention | Prevention of Young Suicide](#)
- [Suicide Prevention Charity | Campaign Against Living Miserably \(CALM\)](#)
- [Staying Safe](#)
- [Melo - Mental Health & Wellbeing Resources, Courses & Support](#)
- [Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)

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CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 July 2025
CYFARFOD O: MEETING OF:	Monmouthshire County Council (Scrutiny).
TEITL YR ADRODDIAD: TITLE OF REPORT:	Dementia Annual Report.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Amanda Whent, Lead Nurse, Dementia

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

Briefing report regarding progress against the All-Wales Dementia Action Plan and the All-Wales Dementia Standards of Pathway of Care in Gwent.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Dementia Action Plan for Wales (2018) sets out the Welsh Government's commitment to promoting the rights, dignity and autonomy of people living with dementia and the people who care for them. An established Regional Strategic Partnership Group has developed a Regional Strategy and Action Plan to drive forward improvement actions against the 6 key aims of the National Plan.

In March 2021, Improvement Cymru published the *All-Wales Dementia Care Pathway Standards: High Level Standard Descriptors*. These Standards needed to be reflected in the Regional Dementia Strategy and Action Plan. The Standards are subject to reporting against a Delivery Framework.

The Regional Strategic Dementia Partnership have taken a proactive approach, through dedicated Workstreams, to implementing the Standards. The progress is overseen by the Regional Leadership Group and Regional Partnership Board. The Health Board also completes the NHS Performance Framework which encompasses partnership actions across the region.

This paper and the accompanying Dementia Annual Report (attached) summarise progress over the past 12 months, for assurance.

Background:

In March 2021, Improvement Cymru published the 'All Wales Dementia Care Pathway Standards' (attached).

These standards have been informed by 1800 people, including people living with dementia. The 20 standards indicate what people believe will make a positive difference to dementia care in Wales.

Each standard applies to all people being assessed, diagnosed and living with dementia and their carers', recognising people with dementia as a vulnerable group, together with individuals with special characteristics such as Learning Disability and Black Asian and Minority Ethnic Groups. The overriding approach for implementation of the standards is one of multi-agency responsibility with the Standards supporting the Dementia Action Plan (DAP).

The Regional Dementia Strategic Partnership Group is well established. It provides a forum for strategic and clinical leadership, engagement, consultation and joint decision making across the health, social care and third sector agenda for dementia care in the five local authority areas and the Aneurin Bevan University Health Board. A Gwent Dementia Friendly Community group are represented by each local authority and sits alongside this group.

Through its membership the Dementia Strategic Partnership is also aligned to the work of the regional Carers Partnership Group; End of Life Care Partnership; Mental Health and Learning Disability Partnership, Gwent Adult Strategic Partnership and ISPB's.

The Dementia Strategic Partnership Group is supported by a sub structure of Workstreams to take forward specific areas of work. The attached Annual Report highlights key activity undertaken and includes progress to date and the priorities for 2025.

- **Asesiad / Assessment**

This Dementia Annual Report reflects the work that the Regional Dementia Partnership Group and Dementia Friendly Communities Programme has delivered against the aims, objectives and priorities aligned to both the Dementia Action Plan for Wales (2018-2022) and the All-Wales Dementia Care Pathway of Standards (2022). A readiness programme to support implementation of the Standards and the appointment of a Regional Programme Manager has enabled the implementation of the Standards into the Regional Dementia Action Plan and workstream programmes.

The Dementia Annual Report provides an in-depth review of progress taken to implement the Dementia Standards. Key highlights include:

Workstream 1: Community Engagement.

- Held 36 community listening engagement events, testing the model in Newport (Maindee and Caerleon). We are currently linked in with

Monmouthshire ISPB and developing workstreams specific to Monmouthshire.

- Increased attendance at community groups, increasing reach with diverse communities
- Pilot of Dementia Hubs in progress in each Borough which has been subject to review.
- The Dementia Friendly Communities Gwent Network now has over 200 participants.
- Dementia Friends sessions held in local schools to promote intergenerational practice.
- Collaborative and strengthened partnership with employment services and other organisations to raise awareness of people who might be working and needing extra support, encouraging organisations to review their employment policies to support people living with dementia, their families, and carers in the workplace.
- Held a Regional Dementia Conference- over 200 attendees.
- Llais survey feedback and outcomes.

Workstream 2a: Memory Assessment Service Pathway.

- 10 Data Measurement Sets have been agreed nationally and regionally and are being recorded to support impact and benchmarking of services.
- Workstream partners are currently speaking to people living with dementia, families and carers, to encourage them to join the Community of Practice.
- Increase in assessment and diagnosis rates.
- Memory Rehabilitation programme.

Workstream 2B: Carers Education and Support

- The MEC (Mapping, Education and Carers) team have developed a Gwent wide Carers Information Course in all five Gwent boroughs.
- Carers are also offered Positive Approaches to Care training.
- A resource pack for Carers has been developed and is in use (paper and digital).
- The team are currently developing a Padlet for Carers to access a wide variety of up-to-date information.
- DAVID, Details and Vital Information Document Pilot
- Carers Hub in the main hospital sites.

Workstream 3: Dementia Connector

- Work is ongoing to scope and collect details of connector roles in Gwent. Develop role descriptors and funding to identify what we already have available and what we may need to develop.
- Connectors will help and support people, to optimise their wellbeing and access support when needed. Confirmation of funding received.

Workstream 4: Dementia Friendly Hospital Charter

- Established multi-disciplinary Dementia Hospital Steering Group
- Better support for, and inclusion of carers through John's Campaign.

- Wards have proactively engaged in Ward Improvement Plans to help improve patient experience in their areas. VIPS /Older Adult Mental Health (OAMH).
- Increased professional case discussions at ward level. Dedicated internet page and Padlet for people and staff (including social care/care homes) with numerous resources.
- Improved collaboration with HMP Usk and Prescoed
- Grant funding secured (NHS Charities Together) to drive forward meaningful activities (hospital and community).
- Activity Co-ordinators (uniform Job Description agreed)
- Enhanced Care Review undertaken
- 184 Dementia Champions in place across ABUHB
- Evaluation of patient safety Bedside Boards undertaken showing real value.
- Falls Awareness Book (Stumble Crumble) created with schools.
- Improved intergenerational activity (ongoing)
- 6 Goals priorities, patient journey.
- Welsh ambulance and urgent care pathway.

Workstream 5a: Learning and Development

- Developed the Gwent Regional Learning and Development GoodWork Framework Strategy Plan
- 6 monthly performance report submitted to WG NHS performance team.
- Dementia Aware plus sessions commissioned for all citizens.
- A series of Bitesize learning provided by specialists in areas of practice as well as Staff Induction sessions, meaningful engagement and external learning opportunities have been secured and shared with all Nursing and Residential Care homes within the 5 boroughs. These include bitesize learning on:
 - Mental Capacity Act
 - Assistive Technology
 - Audiology
 - Oral Health care
 - Hydration & Nutrition
 - Pain Assessment
 - Dementia Awareness (induction)
 - Experiential learning day
 - Leading change Influencing dementia care.

Workstream 5b: Monitoring

- Working with National Leads on national data sets
- Quarterly implementation reporting to NHS improvement Cymru.
- National Leads reviews
- Annual Regional Dementia Report
- ABUHB Dementia Audit
- National Audit Dementia
- Llais citizen survey

Priorities for 2025/26.

The Regional Dementia Board review progress of all Workstreams at each bi-monthly meeting. The identified priorities for the next year are included throughout the Annual Report and include:

- Developing an improved pathway of transition to and from hospital through WAST- Welsh Ambulance Workstream
- Identifying people with dementia using a Clinical Workstation- Alert Code 136
- Raising awareness and support for Future Care Planning
- Discharge patient flow priorities- reducing ward moves and improving discharge.
- Participating in the research and improvement for Dementia Care.
- Review National Dementia Audit and Health Board measures, using findings to improve care.
- Embed the Meaningful Engagement Programme and Activity Coordinator Roles
- Review and support the Urgent and Emergency Care pathway
- Establish a People Participation Panel for people living with dementia, their carers and staff.
- Continued community engagement and recruit more Community Listeners.
- Improve dementia care in HMP prisons
- Provision of Dementia Hubs, in the community and in hospital
- Achieve Cultural Competence Accreditation and embed throughout the dementia work programmes.
- Increase intergenerational practice.
- A more proactive presence and continued engagement with and training of health and social care staff is important in developing a skilled and informed workforce.
- Continue to review progress and risks associated with each of the workstreams and will report emerging risks through the Regional Leadership Group.

The Gwent Regional Dementia Strategic Group have taken a proactive approach, through dedicated Workstreams, to implement the standards. This Group has set the work programme for 2025/26, ensuring priorities are embedded. Although there has been evidence of significant improvements, there is still more to do as identified in the priorities for the coming year.

This briefing and the accompanying Dementia Annual Report 2024 is offered for assurance and continuous improvement.

Amcanion:

Objectives:

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

2.1 Managing Risk and Promoting Health and Safety
3.1 Safe and Clinically Effective Care
4.1 Dignified Care
6. Individual care

Gwybodaeth Ychwanegol: Further Information:

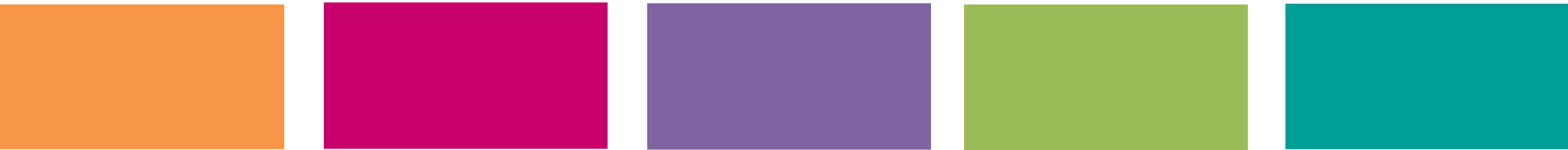
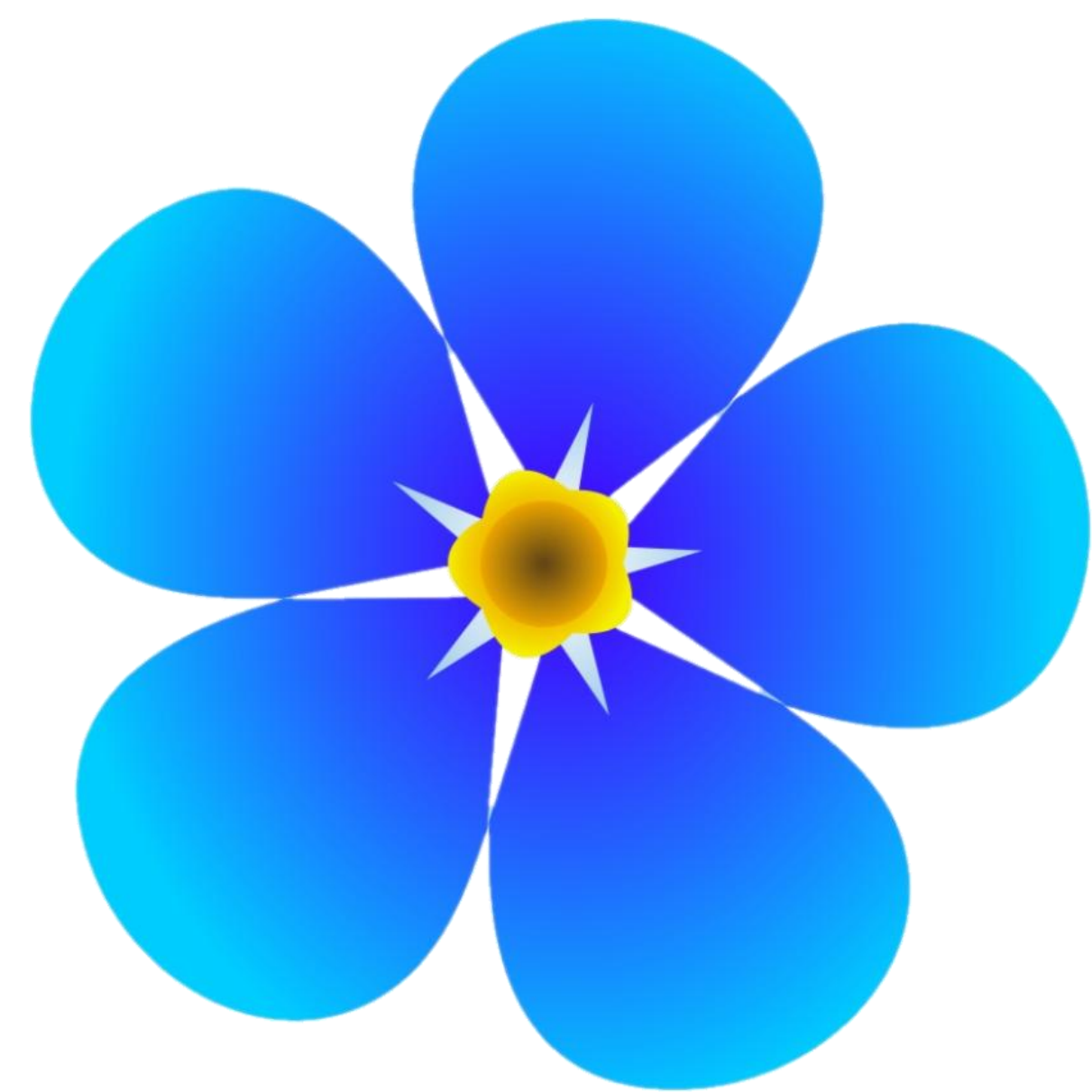
Ar sail tystiolaeth: Evidence Base:	National Dementia Standards National Dementia Action Plan Quality and Patient Safety Strategy Regional Area Plan Patient Experience and Involvement Strategy NHS Performance Review
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Annual Progress Report against the All-Wales Dementia Care Pathway

Prepared for the Regional Dementia Board

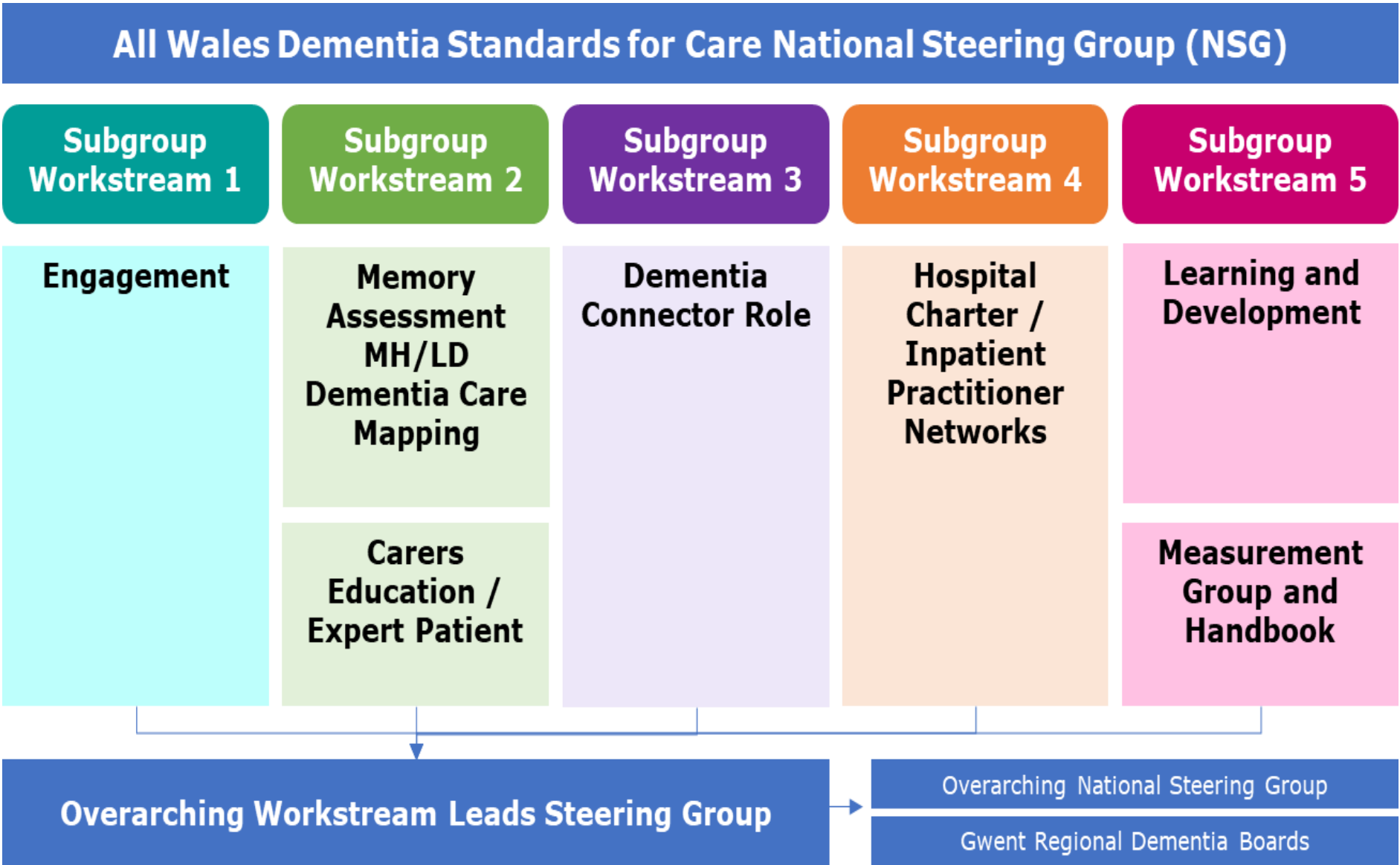
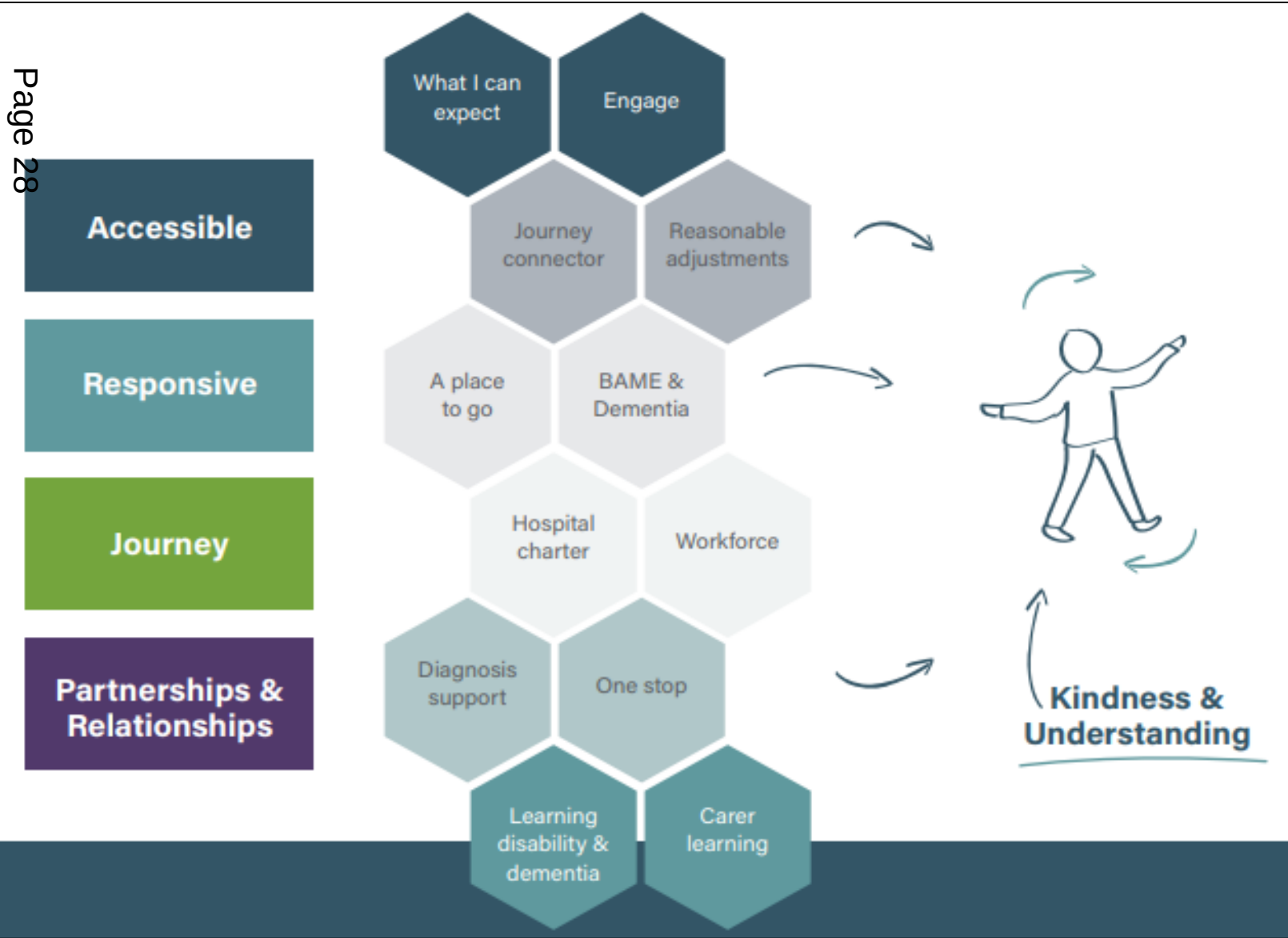
2024



Introduction

This annual report (2024) reflects the work that the **Patient Experience and Involvement Team** of the Aneurin Bevan University Health Board in collaboration with the **Regional Partnership Team**, the Gwent Regional **Dementia Board** and Dementia Friendly Communities programme has delivered against the aims, objectives and priorities aligned to both the **Dementia Action Plan for Wales** (2018-2022) and the **All-Wales Dementia Care Pathway of Standards** (2022). A readiness programme and the appointment of a Regional Programme Manager has enabled the implementation of the Standards into the Regional Dementia Action Plan and workstream programmes.

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Workstream Highlights:

Workstream 1 focusses on **community engagement**. Over the last 12 months 36 engagement events have taken place across the region. This has included attending community groups specifically for people living with dementia and their carers, whilst attending other events involving the wider community. Engagement has focused on seeking feedback from citizens around current services and identifying gaps in care. There has been a priority to share information around the **12 risk factors for dementia** with the aim of increasing knowledge and understanding of promoting a **healthy brain and reducing risk associated with dementia**.

To test the model, the engagement workstream has focused on Newport City as the first region to carry out the 'Listening Campaign'. Feedback informs the Dementia Community Plan for Newport, influenced by the views of people with lived experience. The **Dementia Community Plan** will be replicated in each local authority area in Gwent. This work has identified the need for **hubs** with a dementia specific focus, which would enable people to access support and information in one place.



Workstream 1

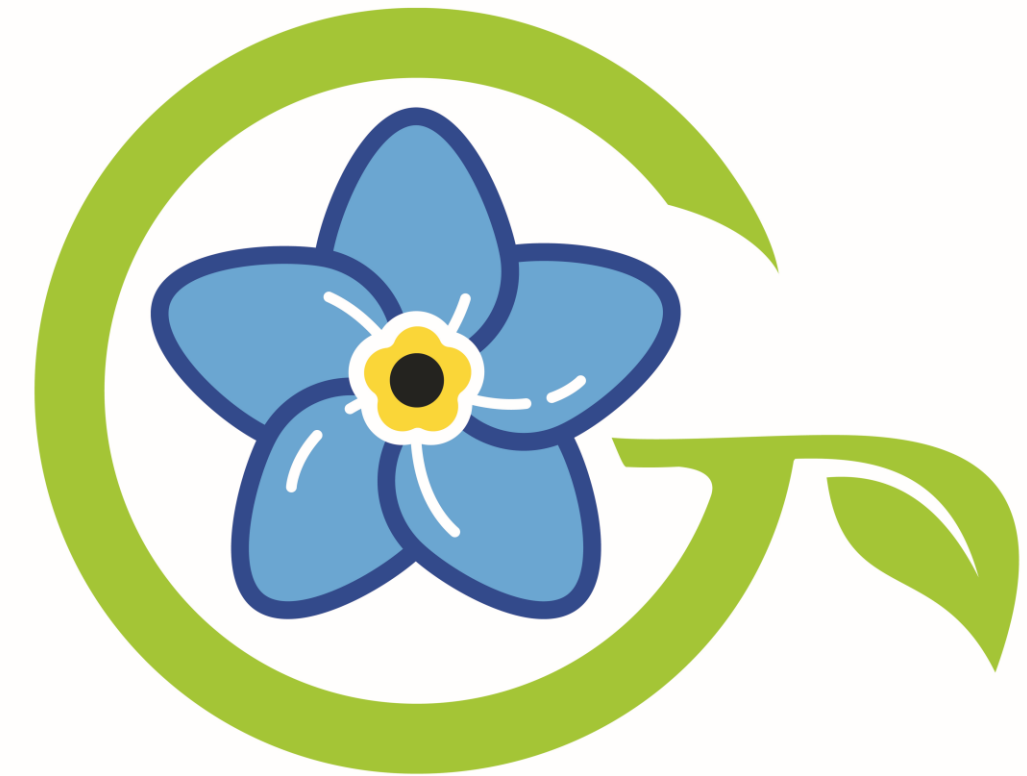
Community Engagement

Dementia Friendly Communities (DFC)

The Dementia Friendly Communities (DFC) Gwent Network **has over 200 participants**. We are currently working across all primary schools in the area, supporting **Dementia Friends** sessions and helping schools set up carers and parents' sessions where required. They connect schools to local hospitals/supported living encouraging **intergenerational activities** to promote emotional wellbeing. We are working with organisations across Gwent to build further awareness and understanding, **tackle stigma** and help support communities with setting up activities/ services to achieve more inclusive dementia friendly environments.

Page 30 We are working with **employment services** and continue our work with various groups across the localities, sports and social as well as third sector agencies to raise awareness of people who might be working and needing extra support. As part of this work, we encourage organisations to look at their own **employment policies** to help support people living with dementia, their families, and carers in the workplace.

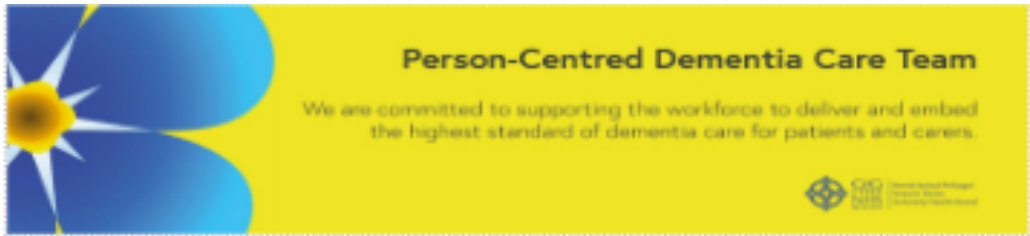
The DFC have created a **logo** to support awareness, understanding and promote collaborative working.



Gwent sy'n Deall Dementia
Dementia Friendly Gwent

Regional Dementia Conference

The **Regional Dementia Conference** was an interagency, multi-disciplinary networking opportunity to launch the Dementia Standards of Care and share good practice. The Conference was attended by over **200** delegates from across the region.



Regional Dementia Conference Influencing, Shaping and Improving Dementia Care

24 May 2023 9am-4.00pm
Christchurch Centre, Malpas Road, Newport. NP205PP

Programme	
9:00am	Registration and Refreshments
9.30am	Introduction to the Day Jill Evans, OBE, FRCN, Senior Organisational Development Practitioner
9.40am	All Wales Dementia Standards Ian Dovaston, Public Health Wales, Improvement Manager.
9.50am	Workstream 1 Community Involvement and Experience Tanya Strange, Head of Nursing & Chair of the Dementia Board Joanne Hook, Senior Nurse, Person Centred Care Team.
10.00am	Workstream Lead 2a & 3 – Memory Assessment Services & Dementia Connector Alison Marshall – Lead Nurse, Older Adult Mental Health.
10.10am	Workstream Lead 2b – Person & Carers Programme Sophie Foote, MEC Team Lead, Older Adult Mental Health
10.20am	Workstream Lead 4 – Dementia Friendly Hospital Charter Donna Wigmore - Dementia Specialist Practitioner Amanda Whent, Lead Nurse Dementia.
10.40am	Workstream Lead 5a – Learning & Development Amanda Whent, Lead Nurse for Dementia, Person Centred Care Team
10.50am	Workstream Lead 5b – Measurement Natasha Harris, Service Manager, Partnerships and Development for Gwent Regional Partnership Board
11.00am	Q&A Panel
11.15am	Refreshments

11.45am	Dragons Rugby Wales and Dementia Karen Burgess, Dragons Rugby, Inclusion Officer.
12.00pm	Dementia Friendly Communities Natasha Harris, Service Manager, Partnerships and Development for Gwent Regional Partnership Board
12:15pm	Young Onset Dementia Sarah Harries, Head of Clinical Services for Hospice of the Valleys Carolyn Regan – Dementia Support Worker within the CARIAD Dementia Service for Hospice of the Valleys
12:30pm	Lunch - NETWORKING
13:30pm	Hearing Loss and Dementia Wendy Trump, Clinical Scientist, Head of Adults Services for Audiology
13:45pm	Dignity & Continence Project for Patients living with Dementia Professor Katie Featherstone, Professor of Sociology and Medicine and Director of the Geller Institute of Ageing and Memory, University of West London. Victoria Coghlan, Advanced Nurse Practitioner for Bladder and Bowel Service.
14:00pm	Nutrition, Hydration and Dementia. Nokhuthula Nyoni-Smith. Lead Dietitian. Aneurin Bevan University Health Board
14:15pm	Care pathway for oral health care for people living with Dementia Vicki Jones, Clinical Director of Community Dental Services Consultant
14:30pm	Q&A Panel
14:45pm	Refreshments
15:15pm	Assistive Technology and Dementia Matthew Lloyd, Prevention and Well-being Programme Manager, Regional Partnership Board.
15:30pm	Positive Approach to Care (PAC) interactive session. Matt Galloway, Practice Facilitator, Older Adult Mental Health Dawn Morgan, Team Lead, Older Adult Mental Health.
15:45pm	Closing Remarks Reflection on Pledges and Next Steps Jill Evans, OBE, FRCN, Senior Organisational Development Practitioner.
15:50pm	Evaluation / Raffle
16:00pm	END- Have a Lovely Evening Thank you for coming 

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

Feedback

Based on feedback relating to signposting and sharing information, we have established a **dedicated dementia email** address where people can contact the **Patient Experience and Involvement Team** if they are unsure of who else to contact. This has been well received.

Workstream 2(a)

Memory Assessment Service Pathway

The aim of **Workstream 2(a)** is to ensure the development and creation of a seamless and **robust pathway** for people diagnosed with Dementia, their carers and others engaged with people living with Dementia.

10 **Data Measurement Sets** have been agreed nationally and regionally and are being recorded to support impact and benchmarking of services.

Workstream partners are currently speaking to people living with dementia, families and carers, to encourage them to join the **Community of Practice**, a forum to help review and deliver good practice in **Gwent**.

Workstream 2(b) aims to ensure that people living with dementia, carers and families are offered learning, education and skills training. This offer will be 'stage of condition' appropriate and will be provided at significant points of a person's journey.

- The **MEC** (Mapping, Education and Carers) team, funded from the RIF Regional Investment Funds, have developed a Gwent wide **Carers Information Course** that now runs in six-week blocks in all five Gwent region boroughs. These are face to face courses. The same course can be held virtually.
- Carers are also offered **Positive Approaches to Care** training, which is a person-centred approach and intervention in dementia care.
- A **resource pack** for Carers has been developed and is in use. This is in both paper and digital formats.
- The team are positively working towards increasing the number of carers attending courses, by developing a poster to be displayed in all **GP Surgeries**, all Hospital Entrances/Restaurants/Inpatient Units. The team are currently developing a **Padlet** for Carers to access a wide variety of up-to-date information.



Workstream 2(b)

Carers Education and Support

Dementia Connector: Model Development

We are continuing to scope and collect details of **connector roles** in Gwent. We aim to develop role descriptors, **skills and qualifications required** and funding to identify what we already have available and what we may need to develop.

A **commissioning review** will take place to consider Service Level Agreements with third sector parties and this will inform future planning. This will be a collaborative approach with all stakeholders in Gwent. The Dementia Connector role will help a person **navigate** their care journey, supporting the person living with dementia and their carers/ families and enable timely assistance when required.

Connectors will help and support people, to optimise their wellbeing and access support when needed.



Workstream 3

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Dementia Connector

Workstream 4

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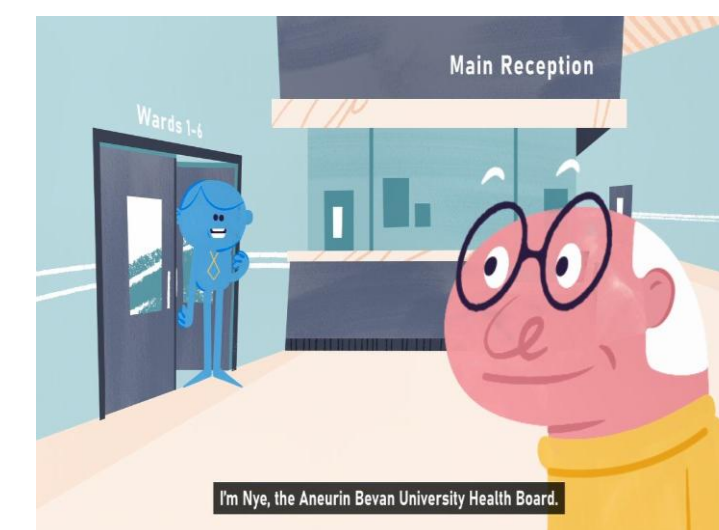
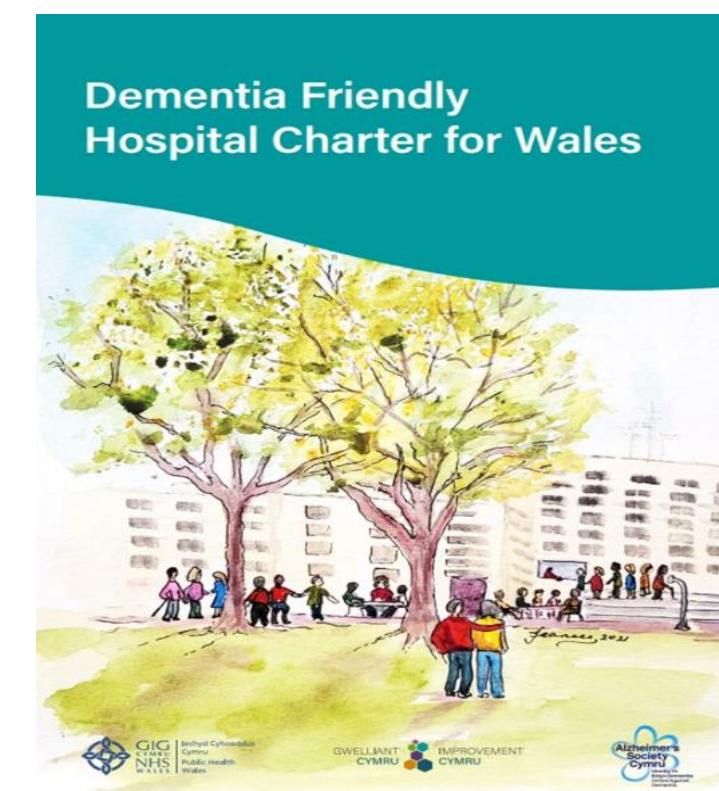
Dementia Friendly Hospital Charter

The **Hospital Charter** aims to improve the experience of people living with dementia when they are in hospital. This experience must recognise an individual's personhood, diversity and preferences, shaped by recognising the importance of dignity, respect and kindness.

It provides a **set of principles and indicators** that focus on the needs of people with dementia and their families, carers and supporters and offers an **improvement guide** to assist hospitals in their self-assessment against the dementia friendly principles. Importantly, the Charter **informs people** of what to expect when they receive care and visit a dementia friendly hospital.

Improving In-Patient Person-Centred Dementia Care

Since the launch of the Standards and the Dementia Friendly Hospital Charter in 2022, much has been done across Aneurin Bevan University Health Board to improve people's lived experiences when they are in **hospital**, including better support for, and inclusion of carers. Wards have proactively engaged in Ward Improvement Plans to help improve **patient experience** in their areas. Professional case discussions and the visibility of the Patient Experience and Involvement Team at ward level are having a very positive impact. **Staff feedback** suggests that having the dedicated dementia intranet pages and access to **expert advice** through the dedicated e-mail address has significantly helped. What follows are examples of the initiatives that are having positive impacts on patient care, carer and staff experience. Many of these initiatives have been informed by feedback.



Responding to Patient and Family Feedback

Over the past year we have **listened** to the views of our communities, patients, carers, staff and stakeholders. Our involvement strategies have included either face to face discussions or discussions via webinars and, coupled with a review of written communication, are now better able to identify and drive forward both what we do well and action the improvements needed.

Feedback, specifically from people in hospital, carers and staff has identified these main themes which we use for **learning which we now use for the priority action plan.**

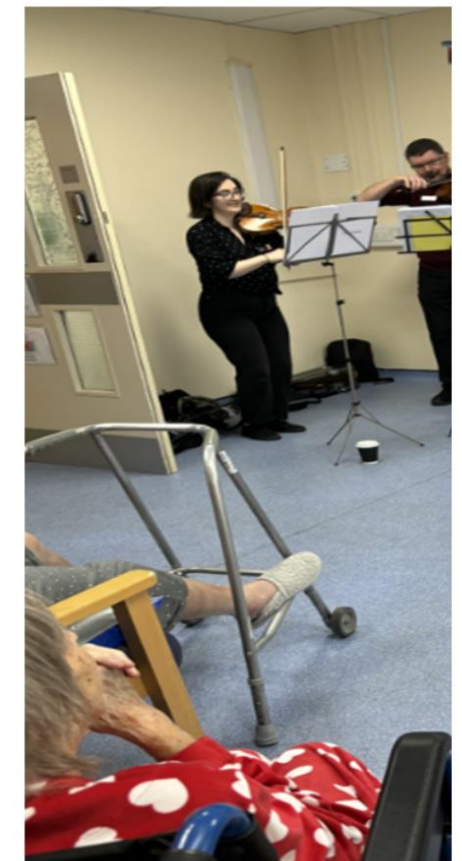


Person Centred Meaningful Activities and Engagement

There is clear **research** evidence to show that engaging people in meaningful activity and engagement has significant benefits both to physical and psychological recovery. A **successful 1st Phase** of this programme has been in place in the General hospitals and evaluated to have a positive impact on patient experience of care.

Through a partnership agreed **Meaningful Activity and Engagement programme**, we aim to build on this 1st phase and embed a multi-disciplinary person-centred dementia approach to care in the community. **NHS Charities Together** have supported this programme by granting the funding to deliver this programme.

We aim to develop and **rollout** a meaningful activity strategy to a range of care homes in Gwent, HMP Usk, the hospital wards within ABUHB, informed by the needs of people living with dementia and their carers across the area, with a suite of meaningful activity resources and learning opportunities. It will be supported by a **practitioner's forum** to support staff, volunteers and carers gain skills, knowledge and confidence to deliver non-pharmacological interventions and embed **person-centred** meaningful activity.



Delivering the Meaningful Engagement Programme

The programme is led by the specialist Dementia Practitioner and overseen by the Lead Nurse for Dementia. A bid was secured through the support of the **NHS Charities Together Grant** which has enabled the recruitment of **2 secondment opportunities** for an 18 months:

- Dementia Practice Educator
- Regional Dementia Meaningful Engagement and Activity Co-Ordinator

The programme will be delivered through a series of actions and measures, managed by a **Meaningful Engagement and Activity Steering Group** which includes:

- Identifying **resources** and approaches which facilitate meaningful engagement.
- Promoting **Biographical tools** such as 'This is Me', 'What matters to me' documents to identify individual interest, hobbies, and routines.
- **Dementia Volunteer Companions** - working with our Ffrind i Mi volunteers, we will link volunteers with care homes. They will be supported with training and supervision sessions.
- **Learning and Development** - through our Dementia Carers Workstream and linking in with a wide range of partners, we will offer awareness training to identify meaningful activities that would support the person they care for.
- Through our **enhanced care framework**, we will work with wards and families on admission and discharge to ensure meaningful activity is considered in care planning.
- **Dementia Champions** will be identified and will proactively strive to educate communities as to the importance of meaningful activity to wellbeing.
- By linking schools with care homes we will support the **Intergenerational** Dementia Friendly Communities programme.



ABUHB Activity Co-ordinators

Meaningful Activities Feedback

This is an outstanding service, providing activities and company for patients whilst having fun.

Cannot thank you enough for your help with my mother. It has been a great help to her demeanor. Thank you.



Through the development Meaningful Engagement with people living with Dementia, the role of the **Activity Co-ordinator** has been development and recruitment for this role is taking place in each Division. There is now a **Task and Finish** Group to develop the role further and provide structure and support for those staff in post.

The role of the Activity Co-ordinator is to provide meaningful engagement, emotional, physical and mental support and **stimulation**.

Meaningful Activities Feedback

Paula is doing an amazing job getting patients involved with the activities.

Patients are interacting with each other, singing and appear calmer.

Patients look forward to spending time in the activity corner. One lady called it her happy place.



Progress so far:

- 10 Activity Co-ordinators currently in post
- Task and Finish Group established with representation from all divisions
- Peer Support group for Activity Coordinators in place
- Support from The Patient Experience and Involvement Team – Regional Meaningful Engagement Dementia Activity Coordinator has worked closely with each Activity Coordinator
- Induction and framework to be developed
- Standardised uniform to be introduced

Care Fit for VIPS

To support implementation of the Dementia Friendly Hospital Charter, we have introduced **VIPS** into our hospitals. VIPS will support clinical teams to deliver person-centred care through:

Valuing and promoting the rights of the person.

Individuals needs- provision of individualised care according to needs.

Perspective: staff understanding care from the perspective of the person with dementia.

Social-social environment enables the person to remain in relationship

Phase 1: 15 hospital Wards over 7 sites.

A dedicated tab was made available on the Dementia staff intranet page to support staff to **access resources** required easily.

Experiential opportunities have been made available to the staff on wards implementing VIPS.



Care Fit for VIPS



ACHIEVING EXCELLENCE IN DEMENTIA CARE – THE TOOLS FOR CHANGE

ABUHB are introducing **Care Fit for VIPS** into our hospitals. Care Fit for VIPS is an online toolkit to help our areas improve the **quality** of dementia care and **people's experience**.

The VIP Framework describes **25 indicators** of best practice in delivering person-centred care, through manageable steps.



Review

The VIPS Assessment tool helps you rate your service's progress. Stronger colours show more progress!

[Review VIPS](#)



Discover

Our Resource Library helps you find the best information. We have done the searching for you.

[Discover Info](#)



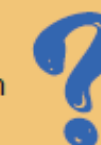
Transform

VIPS Improvement Cycles help you to plan, record and provide evidence of continuous service improvement.

[View Cycles](#)

What does **VIPS** mean?

V - Values people – Values and promotes the rights of the person
I - Individual's needs – Provides individualised care according to needs
P - Perspective – Understands care from the perspective of the person with dementia
S - Social – Social environment enables the person to remain in relationship



Get in touch with us:

If you need support with VIPS please contact:
ABB.PCCTDementia@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
Aneurin Bevan
University Health Board

Implementing Care Fit for VIPS – 1 year on

There have been some challenges identified from feedback and these are being worked through:

- Leadership
- Cluttered spaces
- Funding
- Works and Estates costs
- Time / protected time for this work
- Need to formalise so VIPS is priority
- Recruitment
- Toolkit is time consuming
- Department moves /reconfiguration of areas
- Responsibility sitting with key individuals and not spread to wider team.

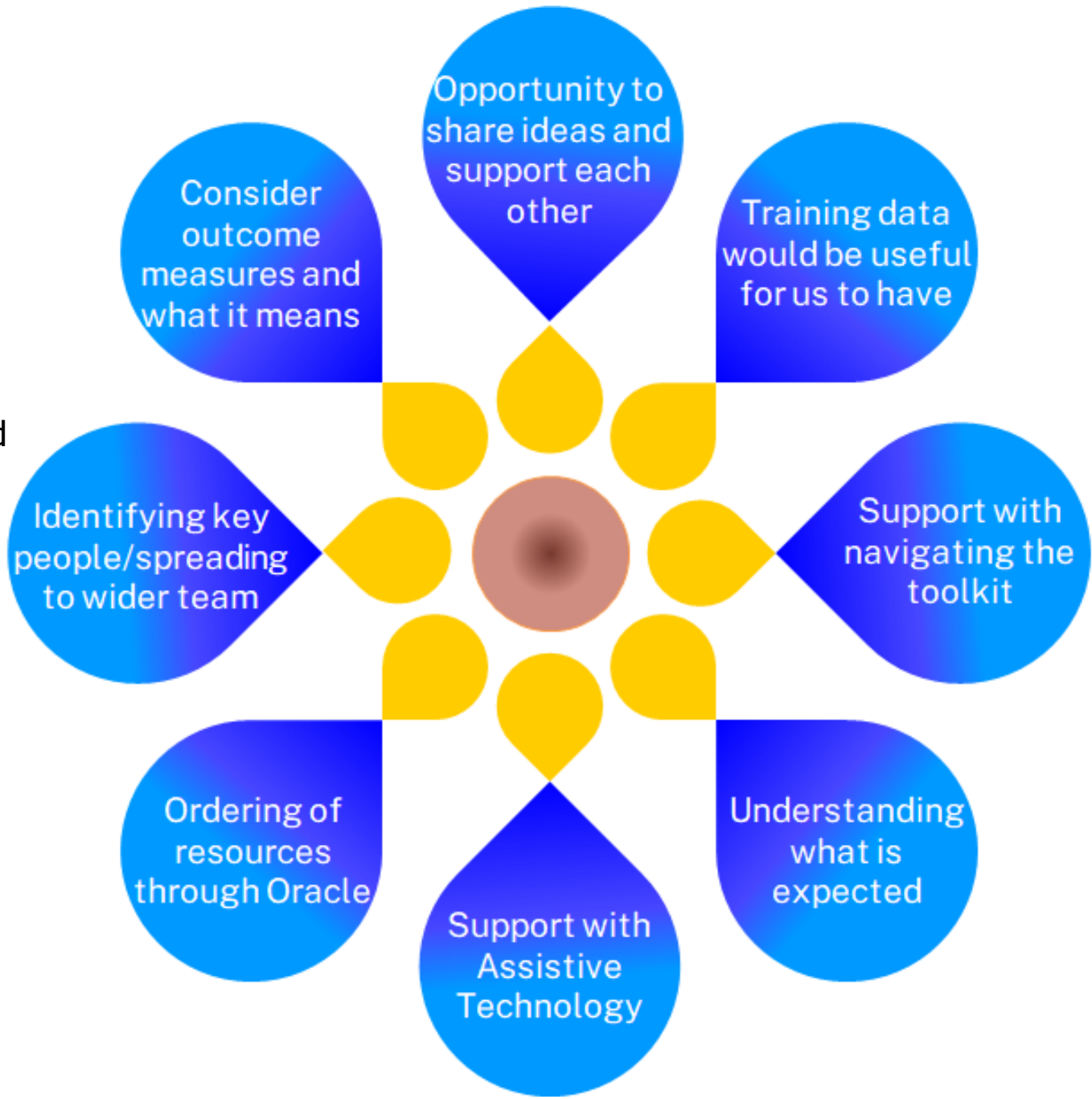


Series of Workshops

Staff Feedback:
"Thanks for great training session regarding VIPS. It was inspirational".



Monthly Support Group Themes

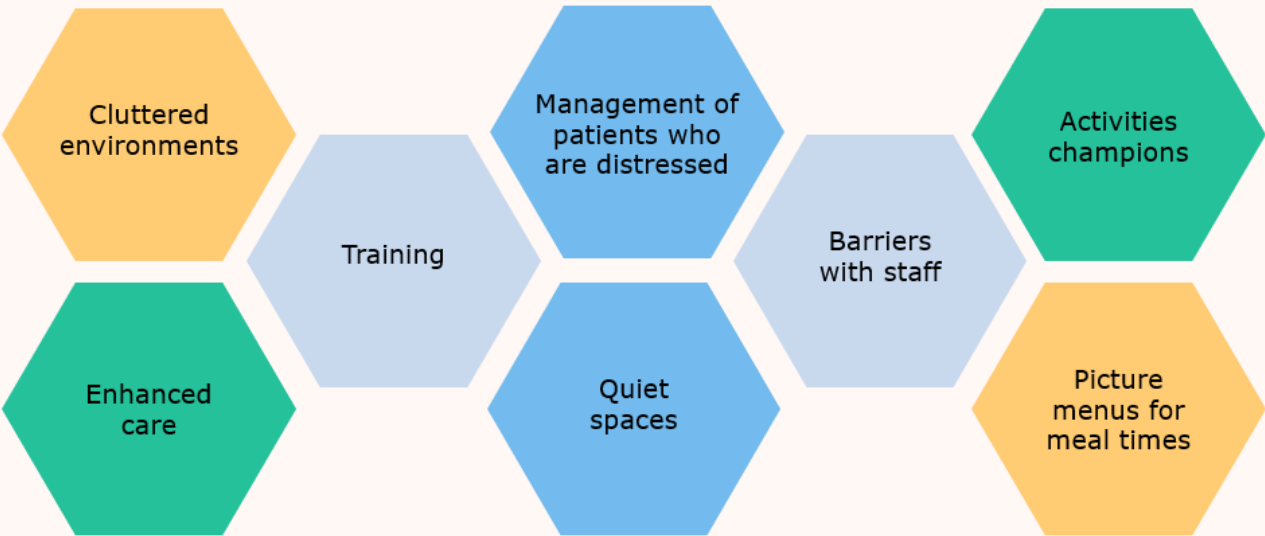


Next Steps

- Review engagement in the phase 1 areas to decide if we will continue with all 15 areas
- 1 New area commenced in May 24
- 3 areas have booked in for Workshops following individual feedback sessions.

First PDSA Ideas from Staff

What did people want to work on in their areas?

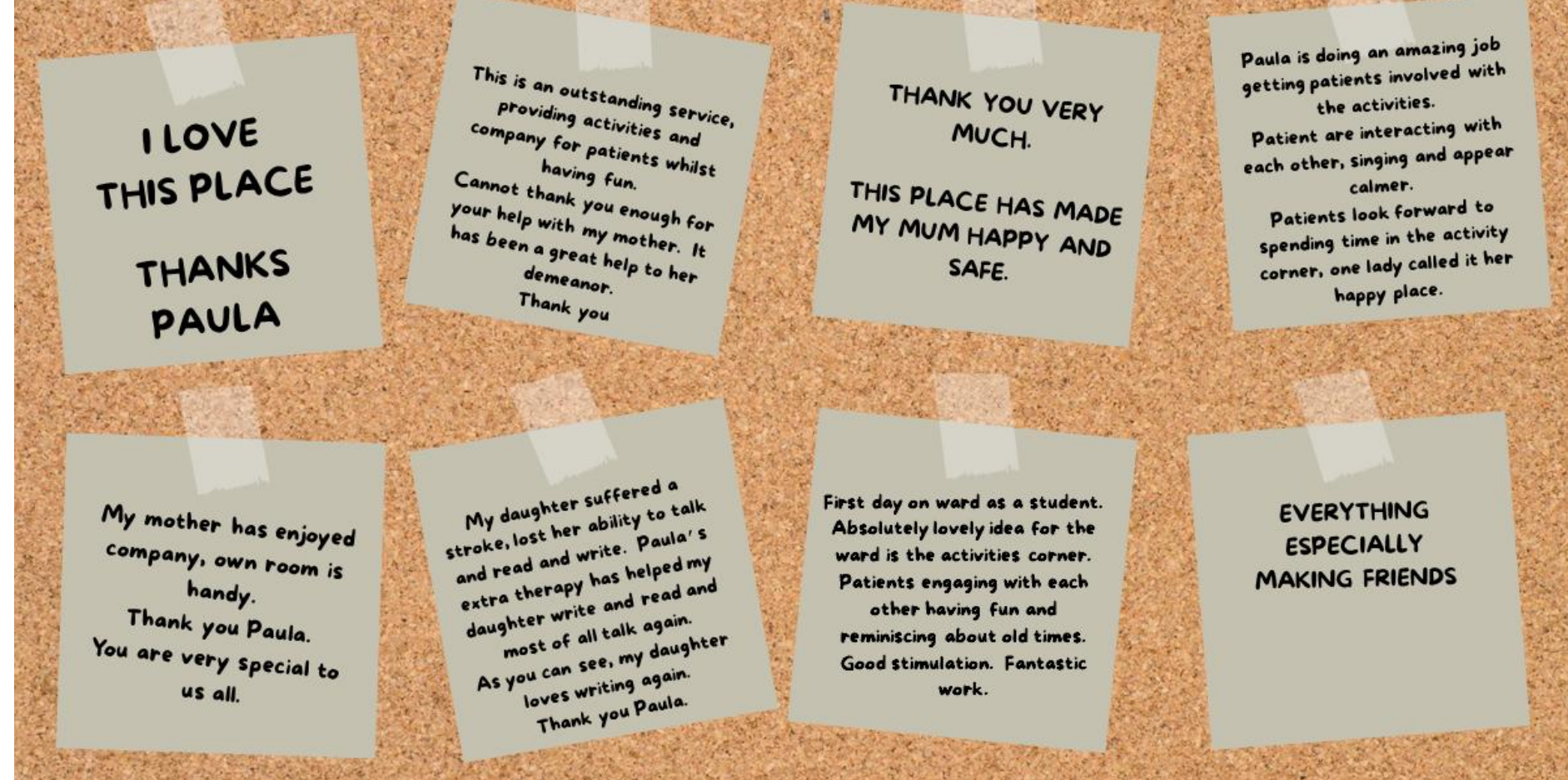


Review Visits	Areas Engaged
Bedside Boards in use	15 Areas (not fully embedded in all)
Dementia Champions in Area	13 Areas
Resources for ME in area	15 Areas (not fully embedded in all)
Display in Area	12 Areas (3 waiting to go back up due to site move)
Supporting John’s Campaign	15 Areas
VIPS poster and log in accessible to staff	4 Areas
Feedback Forms for Resources / Experiences	2 Areas
Feedback session to Ward Managers and Senior Nurses	WM – 9 out of 15 SN – 4 out of 7

Evaluation of VIPS / Themes

- All **15 areas** have made improvements in their areas
- **50%** of wards engaged with individual workshop sessions and these areas saw further progress with the wider team.
- Areas that have an activity co-ordinator in post have seen a **higher level of engagement** with all support offered.
- Whilst all areas used the tool kit as a guide, all areas found it **difficult to evidence progress** through the toolkit.
- Main theme from leadership was as this is not formalised; it is often **superseded by higher priorities**.

Feedback



PDSA Cycles in Progress

Evidence of **good practice** include:

- Nurse Practitioner using '**Meaningful Engagement prescription**' as part of treatment plan in medical notes.
- Picture Menus
- Development of **day room spaces**
- Employment of Activity Co-ordinators
- Training plans
- '**Come dine with me**' nutrition and hydration
- Safe space / quiet corner
- Hairdressing Services e.g., Salon Sunday
- **Environmental audits** and development



Enhanced Care Review

Undertaken November 2023 - March 2024 by the Patient Experience and Involvement Team, led by the Senior Nurse and the Dementia Specialist Practitioner. This audit considered:

- During the **pandemic**, requests for Enhanced Care (EC) increased significantly.
- Although there has been a reduction in requests for enhanced care just before the review, it was felt that more could be done through the **Care Aims Framework** to enhance patient, carer and staff experience, and reduce agency and bank use.
- Executive Team agreed to review of EX across wards with the **highest usage**.
- **Aim** was to improve Quality, Safety and Patient Experience and reduce costs
- Pilot at **YYF** (highest numbers of EC at the time) followed by extended review.
- Review of current EC, documentation, PSAG Boards, Bedside Boards, **EC Framework**.
- EC **Review Tool** Developed
- EC would focus on (summary):
 - ✓ Patients **care journey** since admission
 - ✓ Care package **prior** to admission
 - ✓ Patients' **capacity** (e.g. to consent to EC)
 - ✓ Number of **ward moves**
 - ✓ Patients **presentation/condition**
 - ✓ **Reason** for EC
 - ✓ **Level** of EC being provided
 - ✓ Package of care anticipated on **discharge**
 - ✓ Consideration of **alternatives** to EC
 - ✓ **Staff** feedback

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Next Steps:

- Enhanced care and falls- focused MDT review to identify alternative strategies
- Enhanced care and dementia - look to reduce ward moves
- Increasing communication with patients, families and carers- open visiting and active encouragement of families in care through John's Campaign.
- Better engagement with volunteer support
- Embedding meaningful engagement
- Re launch of revised EC framework, risk assessment and flow chart alongside a training programme
- Support for staff re psychological safety and confidence
- Consideration of the resources required to drive forward alternatives to restrictive EC e.g. employment of dedicated Clinical EC lead/s

Dementia Champions

We developed and implemented a **Dementia Champions Campaign** during the month of February 2023 and used this to form actions for 2024:

- Meet the Dementia Champions **in person**
- **Raise awareness** of the role
- Develop and **support** existing Dementia Champions
- Listen to their **feedback**
- **Recruit** new Dementia Champions
- Share the **resources** available to Dementia Champions
- Share the **Reflective Workbook**
- **Identify** those that wish to continue to be a Dementia Champion
- Update the Corporate **Register** of Dementia Champions
- Provide the Dementia Champions with their ABUHB **Daisy Badge** and lanyard

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I was asked to visit as the patient was very low, crying and feeling confused. I face videoed her daughter which made a massive difference as she felt cut off due to her daughter (her main carer) being poorly and unable to visit.

(Dementia Companion)

A yellow poster for 'Dementia Champion's Month February 2024'. It features several blue hearts and a central blue daisy flower. The text on the poster reads: 'Dementia Champion's Month February 2024', 'We want to meet you!', 'To Thank you for all you do, hear your experiences and shape how we can better support you in your role.', 'Shaping, Influencing and Improving Dementia Care', and 'Contact us at: ABB.PCCTDementia@wales.nhs.uk'. Logos for GIG CYMRU NHS WALES and Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board are at the bottom left.

Dementia Champion's Month February 2024

We want to meet you!

To Thank you for all you do, hear your experiences and shape how we can better support you in your role.

Shaping, Influencing and Improving Dementia Care

Contact us at: ABB.PCCTDementia@wales.nhs.uk

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dementia Champions act as **role models** for other staff members as well as 'connectors' between the wards and the Patient Experience and Involvement Team. They offer **inspiration**, feedback, suggest actions needed to improve the patient and carer experience as well as how the ward environment may be improved.

We encourage Dementia Champions to attend **Dementia Awareness and Meaningful Activity training** to improve their knowledge, skills and inclusive practice and the Bitesize Training sessions have been developed to identify who the ward-based Dementia Champion is.

Two **videos** have been developed to showcase the role of Dementia Champions .

These videos are now part of the **training to recruit** new Dementia Champions and build our network of staff and partnerships both internally and externally.

Person Centred Bedside Patient Boards

Following a successful introduction of the Person-Centred (safety) Bedside Boards, **1400** Boards were purchased and delivered to all the hospital sites within ABUHB.

A mid-way **Impact Evaluation Review**, supported by the Value Based Healthcare Team was undertaken in October 2023 of the 34 wards where boards are erected, Patients, public, visitors, families, carers and staff were asked for their **feedback** on the boards.

The Team developed and shared posters and leaflets with **QR codes** which fed into Microsoft Forms, providing the team with immediate analysis. These were shared through **social media** platforms as well as Pulse web pages. Paper questionnaires were also shared.

The **evaluation** identified that the boards had been very well received by both patients, families and visitors, volunteers, ward staff and the multi disciplinary staff working within the **care settings**.

One of the key staff that benefitted from the boards were **facility staff** who were able to greet the patient by name and, for example, provide the correct drink that the person preferred.

Feedback was used to support further actions such as adding magnetic pen holders and pens; developing briefing communication strategy for carers and staff through the communication teams, using **videos**, briefing newsletters and carers support groups.

Gives us information to be able to hold a conversation with them about a topic that they make like.

(Volunteer Visitor)

MY NURSE TODAY IS:		MY PREFERRED NAME IS:										
LANGUAGE		English ☐ Welsh ☐ British Sign Language ☐	Other:									
COMMUNICATION		Independent ☐ Hearing aids ☐ Lip reading ☐ Spectacles ☐ Interpreter required ☐	Other:									
DIET		Menu: High energy snacks ☐ No oral diet ☐ Food allergies:	Independent ☐ Assistance needed ☐ Full assistance ☐ Dentures ☐									
FLUIDS		Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Fluid restriction: _____ ml No oral fluids ☐	Preferred drink: <table><tr><td>Tea ☐</td><td>Sugar ☐</td><td>Coffee ☐</td></tr><tr><td>☐</td><td></td><td>Sweetener ☐</td></tr><tr><td>Milk ☐</td><td></td><td>Squash ☐</td></tr></table>	Tea ☐	Sugar ☐	Coffee ☐	☐		Sweetener ☐	Milk ☐		Squash ☐
Tea ☐	Sugar ☐	Coffee ☐										
☐		Sweetener ☐										
Milk ☐		Squash ☐										
MOBILITY		Independent ☐ Assistance ☐ Other:	Supervision ☐ Falls Risk ☐									
OTHER CLINICAL CONSIDERATIONS: Include relevant PSAG symbols here												
WHAT IS IMPORTANT TO ME												
MESSAGES												

John's Campaign



**Is the person you are visiting
living with dementia?**

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Are you the main carer?

**We embrace John's Campaign, where carers have the
right to ask to continue supporting loved ones when
they are in hospital.**

**Please let the ward staff know if you are the main
carer and ask about flexible visiting.**

John's Campaign (JC) recognises the importance of **involving carers** who wish to support people living with dementia when they are in hospital. The information for JC is embedded into the staff induction programmes. The "Introduction to ABUHB Dementia Care", alerts staff to the need to recognise the importance of carers and maintain a positive attitude to the involvement of carers, demonstrating sensitivity to their needs and recognising their value to care.



For **Dementia Action Week** (May 2023), we celebrated the re-launch of John's Campaign on all our wards. Information leaflets and resources were made available on the internal Dementia Intranet pages, included in all the Health Board Induction programmes, **carers education groups** and through our Workstream 1, community engagement meetings.

To increase public awareness of JC, carers leaflets for were promoted and made available through **Carer's Networks**, ABUHB Carer's Internet page and our Dementia Internet page, Our dedicated email address was also included and the public asked to contact us if they wished to discuss further: ABB.PCCTDementia@wales.nhs.uk

Intergenerational Practice

We are proactively developing meaningful intergenerational activities programmes in partnership with schools, colleges, wards and care homes. We know this approach supports:

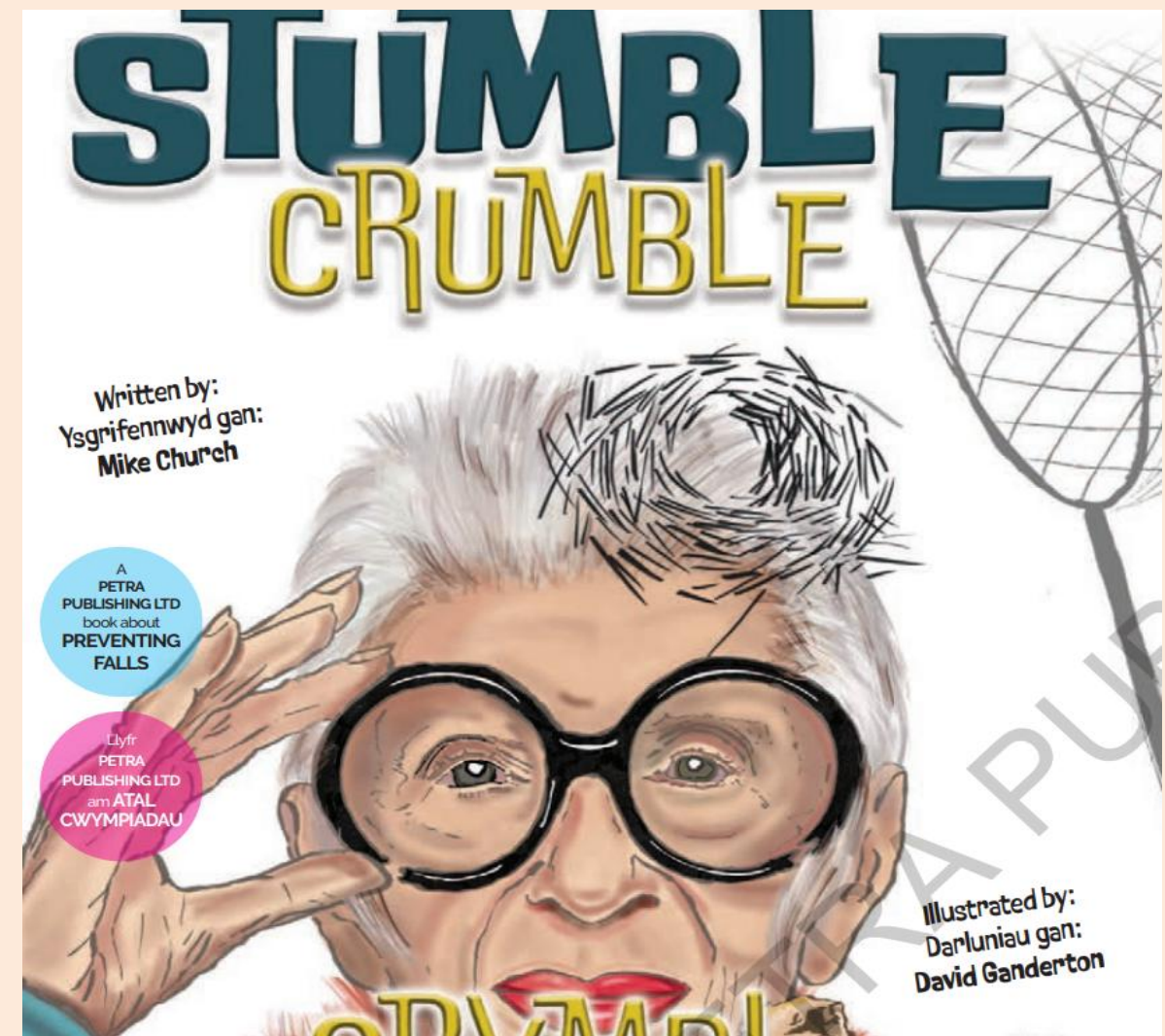
- Reduction in loneliness/isolation
- Reduction in behaviours that are distressing
- Increased creativity/ mobility
- Increased knowledge about person-centred dementia care
- Reduction in falls
- Positive experience for patient and staff feedback

We have commenced linking the **16 care homes** in the Meaningful Engagement programme to the intergenerational programme with the aim of increasing the relationship between these areas and supporting with learning from schools, hospitals and care homes who already participate in the scheme.



Falls Awareness and Prevention Book:

Following the success of *Billy the Superhero* and *The Elephant in the Room*, we have worked with publishers, storytellers, therapy staff and schools to produce a **falls** awareness book. '**Stumble Crumble**' aims to raise awareness of all the risks associated with falls and the importance of falls prevention **across the ages**, highlighting increased risks when people have a cognitive impairment. This book will be launched in August 2024 with schools, Health Board staff and Dementia Friendly Communities.



Specialist Occupational Therapy Activity Programme



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Development of a specialist **OT activity-based** programme suited to the complex needs of OAMH in-patient services:

- **Reduce variation** and ensure standardisation **specialist OT offer of activity programmes** across ABUHB OAMH in-patient units
- **Evidence based/best practice** and recognised Occupational Therapy Models of practice.
- Evaluation using standardised **occupational therapy outcome measures**.
- Maximises engagement of a range of individuals with **different needs** in relation to their motivational level and skills in occupations.
- Suited to people/older people with **complex mental health/physical and cognitive needs**.

Results:

The service has been accessed by **152 individuals** on average in a 12-month period (in total in the two Boroughs: Newport and Blaenau Gwent).

The average number of self-management strategies people were using in day-to-day life after intervention were 6-7. Three months post-intervention, this remained as 5-6.

The standardised OT assessment OCAIRS (semi-structured interview) was completed before and after intervention and 3 months post. **Improvement occurred in 8-10 of the 11 domains of the OCAIRS** (no deterioration).

Domains of noticeable improvement were to roles, habits, personal causation, goals and readiness for change. Some continued to improve post treatment.

Feedback forms: On a scale of 0-10, 0 being bad, 10 being excellent: Carer score averaged 8.8 and **Participant score averaged 9.6**.

Older Adult Mental Health to consider extended model of service.

Priorities 2025 – WS4 Dementia Hospital Steering Group

Identifying people with dementia using a **Clinical Workstation - Alert Code 136.**

Developing an **improved pathway of transition** to and from hospital through WAST- Welsh Ambulance Workstream.

Raising awareness and support for **Future Care Planning.**

Discharge patient flow priorities - **reducing ward moves** and **improving discharge.**

Participating in the **research** and improvement for Dementia Contenance care programme.

Review ABUHB **National Dementia Audit** and ABUHB measures, using findings to improve care.

Embed the **Meaningful Engagement Programme** and Activity Coordinator Roles.

Review and support the **Urgent and Emergency Care pathway.**

Establish a **People Participation Panel** for people living with dementia, their carers and staff.

Workstream 5(a) Learning and Development

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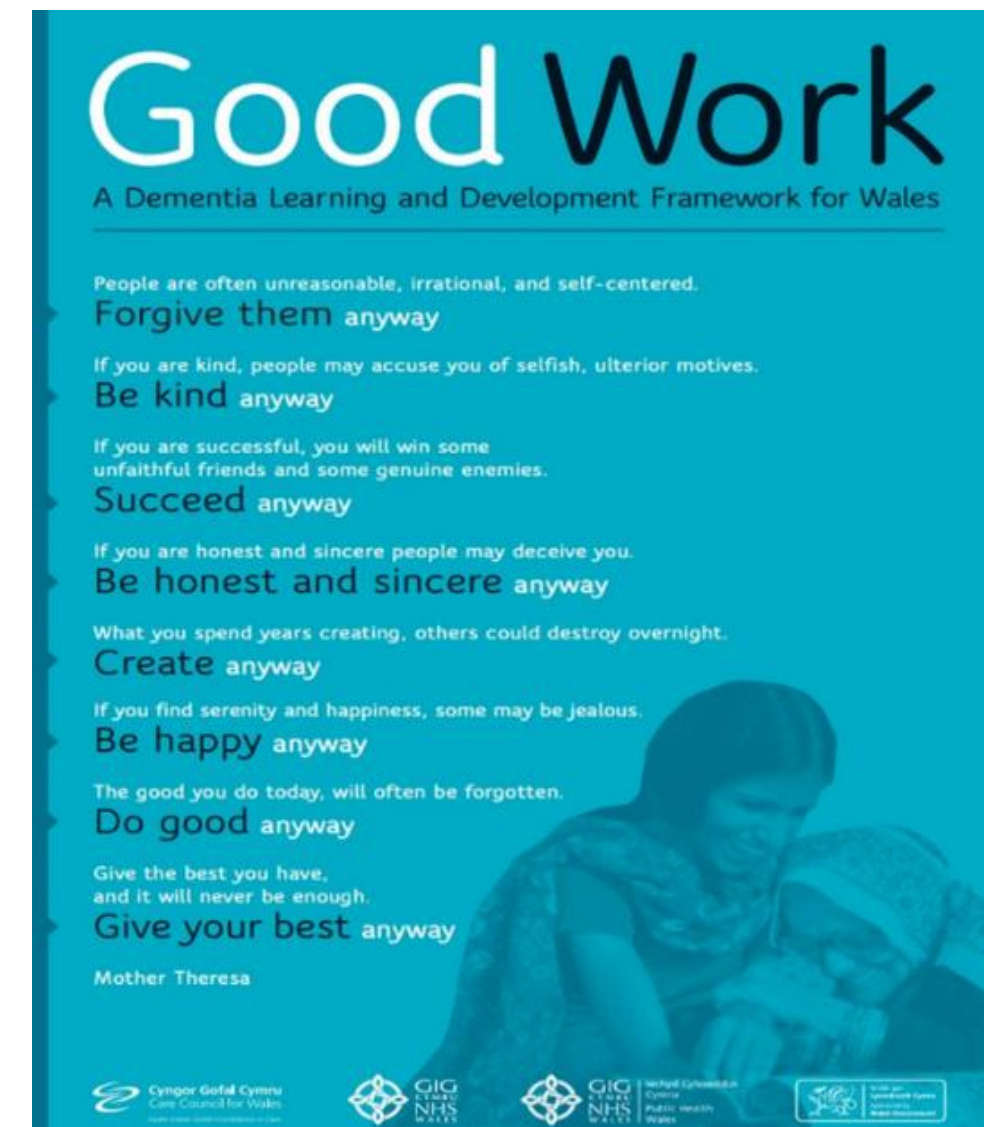
At the heart of the **GoodWork Learning and Development Framework** is what matters to people living with dementia, and aims to empower patients, carers and health and social care staff to ensure dementia care is person centred.

Local dementia training strategies adopt the values that gets to the heart of what matters to people (**compassionate practice**), ensures staff are technically competent and 'fit for practice' (**competent practice**), are personally engaging and contextualised (**wise practice**), fundamentally resulting in a workforce that are **informed, skilled influencers**.

What we achieved:

Over the past year we have we have developed the ABUHB Learning and Development GoodWork Framework Strategy Plan that is linked directly to the **Dementia Action Plan for Wales** and regional dementia action plan to enable all workforces to engage and achieve the associated aspirations goals and plans.

A series of **Bitesize learning** provided by specialists in areas of practice as well as Staff Induction sessions, meaningful engagement and external learning opportunities have been secured and shared with **all Nursing and Residential Care homes within the 5 boroughs**.



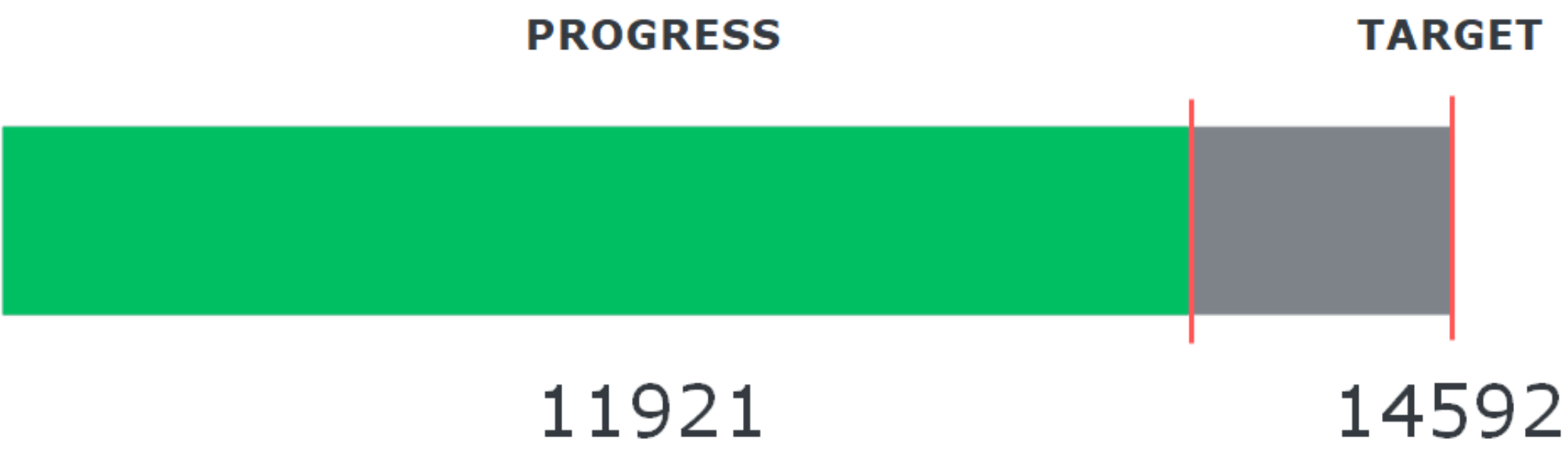
Learning and Development Progress

Dementia Specialist Bitesize Sessions Introduced

Session	Number of Attendees
Mental Capacity Act	14
Assistive Technology	13
Audiology	5
Oral Health Care	41
Deprivation of Liberty	42
Dementia Hospital Charter	31
Hydration & Nutrition	40
Pain Assessment	37
Dementia Awareness (induction)	164
Total	387
(95% ABUHB staff 5% other organisations)	

Dementia Awareness and Meaningful Engagement and Activities Education Training is provided 1 day a month.

Dementia Awareness Mandatory Module (online) ESR Compliance for ABUHB



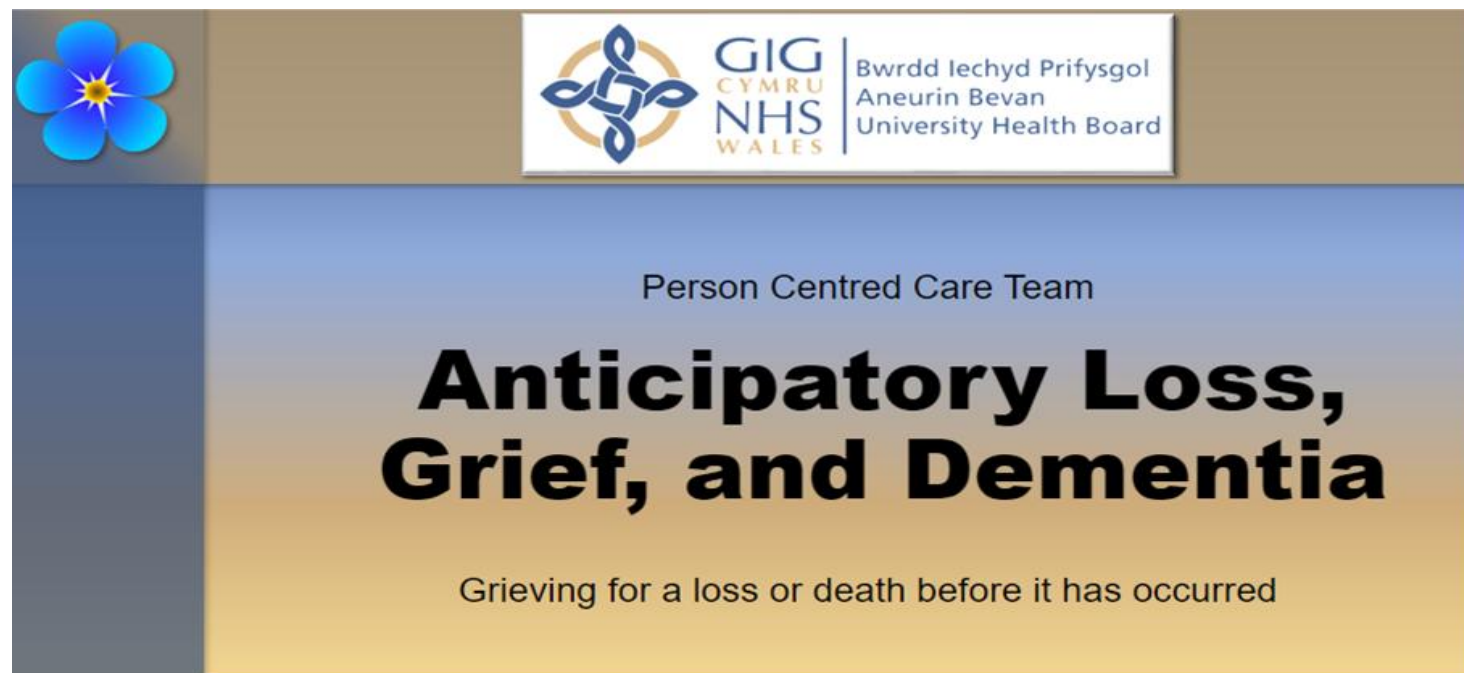
97 participants have attended bitesize training which include staff, volunteers and outside partnerships and care homes.

Feedback – verbal feedback has been positive

Extended to care homes, **prisons** and Primary Care networks.

Patient Stories

We have listened to **people's experiences** of dementia care, developed patient and carer stories/films and have used these to improve learning.



What we've heard is that people need to be supported when faced with the reality that dementia can lead to people **experiencing loss** of the person they know as the disease progresses.

We have developed a training programme for staff which focusses on **anticipatory loss and grief in dementia**. The training includes the voice and feeling of people and their carers.

The aim of the module will be to increase the knowledge and understanding of anticipatory loss of a person living with dementia and their carer.

External Training Opportunities

- Organised **Experiencing Dementia** events provided by the award winning Re-Live organisation 200 places were made available via the members of the workstream group to enable multi-partner participation.
- Organised the **Dementia Virtual Bus Training** events open to all partners and delivered training to 90 participants



"The Virtual Dementia Tour – Your Window into Their World"

We have secured a training opportunity for staff and our partners to provide experience and learning, to enable them to better support people living with dementia.

The Virtual Dementia Tour is all about understanding what a person living with dementia experiences daily to gain a greater understanding.

The tour will visit various sites during March, April and May providing 90 training spaces.

What we want to achieve going forward

Dementia Experiential Training

Aneurin Bevan Health Board is in the process of developing an experiential training day for staff working in the Hospitals, Prisons and Care Homes across the region. A task group is being created to create a 1–2-day training to allow staff to engage in an empathetic experience of the challenges people living with dementia face each day.

We would then deliver this training to all of Gwent, workforce and carers. The session would involve slides on the theory behind People with Dementia's experience of pain, hearing loss, loss of vision, etc.

The activity session would be delivered prior to the theory for full impact.

2025

Reaching out into the Communities

Our plans for 2024-2025 is to provide and deliver Dementia Awareness training across Primary Care to:

- GP Practices
- Pharmacy
- Dental Surgeries
- Optometrist

The first session was held on 6 June 2024 and 27 participants have signed up to join the webinar session.

Feedback will be gathered on the training to ensure that we continue to evolve and meet the needs of this new group of partners.

Training within a Care Home Setting

Aneurin Bevan Health Board is in the process of developing an experiential training day for staff working in the Hospitals, Prisons and Care Homes across the region. A task group is being created to create a 1–2-day training to allow staff to engage in an empathetic experience of the challenges people living with dementia face each day.

We would then deliver this training to all of Gwent, workforce and carers. The session would involve slides on the theory behind People with Dementia's experience of pain, hearing loss, loss of vision, etc.

The activity session would be delivered prior to the theory for full impact.

Evaluation of Training

We have developed an evaluation form to capture the participant's feedback so that we can develop and modify the training accordingly to the needs to the audience.

Dementia Friends

We have delivered the Alzheimer's **Dementia Friend's** session at all new staff induction programmes. Informed Level Dementia awareness sessions have been delivered through the Journey of Excellence for new nursing registrants. The International Nursing Programme and the Nursing Apprentice Programme.



Our **Volunteer Training** Programme includes dementia awareness as mandatory. All our volunteers are Dementia Friends. For our Dementia Companions and Dementia Champions, additional training is provided. Digital patient stories have been developed to support listening and learning.

A Mapping and Education and Carers Team (**MECS**) has been developed within the Older Adult Mental Health Division. This training is based on the carer education programme.

3D's (Depression, Delirium and Dementia) is being delivered in general hospitals. These sessions need to be reflected and recorded on ESR for future reporting.

Workstream 5(b) Monitoring

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There is much discussion across Wales around what the **National Dataset** for monitoring should contain. A national monitoring proforma to evidence implementation of the Standards has not yet been established.

Locally, we are supporting our workstream leads to identify what **data** we already collect and where there are gaps. We have also connected with performance and measurement leads within quality assurance departments, Local authority, ABUHB and our Dementia Friendly communities, to collaborate on this work.

The Regional Dementia Board have been successful in securing funding for a **Programme Manager**. This post holder started April 2023. This post is pivotal in supporting all workstream leads/teams in driving forward their programme plans. The programme manager reports 6 monthly to the All-Wales Dementia pathways of care groups through Improvement Cymru as well as to the Gwent regional Dementia Board.

A 6 monthly learning and development **update report** is sent to Welsh Government, Public Health Wales for national bench marking and managed by the Workstream 5a workstream

The **National Audit For Dementia** is supported at Executive level and monitors the Improvements of Dementia Care in ABUHB Hospitals and is supported through Workstream 4- Dementia Friendly Hospital Charter.

ABUHB has an annual reporting process of Dementia which is supported from the **Regional Dementia Board** and the workstream 4 group.

Patient, carer and staff experience is monitored through the Patient Experience and Involvement Team and reported on annually.

What we want to achieve going forward

Although much has been achieved we do not underestimate how much more there is to do. Our priority actions for **2025** will include the following, supported by a monitoring and outcomes framework.

People First

We will continue to take all opportunities to engage with people living with dementia, carers, staff and communities. We will focus engagement with those whose voices are seldom heard, linking in with experts in the field to ensure our engagement activities are inclusive and accessible. Making every contact count and Dementia care everyone's business. We will develop a dementia specific People Participation Panel.

Partnerships

We will continue to build our partnerships and agree a shared vision to improving the lived experience for people and develop the health, social care workforce and third sector agencies. Collectively, we shall develop a monitoring and outcomes framework.

Listening and Learning

Feedback from people living with dementia and their carers has been used to support learning. Feedback has been reflected in all of the workstreams, where possible inviting people with dementia and their carers onto the programme of improvement. We will continue to capture feedback to compliment learning provided within ABUHB and across organisations.

The activity session would be delivered prior to the theory for full impact.

What we want to achieve going forward

Intergenerational Practice

Demonstrating the benefits of intergenerational practice, we will rebuild engagement with schools, universities, colleges, ward and care homes to reinvigorate intergenerational practice across our communities and care settings.

Community Listeners

We want to engage with, train and support more members of the public to become Community Listeners. We shall evaluate the listening events at both Maindee and Caerleon with a view to developing the model for all boroughs.

Prison Services

The population of our local prison is an ageing one. HMP Usk and Prescoed has been identified as having a significant number of older prisoners and some of these prisoners have been identified as having, or are likely to develop, dementia and or are living with Dementia. We aim to support these areas with in-person visits, environmental assessment and learning and development improvement plans to improve care for people living with Dementia.

Hospital Hubs

We will work with clinical and operational leads to develop hospital hubs with provision for drop in for people to talk about dementia care. This will be aligned to PALS.

Dementia Community Hub

A Task and Finish group has been developed and a building identified for the pilot of the hub. The pilot is supported by many partners, including the Regional Partnership Board, Heads of Adult Service, Elected Members, Local Authority, ABUHB and Third Sector Leads. A pilot evaluation and impact assessment will help develop a wider Regional model to include hospital sites. the service.

Dementia and Sport

We wish to better understand the impacts of contact sports on a person's risk to developing dementia. The Dragon Rugby sport clubs attended the annual Dementia Conference in May 2023 and delivered a strong presentation on the connections of Dementia and Sport.

Cultural Competence Certification

The Patient Experience and Involvement Team have been working with Diverse Cymru to achieve cultural competence certification. Learning from the assessment and associated training will be used to inform how we approve dementia care in diverse communities.

3rd Sector SLA's

The Patient Experience and Involvement Team have been working with Diverse Cymru to achieve cultural competence certification. Learning from the assessment and associated training will be used to inform how we approve dementia care in diverse communities.

3rd Sector SLA's

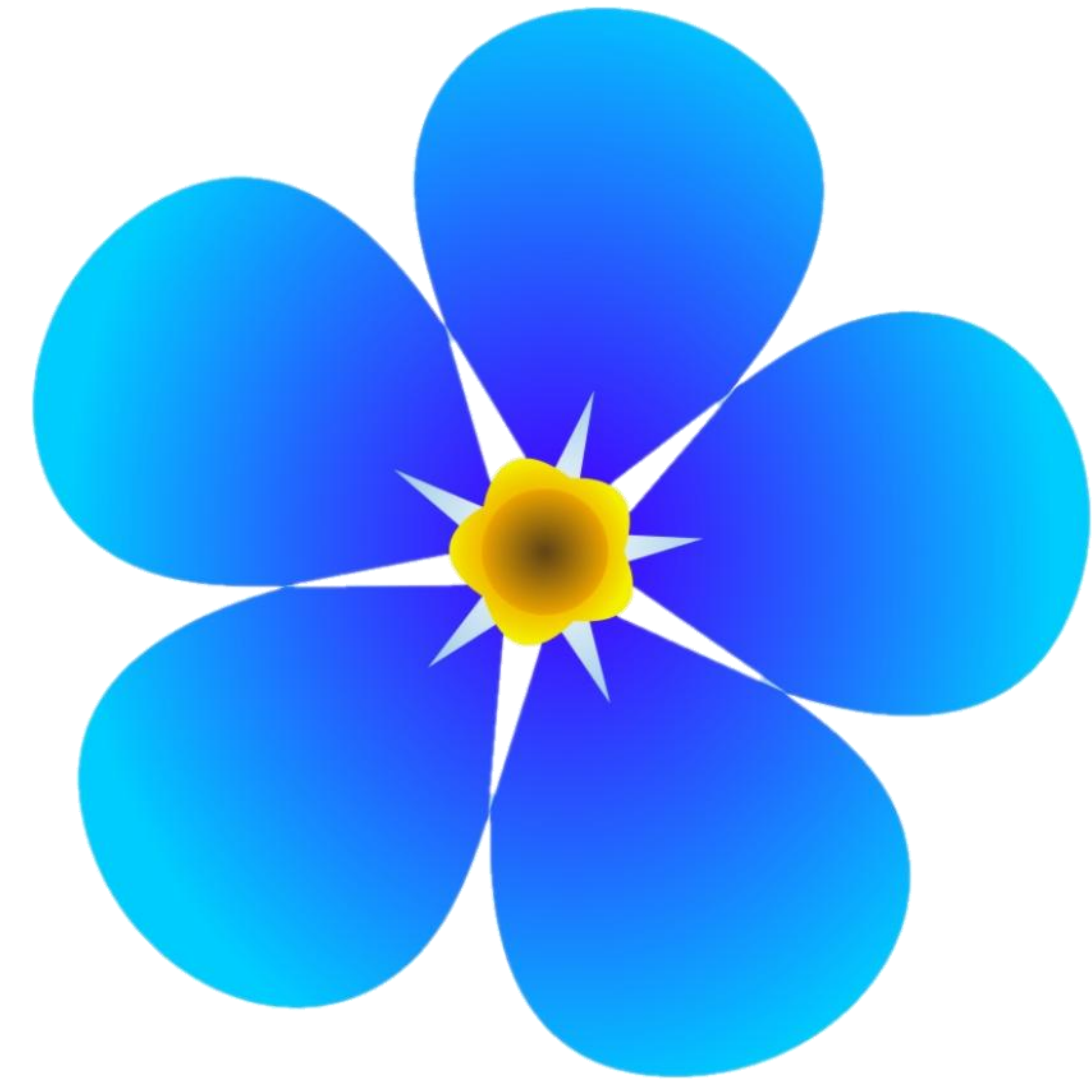
We will work with clinical and operational leads to develop initiatives aimed at minimising ward moves for people with dementia.

Conclusion

The Regional Dementia Partnership Board has established **Workstreams** that support implementation of the of the DAP and the Dementia Standards of Care. This 2024 Annual Report outlines the developments and actions the Gwent Regional Dementia Board has undertaken during this time as well as the aims and objectives set for the coming years. The programmes of improvements are **person centred** and delivered through a co-production, collaborative model. People's feedback is important in order that we ensure that **what matters** to people is used to help **influence, inform and shape** dementia care across the region. Actions taken as a partnership thus far will support the implementation of the Standards during the coming year.

As a Regional Dementia Board, we are committed to focusing on **listening** to our **communities** with an emphasis on diversity and inclusion, using people's feedback to improve the lived experience. This will be embedded throughout our Workstream Programs.

The **Regional Dementia Board** will review progress to date and will set its priorities for 2024-2025 aligning with the identified improvements in care and funding/ commissioning of resources.



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All Wales Dementia Care Pathway of Standards

High Level Standard Descriptors

www.phw.nhs.wales



All Wales Dementia Care Pathway of Standards

The standards for dementia care have been scoped over the past two years with over 1800 people ranging from people living with dementia to voluntary sector organisations to practitioners across Wales and the UK.

This work has been led by Improvement Cymru as part of the Dementia Care Programme and directed by the requirements of the Dementia Action Plan for Wales, overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIG).

There are twenty standards narrowed down from over one hundred potential standards and they drill down to the detail of what people believe will make a positive difference to dementia care in Wales. They are designed to be dynamic and by responding to evaluation and supporting evidence, standards can be added or subtracted. The twenty standards sit within four themes:

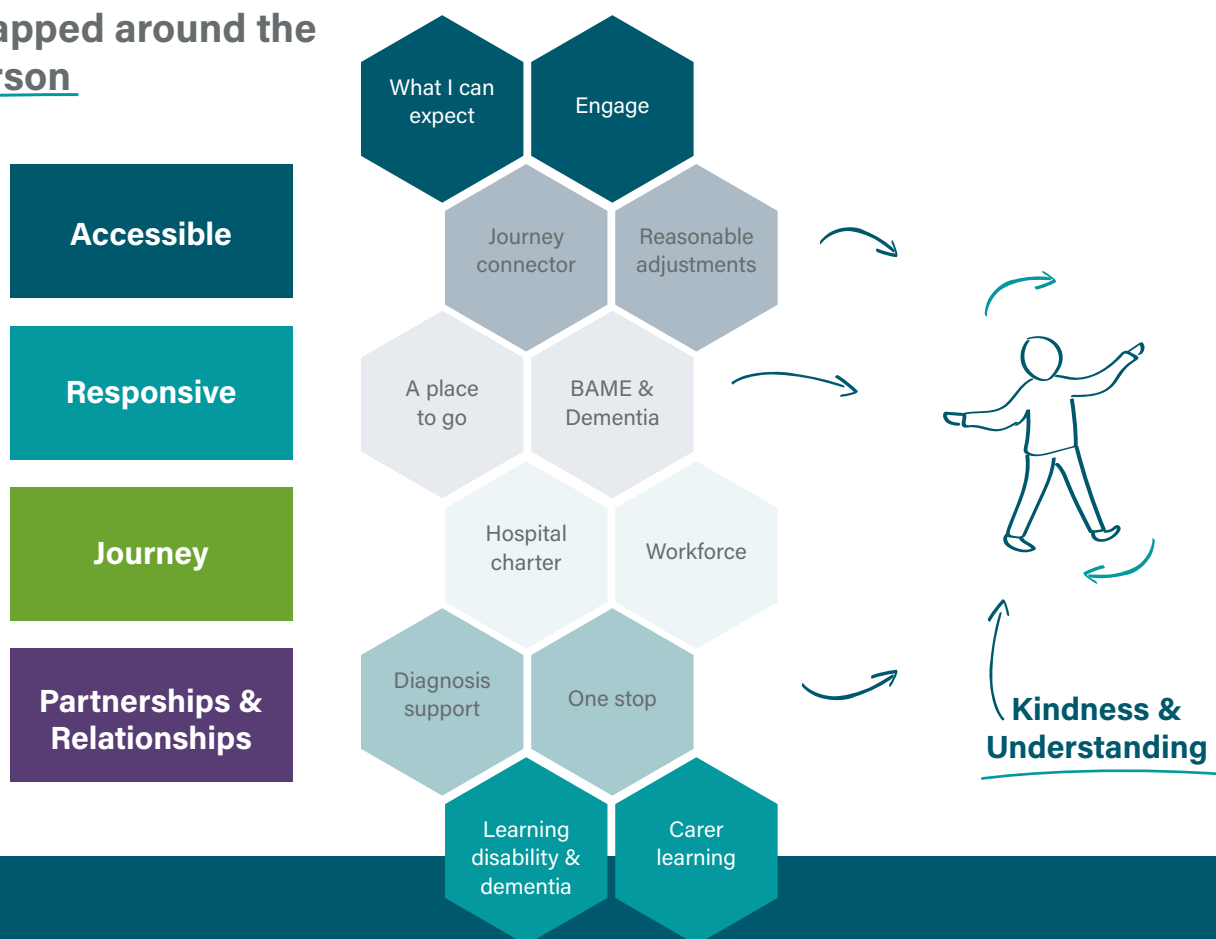
Accessible, Responsive, Journey, Partnerships & Relationships underpinned by **Kindness & Understanding**

The standards have been developed using the Improvement Cymru Delivery Framework. Part of this work has involved developing a two year Delivery Framework for the regions across Wales to cover the period 2021 – 2023.

This Delivery Framework will assist the regions in adopting and implementing the standards by offering support and assistance in year one to undertake engagement, coproduction, scoping, readiness and self-assessment. Year two will focus on implementing the standards into practice.



4 Themes 20 standards wrapped around the person



Introduction to the standard descriptors

- The standards have been prioritised from over 100 that could have been developed to the 20 described here
- The standards are dynamic, not static, meaning the set of standards will be evolving, when each standard is achieved across Wales it can be replaced with a new one. This means following a robust review standards can be added and subtracted
- There is a brief rationale provided to support understanding the context and evidence for each standard
- Each standard applies to all people being assessed, diagnosed and living with dementia and their carers recognising dementia as a vulnerable group, together with individuals with special characteristics such as Learning Disability, Black Asian and Minority Ethnic groups
- Regions should consider the standards in their entirety as they align with each other
- Identifying the high level responsibility for delivery will be included against the standards, however the key message is one of promoting partnership between agencies and stakeholders to drive the standards forward. At local level the Regional Partnership Board (RPB) and Dementia Forum will decide what agencies have responsibility against the standards and what that responsibility entails e.g. what actions. However, the overriding approach is one of multi-agency responsibility
- Reporting and measurement requirements align to a range of existing audit and reporting streams such as the Royal College of Psychiatrists and Health Care Standards with additional measurement definitions developed as necessary. Reporting and measurement will commence during the implementation phase and will be the responsibility of the RPB and the dementia forum
- Standards support the Dementia Action Plan (DAP) by focusing on a defined set of interventions determined to improve dementia care and will take the DAP core items forward over the next two to three years. This will assist in laying the foundation of what the DAP will look like for the next 5 years and beyond

Accessible

01.

Phase One: This standard is about community engagement using one locality within a region working in partnership, taking 6-12 months to engage with that community to learn, evidence, and analyse what people and agencies have identified it needs e.g. Identify 'what dementia care and intervention looks like around here'. This will produce a vision and growth (delivery) plan. **Due to COVID19 there will have to be a strong emphasis on all means of contact type and service provision that will follow the national guidance.

Phase Two – Year two onwards: support and assistance will be provided as part of the two year delivery framework. Each region will focus on implementing the agreed vision and growth (delivery) plan in year two, with a focus on measurement and assurance.

The focus for this standard emphasises the phase one component:

- **Identify one community in a region** e.g. Cwmbran, Carmarthen. Working in partnership demonstrating real engagement and coproduction to develop a plan for what dementia care means to that community – what it looks like – create a community vision that includes meeting places, centres or hubs. Coproduction will be robust, meaningful, evidenced and this will be demonstrated throughout the initiative. Taking this time to engage will ensure that the planning will fit with the community's needs
- A physical place for connection may be provided or it may not – this standard is about what the community states they need
- This meeting place, centre or hub will be accessible and offer a safe, friendly environment for people to go to and start a conversation about their cognitive health. This conversation may be about being forgetful, feeling lonely, feeling down, isolated, struggling with everyday living and stressors or could be a place for people with dementia, their carers and families who may be struggling day to day to access the right care and support. It will offer a place to connect with people, the community and services, to assist with maintaining and maximising skills to enable people to live with dementia
- This meeting place, centre or hub includes digital / telephone connection and access to offer information, support, advocacy, peer support, social and physical health interventions and assistance for people living with cognitive health difficulties including dementia as a point of access and intervention.

**The resulting vision and implementation plan forms part of phase two for this standard

Brief Rationale

Through coproduction regions can be informed by intelligence from its users to improve the quality of services, better design services and pathways based on users' experiences and expertise.

Throughout the consultation people told us that they didn't know where to go when they started to struggle with their cognitive health. People told us that they were not ready to have a formal conversation with their GP when they first started to have cognitive difficulties. Community cognitive health centres will support a safe place and the first step to start the conversation about cognitive health difficulties.

Accessible integrated community cognitive health centres will provide a dual function in supporting individual care services for people experiencing cognitive health difficulties along with providing active health promotion services to improve the population health within the community. This standard aligns to all other standards within this pathway in creating 'how dementia care looks around here'.

02.

Services at the points of contact will provide reasonable adjustments to care that is meeting the person's needs and personal preferences. This will include all people that access community and inpatient services, recognising that people with dementia are a vulnerable group.

- Reasonable adjustments include: translating information so that it's easily understandable, adapting appointment times and venues to enable access and engagement, ensuring Did Not Attend (DNA) is not because people cannot process and act on information provided.
- Recognising that there is a need to have accurate data about who this population is in each region will evidence a progressive action plan to work towards making reasonable adjustments for all people living with a dementia (connects with standard one, three, and eleven).

Brief Rationale

The Equality Act 2010 outlines that a person has a disability if the person has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. This Act recognises dementia as a disability under these terms and therefore, reasonable adjustments need to be made for all people who are living with dementia based on their individual needs.

Person-centred reasonable adjustments will support the person to live well by maximising their independence and ability to participate in their communities.

Article 5 of the Human Rights Act (1997) notes the importance of making sure that the most and least vulnerable people in our care are treated equally and that reasonable adjustments are made to ensure that all people can make informed decisions. This may include ensuring appropriate use of advocacy, ensuring the voice of the person is heard and appropriately responded to. For people subjected to Deprivation of Liberties Act safeguards, family and significant others (where appropriate) are informed.

This standard looks at the macro and micro level – how the care system responds to reasonable adjustments for all vulnerable groups, individualised approaches to support person-centred care and connects with standard one, asking do we have a robust implementation plan, a work stream for accessible information across all settings and a community.

03.

- Memory Assessment Services (MAS) and Primary Care (GP) will adopt the READ Codes (coded clinical terminology thesaurus) to capture diagnosis of dementia and mild cognitive impairment and work together to promote early intervention and support (connects with standard one)
- Those diagnosed with dementia within settings outside of MAS (including primary care, community resource teams, psychiatric liaison and neurology) will provide the GP and MAS the specific READ Code within two weeks of a diagnosis
- MAS will evidence activity using the agreed data collection tool
- Regions will evidence increasing diagnostic rates by undertaking improvement cycles supported by the Increasing Diagnostic Rates resources when completed

Brief Rationale

Assurance is needed to ensure equity of service access and provision across Wales, no matter where a person is diagnosed, or what type of dementia diagnosis is given. MAS and primary care have access to the oversight of the diagnostic profile in their area. The mechanism to achieve standard three will be agreed locally as this will encourage partnership working to ensure that MAS and primary care are offering a partnership approach to all people and their carers, families with a diagnosis. Partnership arrangements will ensure that those only being seen by a GP will still be offered:

- Dementia coordinators or support workers
- Post diagnostic support, where necessary and signposting to post diagnostic support (cognitive centres could offer this intervention)

Wales can expect:

- an increase in the proportion of people with dementia receiving a formal diagnosis
- an increase in the proportion of people with dementia receiving a diagnosis when they are in the early stages of the illness
- an increase in the number of patients and carers who receive a positive experience of receiving cognitive health services
- reduced risk of crises later in the course of the illness.

The calculation of the estimated dementia diagnosis rate is described by StatsWales. Improvement Cymru and the National Wales Informatics Service(NWIS) are working jointly to develop the availability of monthly data as part of the MAS work stream and will also explore the breakdown of data e.g age range.

As part of the MAS work stream we are scoping the development of a dashboard that provides monthly updates on the estimated dementia diagnosis rate using GP registered populations to produce the denominator. This is further outlined in standard twenty and will be useful for supporting improvement in a more timely fashion.

04.

Learning Disability (LD) services will define a process to capture the total population of people living with a learning disability and specifically Down Syndrome to offer a cognitive wellbeing check. This will include people known to all services including health, social and primary care services that include the GP and MAS. Learning Disability services are joined into the regional dementia care planning initiatives.

- Phase one: concentrate on Down Syndrome as the highest risk group
- Phase two: the wider population and those identified as at risk

Brief Rationale

People living with Down Syndrome are a high risk to develop dementia. It is widely recognised that early identification of symptoms that may indicate the onset of dementia, will enable the person to access an early diagnosis and thus, appropriate advice and support which will enable the person to live with dementia

Phase one:

- There will be an offer of a cognitive health wellbeing check at 30 years to ascertain a baseline assessment.
- A cognitive health wellbeing check will be offered to all people with Down Syndrome aged 40 years

This check will be provided by LD health services working with primary care, LD liaison and MAS in a joined up approach.

There are examples where a triangulation of data from primary care, LD health service and social care has taken place with good results in identifying people that potentially can have a cognitive wellbeing discussion. This improvement cycle will be used to scale and spread across regions.

This standard will support further work in identifying and reaching other populations such as BAME.

Responsive

05.



Health and social care services should provide the outcomes of an agreed set of completed assessment and interventions (listed) when referring to MAS (where the presenting need is indicated). This will assist MAS when they undertake assessments and in providing diagnosis. This will also support the person to manage any identified daily living difficulties.

Brief Rationale

There will need to be a joining of information and services to respond to this standard as per standard one. If information is already available use it, (connect MAS to other systems) if people have not had eye tests for years, suggest it and this links with population cluster work regarding the primary care response to aging and higher risk groups in how to engage them, get the basic interventions done, look at how people can be supported to attend opticians, audiology and the dentist etc. It is a whole systems approach.

Agreed set of completed assessments and intervention:

- Basic physical health tests as a baseline: BP / weight / height / routine blood tests
- Audiology referral / assessment / use of current hearing test (current equals within past two years unless difficulties identified)
- Dentist referral/ assessment / use of current oral health check (current equals annual unless difficulties identified)
- Ophthalmology referral / assessment (sight test) / use of current test (current equals annual unless difficulties identified)
- Cognitive Screening – tools used by primary care for screening for cognitive health issues

Medical History:

- Social History – routine history as a baseline of social support and connections
- Scans – as appropriate as not all people will require a scan for cognitive health issues
- Activities of daily living profile – to gather a baseline of everyday activities that the person currently participates in, is able to do and or also finding difficult

This standard:

- Aids diagnosis in a timely manner
- Avoids diagnostic overshadowing - avoids unnecessary referrals to MAS for assessment of cognitive health as it will pick up underlying predominant physical health needs
- Provides baseline for a number of functions which is important to measure deteriorate against going forward.
- Defines partnership arrangements, expectations and support
- Supports structured referral
- Promotes access to online investigations
- Encourages prudent practices

Where GPs are unable to offer items, an exploration of the support required to achieve this standard will take place. Partnership and positive relationship working between MAS and GP practices maybe key to achieving integrated streamlined services which are both cost and clinically beneficial to all stakeholders.

The key to this standard will be to determine the process for completion and who is responsible for delivery, including the person and their carers. A region will need to scope this and test it as per the delivery framework. MAS assessing a person presenting with a complex picture, therefore, need as much information as possible.

06.

Memory Assessment Services, within a 12 week period from point of referral, will provide a range of interventions (listed) to support diagnosis. Digital platforms and other adaptations and approaches may need to be considered.

Brief Rationale

This standard:

- Aids diagnosis in a timely manner
- Avoids diagnostic overshadowing by ruling out any underlying predominant physical health needs
- Addresses any underlying senses difficulties
- Ensures support and advice around emotional and psychological adjustment to diagnosis for the persons, carer and family
- Ensures support and advice around managing cognitive impairment and the effect this has in managing everyday living activities, roles and relationships
- Ensures a key person supports the individual, their carer and family through uncertain times when exploring whether the person has a terminal condition
- Supports various options for people living with dementia: a telephone contact, the named clinic contact, 3rd sector coordinators

MAS within a twelve week period from point of referral will provide:

- Activities of Daily Living Functional Skills Assessment
- Cognitive assessments: ACE-111 and MoCA
- Scans i.e. CT, PET (as appropriate for those identified)
- Physical health review – using baseline information provided by primary care where appropriate as clinical need determines
- Assessment of carers needs and specific support related to adjusting to role and maintaining carers health and wellbeing
- Social history – including social isolation assessment and signposting, accommodation and financial
- Emotional support – during the assessment period and when providing a diagnosis provided by a practitioner or staff member that best knows the person, their carer and or family
- Pre diagnostic counselling offered
- Named contact: people receiving a cognitive health assessment will have a point of contact to discuss concerns, the process of assessment and potential outcomes throughout the assessment period
- Cognitive functional Interventions & Strategies – (delivered in the home environment or other settings as appropriate to support everyday functional difficulties resulting from the cognitive impairment difficulties)
- Senses assessments (using baseline assessment provided by primary care as these may not be needed to be repeated within this twelve week period)

Physical health review within MAS: The purpose of the delivery framework is for a region to determine what they have already in practice and what they need to meet the standard. There are opportunities to work in partnership across agencies to meet areas such as physical health and also identify a gap in skills.

Cognitive interventions, strategies and post diagnosis intervention. It is assumed that intervention is not needed before diagnosis, when we know that it is important to take every opportunity to engage the person in strategies that can help them throughout the assessment period. This may help address some of the immediate issues they are facing e.g. functioning.

07.



People will have access to a contact that can provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis and ensure following this period, it is offered as required.

Brief Rationale

During the consultation, we heard from people and their carers that they need support when going through the assessment period and when receiving a life changing, life limiting terminal diagnosis of dementia. Some of the experiences highlighted:

- Diagnosis can be given on a day when no core services are operating the following day
- Adjusting to this terminal diagnosis can potentially be devastating and traumatic to people and their families – appropriate support mechanisms need to be in place to support people through this period.

How we manage giving a life limiting diagnosis and the support that we give to help the person adjust to this, has been evidenced to show the impact on a person and their family's ability to make sense of what is happening and therefore, make appropriate lifestyle changes and plans for the future.

This standard offers the detail around the emotional support required during and post diagnosis and how we also manage giving a life limiting diagnosis to the person and their family.

08.



People living with Mild Cognitive Impairment (MCI) will be offered a choice of holistic services monitoring their physical, mental health and wellbeing, with reviews taking place as a minimum six monthly. This will include a range of options including peer support. Signposting and community resources should be at the centre of all intervention (connects to standard one and three).

Brief Rationale

Evidence suggests that 10-15% of people with a diagnosis of MCI develop dementia. Other studies have put this figure as low as 5-10% of people diagnosed with MCI will go on to develop dementia (Alzheimer's Research, January 2018).

For people diagnosed with MCI, early intervention approaches to monitor cognitive decline is important and advice around the six steps risk reduction messages will improve the understanding of health promotion and prevention activities to maximise their wellbeing.

There are a range of individual and group based physical activity interventions and opportunities within a community, that people can be signposted to or delivered by statutory and non-statutory services.

Journey & Navigation

09.

Within 12 weeks of receiving a diagnosis, people living with dementia will be offered education and information on the importance of physical health activities to support and promote health. (connects to standard one).

Brief Rationale

People told us that there is a lack of information about the importance of physical health promoting activities

There is an increasing evidence base to show that physical exercise interventions to improve strength, balance, mobility and endurance levels has a positive effect on preventing falls in older adults with cognitive impairment. Evidence also suggests that physical exercise experienced together can also have benefits for the person with dementia and their carer by maintaining and where able improving their physical, cognitive, social and emotional functioning, relationships and quality of life.

There are a range of individual and group based physical activity interventions and opportunities within a community that people can be signposted or delivered by statutory and non-statutory services.

MCI: A range of interventions and guidance for those diagnosed (with dementia and MCI) will be available as part of this standard and there will be access to interventions that are also tailored to meet the next steps for those diagnosed with MCI.



10.

People living with dementia, carers and families will be offered learning, education and skills training. This offer will be stage appropriate and will be provided at significant parts of a person's journey. It will include a range of peer support and shared experience opportunities, (connects to standard one).

Brief Rationale

Receiving a dementia diagnosis and having the time and support to adjust to this diagnosis is very important. The individual may need support and advice on a number of key areas from friends, family, peers, experts by experience or with a health or social care professionals, or others in a field that understands dementia. Key areas of learning to support adjustment and living well may include information and advice on treatments and ways to stay active and healthy, financial matters and planning ahead, employment (if the person is still working), driving, practical, emotional and relationship support to live well.

Throughout the consultation people told us that learning and support opportunities must also be offered throughout the person's journey therefore, a chance to receive stage appropriate, needs appropriate information and skills sessions at the right time is important.

It is recognised that there should be a strong emphases for family and care partners to be included in all opportunities to ensure they can access the necessary support, advices, skills and information to perform their role. Cognitive functional interventions and strategies are to be included and there will be a national resource available that includes a range of programmes to acknowledge carer needs and skills.



11.

Wales will adopt the Dementia Friendly Hospital Charter with a regular review of implementation and outcomes.

Brief Rationale

Principles for practice in the Dementia Friendly Charter reflect the aspirations in the Dementia Action Plan for Wales 2018-2022. These cover a number of person centred, rights based approaches including:

- Providing choice around meal times
- Letting people sleep and wake at their own pace
- Allowing flexible visiting times
- Ensuring that care and treatment is culturally sensitive and that where Welsh is a person's first language, care and treatment is provided in Welsh
- Facilitating families and carers to continue to support a person with dementia whilst they are in hospital if they wish
- Adapting environments so they are more 'dementia supportive' such as considering the layout and signage.

By establishing a Wales version of the Dementia Friendly Hospital Charter that is used in England will mean there is a clear focus for the development of robust dementia care provision.

Wales will take learning from the approach in England and build upon it by using a Regional Taskforce approach. This will ensure commitment from professionals, policy makers and people living with dementia and their carers. Having a taskforce in place to work with the region will help the sustainability of the work and regular meetings will ensure that the work continues.

There will be a readiness and self-evaluation tool supporting a peer review approach for care settings to gauge its own performance against the standards outlined in the Charter. Linking and sharing of practice will support equitability and quality improvement nationally, as well as creating and maintaining relationships with the Welsh health board regions.

The Charter aligns to key audit programmes such as health care standards and the Royal College of Psychiatry dementia hospital audit, plus others. Audit items have been cross referenced with the charter principles. It is important to use existing audits as supporting evidence against the charter, however, the focus of the charter will look at how the information is used locally to improve dementia care to meet the principles of the charter.

12.

People living with dementia and their carers will have a named contact (connector) to offer support, advice and signposting, throughout their journey from diagnosis to end of life.

Brief Rationale

A named contact will ensure that people are connected to available local support networks, which may including peer support options, enable access to other financial and practical advice and information on what adjustments could be made to their lifestyle or environment to help them remain as fit and healthy as possible.

There will be a phased approach to meeting this standard:

Phase one:

This will include all newly diagnosed people with a dementia being provided with a named contact (connector)

Phase two:

Identify existing people diagnosed with dementia and provide a named contact (connector)

The dementia connector role will be defined nationally and it is the intention that the role function will help the person and carer to coordinate care. Many people diagnosed with dementia are not being seen by the core statutory dementia services however the function of this role must link with Social Service and Wellbeing Act (Wales) 2014 requirements of coordination and Mental Health (Wales) Measure 2010 care coordinator.



13.

People living with dementia will have access, when needed, to relevant (and when accessing mental health services) dedicated services post diagnosis no matter their residence. This identifies with the care and team wrapped around the individual, (connects to standard one, three and twelve)

Brief Rationale

People in the consultation told us that despite accessing specialist mental health services like MAS, or secondary services there was limited access to a range of professional and voluntary groups working in partnership that can provide a range of treatment and intervention modalities.

Identified dedicated services include:

- Speech and Language Therapy
- Dietician
- Audiology
- Dentistry
- Ophthalmology
- Physiotherapy
- Palliative care from day of diagnosis
- Occupational Therapy
- Psychology
- Mental health nurses
- Social worker
- Mental health specialist services
- Podiatry

Every person's experience of their dementia will be unique. Dementia can affect people in many different ways and therefore a range of skills and professions are required to match people's needs. Dedicated services built around the individual will support timely access to address a range of needs so that the person can live well.

As an example: Community Resource Teams would be included in a team round the individual approach along with other services that people may need, including virtual means of engagement and face to face through a range of different approaches to connect e.g. how services work together as a one stop option within the agreed way that a local community has determined what dementia support looks like (as per standard one).

Dedicated services are services with the ability to respond to the needs of people with dementia and may not need to be dedicated staff working in dementia care within mental health services for example. The service e.g. community dietetics or physiotherapy has suitable funding to provide dementia care support within a community with an ability and resource to respond to need. This will mean core services scope what investment is needed to respond to dementia care as per the focus of standard one.

14.

People living with dementia will have a current face to face appointment where a physical health review will be delivered in partnership by primary and secondary care. Where there is justifiable reason for not providing a face to face appointment, a physical health review will be delivered by other approaches i.e. digital platforms, telephone consultation.

Brief Rationale

People living with dementia are considered as a vulnerable group and therefore people with a dementia may be at risk of health and social inequalities. Health inequalities for people with a dementia can be exemplified by the evidence that suggests people with dementia receive less primary, preventative healthcare than people without dementia.

Evidence suggests by increasing the numbers for health checks for people living with a dementia may improve health outcomes. There is also a direct association with people receiving regular health checks needing fewer unplanned hospital admissions, (Cooper C, 2017).

Ensuring a health check becomes part of the annual care review for people living with a dementia will safeguard against any health inequalities that could potentially be experienced.

Partnership approaches to delivering the health checks may be appropriate and would support the aim of care around the individual and provide easier access to care. Aligning with standard twenty and the measurement workbook, will capture how many people with a dementia received a face to face review to inform improvement.

15.

People within 12 weeks of being diagnosed with dementia will be offered support to commence planning for the future, including end of life care. This offer will include the opportunity to revisit and update this plan throughout the person's journey. Where appropriate, representation and the use of advocacy will ensure the rights of the person are upheld.

Brief Rationale

Planning for the future and making key decisions is important for every person as there may be times when the person living with a dementia may not be able to communicate what is important to them, their wishes and needs in regards to daily living, health, social care, finance, housing and end of life decisions.

The important use of advocacy, when appropriate, during the consultation was strongly highlighted. This will ensure the rights of the person are upheld.

During the extensive scoping exercise for the standards, people described a need for support and introduction to support following diagnosis. People will know when they are ready to engage and will have had conversations about what needs to happen next. The consensus was: within a three month period, many people will be ready to engage acknowledging that there will be people who want to take longer or may never want to engage with future planning. This avoids the current situation of people receiving little support following diagnosis or support coming too late and the person cannot engage with their own planning.

16.

Organisations and care settings providing intensive dementia care (this includes mental health and learning disabilities inpatient settings) will provide the framework and structure for Dementia Care Mapping (DCM) to become routine practice, supporting clinical reasoning and decision making. Mental health DCM services will offer DCM support to acute care, prisons and care homes settings.

Brief Rationale

Within the consultation, people told us that this was an important tool to evaluate and learn about person-centred enabling practice. By embedding this tool will help us to improve care across services. This tool will support evidence that ensures services are meeting and responding appropriately to people's needs at all stages of the person's journey. A DCM strategy for Wales will support this standard.

17.

All staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in person centred learning and development with support to implement into daily practice. This will be a joint regional approach to identifying a range of learning and development opportunities including quality improvement.

Brief Rationale

The Good Work (2016) is a framework with the intention to support all people within all areas and stages of the dementia care field to be able to reflect and identify their individual person-centred learning development strengths and needs.

The effectiveness of any learning and development opportunities needs to be measured by the impact that it has had on care delivery not by the number of people that have been trained.

Understanding and incorporating improvement methodologies will support to provide the tools to evaluate and understand the detail and impact of learning and development opportunities on the outcomes of care delivered.

This standard supports the Goodwork Framework by detailing practical approaches and opportunities that can be classed as learning and development. It enhances the spirit of the framework moving from a set of criteria to practical application. What is classed as evidence of learning and development can be agreed and will therefore improve upon the basic reporting currently in place. It puts a responsibility on regions to focus on a range of learning and development opportunities including supervision.

18.

People living with dementia, their carers and families will have support and assistance to engage with appointments. This will avoid receiving multiple health and social care appointments that can overwhelm, confuse and isolate the person.

- Reasonable adjustments to ensure coordinated effective offers are made to the person
- The organisation can review the offer of appointments and the way appointments happen e.g. digital technology, home visits, multidisciplinary review sessions, to ensure a coordinated response (connects with standard one, two and twelve)

Brief Rationale

Within the consultation, this was an area of frustration for people and carers. Practical streamlining of operational processes will support the service to avoid duplication and maximise opportunities to exercise prudent principles to service delivery. This may include exploring opportunities within roles, partnership working arrangements and developing integrated assessments, protocols and processes.

Access and appointments: A whole systems approach not just care coordination. Look at how the organisation / system supports vulnerable people and provides options for how people can access appointments when engaging with all settings and professionals across health and social care.

At a micro level, the person must have individualised reasonable adjustments made and this can be through and supported by care coordination, dementia connector roles and via team around the individual.



Partnerships & Relationships

19.

Services will ensure that when a person living with dementia has to change or move between any settings or services, care with supportive interventions will be appropriately coordinated to enable the person to consider and adapt to the changed environment. This will ensure that all care partners will communicate and work jointly with each other to support a seamless transition.

Brief Rationale

Transition includes a transfer of communication: care and support plans, intervention plans and 'Getting to know you' type documents. In this standard consider relationship building and partnership working to foster smooth transitions of care.

Ensuring that all services recognises and supports reasonable adjustments for both the individual and their carer during this time will improve the success of the person and their carer adapting and adjusting to change in their circumstances.

This standard is about the system of care being coordinated as well as making individual decisions. For example, avoiding numerous transfers between wards that can confuse and disorientate the person. This is a focus on system growth by reviewing, planning and implementation of how care can be delivered to the person, people with dementia at a systems and person level.

20.

Working in partnership, the region will deliver on the requirements of the agreed data items (measurement workbook) for reporting and assurance.

Brief Rationale

The collection of the agreed data items will provide an overview of the types of services and resources that are currently available to deliver dementia care. The standard will build upon existing items used for measurement within the regions and offer new items, where relevant. This will assist to detail a picture of the landscape of care that is being provided for people living with a dementia and their carers in Wales.

The extensive scoping exercise for the standards also consulted on measurement providing many examples of performance reporting not supporting practice. Usually reporting is undertaken without the purpose described to the workforce and therefore it becomes divorced from improvement in practice or data is asked for with short reporting turnaround times. This standard will offer a workbook approach – one workbook detailing all the requirements (with a rationale and definitions) provided on day one to the region and accessible to the workforce for that reporting year e.g. April 1st.

The workbook will detail all monthly, bi-monthly, quarterly, 6 monthly and annual reporting required highlighting what is needed to work towards etc. It will be part of the delivery framework for implementation in phase 2 and guidance will be provided for the regions on how to use the workbook.

Thank you to all the people across Wales and beyond involved in developing the dementia standard descriptors. Your passion, expertise, lived experience and commitment has enabled these high level descriptors to be developed in support of the forthcoming Dementia Pathway of Standards and Delivery Framework.



Monmouthshire Select Committee Minutes

Meeting of Public Services Scrutiny Committee held at The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA with remote attendance on Monday, 12th May, 2025 at 10.00 am

Councillors Present

County Councillor Armand Watts (Chair)

County Councillors: Jill Bond, Steven Garratt, Meirion Howells, Penny Jones, Tony Kear, Dale Rooke, Frances Taylor, Paul Pavia, Fay Bromfield, Sara Burch, Louise Brown, Emma Bryn, John Crook, Ian Chandler, Lisa Dymock, Christopher Edwards, Catrin Maby, Su McConnel, Phil Murphy, Alistair Neill, M. Newell, Maureen Powell, Peter Strong, Angela Sandles and Sue Riley

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Deb Hill-Howells, Head of Decarbonisation, Transport and Support Services

1. Apologies for Absence

Councillor Frances Taylor advised that she would be late joining the meeting. Councillor Malcolm Lane sent his apologies and was being substituted by Councillor Paul Pavia.

2. Declarations of Interest

None received.

3. Public Open Forum

Town and Community Councillors were in attendance but did not wish to speak under the Public Open Forum.

4. National Highways - M48 and Severn Bridge 7.5t weight Limit - Discussion on the proposed changes to the operation of the Severn Bridges and the implications for Monmouthshire with National Highways, UK.

The Chair invited Ian Thompson, Programme Development and Stakeholder Relations Manager at National Highways and Jonathon Hill (Route Manager at National Highways) to introduce themselves. They delivered a verbal presentation by way of introduction.

Ian provided background on National Highways, a government-owned corporation responsible for operating, maintaining, and improving England's strategic road network.

He detailed the scope of the network, including 4,500 miles of motorway and trunk roads, and the specific area covered by the Southwest operation.

Ian also discussed the M48 bridge, its design, and the increase in traffic since the tolls were lifted in December 2018, explaining the inspection regime for the bridge cables, noting rust and deterioration found during inspections. The decision to remove HGVs over 7.5 tonnes from the bridge was made to prevent further deterioration and ensure safety.

Ian outlined the engagement and briefing exercise conducted with stakeholders and the public after the decision was made. He mentioned ongoing work with various authorities to mitigate impacts and improve traffic flow, as well as future plans to strengthen the bridge cables.

Deb Hill-Howells, the interim Chief officer for infrastructure, explained the Council's response since being notified by National Highways. She mentioned ongoing collaboration with National Highways, Welsh Government, and other relevant bodies to address the impact on Junction 23A and local roads. Efforts are being made to resolve issues at the roundabout and resurface the road before changes take effect.

Deb advised that weekly meetings are held with National Highways to mitigate the impact of the changes and that the Council is lobbying Welsh Government for a new link road from the M4 to the B4245 to reduce traffic on Junction 23A and are awaiting responses from Transport for Wales and Welsh Government regarding the impact on the High Beech roundabout work. She confirmed that the Council continues to liaise, lobby, and work with National Highways to mitigate the impact on residents and businesses.

Cabinet Member, Councillor Catrin Maby, expressed concern about the difficult situation around Chepstow and the junction near Magor due to the changes. She highlighted the impact on the logistics hub at New House Farm and the local economy. She emphasised the need for data on how HGV drivers might react to using the other bridge, including traffic flow data around the area. She also mentioned the importance of understanding the intricacies of road interactions and the existing congestion and traffic flow issues. She noted the potential positive aspect of working more closely with National Highways and other agencies to solve these issues.

The Chair asked Members for their questions, which were answered by Ian and Jonathon.

Key Questions raised by Members:

- Councillor Rooke asked about managing tachographs for deliveries to Chepstow, considering the additional 40-minute journey each way.

Ian Thompson from National Highways explained that they have liaised closely with the haulage industry and provided early notification to allow hauliers time to consider their logistics and manage the impact on drivers' hours and tachographs.

- Councillor Rooke enquired about mitigating the impact of increased HGV traffic coming off the M5 at Gloucester and traveling through Chepstow.

Ian mentioned that National Highways is undertaking a significant modelling exercise to understand the impacts and disbursement of traffic. They are working with SWTRA and Monmouthshire to manage the risks and will report back once further details are available.

- Councillor Howells asked if National Highways had worked out how many of the 3200 HGVs crossing the bridge daily would be directly affected in the Chepstow area.

Ian explained that the modelling work is ongoing to determine where the vehicles are going, including significant distribution sites like New House Farm. They are working closely with SWTRA and Monmouthshire to map out the impacts.

- Councillor Howells enquired about contingency plans if the M4 Prince of Wales Bridge is closed.

Ian stated that during planned closures, HGVs would be allowed to travel over the M48 in a controlled manner, typically overnight. For unplanned closures, they would use the approved diversionary route via the M50.

- Councillor Howells asked how the enforcement of the changes would be managed, particularly for lorries of different weights.

Ian mentioned that enforcement would be managed by police forces and the DVSA, with technological solutions like ANPR cameras.

- Councillor Howells questioned if local businesses would be supported if they incur further charges due to the changes.

Ian clarified that while they are providing ongoing information and communication, businesses financially impacted have no right to compensation from National Highways.

- Councillor Bond asked if the 12 to 18 months timeframe for the mid-term solution is realistic and if the long-term solution involves controlling HGVs going on the M48 bridge.

Ian confirmed that the 12 to 18 months timeframe is realistic for the mid-term solution, which involves managing vehicles with a technological solution. The long-term solution is the cable augmentation to allow HGVs back on the M48 bridge.

- Councillor Bond enquired if the M4 Prince of Wales Bridge is capable of withstanding the additional HGVs due to the M48 bridge restrictions.

Ian confirmed that the M4 Prince of Wales Bridge is capable of handling the additional HGVs.

- Councillor Bond asked if there is any chance of compensation for businesses affected by the changes.

Ian reiterated that while they continue to engage with hauliers, compensation is not available for businesses affected by the changes.

- Councillor Bond questioned the opportunity to consider longer-term environmental improvements by using trains for freight and encouraging Welsh Government's help with the junction on the M48 between Caldicott and Rogiet.

Ian mentioned that engaging with the rail sector for freight is part of a wider strategic question, and they are actively engaged with the rail industry.

- Councillor Jones asked if a risk assessment and contingency plan linked to the economic impact have been carried out.

Ian explained that no risk assessment plan has been carried out because the decision was based on safety and operational needs. However, they are working with partners to limit the impact on businesses and the region.

- Councillor Jones enquired about how businesses can be protected and supported.

Ian mentioned that they are keen on working closely with all required organisations to monitor and adjust as needed, but did not refer to any direct financial support for businesses.

- Councillor Jones asked if the renewal works on the Prince of Wales Bridge can be completed sooner to lessen transport problems and if there is a realistic timeframe for this.

Ian stated that the assessment to accelerate or delay some of the works on the Prince of Wales Bridge is ongoing. Johnny added that the eastbound resurfacing on the M4 has been postponed maintaining three lanes eastbound with a 70 mph speed limit from early May.

- Councillor Taylor asked for more concrete proposals to minimize disruption to local residents and businesses at Junction 23A, including long-term traffic management solutions like permanent traffic lights.

Ian mentioned that they are working with Monmouthshire and SWTRA to understand the impacts and potential solutions, including signalization, but emphasised the need to be evidence-led. Deb Hill-Howells added that signalization is being considered as part of the solutions.

- Councillor Taylor expressed concern about the area being gridlocked during adverse weather or incidents when the bridges are closed and asked if better traffic management measures could be implemented.

Ian acknowledged the concerns and stated that they are working on modelling the impacts and will continue to engage with partners to implement suitable interventions.

- Councillor Taylor enquired if consideration has been given to modal shift and securing alternative delivery methods, such as new stations on the main line, particularly Magor Parkway station.

Ian noted that modal shift is part of a wider strategic question, and they are engaged with rail providers. Deb Hill-Howells added that the new station is part of the Burns work, and they continue to lobby for its delivery.

- Councillor Garratt highlighted the issue of the A40 Leys Bend Rockfall, which is scheduled to be fixed over the winter, and asked for mitigation and modelling to review this.
- Councillor Garratt expressed concern about drivers from Gloucester using the A4136, which is heavily used by goods vehicles and vulnerable to increased traffic. He mentioned the investigatory work being done on Staunton Hill.
- Councillor Garratt mentioned the resurfacing of the Wye Bridge and recent incidents causing knock-on effects in Monmouth and beyond. He urged measures to ensure responsible driving behaviour and mitigate risks on other routes.
- Councillor Garratt reminded that Monmouth is a strategic area and will be impacted by the changes, emphasizing the need for careful consideration of hauliers' behaviour and traffic management.
- Councillor Pavia noted that the High Beech roundabout in his ward is likely to be significantly impacted by the changes, especially if HGVs are diverted through the town. He emphasised the importance of using existing traffic modelling data from Welsh Government and SWTRA.

Ian acknowledged the concerns and mentioned that they will continue to engage with Monmouthshire and SWTRA, using the existing traffic modelling data to understand the impacts and implement suitable interventions.

- Councillor Pavia raised concerns about air quality and noise impacts, particularly in the air quality management zone along Newport Road. He asked if air quality impact assessments will be undertaken and if additional monitoring stations are required.
- Councillor Pavia requested more regular data summaries on air pollution to monitor the impact of the changes.

Ian confirmed that air quality management areas will be included in the weekly meetings with Monmouthshire and SWTRA to address the concerns. Ian highlighted that communication channels exist for residents to share their thoughts and concerns, and they will continue to monitor the impact post-implementation.

- Councillor Pavia raised the current state of repair of the roads, particularly Newport Road, and asked if national highways could look at the structural resilience and repair the roads before the changes are introduced.

Ian mentioned that the impact on local roads will be considered in the weekly meetings, but did not promise any funding at this stage.

- Councillor Kear asked if there is a commitment from Welsh Government to undertake the repairs, given the estimated cost of £300-600 million.

Ian clarified that the funding for the repairs will come through the Department for Transport (DfT), not Welsh Government, and that the feasibility work is underway to determine the required funding.

- Councillor Kear enquired whether the existing works on the Prince of Wales Bridge will be sped up or reduced to accommodate the changes.

Jonathan Hill mentioned that the eastbound resurfacing on the Prince of Wales Bridge has been postponed, and regular inspections will be carried out to maintain the road surface's integrity and safety.

- Councillor Kear expressed concern about the illegal use of roads by HGVs in Usk Town and asked if the modelling would affect the town.

Jonathan stated that while National Highways is not an enforcement agency, they will share any modelling outcomes, and enforcement will be handled by the relevant authorities.

- Councillor Watts asked about the introduction of ANPR cameras to manage vehicles over 7.5 tonnes and whether exemptions could be made for businesses directly impacted, such as those in New House Farm estate.

Jonathan explained that while they considered various weight restrictions, the 7.5 tonne limit was necessary for safety reasons. He mentioned that they are not in a position to allow exemptions at this time but will continue to engage with affected operators.

- Councillor Watts expressed concern about the negative impact on local businesses and employment, particularly in Chepstow, and asked if there could be a trial period to ease businesses into the changes.

Ian acknowledged the concerns and mentioned that they have met with businesses and the owners of New House Farm. He emphasised the need to stop lorries over 7.5 tonnes from crossing the bridge to protect it from further damage and stated that exemptions for specific companies or geographical locations are not feasible.

- Councillor Phil Murphy asked if the Humber Bridge, which has a similar construction, has experienced similar problems and if lessons have been learned from it.

Ian confirmed that the Humber Bridge is managed by National Highways and is under the same inspection regime as the M48 Severn Bridge. They work with the structural engineering community to address similar issues.

- Councillor Phil Murphy enquired about the plan to control vehicles going over the bridge and whether this would lead to delays similar to Operation Stack. He also asked about mitigation measures for increased vehicle use on the A40 and the status of the landslip on the English side of Monmouth.

Jonathan mentioned that controlling vehicles over the bridge is being worked on by a dedicated team, and they will consider the impact on local traffic. He also stated that the landslip work is managed outside their region but they are engaging with the relevant authorities.

- Councillor Lisa Dymock mentioned concerns from the Road Haulage Association and Hicks Logistics about the impact on JCT 23A and the fast light sequence affecting HGVs.

Ian acknowledged the concerns and mentioned that they have worked closely with the Road Haulage Association and Logistics UK, considering suggestions for mitigations.

- Councillor Lisa Dymock asked why the mid-term project to manage vehicles over 7.5 tonnes cannot be fast-tracked sooner than 18 months.

Ian explained that the mid-term project involves a process of feasibility, design, procurement, and construction, which realistically takes 12 to 18 months.

- Councillor Lisa Dymock stressed the importance of keeping the B4245 clear and avoiding temporary road works to ensure free flow of traffic. She suggested looking into dispositions for HGV driver hours, similar to measures taken during closures at Holyhead port.
- Councillor Burch asked if vehicles carrying livestock are included in the restrictions and if there has been any analysis on the impact on the farming sector locally.

Ian confirmed that there are no exemptions for vehicles carrying livestock and that no specific assessment has been conducted on the impact to the agricultural industry. They have focused on intense stakeholder and customer engagement to allow businesses to adjust their logistics.

Jonathan Hill mentioned that they have not engaged directly with the NFU but have ensured that their communications are far-reaching enough for organizations like the NFU to be aware of the impact and know where to direct their questions.

- Councillor Crook asked for clarification on whether the Council was informed later than anticipated about the restrictions.

Jonathan clarified that Monmouth County Council was informed at the same time as MPs and MSs at an officer level. Once it was flagged that the CEO was not informed, they attended meetings and added the leader and CEO to the engagement.

- Councillor Crook highlighted the need for attention to the traffic light sequencing at the B4245 and the junction on top of the roundabout going down to the self-distributor road, especially when the bridge is closed.

Ian acknowledged the need for attention to traffic light sequencing and mentioned that they will continue to engage with Monmouthshire and SWTRA to address this concern.

- Councillor Crook expressed concerns about the stacking of vehicles from Magor to Chepstow and asked for a clearer understanding of how this will be managed going forward.

Ian explained that a specialist team is in the early stages of feasibility to determine how to manage the stacking of vehicles and limit the impact on local roads, residents, and businesses. Detailed plans will be shared as the feasibility progresses.

- Councillor Riley expressed concern about how the bridge closure will impact local residents, including employment, house prices, and planning decisions. She asked if the Council is considering these factors.

Jonathan mentioned that while he cannot speak on behalf of Monmouthshire County Council regarding specific impacts, there are transparent lines of communication between the organizations. Information flow is maintained, and modelling work results will be shared with Monmouthshire and SWTRA.

Ian emphasised the importance of keeping the bridge open to avoid jeopardizing its future safety, which would shut it to all vehicles. He noted that private light goods vehicles, coaches, and buses under 7.5 tonnes can continue to use the bridge, which is crucial for commuting, tourism, and business trips.

- Councillor Riley indicated that her question was directed towards Monmouthshire County Council's planning considerations, specifically mentioning Councillor Murphy and Councillor Burch.
- Councillor Brown asked about the financial responsibility for the bridge repairs, the estimated cost of £300-600 million, and the investigation into the technology required for the repairs. She also enquired about the liaison with other bridges worldwide.

Ian explained that the feasibility of strengthening the cables is underway, with an estimated cost of £300-600 million. The funding will be subject to the outcome of the UK Government's spending review. National Highways is working with structural engineers worldwide, including those managing the Humber Bridge.

- Councillor Brown expressed concern about the impact of heavy vehicles on local roads in Monmouthshire, including the need for more HGV unsuitable route signs

and the potential damage to roads and verges. She suggested considering a compensatory road fund for Monmouthshire.

Jonathan emphasised that the formal diversion route will remain the M4 corridor, and National Highways will continue to share information with Monmouthshire and SWTRA to ensure informed decisions. Enforcement of suitable routes for HGVs will be managed by Monmouthshire.

- Councillor Brown reiterated the need for a compensatory road fund to address the impact on local roads due to heavy vehicles. Jonathan Hill acknowledged the concern and emphasised the importance of transparent communication between National Highways and Monmouthshire.
- Councillor Sandles emphasised the need for mitigation around the Magor roundabout due to significant traffic congestion. She suggested that signalization could help alleviate the traffic issues and improve the flow, making it easier for residents to commute and access essential services.

Ian assured that addressing the Magor roundabout is a priority. National Highways recognizes the impact on traffic flow and is having weekly meetings with the relevant stakeholders, including SWTRA and Monmouthshire, to find solutions.

- Councillor Howells asked about the improvements on the M49/M4 junction, specifically whether these improvements would entail enhancements to the roundabout itself or simply opening the existing junction near the Severn Beach industrial estate.

Ian explained that the junction was completed by National Highways in 2020 but linking it to the local road network falls under South Gloucestershire Council's responsibility. The council has faced significant land acquisition and legal challenges but is now able to commence work, with an estimated completion date of 12 months. The improvements aim to alleviate pressure at the St Andrews roundabouts and improve the flow of lorries from Avonmouth onto the M49 and M4.

- Councillor Rooke enquired whether the long-term plan includes the construction of a third crossing from Lydney to Purton, considering the finite longevity of the Severn Bridge and the potential benefits of having another crossing in place before the current one closes.

Ian responded that he is not aware of any plans by HM Government to build a third crossing. He acknowledged that such a project would require significant investment and linking to the existing road network.

Chair's Summary and Closing Comments:

Councillor Watts expressed the committee's shock at the decision to impose weight restrictions on the Severn Bridge and emphasised the significant impact on local employment and economic opportunities. He highlighted the ambition to develop the Severnside area and the concern that these opportunities might now be lost. He stressed the importance of continued pressure on National Highways to mitigate the

impact and suggested arranging another committee meeting in six months for an update. He then invited Catrin Maby, the Cabinet Member, to summarise the Cabinet's intentions to address the situation.

Cabinet Member Councillor Catrin Maby's Closing Remarks:

Councillor Maby emphasised the complexity of the transport and highways issues, particularly for a border county like Monmouthshire. She highlighted the exacerbation of existing problems due to the sudden restrictions on the Severn Bridge and the need for continued lobbying to address these issues. Key points included:

- The importance of fulfilling the Burns prospectus on rail and the M48 road link.
- The need for action to relieve congestion at High Beach and better traffic management at the Magor roundabout.
- The mismatch between the size and frequency of vehicles and the old roads in Monmouthshire.
- The necessity of investing in public transport, active travel, and rail freight to achieve modal shift.
- The commitment to working with SWTRA and Welsh Government to mitigate the impact on local residents and businesses.

The Chair thanked everyone for their attendance, in particular National Highways and requested an update be scheduled in approximately 6 months.

5. Minutes of the previous meeting held on 7th April 2025

The Minutes were agreed as a true and accurate record of the meeting held.

6. Public Services Scrutiny Committee Forward Work Programme and Action List

The committee noted the Committee's forward work programme. The chair advised that efforts continued to secure a date for a future meeting with the Police and Crime Commissioner to discuss the CSP's priorities for Monmouthshire, how the strategic assessment led to the development of the plans and also the new Police, Crime and Justice Plan and what this will deliver for the county.

7. Council and Cabinet Work Planner

Noted.

8. Next Meeting

Monday 7th July 2025 at 10.00am.

Monmouthshire's Scrutiny Forward Work Programme 2025-26

Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
7 th July 2025	Adult Mental Health Services with a specific focus on adult suicide	To scrutinise mental health services for adults, particularly for those at risk of suicide.	Aneurin Bevan University Health Board Invite MIND	External Scrutiny
	Care for people in the community with dementia, including support available to families.	To invite the health board to outline how they deliver services in Monmouthshire.	Aneurin Bevan University Health Board	External Scrutiny
10 th July 25 (<u>joint with Place</u>)	Local Flood Strategy	Pre-decision scrutiny of adoption of the Local Flood Strategy.	Craig O'Connor Cllr Maby	Pre-decision Scrutiny
13 th October 2025	Youth Offending Service To be confirmed	To consider the latest progress report on the Youth Offending Service, particularly how partners contribute and what it delivers for Monmouthshire.	Chesney Chick	Performance Monitoring
8 th December 2025				
9 th February 2026				
15 th April 2026				
To be confirmed	Drug Related Deaths in Monmouthshire	<i>To discuss drug related deaths and the impact of synthetic drugs with the Heroin & Crack Cocaine Action Area Co-ordinator for Gwent Police.</i>		<i>External Scrutiny</i>

Monmouthshire's Scrutiny Forward Work Programme 2025-26

Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
<i>To be confirmed</i>	VAWDASV Regional Strategy	<i>To assess what the regional strategy delivers for Monmouthshire.</i>		<i>External Scrutiny</i>
<i>To be confirmed</i>	Pre-decision Scrutiny of the Public Service Board Annual Report	<i>To undertake pre-decision scrutiny of the report and to draw agree any items for future scrutiny.</i>		<i>Pre-decision Scrutiny/Performance Monitoring</i>
<i>To be confirmed</i>	Integrated Services Partnership Board	<i>To discuss the role and remit of the Integrated Services Partnership Board and how it delivers services in Monmouthshire.</i>		<i>Performance Review</i>
Items to consider for Inclusion: (Arising from Corporate and Community Plan)				
Progress the development of the new Magor and Undy Community Hub				
Invest in better bus infrastructure				
Work with the police, partners and communities to tackle anti-social behaviour				

Monmouthshire's Scrutiny Forward Work Programme 2025-26

Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
To explore streams: Housing Social Grant, Substance Misuse Grants, to assess what they are delivering for Monmouthshire				

- Violence and Women ~ Scrutinize the delivery of the Gwent perpetrator assessment and the impact of inappropriate sexual behaviour among 10-17 year-olds. Address the increase in misogyny in schools, including the influence of figures like Andrew Tate.
- Flood Risk Management ~ Jointly with Place Scrutiny Committee, inviting National Resources Wales
- Public Transport and Accessibility: Assess the impact of dental service relocations on public transport accessibility for residents.
- Update on the flying start ~ Update on the collaboration between health visitors and Sure Start, including changes in reporting structures and service provision.
- Request a comprehensive health update from Aneurin Bevan University Health Board (ABUHB) (in progress), covering:
 - Holistic approach to supporting older people.
 - Primary and secondary care integration.
 - Resource, nurses, doctors, sustainability and retention.
 - Communication with the public on service provision.
 - Preventative services, colon tests, jabs.
 - Updates on specific projects like the Neville Hall Velindre satellite.
 - The uptake of preventative measures like vaccinations, especially among children.
 - Adult Mental Health Services ~ adult suicide

Monmouthshire's Scrutiny Forward Work Programme 2025-26

- Care for people in the community with dementia, family support services.
- Community Policing ~ invite Police and Crime Commissioner ~ **in progress**
- Invite the Integrated Strategic Partnership Board to discuss dentistry and the flow of funds.

Action List for Public Services Scrutiny Committee

Meeting	12 th May 2025	
Minute:	Action	Officer / Member
4	National Highways - M48 and Severn Bridge 7.5t weight Limit Discussion To review progress in approximately 6 months.	Hazel Ilett to arrange

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Committee / Decision Maker	Meeting date / Decision due	Report Title	Cabinet member	Purpose	Author	Date item added to the planner
Cabinet	Deferred	Pavement Café Policy	Paul Griffiths - Sustainable Economy	To adopt the pavement café policy as the basis for making decisions on applications for licences	Carl Touhig	4-Oct-22
Cabinet	11-Feb-26	2025/26 Revenue & Capital Monitoring Update 3	Ben Callard - Resources		Jon Davies	12-Jun-25
Cabinet	11-Feb-26	2026/27 WCF/Mon Farm treasury strategy	Ben Callard - Resources		Jon Davies	12-Jun-25
Cabinet	21-Jan-26	2026/27 Draft Revenue & Capital budget proposals	Ben Callard - Resources		Jon Davies	12-Jun-25
Cabinet	10-Dec-25	2025/26 Revenue & Capital Monitoring Update 2	Ben Callard - Resources		Jon Davies	12-Jun-25
Council	23-Oct-25	RLDP for Adoption	Paul Griffiths - Sustainable Economy		Rachel Lewis	17-Apr-25
Cabinet	15-Oct-25	Review of Monmouth Cluster and proposed statutory consultation	Laura Wright - Education		Matt Jones	3-Mar-25
Cabinet	15-Oct-25	2025/26 Revenue Monitoring Update 1	Ben Callard - Resources		Jon Davies	12/76/25
cabinet	15-Oct-25	Ensuring a good quality and sustainable service model for Community Meals	Ian Chandler - Social Care & Safeguarding		Jane Rogers	19-Jun-25
Cabinet	15-Oct-25	A strategy to take forward a whole authority approach to wellbeing and prevention	Ian Chandler - Social Care & Safeguarding		Jane Rogers	19-Jun-25
Cabinet	15-Oct-25	Cultural Strategy	Sara Burch		Tracey Thomas	20-May-25
Council	18-Sep-25	Self-assessment 2024/25		To seek Council approval of the self-assessment report 2024/25 in line with requirements outlined in the Local Government and Elections (Wales)	richard Jones	10-Jun-25
Cabinet	17-Sep-25	Real Living Wage Employer Accreditation	ben Callard - Resources	Further to Cabinet's decision on Wednesday 6th November 2024, and an evaluation of the authority's supply chain, to bring forward a further	Philippa Green	13-Jun-25
Cabinet	17-Sep-25	County of Sanctuary Strategy	Angela Sandles - Engagement	To approve a county of sanctuary strategy which establishes clear principles which will run through all council services and which promotes inclusion and welcome across the wider community.	Sharran Lloyd and Jane Harvey	27-May-25
Cabinet	17-Sep-25	Review of Housing Support Grant Programme.	Sara Burch		Ian Bakewell	23-May-25
Council	17-Jul-25	Chepstow Integrated Transport LUF project			Deb Hill Howells	24-Jun-25

Council	17-Jul-25	Strategic Director's Report, Children, Learning, Skills and the Economy'	Laura Wright - Education		Will Mclean	18-Jun-25
Cabinet	16-Jul-25	2024/25 Revenue & Capital monitoring Outturn (incl early update on 2025/26)	Ben Callard - Resources		Jon Davies	12-Jun-25
Cabinet	16-Jul-25	2026/27 Revenue & Capital MTFP update and process	Ben Callard - Resources		Jon Davies	12-Jun-25
Cabinet	16-Jul-25	Destination Management Plan	Sara Burch & Paul Griffiths		Collette Bosley	17-Apr-25
Cabinet	16-Jul-25		Ben Callard - Resources		Tracey Thomas	25-Mar-25
		Shire Hall Delivery Stage - Financial Approval				
Cabinet	16-Jul-25	ADD AS FIRST ITEM Social Partnership and Public Procurement (Wales) Act 2023: Monmouthshire County Council's Annual Report	Ben Callard - Resources	To seek approval of the Social Partnership Duty Report 2025, setting out how the Council will build on existing practice, and work collaboratively with trade unions, to ensure compliance with the Social Partnership and Public Procurement (Wales) Act	Philippa Green	6-Jun-25
Cabinet	16-Jul-25		Angela Sandles - Engagement		Nick John	28-Mar-25
Council	26-Jun-25		Mary Ann Brocklesby - Whole Authority Strategy		Paul Matthews	5-Jun-25
		Strategic OfficerLeadership and Organisation Structure changes				
Council	26-Jun-25		Angela Sandles - Engagement		John Pearson	23-May-25
		Appointments to Outside Bodies				
Council	26-Jun-25		Angela Sandles - Engagement		Linda O Gorman	28-May-25
		Separation of Licensing Functions				
Council	26-Jun-25		Angela Sandles - Engagement		Linda O Gorman	10-Jan-25
		Licensing Act Policy 2025		Policy has to be approved by Full Council and it needs to be in place by 1 st July 2025		
Cabinet	25-Jun-25		Mary Ann Brocklesby - Whole Authority Strategy		richard Jones	10-Jun-25
		Strategic Risk Assessment		To provide Cabinet with an overview of the current strategic risks facing the authority.		

Cabinet	25-Jun-25	Nature Recovery Action Plan & Green Infrastructure Strategy	Catrin Maby - Climate Change and Environment		Collette Bosley	17-Apr-25
Cabinet	21-May-25	Placemaking Grant 25/26 & 26/27	Paul Griffiths - Sustainable Economy		Craig O Connor	29-Apr-25
Cabinet	21-May-25	Marches Forward Partnership	Mary Ann Brocklesby - Whole Authority Strategy		Peter Davies / Cath Fallon	1-Apr-25
Cabinet	21-May-25	Active Gwent Sports Partnership	Angela Sandles - Engagement	For Monmouthshire County Council to formally enter into the Active Gwent sport partnership.	Nick John	28-Mar-25
Cabinet	21-May-25	Y Prentis Update	Paul Griffiths - Sustainable Economy		Hannah Jones	26-Feb-25
Cabinet	21-May-25	Digital, Data and Technology Collaboration	Mary Ann Brocklesby - Whole Authority Strategy	To develop proposals to build on existing collaborative arrangements in place for the provision of technology services through the Shared Resource Service. Expanding on these to include digital and data services will generate	Peter Davies & Matt Gatehouse & Sian Hayward	14-Mar-25
Council	15-May-25	SAC Membership Report	Martyn Groucutt - Education	To inform Council of SAC recommendations to appoint members of SAC	Sharon Randall-Smith	16-Apr-25
Council	10-Apr-25	Constitution Review	Angela Sandles - Engagement		James Williams	25-Mar-25
Council	10-Apr-25	Senior Pay Review	Ben Callard - Resources		Julie Anthony	3-Mar-25
ICMD	09-Apr-25	PSPO Lane Closure to prevent fly tipping & off roading	Catrin Maby - Climate Change and Environment		Mark Cleaver	13-Mar-25

ICMD	09-Apr-25	Welsh Church Fund Working Group - meeting 4	Ben Callard - Resources			
Cabinet	02-Apr-25	Marches Forward Partnership	Mary Ann Brocklesby - Whole Authority Strategy		Peter Davies - Lead (Cath Fallon)	3-Mar-25
Cabinet	02-Apr-25	Reponse to Boundary Commission Electoral Review Consultation	Angela Sandles - Engagement		John Pearson	12-Feb-25
ICMD	26-Mar-25	Proposal to increase the fee payments to Monmouthshire Foster Carers	Ian Chandler - Social Care & Safeguarding		Charlotte Drury	4-Feb-25
ICMD	12-Mar-25	Highway Traffic Regulation Amendment Order No 16	Catrin Maby - Climate Change and Environment			
Council	06-Mar-25	Appointment of Chief Officer - Head of Transport - Exempt info	Catrin Maby - Climate Change and Environment		Deb Hill Howells	21-Jan-25
Council	06-Mar-25	Publication of the Councils Pay Policy	Ben Callard - Resources	To approve the publication of Monmouthshire County Council's Pay Policy, in compliance with the Localism Act.	Matt Gatehouse / Pip Green	17-Jan-25
Council	06-Mar-25	Contract Procedure Rules	Ben Callard - Resources		Scott James	9-Jan-25
Council	06-Mar-25	2025/26 Final Budget sign off including CT resolution	Ben Callard - Resources		Jon Davies	13-Jun-24
Council	06-Mar-25	2025/26 Capital Strategy & Treasury Strategy	Ben Callard - Resources		Jon Davies	13-Jun-24

Cabinet	05-Mar-25	Approval of a Discretionary Policy for Council Tax Premiums	Ben Callard - Resources		Ruth Donovan	27-Jan-25
Cabinet	05-Mar-25	2025/26 Final Revenue and Capital Budget Proposals	Ben Callard - Resources		Jon Davies	4-Jun-24
Cabinet	05-Mar-25	2025/26 WCF/Mon Farm Strategy	Ben Callard - Resources		Jon Davies	4-Jun-24
ICMD	26-Feb-25	County of Sanctuary: Homes for Ukraine	Angela Sandles - Engagement	To confirm future support arrangements for Ukrainian's living in Monmouthshire as part of the Homes for Ukraine Scheme following changes to the national arrangement for both funding & visas	Richard Drinkwater/Matt Gatehouse	7-Feb-25
ICMD	26-Feb-25	Housing Allocations Policy				
Cabinet	19-Feb-25	2024/25 Revenue and Capital Monitoring Month 9	Ben Callard - Resources		Jon Davies	4-Jun-24
Cabinet	19-Feb-25	UK Shared Prosperity Fund post March 2025 – financial implications and impact	Paul Griffiths - Sustainable Economy		Hannah Jones	10-Jul-24
ICMD	29-Jan-25	2025/26 Community Council and Police Precepts final	Ben Callard - Resources		Jon Davies	17-Dec-24
Council	23-Jan-25	Council Diary 2025/26	Angela Sandles - Engagement		John Pearson	
Council	23-Jan-25	GWENT REGIONAL PARTNERSHIP BOARD (RPB) AREA PLAN AND RPB ANNUAL REPORT 23/24	Ian Chandler - Social Care & Safeguarding		Natasha Harris (Torfaen)	
Council	23-Jan-25	Council Tax Reduction Scheme 2025/26	Ben Callard - Resources		Jon Davies	13-Jun-24

Cabinet	22-Jan-25	Business case for the purchase of a property in Abergavenny to develop supported accommodation for care experienced young people	Ben Callard - Resources		Jane Rogers	7-Jan-25
Cabinet	22-Jan-25	2025/26 Draft Revenue and Capital Budget Proposals	Ben Callard - Resources		Jon Davies	4-Jun-24
Cabinet	22-Jan-25	Education Middle Tier	Martyn Groucutt - Education		Will McLean	20-Nov-24
ICMD	15-Jan-25	Decision to transfer Dixon Archive from Monmouth Museum to Herefordshire Record Office			Rachael Rogers	9-Dec-24
ICMD	15-Jan-25	Welsh Church Fund Working Group - meeting 3	Ben Callard - Resources		Dave Jarrett	13-Jun-24
ICMD	18-Dec-24	2025/26 Community Council and Police Precepts draft	Ben Callard - Resources		Jon Davies	13-Jun-24