

Living Well Monmouthshire

A Preventative Strategy for Resilient, Healthier Communities

This strategy is a key component for delivering the overarching purpose of MCC's Community & Corporate Plan: **"We want Monmouthshire to be a zero-carbon county supporting well-being, health and dignity for everyone at every stage of life"** and two of the Plan's objectives:

A Fair Place, where the effects of inequality and poverty have been reduced

- People are supported when they need help and are given the opportunity to build their resilience as individuals, families and communities
- Citizens work with the Council and their own communities, helping them to take action and shape their futures

A Connected Place, where people feel part of a community and valued

- High quality social care and community-based support which enables and empowers people to live their lives on their terms
- Healthy and sustainable places and communities, where health inequalities that exist within and between communities have been reduced

Aim

Recognising the growing gap between life expectancy and healthy life expectancy, and the impact that this has on individuals, families and council services, our aim is that:

Residents, especially our more vulnerable and deprived residents, are enabled to live healthier and independently for longer – boosting their wellbeing as well as delaying or reducing their call on statutory services.

Objectives

A - Healthier Lifestyles

Residents (especially those most at risk of ill-health) increase their physical, mental and social activity, maintain a healthy diet and avoid harmful habits

B - Individual Resilience

Residents (especially those experiencing loneliness and isolation) build connections in their local communities, through which they can access support when needed

C - Community Resilience

Communities (especially in our more disadvantaged areas) have a diverse network of active and inclusive clubs, societies and associations that help reduce loneliness and isolation, and enable people to look out for and support each other

Approach

There are three interdependent strategic pillars: **Alignment, Targeting, Collaboration**

1. Alignment

- 1.1. We will take a **whole-authority approach** to wellbeing and prevention. with close cross-departmental collaboration and working to a shared understanding of definitions, goals and practice models.
- 1.2. This will require a clear **governance/management framework** that is decisive, can reallocate resources when required and supports innovative practices.

1.3. **Monitoring indicators and mechanisms** will be developed to support decision making and accountability, with service areas able to report to SLT and Cabinet on their alignment with the objectives of the strategy and any gaps that could be filled.

2. Targeting

2.1. We will **prioritise supporting those who are near to needing statutory support** – individuals at risk and cohorts of residents experiencing levels of deprivation that make them vulnerable to early ill-health.

2.2. This will require us to be **data driven** so that we can identify the vulnerable individuals and cohorts, and to respond in the most appropriate way.

2.3. We will endeavour to strike an **optimum balance** between targeted (cohort and individual) and whole population (universal) approaches.

3. Collaboration

3.1. Recognising that we cannot achieve these objectives on our own, we will build a **partnership of statutory and third sector organisations and businesses** to promote wellbeing and reduce health inequalities in Monmouthshire.

3.2. This will be facilitated by developing clear **messaging and branding** to use internally and externally to build support for our goals and approach.

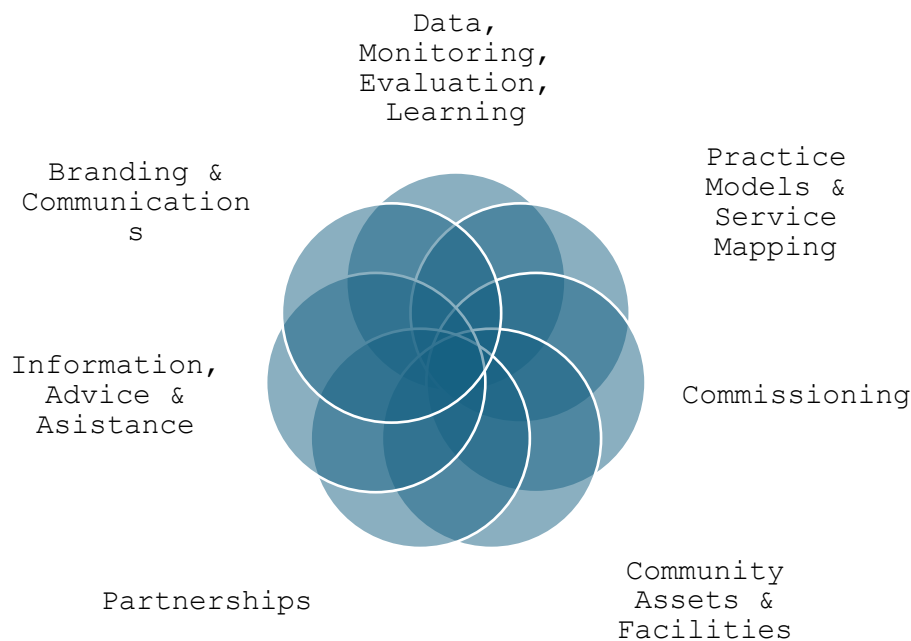
3.3. Wherever possible, we will **coproduce plans** with our target communities.

What success might look like for residents

- Increase in overall healthy life expectancy with a reduction in differences between demographics, so people are enabled to live well and independently, preventing and delaying the need for statutory services for as long as possible
- People are more physically and mentally active, and their overall wellbeing is improved (physical and psychological) with decreased rates of mental ill-health
- People have easy access (through multiple means) to specific information and advice relevant to their health and wellbeing, and more people have access to individualised community-based support to help them improve their long-term wellbeing.
- People have more (social) interactions and more opportunities to volunteer (especially in more deprived areas of the county), so they feel more connected and confident in accessing ad hoc support from their community when needed
- People are shaping how community wellbeing services are designed and implemented, and communities have the wellbeing support they need and have increased resilience as a result

Workstreams and Projects

The strategy will be delivered through several workstreams within and across Directorates, designed to have an immediate to medium term (5 year) impact. Smaller project work sits within the workstreams. The workstreams are inter-dependant, moving forward in correlation rather than sequentially. The intention is for the work to create foundations and mechanisms which will support the evolution of preventative working over time. Activity is designed to have an impact at both a community level and at an individual level. The current workstreams are set out within a separate document.



Whilst the strategy depends on a whole council approach, it is recognised that some service areas will be at the forefront of implementation. These include:- Social Care, Housing, Community Development, Adult Learning, Mon Life, Community Hubs, Place Making.

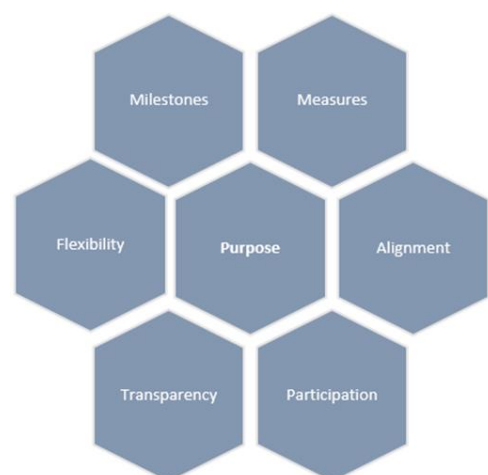
Approach to Monitoring, Learning and Evaluation

Reviewing and evaluating the progress and impact of activity within the workstreams is essential for guiding the strategy, driving accountability, and ultimately achieving positive outcomes—especially in prevention, where the benefits often unfold over time and may be difficult to quantify. We will adopt an iterative approach to learning and flexibility in design so that we can build on success, use windows of opportunity when they arise and adapt where required.

Our approach will use milestones and a range of different measures to assess impact. A preventive approach is best captured by the lived experience of people: those whose lives are improved, risks reduced, and communities strengthened. This will be placed at the heart of the evaluation while balancing ambition, realism, and transparency.

Our approach to evaluation will be built on several foundational principles:

- Clarity of **Purpose**: Articulating aims in terms of human experience and wellbeing
- **Milestones**: To help track whether planned actions are being implemented. These provide a bridge between activity and outcome: even if population-level measures take longer to shift, milestones evaluate progress towards them.
- Meaningful **Measures**: Selecting population indicators (those most representative of the outcome of the aim) and programme indicators (both qualitative and quantitative that can be reliably collected and monitored by a project being implemented). Some measures, such as healthy life expectancy, are influenced by a constellation of societal, economic, and environmental factors. These will be tracked because progress signals broader movement toward the aims of the strategy.



- **Alignment:** Utilising and aligning to existing performance evaluations, including milestones and measures set in the Council's Community & Corporate Plan.
- **Participation:** Involving individuals, families, and communities in telling their story and using their voices, feelings, and relationships to inform evaluations of progress. This will require development in approaches to capturing lived experience.
- **Transparency:** Sharing results and insights openly to build trust and accountability.
- **Flexibility:** Adapting measures and methods as contexts and evidence evolve.

Transparency, adaptability, and stakeholder involvement are keys to making evaluation a driver of change. As the strategy matures, the framework itself should evolve, reflecting new insights and ensuring that the aims of the strategy are achieved.

Governance

Implementation of the strategy will depend on a whole council approach cross-cutting numerous teams and service areas. It will require a strong and committed governance approach to drive the implementation of the strategy; support buy-in, accountability and increase opportunities for critical thinking.

The proposed governance structure

A **Programme Board** will receive update reports from the steering group including review of milestones and measures. Based on recommendations from the steering group the Board will support the development of next steps regarding workstream activities and provide oversight as to when more formal decision making might be required. The Board will be accountable to the Leader / Cabinet.

- Cabinet Member for Social Care, Safeguarding and Accessible Health Services
- Cabinet Member for Equalities & Engagement
- Cabinet Member for Rural Affairs, Housing & Tourism
- Chief Officer, Health & Social Care
- Chief Executive
- Director for Public Health, ABuHB
- 3rd Sector Representative.

A **Steering Group** will report to the Programme Board and will comprise of the workstream leads plus other key individuals relevant to the activities in progress. The steering group will shape the implementation of the work as it evolves, whilst ensuring that established milestones are met. The group will be multi-disciplinary and will include partnership representation. It is critical that within this group the interdependency of the workstreams is understood and that learning results in shared decision making and impactful action.

Current membership:

- Chief Officer, Social Care
- Head of Customer, Communication and Engagement
- Integrated Wellbeing Network Lead
- Wellbeing Early Intervention & Prevention Lead
- Head of Housing Services
- Strategic Partnerships Lead
- Performance & Data Insight Manager
- Leisure Services Manager
- ABuHB Public Health lead for Monmouthshire

For additional oversight, progress against the strategy will be reporting annually into the [People Scrutiny committee](#).

Approach to Engagement and Participation

Engaging with others is central to promoting the aims of the Living Well strategy. Seeking to promote healthier, happier lifestyles, promoting access to wellbeing support for all and enabling independence for longer are aims that by their very nature can only be achieved through partnership and collaboration. A consistent approach to communications both internally and externally will be critical.

For the purposes of implementing the strategy, engagement is understood to be a process and not an event. Within each workstream, there is a clear expectation to facilitate and promote the active involvement of others. This will look differently depending on the workstream or the nature of the activity. An iterative stakeholder analysis will be undertaken to support this, and specific projects will agree the level and type of engagement activity that would be the most relevant and appropriate to the task at hand with reference to the 'ladder of engagement'.

The 'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein⁷). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.	Devolving
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	Collaborating
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.	Involving
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.	Consulting
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.	Informing

Alongside of our health colleagues key stakeholders include:

- All council colleagues
- People with lived experience and volunteers
- Town and Community Councils
- Interest Groups (e.g. Age Friendly Community)
- 3rd and Voluntary organisations and housing associations
- Future Generations Office
- Gwent and other Local Authorities
- Relevant universities and centres of research

Finance & Resources

The cost of the implementing the Living Well Strategy has not been assessed yet. This is not considered to be an inhibitor at this point, as some early activity can be delivered within existing resources. As the programme develops, we will identify needs for additional funds or the potential for reallocation of existing resources.

There are some initial steps that could be undertaken to better understand and mitigate the financial risks and issues associated with the strategy, as well as a number of mechanisms which could be utilised to secure the additional resources required. These are listed below.

- At present wellbeing support and services depend heavily on the use of insecure short-term grants dispersed throughout the council with different terms and conditions. This strategy presents an opportunity to align grant usage more centrally in order to avoid duplication and support shared wellbeing objectives using the framework and governance of the Living Well Strategy.
- Internal service mapping and development will help ensure that current resources are aligned to the policy intent wherever possible. Equally, a consolidated outcomes-based commissioning plan, aligned to population needs, will ensure maximum value for money against the strategy's aims.
- Transferring money from costly acute services to upstream preventative services is hard to achieve but remains a long-standing ambition for the Council. Projects and activity within the Living Well workstreams must be reviewed / evaluated from a 'return on investment' perspective to support the evidence base and the development of business cases for increased resource.
- Preventative wellbeing and reducing the determinants of health outcomes is a national policy objective presenting opportunities to apply for grants which can support innovation and project work associated with the strategy. Using the strategy to establish shared objectives with 3rd sector organisations and health has the potential to bring in additional resources.

Undertaking these initial steps should underpin the development of a consolidated financial strategy which will in turn support longer-term change. In terms of human resource, the work so far has benefited from time taken from people's existing roles. The implementation of the strategy would benefit from some dedicated project support.

Appendix 1: Definitions

We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us.

1. Well-being

Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and positive relationships, hobbies, work or learning. The elements of well-being (as defined by the SSWB(W) Act are shown in the image. While all elements have equal importance, it is likely that some will be more relevant to one person than another.

Social Services and Well-Being (Wales) Act 2014

Definition of well-being for adults

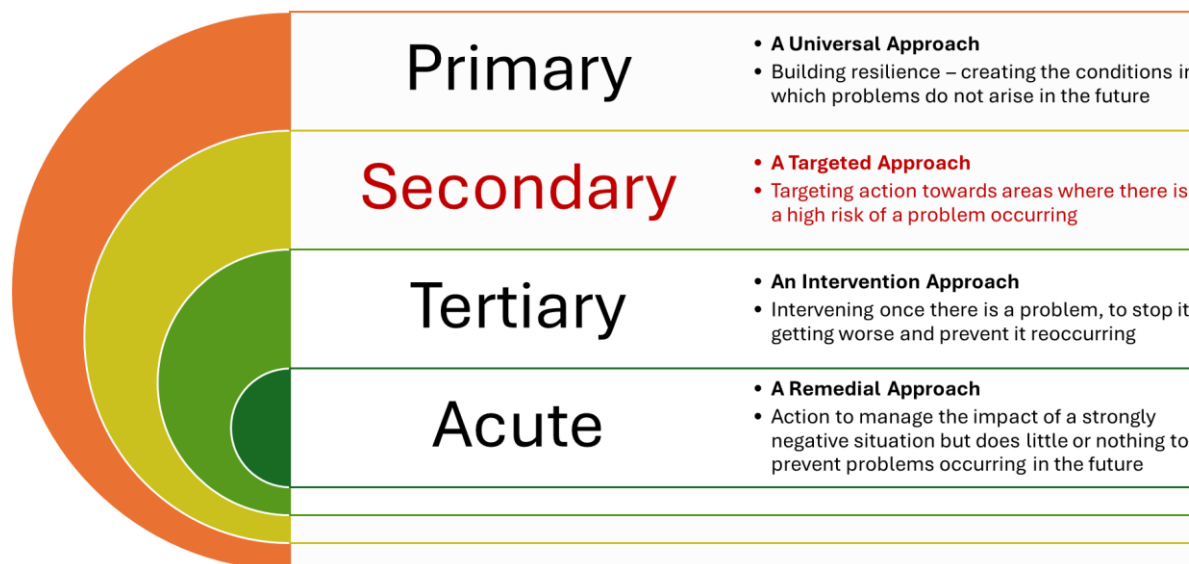


2. Prevention

Early Intervention and Prevention is ensuring access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. Centres on increasing preventative services within communities to minimise the escalation of critical need.

Social Services and Well-Being (Wales) Act 2014

Prevention is working in partnership to co-produce the best outcomes possible, utilising the strengths and assets that people and places have to contribute. Breaking down into four levels, each level can reduce demand for the next:



Future Generations Commission

Appendix 2: Drivers & Evidence Base

Population needs

Monmouthshire faces significant public health and social challenges driven by an aging population, health inequalities, and socio-economic disparities.

Monmouthshire has an **aging population** – more than a third of our residents are aged over 65 and this proportion is predicted to increase significantly in the coming years.

Life Expectancy and Healthy Life Expectancy in Monmouthshire is higher than the average in Wales, with life expectancy 84 years for females (66 years healthy life expectancy) and 80 years for males (66 years healthy life expectancy). Monmouthshire does experience levels of **inequality**, with people living in more deprived areas having a shorter healthy life expectancy and experiencing the negative effects of aging sooner compared to those in the least deprived areas.

Driving this well-being crisis are a combination of:

- **Lifestyle** factors- insufficient physical mental and social activity combined with poor diet, smoking and alcohol consumption

There are significant differences in life expectancy within the county. Physical inactivity, poor diet, smoking, and alcohol consumption contribute to health disparities. In Monmouthshire nearly sixty percent of adults report meeting physical activity guidelines a week, just over half of adult residents are overweight or obese, around fifteen percent of adults are current smokers and around a quarter of adults reporting drinking above the guidelines for alcohol a week.

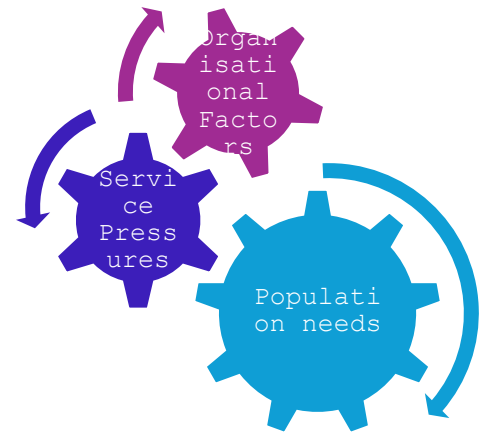
Mental Health plays an important role in well-being. Nearly one in ten adults in the county report having mental health conditions. The rate of loneliness in the county is around fifteen percent of people, loneliness can have a detrimental effect on mental and physical well-being. Monmouthshire is also projected to see a significant increase in dementia cases in the next ten years.

- **Environmental** factors – inadequate housing, poor air quality, limited access to green spaces etc

Monmouthshire has an older, less energy efficient housing stock than many parts of the country. This contributes to fuel poverty, particularly in rural areas where some properties might lack central heating, that can impact the health of residents. Air quality, particularly in Management Areas, poses health risks. Access to green spaces in the County varies by area, especially in more deprived communities, limited access can reduce the benefits utilising green space can have on well-being.

- **Infrastructure** factors – limited or no public transport, uneven access to community spaces, etc

The nature of the rural county in Monmouthshire makes it harder for some people to access basic services, such as transport and health provision. Infrequent public transport can mean longer travel times for access to employment and local services and results in an over-reliance on cars which not everyone has access to. Public and private return travel times to services such as doctors' surgeries, libraries or leisure centres in Monmouthshire are also generally higher than other areas in Wales. For example, some communities are ranked among the most deprived in Wales for access to services. This poses further challenges, particularly combined with limited public transport, for elderly residents.



House prices in Monmouthshire are amongst the highest in Wales. This is compounded by the limited availability of private rental properties and rising monthly rents. High property prices, a shortage of affordable private rented accommodation and the increasing cost of living have all contributed to a rising homelessness challenge in the county.

- **Economic** factors – lack of financial resilience and increases in cost of living puts additional strain on individual and family life

In Monmouthshire, households in genuine poverty often live close by others who are extremely affluent. Research shows that this relative income inequality is associated with worse outcomes in things as diverse as health, crime levels and social cohesion. Poverty affects different groups in different ways. Women are more likely to be in low-paid jobs, with fewer savings than men and therefore at an increased risk of poverty. Households in which someone is disabled are also at higher risk of being in relative income poverty.

More people are at risk of falling into poverty with the continued high costs of living. People are having to spend a higher proportion of their income on essentials such as food and energy. Around one in ten households in Monmouthshire are living in material deprivation and income levels vary significantly in some parts of the county.

The ratio of house prices to workplace-based earnings makes property ownership unaffordable for some. This can particularly make it difficult for young people to live and work locally, leading to outward migration and potential impacts on community viability and health.

All of these factors can impact an individual's well-being and increase pressures across services.

Service pressures

These changes in population needs result in **greater numbers of people needing care**, with more of them having **complex needs that require higher-cost support**. Combined with increasing costs of providing care at home and residential placements, this is placing increased cost pressure on council budgets and the council tax residents pay.

These population needs are also resulting in an increasing number of individuals and families requiring **additional public service support** from services such as housing support, homelessness, Mental health, health, community safety, debt advice and support services.

With money tied up in statutory provision, it is challenging to preserve or enhance spending into the preventative space. There is a pressing need to find new ways of working to address these service pressures and put social care support onto a more sustainable footing.

Organisational factors

The Council's **Community and Corporate Plan** has a clear commitment to tackling inequality and promoting wellbeing.

The Council recognise that well-being is about far more than treating people when they need support, there are many factors that can have an impact on our health including the environment, housing, what we do for work, how much we earn, our lifestyles, transport and community cohesion. These **wider determinants of health**, sometimes called the social determinants, can impact in either a positive or negative way on physical and mental health. The Council is committed to working with partners across Gwent as part of the Public Services Board (PSB) and the Institute of Health Equity to tackle these by becoming what is known as a **Marmot Region**.

While many parts of the council support the wellbeing of residents, there isn't a common understanding of **targeted** prevention, or a shared commitment to how we address health inequalities.

The planning and budgeting of preventative approaches is further hindered by the challenges of measuring the effectiveness of preventative work and its impact on residents and services.

Third sector organisations face challenges on their sustainability.

Legislation & Policy Drivers

The **Social Services & Well-being** (Wales) Act (2014) imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. One of the principles of the act is services will promote the prevention of escalating need and the right help is available at the right time.

The **Well-being of Future Generations** (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales. The Act places a duty on public bodies to act in accordance with the sustainable development principle meaning that the body must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. To achieve this are five ways of working that public bodies need to think about to apply the principle, one of which is prevention - how acting to prevent problems occurring or getting worse may help public bodies meet their objectives. In the **Future Generations report 2025** the Future Generation Commissioner for Wales made a recommendation related to Health & well-being that public bodies should include prevention as a core strategic objective in corporate strategies and planning.

The Council's **Community & Corporate Plan 2022-2028** sets a clear purpose for Monmouthshire to be a zero carbon county, supporting well-being, health and dignity for everyone at every stage of life. This is supported by six well-being objectives, including a Connected place where people feel part of a community and are valued.

Building a Fairer Gwent: Improving Health Equity and the Social Determinants is a report drawn up in partnership between **Gwent Public Services Board** (PSB) and the Institute of Health Equity that aims to narrow the health divide across the region. The Gwent PSB has adopted the eight principles set out in the Building a Fairer Gwent report as the framework for action to reduce inequalities as part of its Well-being Plan. The Gwent PSB, have formally agreed to work in partnership to use this approach as the basis for the response to improve well-being and reduce health inequalities.