

Gwent Regional Partnership Board Annual Report 2024/2025



Newport County Borough Council



Torfaen County Borough Council



Torfaen Voluntary Alliance



Gwent Association of Voluntary
Organisation



Blaenau Gwent County Borough
Council



Aneurin Bevan University Health
Board



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1. A Message from the Gwent RPB Chair: Ann Lloyd, CBE

It has been a great privilege to Chair the RPB over the past 12 months. Real progress in achieving our partnership goals has been made, in particular the great progress made in pursuit of the Cabinet Secretary's 50-day challenge to enable more extensive care in the community and to discharge people from hospital more effectively. The team working between the RPB partners has been impressive; the collective achievements as a result of the actions of the RPB partners are outlined in this annual report.



As RPB chair it is important to ensure that the RPB recognises the hard work of all partners and creates an environment in which sound partnerships work can flourish. This report aims to recognise the improvement in care and outcomes for the Gwent population which have been delivered in partnership through the considerable efforts of all the staff, volunteers, providers, and carers.

2. Role and Purpose of the Regional Partnership Board (RPB)

The Gwent RPB Vision: **"Working together for a Healthier Gwent, for the right care and support, in the right place, at the right time."**

The Gwent Regional Partnership Board (RPB) was established as part of the Social Services and Wellbeing Wales Act (SSWB) to:

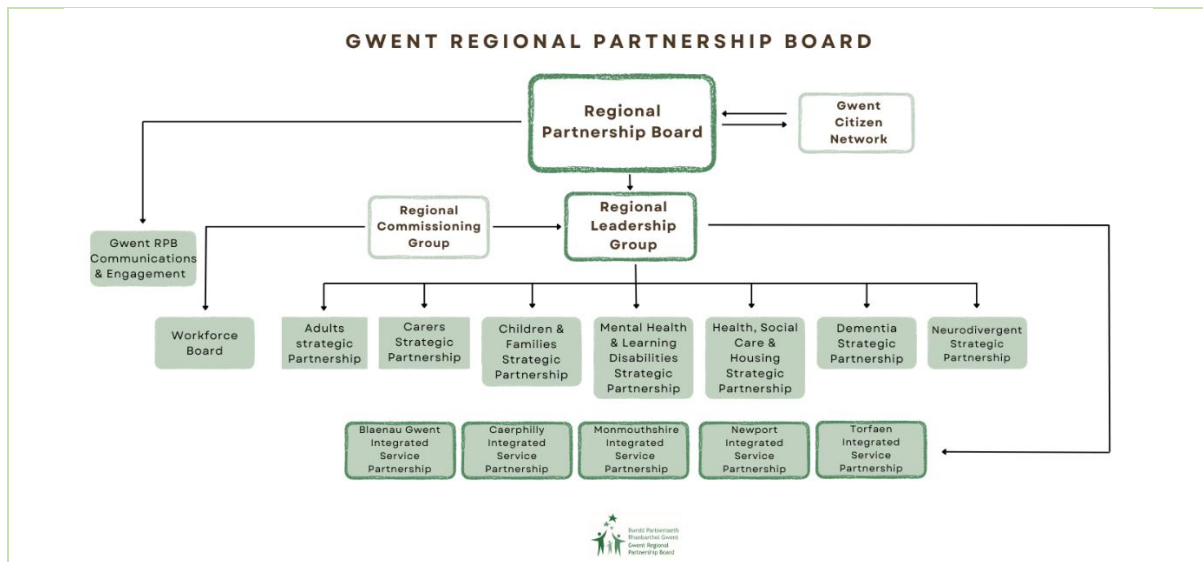
- **Improve care and support, ensuring people have more say and control**
- **Improve outcomes and health and wellbeing for people across the region**
- **Provide co-ordinated, person-centred care and support**
- **Make more effective use of resources, skills, and expertise across partners**

As a partnership we work together on an agreed shared vision for service development and integration of health and social care, aligning to the Social Services and Wellbeing (Wales) Act 2014 and A Healthier Wales, specifically the four themes of:

- **Improved population health and wellbeing**
- **Better quality and more accessible health and social care services**
- **Higher value health and social care, and**
- **A motivated and sustainable health and social care workforce**

[Read about our Role, Priorities and Membership here](#)

Governance arrangements ensure that the RPB operates effectively and efficiently, ensuring that the right processes and sub structures are in place to progress the work and priorities of the RPB. Our governance structure can be found below:



2.1 Self-Assessment

Under the part 9 regulations of the Social Services and Wellbeing (Wales) Act, RPBs are required to complete a self-assessment every 2 years, to evaluate the effectiveness of their performance, in fulfilling objectives. The Gwent RPB self-assessment found that there have been good developments made with integrated practice throughout the RPB, with some effective examples of partnership working. The actions we have been working on through 24/25 are:

To make a significant step in driving forward seamless care across the region: The RPB have been using themed meetings and working to the WG integrated models of Care to develop this work with our partners and Welsh Government officials.

To work within its legal and governance framework and play a stronger role in setting shared direction, communicating purpose and encouraging progress across the region: A governance review was completed during 2023/24 by an independent consultant to identify where we could improve processes and plan for improvement. The RPB continue to work through the recommendations from the review, to ensure we can meet our objectives, and we are effective and compliant in our functions. The Terms of Reference have been reviewed across the partnerships. We have a Governance Review Action Plan which has been monitored through the RPB meetings.

To develop a higher profile with a clearer shared view of seamless future arrangements and ensure the governance and communication arrangements with each partner body, are in place to enable this: The RPB have been working to further improve our website and social media reach, to highlight the work we do with the public and professionals. We have also been further developing the RPB Communication and Engagement Steering Group, and working with communications leads across health, social care and the third sector, to work on further developing a Communications and Engagement Strategy.

To develop a strong and clear perspective on all partner resources and how they might need to change, not just grant-based resources: The RPB have been improving links across our partner organisations in developing this work and also

working with the RPB funding leads, to highlight funding requirements and improve processes.

To make the most of partner contributions and responsibilities: Linking with partners to improve how we work together.

Additional policy, planning and research resources are needed to support the RPB to develop into this role: Support roles have been reviewed as part of the governance review, to ensure we are making the best use of resources and skills to support RPB objectives. This will be completed every 2 years.

3. Engagement and Coproduction at The Heart of Our Work

Always Learning and Improving

The RPB are always striving to improve how we collaborate with citizens and empower people across the region to play an active part in decisions that affect both their health and wellbeing. We provide opportunities at both a local and regional level for people to get involved in the work we do, and we also attend local events and join community groups and public discussion forums, so we can work together with people of different backgrounds and perspectives, to help shape and influence the future of health and social care across the region. We are always learning and improving how we communicate the work of the RPB across our communities, to enable us to foster stronger connections and hear the voices of seldom heard groups.

Working Together

Partnership working is the golden thread that runs through the RPB. We continue to face numerous challenges across the system such as increasing demand for care and support, staff shortages and ever decreasing budgets, so new ways of working are critical to help support the health and social care system for the future. Bringing partners together from across different sectors helps us to effectively plan and provide the right services, to meet the needs of the people in Gwent. Bringing together the breadth of expertise from our partners, to create ideas and solutions to build an integrated health and social care system is key. We work together to ensure all our partners participate in decision making, and everyone feels understood, listened to and valued. This helps us to make progress against the RPB objectives.

3.1 Gwent Citizen Network: What We Do and Our Successes

The Gwent Citizens' Network is made up of community members who live in Gwent and work with us to tell us 'What matters' to them. The network allows citizens' voices to be heard. People share their experiences and expertise to help us improve how we use resources and create support and services that meet local needs and also help shape consultation responses and processes.

Decisions Made Together: Inclusion and Experience Event

This event focused on people's stories and the small things that can make a significant impact in people's lives. The event highlighted the importance of making decisions together and the importance of coproduction, in the delivery of care and support. The recommendations from the event were to:

- Prioritise impactful interactions and engagement with the public.
- Ensure citizen representatives reflect diverse communities.
- Address transport barriers for involvement and provide remuneration for involvement.
- Continue to build on good practice and learn from both successes and challenges.
- Improve, streamline, and maintain good regular communication and transparency across organisations and with the community.
- Emphasise collective efforts and collaborative working.
- Empower citizens to take ownership and lead.
- Provide ongoing learning and training opportunities.
- Regularly monitor and review our progress.

We are continuing to monitor progress against the recommendations and will be providing a further report on work completed later in 2025.

[Watch our Decisions Made Together Conference Video here](#)

Gwent Citizen Network Growth: During 2024/25, we have grown our regional network to over **200** members, from a diverse range of backgrounds.

Coproduction Luncheons: We hosted **4** community-based events through the year, **87** people attended our Coproduction Luncheons from across the region, providing an opportunity for people to share their thoughts, ideas and expertise on the work of the RPB. We collected feedback from community members, to learn what works well and what needs to change.

“I really enjoyed the Coproduction Luncheon and look forward to the next meeting... Great to see so many ideas and suggestions captured.” – Citizen Network Member

Citizen Involvement: We started to co-design our new Citizen Involvement Programme that will support members of the community to become ‘Citizen Champions’, being supported to share their views and help make decisions about services, support and funding.

“Thank you for reaching out and providing the opportunity to contribute to the citizen involvement initiative. The draft Citizen Champion document to support the work of the Gwent Regional Partnership Board looks promising, and I am eager to offer my input to help shape it further. I appreciate the effort to include those who couldn’t attend the coproduction luncheons by seeking virtual feedback.” – Citizen Network Member

Virtual Network Meetings: We held our first virtual network meeting, using a Community of Enquiry approach, a workshop-style session that offers space for a group of people to collaboratively explore ideas and ask rich and meaningful questions of each other, to help us explore how services can work more effectively together. **35** people attended and shared their thoughts.

The Gwent Citizen Network has made great progress during 2024/25, but there is still more that we want to improve:

- **Gwent Citizen Network Growth:** We are working hard to develop a more inclusive, diverse membership, ensuring all voices are heard across our communities.
- **Community Events and Meetings:** We are continuing the success of our Coproduction Luncheons across the region, planning more in-person opportunities for people to come together and share their experiences. Listening to feedback, we will be providing more virtual networking opportunities, so that involvement in our network is flexible and accessible.
- **Citizen Involvement Programme:** We are looking to finalise our Citizen Role Description, which will support increased citizen involvement across the RPB and its strategic partnerships. As well as the role description we're keen to make sure people feel supported to become, and remain involved in our work, that's why we're developing an induction and support programme, based on the feedback citizens gave us about how they would like to be involved, supported, remunerated and access information about the RPB in their Citizen Champion role.

3.2 Communication and Information, Advice and Assistance

We are keen to make the RPB communications clear and accessible for everyone. Good communication has been highlighted as a priority by partners and community members, as part of our engagement work across the region, and was a key part of the feedback from our Decisions Made Together: Inclusion and Experience Event.

Our Communications and Engagement (C&E) group has continued to develop, involving partners from across the RPB, Llais and the Gwent Public Service Board. The group's aim is to provide a golden thread of Communications and Engagement activity throughout the RPB and align with outside partner activities and workstreams, to further improve joined up working, information sharing and limit duplication. This group reports directly to the RPB and provides updates on work aligning to the National and Regional priorities and is under regular review to ensure alignment with individual partner strategies and emerging work, such as the Integrated Service Partnership Boards (ISPB's) newly created strategy. We are making continuous improvements in this area and will continue to work to and improve skills, practices and delivery for 2025/26.

Digital Content

The Gwent RPB website is a key part of how we continue to raise the profile of the RPB, with both the public and professionals. The website acts as platform to share the work of the RPB and partners across Gwent, with the aim to engage citizens in policy decisions and share information about the work we do.

[Visit our Gwent RPB website here](#)

We are working hard to ensure all of our communications and engagement activity is inclusive and accessible. We regularly review our website to ensure it is compliant with

Web Content Accessibility Guidelines, including access to speech, reading and translation support, with the Reach Deck toolbar.

We have continued to highlight national and regional campaigns across our social media platforms, share information advice and assistance about the services we have here in Gwent, and continue to grow our online community and engagement across the region.

Dewis

Dewis Cymru is a website that serves as a central place to go if you want information and resources related to well-being – or want to know how you can help somebody else.



Dewis has information that can help you think about what matters to you, and about people and services in your local area that can help you.

We have attended **24** engagement events this year to raise awareness of the platform in the community and there are over **1,800** published resources across Gwent. People have accessed and viewed resources over **43,000** times during 2024/25.

"I didn't realise DEWIS was Wales wide, I find it useful to find out what activities are in my area" – Dewis User

AskSARA

AskSARA is a Self-Assessment Rapid Access tool available in Gwent. It offers impartial advice on assistive technology, products, and equipment for older or disabled individuals and children, to support independent living. The tool is continually evolving with new topics like pain management, unpaid carers, and menopause. The online assessment guide generates a personalised report from questions based on the individuals need that includes tailored advice from Independent Occupational Therapists (OT'S), recommendations for products and where to purchase them and local signposting and campaign information.



During 2024/25, **2,227** individuals accessed the platform, with **1,641** being first-time users. **8** training sessions were conducted with the Disability Living Foundation, reaching **136** professionals and community members, to raise awareness of the tool.

RPB Newsletters

As part of our information, advice and assistance offer, we have circulated **51** newsletters to our Citizen Network, RPB partners and wider networks, providing weekly information about what's on across the region, information about local services and support and opportunities for people to get involved and have their say. **9,866** people have accessed our newsletter over 2024/25 from across the Gwent region and have found it useful.

Advocacy Support

Provides a single point of contact for those requiring advocacy services, and in particular an independent professional advocate (IPA). Calls are increasing for this service year on year.



“That’s brilliant. I feel a weight has been lifted off my shoulders. Thank you, thank you, thank you!”— GATA caller

In September 2024, a co-produced workshop was held to review the existing Gwent Advocacy Strategy and to shape the new strategy for 2024-29. Attendees felt the 4 strategic priorities identified in the original strategy were still relevant:

1. Co-production.
2. Service design, including equitability of access to advocacy.
3. Awareness and understanding of advocacy.
4. Advocacy in the NHS.

In addition to the original priorities above, two further priorities were identified to be included as part of the strategy review, Parent Advocacy and Workforce Development.

3.3 Social Value Forum

The Regional Commissioning Group (RCG) continues to explore new opportunities linked to funding and will provide a renewed focus to further develop the role of third sector Social Value-Based services in the region. This may be linked to day services or supporting hospital discharge, admission avoidance and maintaining low level support in the community.

Further Faster funding from Welsh Government has an emphasis on community-based care and support, and initiatives to improve social outcomes to reduce hospital admissions and promote more equitable provision. In Gwent part of this funding was used to implement the

CVC Small Grants Scheme and this work was led by our Community Voluntary Councils (CVC's) Torfaen Voluntary Alliance (TVA) and Gwent Association of Voluntary Organisations (GAVO).



Through this scheme **72** community projects were funded across the region supporting the RPB priority groups through projects such as youth clubs, early intervention and prevention support, health and wellbeing, therapy support, nature-based solutions for health and wellbeing, carers support and one to one bereavement and peer support.

Gwent Regional Domiciliary Care Fora

The Gwent Regional Domiciliary Care Provider Forum is a long-established forum led by the Gwent Regional Partnership Team and Aneurin Bevan University Health Board (ABUHB), to provide support to domiciliary care providers in Gwent. Meetings are held

quarterly and collaboratively, between the local authorities and ABUHB, and address current issues being experienced by providers. This group undertakes specific workstreams, such as a regional approach to join monitoring processes.

Gwent Care Homes Engagement Forum

As with third sector and domiciliary care providers, the RPB also engages with care home providers through a forum. The group meet quarterly and focus on the issues faced by providers such as recruitment and retention and the effects of the cost-of-living crisis on services. There are also several collaborative workstreams associated with the forum i.e. regional framework and contract review, a regional approach to care home monitoring, the provision of specialist equipment and the development of a bariatric pathway.

The forum provides an opportunity for regular engagement with care providers in Gwent, while also ensuring key priorities are addressed by the RPB, through provider representatives.

Gwent Third Sector (including Section 16) Forum

The RPB engage closely with the Wales Council for Voluntary Action (WCVA) and Community Voluntary Councils active in Gwent, to deliver the Gwent Section 16 Voluntary Sector Forum. This forum works with commissioners and providers to support the development of social enterprises across the region and emphasises the valuable role of voluntary sector organisations, in the provision of care and support. The forum also works to rebalance the care and support market, into a balanced provision of private, local authority and voluntary sector organisations, in line with the Rebalancing Care reforms and refreshed code of practice. The forum is committed to inclusivity, innovation, and transparency, and champions citizen voices and empowering stakeholders to effect meaningful outcomes.

‘Partnership working is vital in the third sector, and it is the combination of good relationships allied to a willingness to put people at the centre of what we do that takes forward our services and support. The Gwent RPB does recognise that importance and works with the third sector to support social value and the voices of those who rely on support from others.’ – David

Williams, TVA Trustee Board Member

4. Population Needs Assessment and Area Plan

The Gwent Population Needs Assessment was published in 2022 and was a joint exercise undertaken by the RPB and partners to gather information on people’s health and wellbeing across the region. This identified what was working well, where changes were needed and where there were gaps in health and social care provision. This information was then used to develop the Gwent Area Plan, which identifies the priorities for Gwent and where action is needed to improve support and services. The Area Plan is a living document which is reviewed by the relevant Strategic Partnerships on a quarterly basis and is updated annually, to consider any emerging needs and themes and acts as the work plan for the RPB. A new Population Needs Assessment is developed every 5 years.

[Read about our Population Needs Assessment \(PNA\) here](#)

5. Joint Commissioning and Pooling of Funds

It's important that people receive the right services, at the right time, and in the right place. To do this, we must ensure funding is directed to meet the needs of our communities in Gwent. Work of the Regional Commissioning Group (RCG) in 2024/25 has focused on delivering a programme of strategic priorities, including the response to the recommendations of the Market Stability Report (MSR).

[Read about our Market Stability Report \(MSR\) here](#)

The region continues to regularly discuss opportunities to further develop the use of pooled funds in addition to the current scope used in the regional expenditure on care home placements across the six partners. This is underpinned by an overarching Section 33 Agreement which provides a contractual framework to enable the development of further regional pooled funds when required. In addition, the Gwent Frailty Service uses a Section 33 Agreement for collaborative arrangements, this is currently under review.

Progress in 2024/25:

- **Section 33 Pooled Fund Arrangement:** Signed and maintained by all parties.
- **Review of Regional Contract:** Initiated for care homes for older people.
- **Regional Fee Methodology Working Group Reconvened:** Focused on regional fee methodology for care homes.
- **Development Work:** Establishing joint contract monitoring frameworks for care homes and domiciliary care services.
- **Gwent Care Homes Engagement Forum and Domiciliary Care Services Forum:** Established as a three-yearly collaborative forum.
- **Pooled Budgets:** Continuing to explore new opportunities with pooled budgets and joint commissioning arrangements; Torfaen County Borough Council hosts the pooled fund manager under a Section 33 Agreement.

The focus for 2025/26 will be to continue to support the domiciliary care and care home sectors and Third Sector (Section 16) forum. We will also continue to develop our social value work and continue to link to the Workforce Development Board and the Regional Workforce Strategy.

6. Achievements Aligning to the Area Plan

The Area Plan outcomes are delivered and monitored through the 7 strategic Partnerships with the following priority areas:

- **Children and young people with complex needs.**
- **Unpaid carers.**
- **Older people, with specific reference to supporting people living with dementia.**
- **People with physical disabilities**
- **People with learning disabilities.**
- **Autism and Neurodevelopmental Conditions.**
- **People with poor mental health and/or emotional support needs.**
- **People with sensory impairment.**
- **People experiencing Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) or homelessness.**

- **Housing.**

The RPB works closely with various partnerships including, the Area Planning Board, which focuses on substance misuse issues and delivers the objectives of the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm', and the Safeguarding Board who deliver the objectives of the Welsh Government 'Working Together to Safeguard People' guidance, which accompanies the Social Services and Wellbeing (Wales) 2024 Act. We also support the work of the Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Partnership Board.

The RPB also works closely with the Gwent Public Service Board who deliver the objectives of the Wellbeing of Future Generations (Wales) Act and implement the 5 ways of working. We continue to work together to align cross cutting workstreams across the RPB and PSB and support the Marmot principles in Gwent. Working together helps to ensure that the RPB Area Plan and PSB Regional Wellbeing Plans are delivered effectively and are aligned.

6.1 Workforce Development Board

“The Gwent Workforce Board has continued to make good progress against our key priorities. In particular, we are pleased with our partnership work via the College Consortium that continues to benefit local health and social care learners while developing talent to meet Gwent’s future workforce needs. As a group we have recently reviewed our strategic priorities for 2025/26, aligning these with regional and national policies to support innovative recruitment pathways, collaborative training opportunities and system flow.” – Jason O'Brien, Strategic Director of Children and Families, TCBC and Workforce Board Chair.

Area Plan Priorities:

1. Increase the number of student placements across health and social care partners.
2. Ensure workplace training and qualifications through the Social Care Wales Workforce Development Programme (SCWWDP) grant.
3. Increase promotion of health and social care recruitment through WeCare Wales campaign.

What we did in 2024/25:

Since its foundation, the Gwent College Consortium has aimed to develop and strengthen relevant work placements and experiential learning opportunities for health and social care learners across Gwent. In 2024 the consortium supported **30** health and social care students to secure placements with social care teams across the 5 local authorities. **8** health and social care students secured clinical placements with ABUHB, and **7** independent living skills students secured internships with ABUHB to support work-based learning.

[Watch our Care as Currency Social Care Work Placement video here](#)

Additional Social Care Wales Workforce Development Programme (SCWWDP) funding has played a vital role in the region's ability to sponsor internal staff towards qualifying as social workers. 2024/25 sponsorship figures for Gwent are:

- Social Services Practitioner First Year: **26**
- Second Year, including First Year Masters: **17**
- Final Year: **29**
- Newly Qualified Social Workers: **19**

WeCare Wales has been promoted through the Regional Integrated Schools Programme. Since 2024 the programme has been successfully implemented across **11** secondary schools and one local training provider, making a significant impact on the educational landscape. The programme has engaged and inspired well over **1,000** learners, creating a passion for learning and personal development. Its success and innovative approach have been recognised with a nomination for an Outstanding Achievement Award at the 2025 Careers Wales Awards.

“Fantastic people and opportunities. I learnt so much and gained so much insight into what the role entails.” – Health and Social Care Level 3 Student after completing an LA work placement.

“It helped me learn about roles I didn’t know about.” – Year 10 Pupil after attending the Integrated School’s Programme

Regional Dementia Experience Training was made available to all care providers in Gwent. Guided by the All-Wales Good Work Dementia Learning and Development Framework, the session has supported the development of a compassionate, caring, and competent dementia informed workforce.

Employee Investigations Training sessions were made available to Local Authority social care teams and focused on delivering employee investigation processes with compassion while creating a learning culture to support financial savings in relation to investigative activity.

Abergavenny Wellbeing Information Centre strengthened multi-agency and partnership working in Abergavenny by attracting new volunteers and increasing staff exposure to co-production and community capacity building.

Next Steps for 2025/26:

- Placements with third sector partners are currently being explored via regional fora and communications.
- Actively progress the establishment of a Gwent Regional Workforce Development service to achieve financial sustainability.
- Continue to support the health and social care workforce across the region.

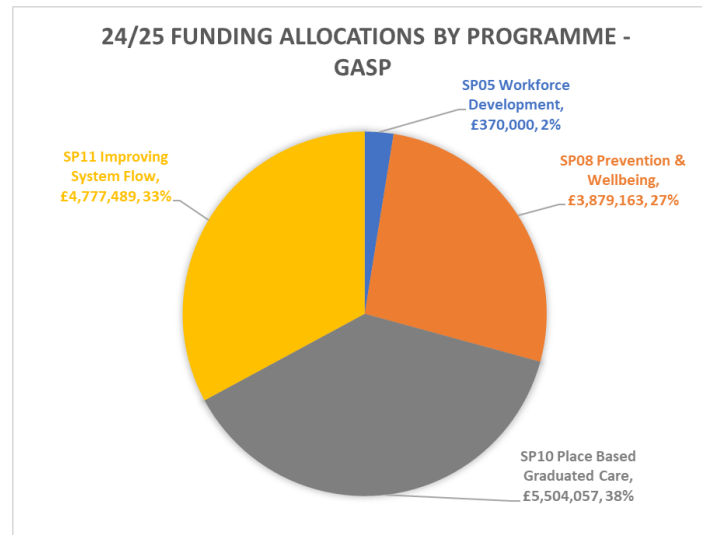
6.2 Gwent Adults Strategic Partnership

‘The Adults Strategic Partnership has made good, steady progress over the past 12 months and has aligned its resources to improve hospital flow, increase prevention of hospital admissions and to support new and innovative ways to address the needs of the population of Gwent’ – Jo Williams, Head of Adult Services, Caerphilly County Borough Council and Chair of the Gwent Adult Strategic Partnership

Area Plan Priorities:

1. To support older people to live, or return, following a period of hospitalisation, to their own homes and communities through early intervention, integrated care models and a whole system approach.
2. To improve emotional well-being for older people by reducing loneliness and social isolation through earlier intervention and building community resilience
3. To mitigate the long-term impact of the Covid-19 pandemic through reducing waiting lists and times to access support, appointments, and medical procedures

What we did in 2024/2025:



Improving System Flow: access to Medequip Assistive Technology through the Gwent Wide Integrated Community Equipment Service (GWICES) was supported across the region. Ongoing Hospital Discharge Coordination and delivery of Home First, helping people maintain independence as they recover from illness or injury after a hospital stay and facilitated a Trusted Assessor at Ysbyty Ystry Fawr stroke ward, both supported hospital discharge.

Place Based Graduated Care: Shared Lives continues to provide a service to vulnerable adults with carers in their local community, catered to individual needs as well as the Community Resource Team (CRT) Pharmacy Project.

Building and Supporting System and Community Resilience:

During 2024-25 GASP reviewed its priorities and the following was agreed:

- **Priority 1 – Early intervention prevention and supporting resilient communities:** Setting expected outcomes for partners in relation to supporting resilient communities. Developing and evaluating systems to support individuals to live well in their community. Creating and commissioning effective partnerships to support community resilience. To support measures to reduce the impact of negative determinants of ill-health. Monitoring long term trends in community resilience
- **Priority 2 – System flow and timely hospital discharge:** Setting and monitoring outcomes for improvement in system flow. Monitoring the effectiveness of systems to support effective and timely discharge. Providing space for evaluation for interventions in system flow. Ensuring two-way communication and learning between the operational and strategic levels.

- **Priority 3 – identifying and testing innovation to develop effective pathways of care:** Ensuring the best use of RIF and other funding and to identify and exploit other sources of funding to support innovation. Supporting the development and rigorous evaluation of new and novel service responses. Identifying and supporting effective staff training and development opportunities to support the above.

Case Study: Hospital 2 Healthier Home led by Care & Repair

“Excellent service and workmanship throughout the whole process, thank you to all of your team especially the lady who came to see us. The visit was for my husband however the lady could see I was struggling and arranged additional help for me too.” – Service User

All clients who are referred to H2HH are offered Healthy Home Check which involves a falls risk assessment and adaptations to prevent falls based on findings. The H2HH caseworkers can assess for adaptations as they are Trusted Assessor qualified. In 2024/25 the service directly helped 1,116 patients leave hospital more quickly, up 16% on 2023/24. The project has also successfully claimed £494,049 in unclaimed benefits for patients in Gwent area to support with independent living at home.

Following two cardiac arrests and a diagnosis of Lance-Adams syndrome Mr W was supported with timely intervention, home adaptations and benefits support which enabled him to be discharged safely and regain independence during his rehabilitation. The compassionate collaboration between the project lead and Mr W’s family ensured tailored solutions, providing not only practical improvements but emotional support. Mr W’s heartfelt gratitude and visible progress brought a profound sense of purpose and job satisfaction to the project lead.

Case Study: Community Resource Teams (CRTs) Pharmacy and SRP Extension

The Community Resource Teams (CRTs) Pharmacy project received additional funding via the Gwent RPB System Resilience Plan (SRP) to expand the service across the region and build in new elements to support discharge, falls prevention and provide home visits to frail elderly patients identified through HRAC criteria collaborating with GP practices across Gwent. The project has contributed to preventing falls by identifying and reviewing high-risk medicines that can impair balance or cognition. Individuals were supported to remain safely at home and reduced the risk of falls, particularly among frail older adults.

The project has supported a reduction in discharge delays and supported the D2RA pathways by enabling timely access to medicines and pharmacist input on wards, virtual wards and community resource teams. Its integrated approach has scaled good practice in medicines optimisation and falls prevention, with pharmacist roles embedded into multidisciplinary teams.

"I feel very reassured and confident with my medicines since pharmacy's input, I would have been 'lost' without them." – Service User

Through the Rapid Medical (virtual ward) service in Blaenau Gwent, supported by the CRT Pharmacy, a frail 92-year-old patient was safely treated at home, avoiding hospital admission. The team played a crucial role identifying harmful medicine interactions, supporting complex anti-coagulation decisions, and working closely with consultants and the wider multi-disciplinary team. Their expert input ensured safer

prescribing and effective, personalised care. The patient's daughter praised the team's professionalism and compassion, stating that receiving care at home preserved her mother's wellbeing and spirit.

Health and Physical Disabilities, Sensory Loss and Impairment

Area Plan Priorities:

1. To support disabled people, including sensory impairment, through an all-age approach to live independently in appropriate accommodation and access community-based services, including transport.
2. Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required.
3. Improve transition across all age groups and support services.

What we did:

RNIB partnered with Dementia Friendly Gwent to support free hearing loss drop-in sessions across Gwent as part of the Dementia Hub project.

We continued to promote and enhance the accessibility of Information, Advice, and Assistance (IAA) services to empower individuals to make informed decisions regarding their care and support needs through Dewis, AskSARA and advocacy services such as GATA and NYAS in addition to The Veterans Gateway website.

Partners continue to increase and promote Rehabilitation Officers for Visually Impaired (ROVI) to build confidence; provide emotional support; regain lost skills and teach new skills to those with sensory impairment or loss. We will ensure that all people facing sensory loss/impairment receives equal access to specialist assessment and where appropriate services.

At present, this area of work is recognised as a cross-cutting theme, activity in this space is ongoing, with continued efforts to develop and enhance services for these population groups across the strategic partnerships. Progress against these area plan priorities can be found throughout the report.

Next Steps:

- Increase the number of frontline workers who receive up to date training and awareness raising in relation to information, aids and adaptations that support people living with physical disabilities, sensory impairment and loss.
- Ensure people are supported to access information, advice, and assistance in a form that meets their needs e.g. British Sign Language (BSL) and Braille and 'rehabilitation' where required
- Increase the number of Rehabilitation Officers for Visually Impaired (ROVI) within the workforce.
- A focus is needed on further development of generic and specialist services and improving the access to other services for people with a sensory impairment, this will require a multi-agency approach.

Case study: Living with Sight Loss

Carley began losing her sight in 2018 and was diagnosed with cone-rod dystrophy. By 2021, she was registered as severely sight impaired.

“Lockdown was a really difficult time. I entered it without needing a white cane and came out unable to walk short distances without one,” she explained. “I also struggled emotionally- not just because of Covid, but because I didn’t know how to talk about my sight loss with people who knew me before. I felt anxious about going out again.”

After years of self-isolation, Carley found confidence through the support of local initiatives and people, including Sonya, Programme Lead for Dementia Services from Aneurin Bevan University Health Board (ABUHB) and Katherine Hawkins, Age Friendly Lead at Newport City Council.

Alongside attending in her role as Partnership Officer for Health and Wellbeing at Newport City Council and Sonya and Kath’s encouragement, Carley took part in Newport’s parkrun along the accessible Riverside route and was at the launch of the Inclusive parkrun in April. For Carley, this small but meaningful step was a turning point.

“I was very nervous beforehand but the moment we started, I felt supported... the stewards and other participants were so encouraging. I didn’t feel judged or out of place. I actually enjoyed it!”

“I never thought I’d be able to do something like that on my own. But now, I would feel confident going again, even by myself... For the first time in a long time, I felt like just another person in the group. The only difference was that I had my white cane.”



Prevention and Wellbeing

Integrated Wellbeing Networks: Over the past year, the Integrated Well-being Networks (IWN) project has made significant progress in strengthening community support, digital innovation, and early intervention across Gwent. The project expanded its partnerships, notably with the RSPB for nature prescribing and Gwent Police for safe spaces and increased professional involvement. In Blaenau Gwent alone **218** professionals from **66** organisations joined the collaborative network. Community engagement grew steadily, with **420** individuals accessing the project by Quarter 4 and **425** new individuals supported for the first time. The team handled **432** referrals and maintained nearly **1,000** contacts across the year, demonstrating rising demand and visibility. Support through Information, Advice, and Assistance (IAA) reached **6,784** people by the end of the year. Community-driven initiatives flourished, including participatory budgeting events awarding £135,000 to **28** community projects, and creative projects like the "Sit A While Bench" well-being space in Blaenau Gwent. The IWN programme successfully embedded itself deeper within primary care networks, strengthened community resilience, and created more sustainable, community-led health and well-being support models.

Health inclusion Service: A service for people who might not be accessing primary care services in Gwent despite their need, offering a multi-disciplinary and collaborative approach to planning and delivering services.

Rebalancing Rights and Responsibilities Training: Aimed at individuals in health and social care, to shape behaviours, relationships, skills and leadership, required for multi professional teams to work more effectively together.

Winter Planning/System Resilience Plan: The Gwent System Resilience Plan extends over two winters, from October 2023 to March 2025. We have Transitioned to year-round planning to help support clarity and alignment of goals and tactical responses through joint planning and resource deployment all year, as well as through the winter months. There are currently 9 projects supporting timely discharge and training. Hospital to Home delivered positive outcomes and a business case has been developed to expand this across Gwent from core ABUHB funds.

50 Day Challenge: The RPB have also been implementing the 10 best practice interventions set by Welsh Government, as part of the 50 Day Challenge (11th November 2024 – March 2025). The challenge was set to help more people safely return from hospital and to ease winter pressures on our health and care system. Gwent received praise from Welsh Government for their work on the 50 Day Challenge and were recognised as one of the top performing regions in supporting this work.

Next Steps:

We will continue to build on the achievements of 2024/25. A greater focus is required on developing preventative measures including early intervention and prevention, to minimise long term care, hospital admissions and to improve outcomes for people in our community. We will also continue to improve system flow around hospital discharge and work with Welsh Government to continue the good practice identified in the 50 Day Challenge.

6.3 DIRECT PAYMENTS

Key Priority:

1. To research, develop (where possible) and standardise Direct Payments information, process and systems across Gwent

This project aimed to create a work programme for collaborative efforts, sharing resources to support all local authority Direct Payment teams. This included pooling resources to save costs, improve services, and promote regional growth. The goal was to address shared challenges, create training resources and standardise Direct Payments information.

What we did in 2024/25:

- Public Information Guides were created and adopted by Gwent local authorities.
- Direct Payments training for Practitioners was developed for use across Gwent. Social Care Wales is exploring how they can use these on a national level.
- Quarterly meetings for Independent Living Advisors (ILA) and Direct Payment Lead Officers (DPLO) were set up.
- Improved terms and conditions for Personal Assistants were explored.

- Financial review and monitoring processes were looked at to improve support and reduce risk.

Our Next Steps:

- Encourage and support Practitioners to complete the Direct Payments Training.
- Look for opportunities to invest in developing joint guidance and policies and supporting and increasing the use of Direct Payments.
- Review and monitor roles within support teams to ensure timely account monitoring and reclaim surplus funds according to policy.
- Invest in expanding and developing Direct Payment Teams locally.
- Prepare for changes from the Health and Social Care Bill and work with Health Boards to get ready for Direct Payments for Continuing Health Care.

‘These [Direct Payment Guides] look really professional. When we visit service users it is great to be able to leave something tangible behind that they can refer to - they are a great source of information’ – Direct Payments Professional

“Direct Payments is supporting us as a family and allows us [as parents] to relieve some of the pressure from our caring role and spend some quality time with our daughter knowing our son is safe and with someone who is helping him to achieve his goals”. – Direct Payments Recipient

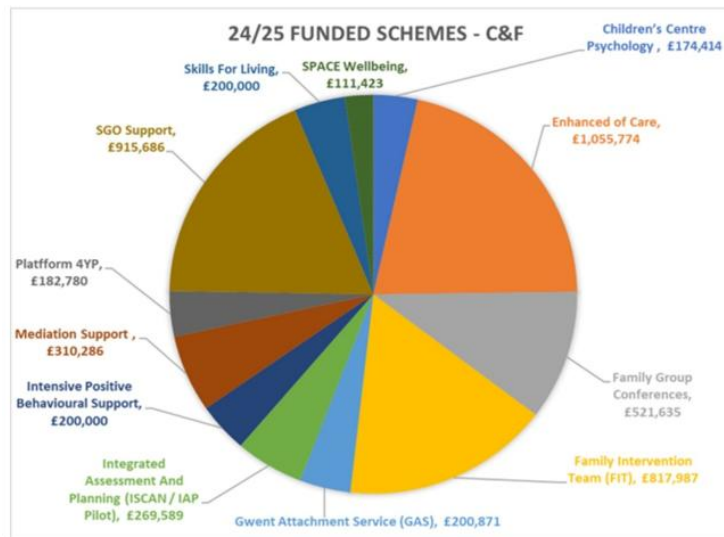
6.4 Children & Families Strategic Partnership

“The Children and Families Strategic Partnership has worked hard to ensure that we have a balanced approach to developing services from early help through to supporting children and families with complex needs. We have aligned our resources to meet shared outcomes including easy access to specialist support and enabling children to stay close to their homes and communities. We have made positive progress in ensuring that our various services and projects are underpinned by the values and concepts of the NEST/NYTH framework. Moving forward we are looking to understand how we can use our partnership to promote whole system and practice change, to secure better outcomes for children.” – Jane Rodgers, Strategic Director for Health and Social Care, Monmouthshire County Council and Chair of the Children and Families Strategic Partnership.

Area Plan Priorities:

1. To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.
2. To ensure good mental health and emotional well-being for children and young people through effective partnership working, especially mitigating the long-term impact of the Covid 19 pandemic.

What we did in 2024/2025:



SPACE Wellbeing: The Single Point of Access for requests concerning children's emotional and mental health wellbeing is firmly established in Gwent. The model has been presented to Health Boards and Local Authorities across Wales who have expressed an interest in embedding this way of working.



The implementation of a Single Point of Access simplifies the young person's journey, making it easier for individuals to receive timely support, which has a significant impact in reducing service fragmentation.

SPACE Wellbeing has achieved several significant outcomes during April 2024 – March 2025. The demand for referrals continues to outweigh current capacity, so processes are continuously being reviewed and streamlined, and digital options are in place for parents to easily submit a self-referral. Co-production work with Mind Our Futures Gwent has been more focused this year to ensure the voice of young people is represented. However, unmet needs remain, including post-diagnostic support following neuro-developmental assessments and school-based counselling during term time.

Family Intervention Team (FIT) is an early intervention mental health service for children and young people aged 3-16 with emerging difficulties, and their families, to prevent escalation of their needs in health, Social Care & Education. This service is offered through time limited interventions (12 sessions) and approximately **325** families are supported per year. During Quarter 1 and Quarter 2 of 2024/25, **165** new families were seen, with **508** family members involved and benefitting from the work through a family-based approach.

Platform Gwent 4YP has delivered a wide-reaching, youth-led mental health and wellbeing service for young people aged 14 to 18 across Gwent. The project provides one-to-one support, check-in sessions, school-based workshops, and community activities shaped by young people's voices. Despite capacity challenges, the team worked with over **800** young people this year and saw measurable improvements in wellbeing. Many reported they felt less isolated (**96%**) and more confident (**94%**). Notably, stronger links with Children and Adolescent Mental Health Services (CAMHS) and schools have increased referrals and collaboration. Young people described the

support as life-changing, valuing the safe, non-judgemental space and practical coping tools they were offered.

The NEST/ NYTH Framework provides 6 guiding principles for improving mental health and wellbeing services for babies, children, young people and their families.



The Children and Families Strategic Partnership are working to embed these principles through all subgroups, so there is a shared language and understanding on the needs of children and young people.

Eliminate Profit from Social Care Bill seeks to eliminate profit from the care of looked after children, by ensuring that residential, secure accommodation and foster care can only be provided by non-profit organisations, such as those in the public sector or charitable organisations. We continue to work with partners to review regional placements and costings so we can implement the processes required within the timeline of this work programme.

MY Support Team (MyST) was previously a Regional Integrated Fund (RIF) Revenue pilot scheme and has now been rolled out as a core funded programme, across the 5 local authorities in Gwent. MyST effectively provides intensive mental health support to young people with complex needs arising from early and compounded trauma, notably through the reduction of tier 4 care placements.

Several RIF funded projects within the Children and Families portfolio are contributing towards building national models of integrated care through the following workstreams:

1. Enhanced Edge of Care
2. Family Group Conferences
3. Mediation
4. Special Guardianship Orders
5. Care Experienced Children



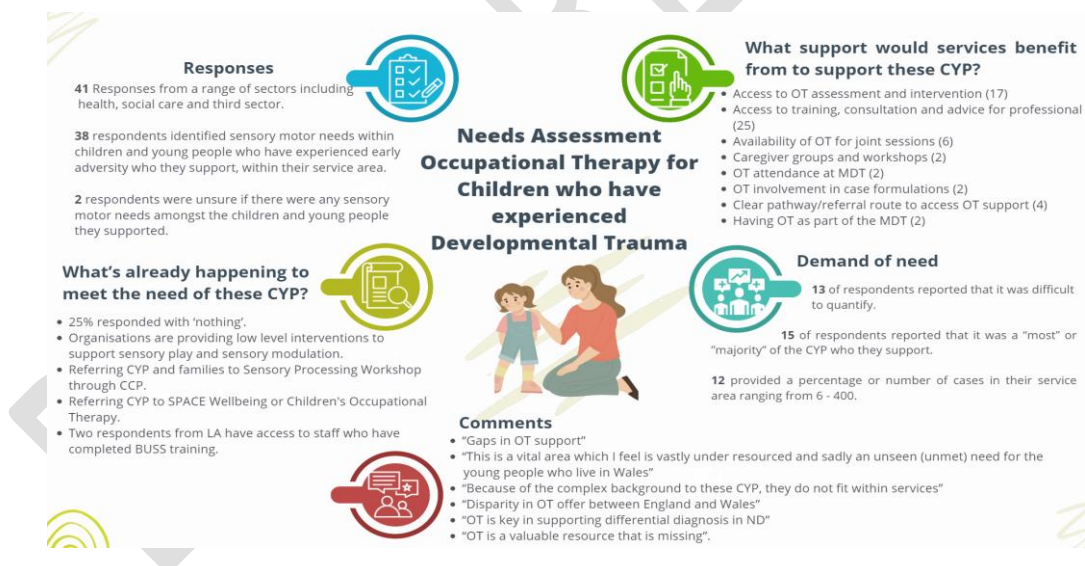
Of the individuals who provided feedback, 90.5% reported that the support they received had helped prevent their circumstances from deteriorating.



Engagement and Coproduction:

A Young People's Board has been established within ABUHB since September 2024 to capture the voices of young people with health and social care needs. Wellbeing in Education forums have been set up as part of the Whole School Approach programme of work by the Cynefin and Gwent Child and Family Community Psychology team, at ABUHB.

These forums provide a joined-up approach between health and education, working together to support school staff, children and young people. Including Needs Assessment Occupational Therapy for Children who have experienced Developmental Trauma via CAMHS (see right).



Next steps for 2025/2026

- Continue to work in collaboration with our partners on the Eliminate agenda across the region.
- Continue to embed the NEST/NYTH principles across the children and families work programme and educate the wider system.
- Continue to develop the voices of children and young people within our partnership to help shape and evaluate the work of the RPB.

6.5 Mental Health and Learning Disability Strategic Partnership

‘The sector faces significant challenges as demand and complexity increases, but the Partnership is committed to working collaboratively to support individuals to improve their lives and live well.’ – Louise Turner, ABUHB Mental Health and Learning Disability Divisional Director and Mental Health and Learning Disability Strategic Partnership Chair

Area Plan Priorities:

1. Increase Information, Advice and Assistance (IAA) in more accessible formats to provide people with informed choices to support their wellbeing and increase understanding.
2. Increase emotional well-being support in schools and the communities through identified best practice models
3. Increase support to the workforce to ensure they have the skills, training, and emotional support, to effectively support their role

What we did in 2024/2025:



Gwent Emotional and Mental Wellbeing Foundation Tier Programme

Melo Cymru is a website that contains information, advice and self-help resources to help people look after their mental health and wellbeing.



Content has grown throughout 2024/25, with printable and downloadable self-help materials now accessible for people without digital access. The Reducing Health Inequalities projects have trained primary care teams on learning disability awareness to improve person-centred care and over **150,000** new users have accessed the site, with ongoing conversations with Welsh Government to discuss a potential national rollout of the website. Feedback provided by Melo website users demonstrate that 9 out of 10 found the information helpful.

'We regularly signpost our clients to Melo but knowing that there is a function to translate the page is a huge bonus for our service. We will definitely be looking to book onto some of the courses' - Clinical Nurse Specialist for Health Inclusion

'I'm really trying hard to better myself since I got out of prison and will be trying some of the courses to help me build my coping skills.'- Service User

The Gwent Connect 5 programme

is a mental wellbeing training programme and has delivered **80** modules in 2024/25, with almost **500** participants accessing the programme.



It aims to improve emotional well-being through early intervention and community support for children and adults. Over **1,000** people have been trained since the programme commenced. Over the last year we have increased our trainer cohort from 25 to **50** trainers across various sectors.

Participants identified significant insights gained from attending the training, including:

- "To break down bigger problems into smaller parts"
- "Physical and mental health linking hand in hand"
- "Other people's experiences"
- "Importance of not making subconscious assumptions, elements of connected conversations and the resource melo Cymru"
- "Greater understanding and confidence when having difficult conversations"

The Gwent Suicide Prevention Steering Group and Expert Advisory Group meet quarterly, focusing on communication, engagement, training, and suicide first aid courses. This group currently reports into the Mental Health and Learning Disability Strategic Partnership and continues to implement the Gwent Suicide Prevention Action Plan. The region also has access to the Suicide Bereavement Service and the National Advisory Liaison Service. The SAFE project has run workshops in schools, colleges, and community groups to boost emotional well-being and independence for 16–35-year-olds. **435** people accessed group support. **84%** of participants reported maintaining or improving their independence and **98%** reported improved emotional wellbeing.

Hope Walk 2024

The Hope Walk is a PAPYRUS initiative to raise awareness of suicide prevention in young people and support available to people affected by suicide. Gwent held the largest Hope Walk in Wales for the fourth year with **59** people taking part in the walk and over 10 stall holders providing support resources and speaking to community members at Pontypool Park in Torfaen.



My Mates is a friendship project for people with disabilities supporting individuals to live independently, the membership has now grown to over **390** members. There has been a reduction in social isolation, with over **11,602** well-being contacts made, helping members develop friendships and community connections. There has also been reduced reliance on emergency services, increased self-directed care, and promoted greater resilience.

Transition Support: Projects in each local authority provided seamless support for young people transitioning into adulthood. **Blaenau-Gwent** supported **110** individuals, enhancing community integration through partnerships with Barnardo's and other third sector agencies.

Building Bridges Monmouthshire was set up to improve social inclusion through regular clubs in Monmouth, Abergavenny, and Caerwent, supporting **94** young people in 2024. **Caerphilly** offers comprehensive support, building strong partnerships with local organisations to enhance support networks and prevent crisis escalation, delivering **599** hours of support across community and home visits for anxiety management, emotional support, and recovery planning. **Newport** supported young people with complex needs by developing a 3-bedded residential unit, reducing reliance on 24-hour supported living through outreach support, improving independence skills, and reducing emergency interventions, supporting **31** individuals in the first two quarters of 2024.

My Day My Life supports adults with a diagnosed learning disability to access day opportunities and activities. This service has increased participation, enhanced social inclusion, improved participant confidence and reduced reliance on formal social services through greater independence.

Engagement and Coproduction at The Heart of Our Work

People with Lived Experience are active members of the Mental Health and Learning Disability Strategic Partnership and provide their experience and expertise to help shape the work we do locally but also feed into national programmes of work. This year they are leading the way at a national level, from trialling technology as part of the Royal College of Psychiatry (Early Intervention in Psychosis) to support the voice of unpaid carers and people living with neurodivergent needs and mental health distress to change our systems and processes/policies.

Next steps for 2025/206

- Continue to build on the good work completed throughout 2024/25 and improve cross cutting links, especially around housing in relation to supporting people with learning disabilities and mental health issues.
- Expand the Gwent Connect 5 training programme to reach more participants and include more localised content for everyone, including our health and social care workforce.
- Improve the accessibility of Information, Advice, and Assistance by developing more printable and downloadable self-help materials and improving engagement and co-production with our diverse communities.

- Map and gap the new national Mental Health Strategy, local related strategies and importantly, align priorities/actions for the Gwent region and population. We will hold citizens an overarching engagement workshop later in the year to ensure that people can contribute their views and feedback about our intentions, aligning with our partnership priority areas of focus under the Area Plan for 2025/2026.
- Continue to strengthen co-production with people with lived experience to support the work of the Mental Health Partnership, and individual partner areas of cross cutting focus such as unpaid carers, dementia, neurodivergent needs, substance misuse and housing.

6.6 Neurodivergent Strategic Partnership:

“The Neurodivergent Strategic Partnership remains committed to developing equitable, person-centred services that recognise the diversity of neurodivergent experiences. Through ongoing collaboration, the partnership aims to foster environments in which individuals and their families can achieve positive outcomes and lead fulfilling lives” – Teresa James, Monmouthshire County Council ASD Lead and Neurodivergence Strategic Partnership Chair

Area Plan Priorities:

1. Increase more timely diagnosis of Autistic Spectrum Disorder and access to support services, information, and advice pre and post diagnosis.
2. Increase awareness, understanding and acceptance of neurodiversity across the region and recognise the varying individual support needs; via training to health, social care and wider RPB partners, as well as the wider public.
3. Increase opportunities and practical support for learning, training, volunteering, and paid employment, to support independent living.

What we did in 2024/2025:

The Neurodivergence Improvement Programme (NDIP) is a Welsh Government initiative to improve services for people with neurodivergent conditions through addressing demand, capacity and design of services. The Neurodivergent Strategic Partnership oversees a 12 million budget shared throughout RPBs across Wales.

The Neurodivergence pathway and process is constantly reviewed and since May 2024, the over 5's team in ABUHB, have been screening referrals submitted for consideration of neuro-developmental assessment directly with schools. This has proved to be beneficial, enabling direct conversation regarding referral information and aligned working between health and education professionals to enable feedback and work with parents concerning their child's needs.

ABUHB Families and Therapies have reduced waiting times for diagnosis and implemented the Gwent Profiling Tool. ABUHB has significantly reduced the waiting time for screening, from 5 - 6 months to less than 4 weeks. As of 31st March 2025, the team has hit their target of 80% RTT (Referral to Treatment) for diagnostic assessments.

The Integrated Autism Service (IAS) and Adult ADHD Service have been collaborating to develop a future Neurodevelopmental service model to help reduce

waiting times for diagnostic assessments and support services. They have partnered with Hope GB to assist individuals in filling out referral forms, freeing up time for support workers. Collaboration with schools and Early Years services has strengthened support systems and have improved diagnostic processes, by making them more efficient.

Hope GB assisted **54** individuals with Integrated Autism Service (IAS) referral forms, saving significant time for support workers. In partnership with ABUHB and Gwent local authorities, Hope GB also hosted an **Autism Reality Experience** for **178** individuals (parents, carers and professionals) which is an immersive and hands on training session provided to neurotypical people, so they can experience the sensory processing difficulties faced by some people on the autistic spectrum. Blaenau Gwent Council commissioned the 'Autism Reality Experience' for local authority staff. They also collaborated with Children and Adult Services, prevention (IAA/Families First) and longer-term social services support team, to attend training sessions facilitated by Welsh Local Government Association (WLGA).

Caerphilly County Borough Council teams including the Youth Service, Caerphilly Cares, and Housing completed Neurodiversity training. They held a business breakfast event with **50** attendees to raise awareness about Neurodiversity. **Torfaen County Borough Council's the Health Determinants Research Collaboration (HDRC)** are conducting research into supported employment for people with learning disabilities and/or autism, with a report expected by the end of June 2025. **Monmouthshire County Council** collaborated with Autism Education Trust and National Autistic Society to adapt materials for the Welsh context and Additional Learning Needs (ALN) Reform. Every school now has an Autism Champion and is delivering '**Making Sense of Autism**' training to all staff. They have established an Autism Expert pupil panel in all secondary schools for feedback on school experiences and offer Early Bird Plus training for families and schools, targeting children aged 4 - 9. **Newport City Council** implemented an outreach support initiative from Ysgol Bryn Derw for mainstream schools with plans to expand, adding **40** places for key stage 2 pupils in 2025/26. There is also continued support at Fair Oak and John Frost School for neurodivergent individuals. **Blaenau Gwent County Borough Council** has opened the Independent Living Skills facility 'PODS', designed to support young people and adults with a physical and/or learning disability, to develop independent living skills, enabling them to live as independently as possible. The PODS consist of self-contained one-bedroom units equipped with the resources required to support skill development.

Growing Space supports individuals with neurodiverse conditions through group work, peer mentoring, and one-on-one support with their 'Making Time' project, and their 'Family Support' project aids families and parents with neurodiverse children, improving understanding and support.

Parent Voices in Wales ADHD Adults' 1 year pilot created a supportive community with tailored sessions and a 'waiting well' service, including online and face-to-face groups. Support for families of children and young people on the Neurodevelopmental Services waiting list, offering fortnightly online peer mentoring groups for parents. This is receiving positive feedback for its family-centred approach and practical advice. In collaboration with the ABUHB Families and Therapies Team, parents and carers have

developed a digital resource using Padlet to support families whose children are undergoing neurodevelopmental assessments. The tool is regularly updated to ensure parents have access to accurate information on the referral process and neurodivergent conditions.

"Ceri was very supportive and offered sensible suggestions based on her lived experience and understanding of neurodivergent children. I found this group very helpful both practically and for my mental health. I hope the groups continue." – Group Member, Parents Voices in Wales

"Thank you for my diagnosis... Thank you again for giving people understanding and acceptance for who they are. After waiting 2 years and questioning myself for my whole life, I now have an answer... thank you so much for being understanding and for helping me finally find out who I am." – Service User for IAS

"For years I truly believed myself to be nothing but lazy and unmotivated to get my life onto a track I truly wanted. My weight was poor, my mental health was even worse, along with my home life constantly being in a state of precarious balance between perfect and unsalvageable. Since being moved to the care of your team, I can honestly say my entire life has been turned around in ways I never could have even dreamed. I am a better partner and father than I could have ever been, which I put solely on yourselves. I've finally found myself in the care of people who understand what I was going through, shown me that I am not at fault for the ways I had been feeling and paved me a way forward to get to the life I always wanted." – Service User for Adult ADHD Service

Engagement and Co-production

Co-production plays a key part in the work of the Strategic Partnership, and we have undertaken sessions with parents to improve communication between services and families. Work has also been completed with parents to devise resources and information for families 'whilst they wait' for assessments. Members with lived experience have been integral to the group since it was established as an Autism/Neurodivergent steering group in 2021 and it has now evolved into the Neurodivergent Strategic Partnership, overseeing funding to support the work and also for implementing the Autism Code of Practice across Gwent.

Next steps for 2025/26:

- Exploring potential projects or initiatives in advance of securing additional funding, ensuring that ideas are prepared for rapid implementation once resources become available.
- Continue to increase awareness, understanding, and acceptance of neurodivergence across the region. There are plans to launch Neurodiversity Early Support Hub to provide timely support and reduce confusion between different services.
- ABUHB Families and Therapies team to explore digital solutions that improve family choice and accessibility when engaging with available resources.
- Increase opportunities and practical support for learning, training, volunteering, and paid employment. This involves engaging with local businesses and third-

sector organisations to provide additional support for individuals seeking employment and training opportunities.

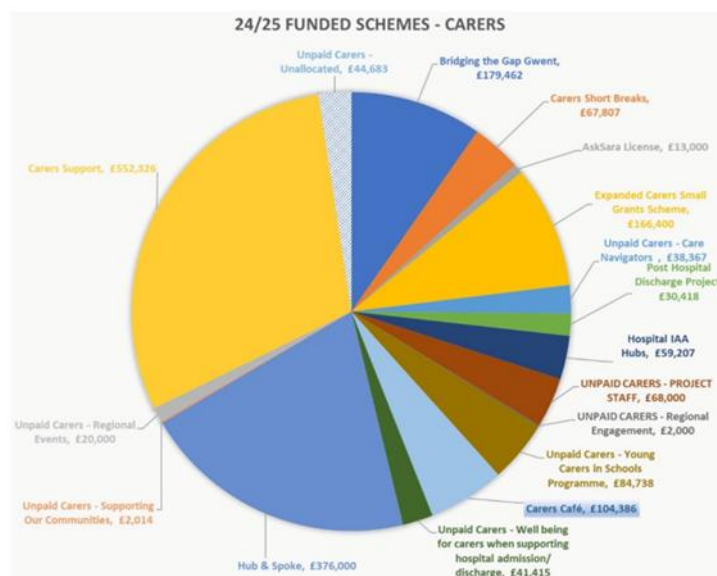
6.7 Carers Strategic Partnership

“We are committed to supporting unpaid carers of all ages and backgrounds and recognise all the good work taking place. We welcome the Welsh Government’s review of its National Delivery Plan to further strengthen and advance the core themes that support carers and continue to look at ways to deliver these.” – Jason O’Brien, Strategic Director, Children and Family Services, Torfaen County Borough Council and Chair of the Carers Strategic Partnership

Area Plan Priorities:

1. Support unpaid carers to care through flexible respite, access to accurate information, peer-to-peer support, effective care planning and through increased public understanding.
2. Improve well-being of young carers and young adult carers and mitigate against the long-term impacts.

What we did in 2024/2025:



*6% of the RIF funding is spent on Carers delivery, the target from Welsh Government is 5%.

Young Carers in Schools Programme: Our commitment to supporting young carers in education remains key. The project has good engagement across primary and secondary schools supporting young carers and further education. In 2024/25 **100** schools engaged in this programme, and **1,681** young carers were identified. In addition, a young carer’s identification scheme operates across the Gwent region.

Short Breaks: In Gwent we have a Bridging the Gap model which operates across the region and includes **72** providers of short breaks through the project, available to adult and young carers. In 2024/25 the project supported **982** adult carers and **37** young carers. Additionally, each local authority was provided with funding towards the end of the year to deliver local short breaks in their area supporting **2,330** carers across the region.

Supporting Carers with Hospital Discharge: In 2024/25, the Welsh Government focused on supporting carers with hospital discharge processes. In Gwent more than **1,760** carers have been supported across hospital discharge programmes. The following projects were delivered:

Gwent Carers Information and Advice Service (GCIAAS) Hospital Hubs aid staff in supporting carers from the point of admission. On-site support hubs are located within each of the five main hospital sites in Gwent. This model involves a partnership with the health board and three third sector organisations: Adferiad, Age Connects Torfaen, and Hospice of the Valleys. The hubs aim to support carers with hospital discharge, improve their wellbeing, and provide access to information, advice, and assistance (IAA). **1,385** carers accessed the hubs. **1,056** people were satisfied with the support received. **864** individuals felt less isolated. **923** carers became more aware of their need to look after themselves. There were **183** referrals for carers assessment. **1,064** carers were advised on benefit entitlements. **918** carers advised to register with their GP. **597** carers signposted to other support avenues.

"I didn't realise how much support was out there until I came to the Carers Hub. They've opened so many doors for me." – Service User

Supporting Carers Post-Discharge: This project, started in July 2024 and provides a 6-week free post-discharge service to help carers settle back into home life. It offers practical and emotional support, aiming to prevent readmission to hospital. **178** individuals accessed the project and received IAA. Carers reported improved emotional wellbeing and could cope better with the discharge process.

The hospital discharge service was a real lifeline for us. When my dad came home, I felt completely overwhelmed, but the support we received—practical help, advice, and just knowing someone was there—made all the difference. I honestly don't know how we would've managed without it" – Service User

Carers Hub and Spoke is situated in the heart of Pontypool town and offers unpaid carers a safe space to talk about them and their caring role. Over 2024/25, the Gwent Carers Hub and Spoke project supported **1,008** carers across the region, with **358** new individuals accessing the service. Outreach workers attended **206** community events, and **115** support groups were held at the Hub. Carers accessed **84** therapy sessions, and targeted activities were introduced in response to feedback. The project improved carer well-being, reduced isolation, and maintained positive satisfaction levels.

Small Grants Scheme is an initiative to support life alongside caring for carers of all ages. It was introduced in 2016 and has become one of our flagship support projects to reflect a gap in provision of financial support for those in caring roles. In 2024/25 we provided **469** small grants to carers across the region.

Supporting Diverse Communities delivered by KidsCare4u, this project supports diverse communities by addressing language barriers and assisting during hospital admissions and discharges. It establishes connections with district nurses and the discharge team to offer long-term benefits. Identified challenges: language barriers, lack of awareness, and transport difficulties. Building trust in diverse communities is key and we need to increase reach to multiple linguistic groups.

Wellbeing for Carers During Hospital Admission/Discharge: This project supports carers at the time of hospital admission and discharge, ensuring they have timely

access to information, advice, and assistance. It also supports carers whose circumstances change dramatically due to the deteriorating health of the person they care for.

Care Navigators provide person-centred support to carers from emergency departments to resettlement at home. Delivered by Age Connects Torfaen this model employs three Carer Navigators to support carers post-discharge. They supported **24** unpaid carers, providing **163.5** hours of support and improved links with ward staff and discharge planning staff. Carers reported reduced stress, anxiety, and isolation. There were also improved physical and mental health outcomes for carers.

Welcome Back Packs provided by Age Connects Torfaen supports unpaid carers when their loved one returns home from hospital. The packs include essential supplies and information on local support services, helping carers manage the transition from hospital to home. **180** packs provided access to food, toiletries, and comfort items, improved post discharge recovery, reduced preventable complications, enhanced emotional wellbeing, and strengthened continuity of care.

“The Welcome Back Pack was an absolute lifeline when my husband came home from the hospital. After days of worry and exhaustion, having essential supplies ready and knowing where to turn for support made all the difference. It reassured me that we weren’t alone, and I finally felt like someone was looking out for us too.” – Service User

Engagement and Coproduction

The Gwent Carers Strategic Partnership values carers as equal partners in care, ensuring their voices shape service design and delivery. Carers are represented at the Gwent Citizen Network and Regional Partnership Board. Projects are co-produced with carers, and the partnership connects with carers groups and coordinators across the region. As of 2025, the Carers Voice Panel, delivered by the Gwent Carers Hub, has been reinstated.

Next steps for 2025/26:

- All RPB partners continue to work towards the recognition of unpaid carers and integrate this into the planning and delivery of their own services.
- Continue to promote the work of unpaid carers including the Young Carers in Schools programme.
- Consider the sustainability of projects, services and resources longer term.
- Continue to evaluate support and services to identify good practice, and gaps in service provision based upon carers feedback and experience.

6.8 Dementia Strategic Partnership

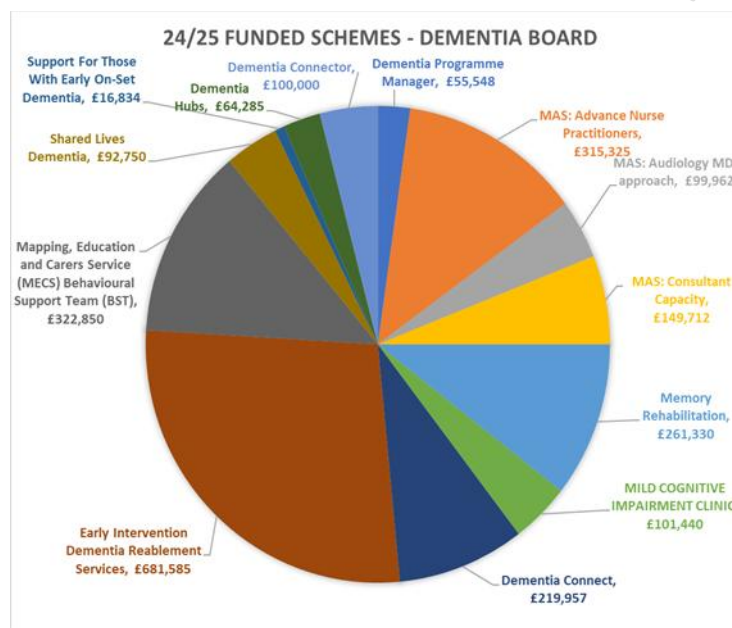
“The Dementia Strategic Partnership and established dementia workstreams continue to make good progress towards the requirements outlined within the Dementia Action Plan, The National Dementia Standards, and the National Dementia Hospital Charter. The past 12 months has seen an increase in community engagement and people’s feedback is enabling a more focused review of what matters to the population of Gwent” – Tanya Strange, Head of Nursing Patient Experience and Involvement and Chair of the Dementia Strategic Partnership

Area Plan Priorities:

To improve outcomes for people living with dementia and their carers through:

- Increase the proportion of people receiving assessment, diagnosis and support.
- Increase Information, Assistance and Advice (IAA), to support cognitive wellbeing and inform of risk factors of dementia and improve understanding and awareness.
- Increase the number of learning and development opportunities linked to dementia for community members, people living with dementia, carers and professionals.

What we did in 2024/2025:



Dementia Hubs were implemented in each local authority across Gwent. These spaces allow professionals, volunteers and community members to access information, advice and support for people concerned about their memory, living with dementia or caring for someone with dementia. Partners from across **27** organisations have supported and worked from the hub spaces, engaging with community visitors and fellow professionals. **679** people were supported through the Dementia Hubs between December 2024 and March 2025.



"I wanted to come back into the dementia hub and say thank you for all the information you gave me. I have passed this onto my Nan who wanted me to thank you too, she was very grateful" – Citizen

"The dementia hubs were a lifeline to our family." – Citizen

In 2024 **Memory Assessment Services** across ABUHB delivered **20,629** appointments, this is an increase of **2,317**. There have been further additions to the

pathway for support following diagnosis as well as identification and recognition of dementia.

Learning and Development opportunities have significantly increased across the region including Dementia Friends, Meaningful Engagement, Bitesize Sessions and Dementia Aware. We partnered with Dementia Friendly Swansea to deliver **10** Dementia Aware sessions across community locations. Sessions were open to all sectors and community members. **110+** people attended, with sessions receiving positive feedback about the content. Attendees completing the session reported a **135%** increase in knowledge at the end of the session. We have also created **2,187** Dementia Friends over the course of the year. In addition, the Dementia Experience Tour hosted by ABUHB and Training2care delivered sessions to **36** staff. A series of Bitesize sessions across a range of specialist areas including Mental Capacity Act, Audiology, Oral Health Care, Hydration & Nutrition, and more was delivered to **232** participants.

The Dementia-Friendly Gwent Network continues to grow and connect communities, raise awareness, and fosters understanding of dementia. Our network now has over **330+** members championing dementia awareness, inclusion, and support across Gwent.



Mapping, Education and Carers Service (MECS) delivered sessions to carers of people living with dementia across Gwent. The MECS team have delivered **9** Courses to **83** attendees across Gwent.

The Meaningful Engagement and Activity Programme was delivered over 18-months. This supported staff and people in hospital wards, care homes and prison services across the region, with Meaningful Engagement skills and resources, to promote and improve people's experience of care, increase cognitive stimuli for people and to support carers. This programme is a collaboration between Aneurin Bevan University Health Board and supported by NHS Charities Together funding.

Case Study: Hospice of The Valleys Young Onset Dementia Service

The aim of the service is to assess and meet the needs of individuals living with early on set dementia and their carers within the community. We strive to promote and maintain their independence, physical and emotional wellbeing and enjoyment of life and prevent future crisis. The CARIAD team also recognise and support the additional challenges faced by family members and carers of those living with an early on set dementia diagnosis. Carer needs are assessed on an individual basis. There were **240** contacts and **76** individuals, both patients and carers who accessed the project during **2024/25**.

Mrs A was diagnosed with young onset dementia by local memory services when she was 57. She was referred to the Young Onset Dementia Service by the memory assessment service. Hospice of The Valleys visited Mrs A and her husband to discuss the service and assess their needs. As part of this assessment a person-centred approach was utilised focusing on "what matters" to them both.

Due to her dementia symptoms Mrs A's husband had become worried she was at increased risk at home without additional support. The family were referred to our

in-house welfare rights service where they were supported to apply for benefits and advised on financial matters.

“I can feel like a burden now I can’t work but it’s good to know people like you are there to help us when times get hard”.

Mrs A shared that she suffers with low mood and due to the complexities of her physical health and her dementia symptoms she has become anxious to leave the house alone. As a result of this Mrs A shared that she would like to improve her social integration and explore what community options may be suitable for her. Mrs A attended the CARIAD day centre for art therapy, this was something she really enjoyed. Moving forward her husband has accessed the AMSER project allowing them to access flexible respite services for free. Mrs A has also accessed a complimentary therapist to aid with relaxation.

“It was important that I felt comfortable and listened to. I felt this”

“I just think services like this are so important. You feel alone when you get diagnosed”

Engagement and Coproduction

Significant engagement has been undertaken across all areas of Gwent, reaching over **1,500+** individuals through **70 +** group visits, events, online and in person sessions to find out ‘what matters’ to people around dementia care. We are continuously working to strengthen links and engagement with seldom-heard voices and ensure their needs are addressed in service planning.



The Dementia Friendly Gwent Network is regularly engaged with to seek views about services, support and proposed pilot projects. People living with dementia and their carers sit on both the Dementia Friendly Gwent Network and the Dementia Standards workstreams under the Dementia Strategic Partnership to help coproduce and shape the dementia care pathway for Gwent. Work is ongoing through collaboration with partners and communities to provide information and awareness sessions, to raise awareness of dementia, brain health and dementia risk factors, highlight the Dementia Care Standards, and gather people’s experiences of dementia care. This engagement includes both virtual and in person visits to groups, organisations, and schools across the community.

Next steps for 2025/26:

- 12-month project funding agreed to continue the success of the implementation of the Dementia Hubs.
- Identify funding streams to introduce a Learning and Development Facilitator role for Gwent to improve workforce knowledge and development.
- Continue to offer training and development opportunities to equip people living with dementia and their carers with the skills and knowledge needed to provide effective support.

- Further develop and implement the 'Train the Trainer' model to continue delivery of Dementia Aware sessions across Gwent, in partnership with Dementia Friendly Communities Swansea and the Dementia Friendly Gwent Network.
- Continue to expand the Dementia Friendly Gwent Network, creating dementia friendly communities and raising awareness and understanding of dementia across Gwent.
- Support the implementation of the 'All-Wales Dementia Care Pathway of Standards'.
- Improving the experience of people living with dementia whilst in hospital, by providing meaningful activities and Dementia Companions through the ABUHB Ffrind I Mi volunteer programme.

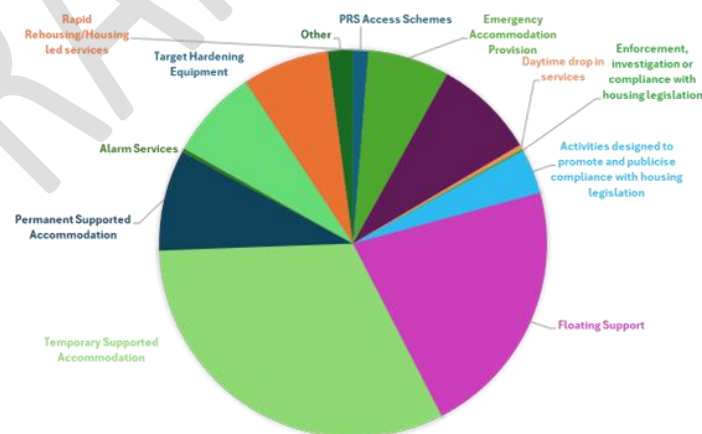
6.9 Health Social Care and Housing Strategic Partnership

As Chair of the Health, Social Care and Housing Partnership I'm proud of the progress we have made in the face of challenges and change. Through strong collaboration across sectors, we have continued to build more integrated and person-centred services. Despite the pressures our shared commitment remains focused on improving lives across the region. – Paula Kennedy, Chief Executive, Melin Homes

Area Plan Priorities:

1. A multi-agency partnership approach to ensure appropriate housing and accommodation for older people and vulnerable citizens.
2. To ensure effective use of Disabled Facilities Grants and appropriate partnership support and available resources.
3. Homelessness requires a collaborative response from public services and partners, especially the non-use of Bed and Breakfast accommodation for young people, and through prevention and early intervention.

What we did in 2024/2025:



Rapid Rehousing Plan: Local authorities have concluded the development of their Rapid Rehousing plans and are now in the implementation phase. These plans aim to highlight how local authorities can holistically support individuals to gain housing and manage sustainable tenancies. Its goal is to make homelessness rare, brief and unrepeatable and each local authority has highlighted how they aim to achieve this.

However, we also continue to look at how we can collaborate on these processes on a regional basis, to make sure our resources are utilised most effectively.

Step Up Step Down: £1.4m has been invested in Step-up Step-down beds to provide intermediate care facilities across Gwent, preventing unnecessary admission to hospital or facilitating timely discharge for older people with complex needs.

Housing Support Grant: 9,151 individuals have been supported through Housing Support Grant funded services. These include floating community support, drug and alcohol services, homelessness support and domestic abuse support services. The Housing Support Grant has been aligned to RIF Capital Funding, to maximise funding across housing, homelessness, mental health, drug and alcohol misuse, domestic abuse and Violence Against Women Sexual Violence (VAWDASAV) services.

The Hospital to Healthier Home service continues to assist with safer, quicker hospital discharge and reduces re-admission rates by facilitating discharge of individuals who require home adjustments. The Gwent Region has currently invested £207,000.

Mediation support in Monmouthshire has been implemented, addressing the diverse challenges confronted by young people and families, with a specific focus on issues such as family breakdown, homelessness and conflicts that may lead to family breakdown. The Gwent Region has currently invested £310,000.

‘My worker has been brilliant with me. I can trust her, and her support has been very positive, which has helped me be more positive towards my future and engaging with GDAS’. – Source: Gwent Housing Support Grant Service User Survey, 2024.

Pearl House: The opening of new housing schemes across Gwent; Pearl House provides supported accommodation for residents, and a collaboration with Melin Homes to provide a supported children’s accommodation facility.

Case Study: Supported by Platform, funded through Caerphilly Housing Support Grant

Person A resided in prison in England but was identified as a future placement in Caerphilly. Support started early, with a support worker allocated who immediately started engaging in calls via MS Teams to build rapport and establish a relationship. Person A had progressed through the care system as a child, had a history of trauma and was living with significant mental health issues. During his time in prison, he remained on 15-minute observations for suicide watch. Upon his release, Person A was initially placed in unsuitable accommodation in England, but his support worker facilitated a more suitable transition to 24-hour supported accommodation in Ty Osborne, Caerphilly. His continued engagement with his support worker meant that he avoided hospital admission and intervention by emergency services when his mental health declined, and learned key life skills such as budgeting, cooking and how to manage his tenancy. With continued support, he has now moved to lower-level supported accommodation in the area, receiving continued support in the community, has a dog and is working to develop his independent living skills, while being supported to re-enter employment.

Next steps for 2025/26:

- Collaboration on workforce development and recruitment across the RPB, Social Landlords, Housing Associations and College Consortium.
- The Strategic Partnership will work to identify mental health support available to frontline staff across Registered Social Landlords and Housing Associations, with further consideration also to a regional approach to domestic abuse training.
- The Strategic Partnership will continue to support third sector support services through Provider Forums and engagement sessions and continue to consider the implications of legislative changes on landlords, tenants, RPB and partners.

Engagement and Coproduction

The Partnership continues to engage with citizens in a co-productive way through the Gwent Housing Engagement Learning Panel (HELP), which meets on a quarterly basis. We also continuously engage with those in receipt of services funded through the Housing Support Grant. Surveys and engagement events allow citizens to provide feedback on the services they have received. This feedback then forms the basis of the workplan for the partnership over the coming year.

7. Assistive Technology (AT) and Digital Solutions

Assistive Technology (AT) is crucial for helping people maintain their independence by providing tools and devices that support daily activities and improve quality of life. In the 2024/25 financial year, the Gwent RPB funded and supported several key projects. These included the Reminiscence and Interactive Therapy Activities (RITA), distributing **125 devices** across Gwent and the Social-ability Happiness Programme, distributing **147 devices** across Gwent. We also distributed **500 HUG** by Laugh dolls, which are soft comforters with weighted limbs and a simulated beating heart. These projects help individuals live more independently and confidently in their own homes and provide support in community settings.

[**Read more about the Gwent Assistive Technology Programme here**](#)

“The Hug has been used during our ELSA session and Young Carers group. The children look forward to using the Hug. You can immediately see calm when they use it. So far, we have used the Hug with 6 young people”. – Young Carers Group

What we did in 2024/2025:

- A review of the distribution of AT devices funded via RPB funds was completed.
- Extended licenses for RITA and The Happiness Programme Magic Tables across the region for those who are benefiting from the technology.
- Positive progress has been within the local authorities. Monmouthshire are delivering on their AT strategy, while Newport has supported a new Technology Coach role.

Next steps:

- Further develop a regional approach to AT, Telecare and Telehealth.

- The Gwent Assistive Technology Network will be reinstated to bring partners back together to share good practice and explore opportunities to work together.

8. Supporting Better Integration and Delivery

There are several funding streams that support the RPB, to develop and test new and innovative approaches and service models to support the integration of health and social care across Gwent.

8.1 Regional Integration Fund (RIF)

The Welsh Government Regional Integration Fund (RIF) is a five-year programme in Wales that runs from April 2022 to March 2027 to help integrate health and social care services. The projects highlighted throughout this report have been funded via RIF. The RIF revenue portfolio for the Gwent RPB has been delivered via 14 Strategic Programmes, consisting of 28 workstreams and **179 projects**. The projects and services within this programme have been enabled via £29.9 million of Revenue funding provided via the RIF and other funding streams.

National Models of Care (NMOC)

The RIF supports 6 models of care which have been designed to improve health and social care, so that citizens, wherever they live, can be assured of an effective and seamless service. These include:

Community Based Care: Prevention & Community Co-ordination

The workstream supported over **75,000** individuals in Year 3, offering early intervention, targeted help, and specialist care that collectively reduced isolation, built confidence, and prevented escalation. Nearly **80%** of those who gave feedback felt less isolated, while three-quarters maintained or improved their emotional well-being. Local projects delivered strong community outcomes—such as **6,200** people supported in Newport and **552** supported employment sessions in Learning Disabilities services. One user reflected, **“It’s given me strategies that I have been able to use since the service has finished”** demonstrating how the model helped individuals regain stability and independence.

Community Based Care: Complex Care Closer to Home

The workstream has supported over **13,500** individuals, with more than **70%** receiving targeted or specialist interventions to help manage complex needs in community settings. Services enabled people to stay safely at home, avoid hospital admissions, and regain independence. These outcomes are reflected in the **91.5%** satisfaction rate and over **90%** of respondents reporting improved well-being and independence.

Promoting Good Emotional Health and Wellbeing

The workstream supported over **60,000** individuals across Gwent, with more than **85%** receiving preventative or early support. Across all projects, **85.6%** reported improved emotional wellbeing and **96.9%** felt less isolated. As one parent shared, **“It may only seem a small gesture... but the fact you listened... left me feeling as if someone was finally listening to me”**. Digital tools like Melo, family-centred interventions, and trauma-informed services contributed to reducing pressure on statutory services while improving personal outcomes.

Supporting Families to Stay Together Safely and Therapeutic Support for Care Experienced Children

The National Models of Care workstreams have delivered strong, measurable impact by supporting over **10,700** individuals and achieving high rates of engagement and user satisfaction. Across services, **91%** of children in Caerphilly's Enhanced Edge of Care project remained at home, and **100%** of children in Monmouthshire's Mediation service avoided care entry. Therapeutic innovations, such as DBT Lite for care experienced children, have improved wellbeing and reduced risk-taking, while **90.5%** of service users across projects felt that support helped prevent their needs from escalating.

Home from Hospital

The workstream has supported over **117,000** individuals across Gwent to return home safely and remain well following discharge. Interventions ranged from rapid discharge coordination to tailored rehabilitation and carer support. Projects such as the ED Wellbeing and Home Safe service helped ensure discharges were not delayed. Over **75%** of respondents felt the support helped prevent escalation of their needs, while **86%** reported improvements in emotional well-being. Across the model, users described services as "invaluable" and credited them with easing stress, improving confidence, and enabling safe recovery at home.

Capital Programme Update 24/25

The Gwent RPB Capital Programme invests in the region's long-term aim of ensuring support is delivered as close to home as possible and is available when people need it, through the transformation of spaces. The Strategic Capital Plan (SCP) for Gwent was reviewed and resubmitted in March 2025 to Welsh Government and aligns to the Area Plan across the seven Strategic Partnerships. There are three main programmes within Capital:

1. Integrated Care Fund (ICF) Legacy Funds £1.277 million
2. Integration & Rebalancing Capital Fund (IRCF) £13.71 million – There are currently 14 IRCF projects, 9 are actively being progressed, 5 have been completed. The priorities for the IRCF Funding are integrated health and social care hubs, rebalancing adult residential care and eliminating profit from children's residential care
3. Housing with Care Fund (HCF) £11.208 million – There are currently 45 projects within the HCF funding stream. Funding Objectives for the HCF Funding are housing with care, intermediate care and minor projects.

Case Study: Severn View Park Care Home wins MacEwen Award 2025

Designed by Pentan Architects and constructed by Lovell, the care home opened its doors in March 2024. It was funded through a partnership between Monmouthshire County Council and the Gwent Regional Partnership Board via the Welsh Government's Integrated Care Fund and Housing with Care



Fund.

Working closely with the architects and developers, Colin Richings, Integrated Service Manager at Monmouthshire County Council, played a vital role in developing the care home. Throughout the seven-year development of Severn View Park, his philosophy was consistent: allowing people to live well with dementia.

The care home's design aims to support people with dementia. Front doors open directly into the living spaces, promoting a sense of comfort, unlike the typical reception desk and office setup. With four residences, each housing eight residents, the care home is centred around a new village hall for the new housing community, with gardens and allotments creating shared spaces for all. Along with the innovative design, the care home is at the forefront of developing best practices in care. Throughout the day, staff will ensure that all residents are included in all aspects of daily living.

Chair of the RPB and Chair of ABUHB, Ann Lloyd said, "We are grateful for the significant funding support from Welsh Government, which has made this flagship dementia provision scheme a reality, not only as an exemplar for Gwent but also in sharing best practice across Wales. Together, in partnership, we have worked collaboratively with communities, organisations, and experts to deliver lasting, meaningful change, for those affected by dementia. Congratulations to everyone involved in this project."

9. Gwent Regional Innovation Coordination Hub (GRICH)

The Gwent Regional Innovation Coordination Hub (GRICH) continued to deliver meaningful, community-driven innovation across the region. In 24/25 GRICH supported six high-impact projects through the Rapid Innovation Initiative, reaching over **4,800** individuals and influencing both regional and national policy. With £250,000 secured from the Welsh Government, GRICH built cross-sector partnerships, improved health equity, and laid the foundation for scalable innovation across Wales.

- **4Minds** – Tackling Mental Health Together: Over **515** individuals engaged through men's mental health outreach, uniting **32** agencies in collaboration and inspiring new community-led initiatives, including Man Space.
- **Warm Wales** – Enhancing Living Conditions: **3,357** households identified for future retrofit support, **58** homes upgraded, and £590,000+ secured in funding. Developing the first cross-authority data-sharing model linking health and housing to drive equitable retrofit delivery across Gwent.
- **Thriving Communities** – BreatheWell LiveWell: Delivered holistic wellness programmes to **150+** participants, improving mental resilience and physical health, and inspiring community-led peer mentorship.
- **WISE KIDS** – Digital Parenting in Gwent: Engaged **258** parents and carers via bilingual webinars and launched a multimedia resource hub promoting safe, informed digital parenting.
- **Torfaen County Borough Council** – CVD Community Outreach: Screened **70+** individuals for cardiovascular risk, trained **6** peer volunteers, and piloted a culturally tailored health engagement model.

- **Monmouthshire** – Children’s Communication App: Developed and piloted an innovative app to capture the voices of non-verbal children with disabilities, enhancing digital inclusion in social care.

10. Looking Ahead

The Area Plan sets out the Gwent RPB’s key actions and priorities following the Population Needs Assessment.

[Read out Areal Plan here](#)

We will continue to monitor, update and support progress of the Area Plan through **2025/26** with a focus on collaborative priorities including:

- **Working with citizens** to create and improve health and social care services together.
- **Measuring our impact**, we need to know how our work is making a positive difference in health and social care by using both numbers and personal stories.
- **Develop our work on early intervention and prevention across the RPB:** Develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with the RPB strategic priorities.
- **Shortening hospital stays** for older people and helping them return home safely with ongoing support. This is part of our system resilience planning and the 'Further Faster' agenda.
- **Focusing on children with complex needs** and those in care, especially those placed outside the county, under the 'Eliminate agenda'.
- **Finding new and supportive solutions** for people waiting for an Autism/Neurodevelopmental Assessment, both before and after the assessment.
- **Supporting people with dementia** and their carers, especially through community support and timely diagnosis.
- Exploring ways to **solve long-term recruitment and retention problems** in health and social care, especially in Domiciliary Care.
- **Reduce isolation, loneliness**, and their effects on mental health, focusing on emotional wellbeing.
- **Supporting unpaid carers** with their caring needs, exploring flexible and timely respite solutions.
- Lastly, we will keep building and strengthening our partnerships and ensure good governance. This means managing the RPB’s functions effectively and responsibly to achieve our goals.