Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 2 – Senedd
Meeting date: Wednesday, 21 June 2017
Member's pre-meeting: 09.15
Meeting time: 09.30

For further information contact:
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Informal pre-meeting (09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

2 Inquiry into loneliness and isolation – evidence session 11 – Minister for Social Services and Public Health

(09.30 – 11.00) (Pages 1 – 19)

Rebecca Evans AM, Minister for Social Services and Public Health
Albert Heaney, Director, Social Services and Integration
Grant Duncan, Deputy Director, Primary Care

3 Paper(s) to note

Inquiry into primary care – additional information from Betsi Cadwaladr University Health Board regarding Cluster Development Monies

(Pages 20 – 22)

Inquiry into primary care – additional information from Hywel Dda University Health Board regarding Cluster Development Monies

(Pages 23 – 59)

Inquiry into primary care - additional information from Cwm Taf University Health Board regarding Cluster Development Monies

(Pages 60 - 67)

Inquiry into loneliness and isolation - additional information from Samaritans Cymru

(Pages 68 - 100)

Inquiry into primary care - additional information from Cardiff and Vale University Health Board regarding Cluster Development Monies

(Pages 101 - 102)

4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting

5 Inquiry into loneliness and isolation - consideration of the evidence and discussion of the key issues arising from scrutiny

(11.00 - 11.45)

Agenda Item 2

Document is Restricted

Evidence Paper to Health, Social Care and Sport Committee's inquiry into loneliness and isolation

Context

Loneliness and unwanted isolation is not a phenomenon specific to Wales. There is a growing awareness of the problem of loneliness and unwanted isolation across the UK as a whole.

The terms "loneliness" and "isolation" are often used interchangeably, but are distinct concepts. People can be socially isolated without feeling lonely, or feel lonely amongst other people. Research by various bodies has suggested a range of definitions for these terms; however, recent work by Swansea University's Centre for Ageing and Dementia Research and the Centre for Innovative Ageing defined loneliness and unwanted isolation as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively. In contrast, social isolation is an objective measurement, based on the absence of contact with other people, which can be quantified, and integration with other members of society. It is the opposite of good social support".

The Welsh Government's forthcoming Loneliness and Unwanted Isolation Strategy will determine an agreed definition of what we mean by the term "loneliness and unwanted isolation" for use in Wales. This paper outlines some of our early thoughts as we begin to develop this strategy.

Data from the Cognitive Function and Ageing study -Wales (CFAS-Wales)[1] found that 25.3% of older adults in Wales reported being lonely and 26.9% socially isolated. Research demonstrates that loneliness has an effect on mortality that is similar in scale to smoking 15 cigarettes a day[2], and consequently tackling loneliness and isolation is needed to protect both the individual and the public purse. Improving people's resilience and making them less susceptible to the harmful effects of loneliness is crucial in maintaining people's health, independence and wellbeing. However, it would be better to prioritise the prevention of loneliness so its impacts are not felt in the first place.

Whilst loneliness and unwanted isolation is usually associated with ageing, it is not just something that affects older people. In 2010, the Mental Health Foundation commissioned a survey[3] on loneliness in adults throughout the UK and found that the 18 to 34-year-olds surveyed were more likely to feel lonely often, to worry about feeling alone and to feel depressed because of loneliness than the over-55s.

[1] https://www.cam.ac.uk/subjects/mrc-cognitive-function-and-ageing-study-%28cfas%29
[2] http://www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad-227-37.pdf
[3] https://www.mentalhealth.org.uk/sites/default/files/the_lonely_society_report.pdf

The recent study 'Trapped in a bubble'[4] identified six further vulnerable groups; young new mums; individuals with mobility limitations; individuals with health issues; individuals recently divorced or separated; individuals living without children at home and retirees; and individuals recently bereaved. In addition, some women in ethnic minority groups also experience loneliness and unwanted isolation due to cultural and language barriers[5].

Recent research by Age UK[6] has indicated that identifying people at risk of loneliness can be difficult, but targeting those disproportionately affected by loneliness e.g. lower socio-economic groups, the widowed, the physically isolated, people who have recently stopped driving, those with sensory impairment and the very old – has proven most effective.

Loneliness and unwanted isolation is a cross-cutting area of work and the Welsh Government is already taking account of it when considering policy across ministerial portfolios. In particular, the Well-being of Future Generations (Wales) Act 2015 requires that policies take account of the bigger picture in ensuring well-being is protected and enhanced.

The Wales we want is one in which supports connections between people and tackles loneliness and unwanted isolation. It is a Wales where we build on people's strengths to ensure they have the skills, resources and capacity to access opportunities. Therefore our collective effort should focus on fostering capacity as individuals and people's connections to others – this is about building healthy, positive relationships between people; tackling isolation and supporting people to build the skills and capacity they need to access opportunities and to contribute to an shape the communities they live in.

Dealing with the health issues that can result in loneliness and isolation

Evidence shows that loneliness and unwanted isolation can contribute to illness. In particular, it is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide. Minimising the impacts of loneliness and unwanted isolation is therefore beneficial from both a public health and financial perspective.

Primary care settings are essential in helping to combat loneliness and isolation. They are the mainstay of the health system, tackling the root causes of ill health, preventing people from being admitted to hospital unnecessarily, helping those who have been admitted to get home quickly with the right support, and motivating and supporting people with chronic conditions to manage their health at home. As such, it is the first port of call in spotting early signs of loneliness and isolation.

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4 http://www.redcross.org.uk/~/media/BritishRedCross/Documents/What%20we%20do/UK%20services/Co_Op_Trapped_in_a_bubble_report_AW.pdf

5 http://eprints.hud.ac.uk/162/1/WrayGender.pdf

6 http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

We are increasingly moving towards a more social model of health through the primary care clusters, which draw in all sources of help to collaborate in assessing and meeting the health and wellbeing needs of individuals, families and local communities in a coordinated and integrated way. These will be ideally placed in supporting those individuals who are suffering from loneliness and unwanted isolation to access, at an early stage, the support and advice they need.

In Wales, we have a vast array of non-clinical community services which offer real health and wellbeing benefits. They range from rambling groups and befriending support, which can have clear beneficial impacts on loneliness and isolation, to debt counselling and parenting classes. These types of activities or support can work alongside clinical care or even act as an alternative to medication. The benefits of community-based support and activities for people feeling isolated and lonely can be numerous. Overall these benefits can result in increased self-esteem, confidence and empowerment.

In line with our ambition for a social model of health and wellbeing, access to these services needs to systematic and seen as a normal part of the system. Social prescribing is a term for a mechanism that systematically links people with these community services. Locally, there is investment in social prescribing models based on roles which help people to assess their wellbeing needs and agree with them what local care and support will help meet those needs.

In Torfaen, for example, social prescribers are located in GP surgeries and receive referrals from anyone experiencing a social issue that is impacting on their physical or mental health. The patient has the opportunity to tell their whole story, sometimes for the first time, and to work with the social prescriber to decide how best to resolve these issues. After the recognised success of north Torfaen's social prescriber, the scheme was extended to south Torfaen this January.

The Welsh Government is developing proposals to implement its commitment in Taking Wales Forward for a pilot social prescribing scheme by this December. This will be aimed specifically at improving the mental health offer and the support for people with low-to-moderate mental health issues. This will assist in promoting services that improve wellbeing for people and therefore reduce loneliness and isolation.

Tackling stigma and discrimination is a priority area within Together for Mental Health. Such stigma can exacerbate feeling of loneliness and isolation. *Time to Change Wales*, which is part funded by the Welsh Government, is the first national campaign to end the stigma and discrimination faced by people with experience of mental health problems in Wales. It includes a Young Person's programme focused on anti-stigma and discrimination programme led by, and for, young people. Over the course of the project, the Young Champions will directly engage at least 5,000 young people.

Gofal's 'Journeys' project, funded by Welsh Government, aims to enhance and expand the current model of peer support groups who provide people with mental health problems to share experiences, build self-esteem and confidence, and reduce social isolation.

Loneliness and unwanted isolation are often a precursor to dementia. Within the draft Dementia Strategic Action Plan, which went out to formal consultation earlier this year, it also recognises the need to tackle isolation and loneliness. The final document will include actions that look to develop communities / activities that are dementia friendly.

We support the Alzheimer's Society's *Dementia Friends campaign*, which promotes understanding of dementia and aims to reduce its stigma, which can lead to people with dementia experiencing loneliness and social exclusion.

Promoting independence, confidence, health and well-being is vital to preventing and tackling loneliness and unwanted isolation, and this is especially the case for people with sensory impairment. Welsh Government's *Together for Health: Eye Health Delivery Plan* and the *Framework of Action for people who are deaf or living with hearing loss* set out our plans to support people in Wales to live independently in their communities. Both policy documents are underpinned by the need to reduce loneliness and isolation and embrace the principles of the Well-being of Future Generations Act.

We recognise there are barriers to equality and inclusion which must be removed if we are to create a level playing field. This includes not only people who are disabled, but also people with other protected characteristics. *Diverse Cymru* are undertaking a campaign, with support from other organisations, to help combat social isolation in the BME/LGBT communities.

Ageing Well in Wales is a national Programme hosted by the Older People's Commissioner for Wales. It brings together individuals and communities with public, private and voluntary sectors to develop and promote innovative and practical ways to make Wales a good place to grow older for everyone. It focuses on various themes and importantly one of these is to reduce loneliness and unwanted isolation.

Other issues exacerbating loneliness and unwanted isolation

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aims to improve prevention, protection and support for people affected by violence against women, domestic abuse and sexual violence. Whilst the Act and the Strategy do not tackle loneliness and isolation per se, we know that many people experiencing violence and abuse may also be living in isolation.

Survivors of violence against women tell us that women's groups and peer support reduces isolation and maximises independent spaces to increase confidence, esteem, and empowerment[7] Further research has found that BME women are disproportionately affected by different forms of abuse e.g. forced marriage, "honour based" violence, FGM, sexual exploitation in the form of commercial sex work, trafficking etc. The multiple vulnerabilities from these overlapping contexts makes it harder for women to flee violence. Survivors may face additional barriers to seeking help, such as racial discrimination, religious stereotyping, fear of community

[7] Are you listening and am I being heard? Survivor Consultation: A report of the recommendations of survivors of violence against women, domestic abuse and sexual violence in Wales, March 2016: Cymorth i Ferched Cymru / Welsh Women's Aid.

dishonour and rejection, and an insecure immigration status, all of which may prevent them from accessing protection. Additionally, survivors from ethnic minority communities are likely to have barriers to receiving, or asking for, services.

We must work hard to ensure that the strategy that we produce also focuses on these difficult issues.

Enabling inclusion

The ability to get around is a basic requirement in a modern society. Regular public transport services are important not only in respect of the journeys themselves, but also for the human interaction they enable. For many people, particularly older people and those in isolated communities, getting about is not just about the transaction of the journey itself. It is also about the people they meet and the conversations they have along the way, and at their destination, which can prevent feelings of loneliness and unwanted isolation.

We are providing £25m to local authorities in 2017-18 under the Bus Services Support Grant to help local authorities to subsidise socially-necessary bus and community transport services. Community transport plays an important part in providing access to key services for protected groups, and in improving connectivity to remote rural and urban communities. It provides a variety of services such as community car schemes, door-to-door dial-a-ride services, community bus services and group transport, which address needs not met by public transport. These types of schemes are essential, especially for those who live with disabilities, and those in more remote settings.

Our concessionary travel schemes (both bus and rail) offer an essential life line, particularly to older people and those with a disability. The ability to access free public traffic enables pass holders greater opportunity to access both public services, but also social opportunities.

Increasing levels of physical activity in Wales is a core priority for the Welsh Government. It recognises the role in which physical activity, and specifically active travel, can play in improving health. Active travel helps address some of the gravest health issues we face. Its beneficial impact on a wide range of chronic conditions, such as, heart disease, diabetes, obesity, some cancers and mental illness including helping to reduce the chances of developing dementia, is well proven.

The impact of housing on loneliness and unwanted isolation

Housing and Housing Related Support have an important role to play in helping to tackle loneliness and unwanted isolation and in providing the foundation to enable people to live independent and fulfilling lives and play an active role in the local community.

As people age, in particular, being in a supportive environment and in the right house can play a part in combatting loneliness and unwanted isolation. For older people specifically, who can spend up to 90% of their time in their home, an appropriate home – defined but its location, warmth, and suitability to their needs - is fundamental to their quality of life.

Poor quality and inaccessible housing can contribute towards feelings of loneliness and unwanted isolation. There is a strong case for continued and innovative investment in services which support people to live fulfilled lives, extending independent living in their home and in providing a broader range of housing options.

The installation of assistive technology in, and appropriate adaptations to, the home assists people to live independently, often allowing them to carry on living in their own communities, keeping them connected, mobile, safe and less likely to experience loneliness and unwanted isolation.

Employment and loneliness

We recognise the role that decent and sustainable employment plays as part of a wider network of social interactions that can help to prevent or combat individual feelings of loneliness and unwanted isolation. Work often takes place in a social setting – an office, industrial, retail or community environment that offers the opportunity to interact with work colleagues, customers and others. Work also provides the financial means through which individuals can participate in a range of social activities with family and friends, reducing the risk of loneliness and unwanted isolation.

The role of work in combatting and preventing loneliness and unwanted isolation is important across an individual life-course, but it is particularly important at key transition points in life. A lack of access to work when young can have an isolating effect that can have a longer-term impact, whilst for older people, unemployment adds an additional factor at a time of life when an individual may be under increased risk loneliness and unwanted isolation. Equally, for some people with protected characteristics, for example disabled people, a lack of access to the world of work may reinforce existing feelings of loneliness and unwanted isolation.

We make an indirect contribution to tackling loneliness and unwanted isolation through the broad range of actions we undertake to support jobs (nearly 150,000 supported in the last Assembly term) and the help we provide to equip people with the skills they need to become active in the labour market. However, we also recognise that not all work is in and of itself a panacea to combating loneliness and unwanted isolation.

The changing world of work, the prevalence of some types of home working, and some employment practices mean that not all work takes place in a social setting and even when it is, unfair employment practices can lead to loneliness and isolation in work. Through our fair work agenda and our commitment to make Wales a fair work nation, we are exploring what more we can do with business and others to promote good employment practices and provide those in work with a sense of achievement and value.

Digital inclusion

Digital inclusion is embedded in the Older People's Strategy and the Ageing Well in Wales programme. Digital inclusion remains about ensuring that everyone has the opportunity to benefit from the rapid pace of technological change that is taking place

in our society, so people can use digital technologies, particularly the internet, in ways that enhance their lives.

Those who are not digitally competent may not recognise the benefits. For people to want to use the internet, they have to feel that it is relevant to their own situations, be it for work or in their personal life. Ensuring everyone has access to the internet and the motivation and skills to use it effectively, will help create a more prosperous, healthier and resilient society with equality at its heart. People's life chances can be transformed, including reducing feelings of unwanted isolation and loneliness by helping individuals to stay in touch with friends or family through Skype and opening up access to other online support networks.

The Welsh Government's £1 million per annum dedicated digital inclusion programme, *Digital Communities Wales*, provides support to organisations which work with the most digitally excluded groups (older people; disabled people; those living in social housing; the economically inactive & unemployed), through training and supporting volunteers to act as digital champions.

Older people remain a priority group who need support to use digital technologies, to help them feel less isolated, save money on cheaper online goods and services and help them stay in employment for longer.

Volunteering and Compassionate Communities

Volunteering is important not only in reaching out to those who feel lonely or isolated, but also in reducing an individual's feelings of loneliness and unwanted isolation. The Third Sector Scheme includes a commitment to develop a new Volunteering Policy, which has been developed through a Working Group established by the Third Sector Partnership Council. The Policy sets out the roles of Welsh Government, volunteer-involving organisations and Third Sector Infrastructure bodies in supporting volunteers.

There are a number of community based approaches to supporting people who are lonely and isolated and it is important that any strategy promotes sustainable models that are integrated into the heart of communities and not reliant upon continued financial support for their existence.

The Welsh Government has appointed Wavehill Ltd to undertake a review of the basic principles of sustainable community based volunteering approaches to tackling loneliness and unwanted isolation among older people. The research will have a particular focus on the process, role and models of best practice of volunteer led community engagement for tackling loneliness and unwanted isolation across Wales and the impact they have had. The research will also review available literature and map current befriending services and the mechanisms/protocols used to access them.

It is intended that this work complements the wider work being undertaken by Public Health Wales to review the evidence of the impacts and benefits of structured mechanisms to link people to wellbeing services (Social prescribing).

The research findings will be published in September 2017 and used to inform the development of further community led volunteer models for tackling loneliness and unwanted isolation among older people across Wales in 2017/18 and 2018/19.

Digital Communities Wales are supporting the 'Ffrind i Mi' project, delivered by Aneurin Bevan University Health Board and its partners, to try and make sure anyone who feels lonely or isolated are supported to reconnect with their communities. Funded through the Health Technology Wales Scheme and 1,000 Lives, Ffrind i Mi aims to try and make sure that anyone who feels lonely or isolated are supported to reconnect with their communities.

Working with Community Connectors and existing volunteer befriending services, it looks to recruit as many volunteers as possible to support those who are lonely and/or isolated. Community Connectors work throughout Torfaen, Blaenau Gwent, Monmouthshire, Caerphilly and Newport and aim to reconnect people back into their communities by matching the interests of people to volunteers with the same interests e.g. gardening, watching sport, dog walking etc.

Next Steps

Welsh Government remain committed to reducing loneliness and unwanted isolation through their existing work. However, to ensure greater emphasis is put on this important issue, Welsh Government will be producing a Loneliness and Isolation Strategy. The strategy will give consideration to all groups that could be negatively impacted by loneliness and unwanted isolation, including the groups identified by the '*Trapped in a Bubble*' report. The findings from the Committee's Inquiry will help to inform that strategy.

Agenda Item 3.1

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Dr Dai Lloyd AM
Chair, Health, Social Care and Sports Committee
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Eich cyf / Your ref:
☎: [redacted] ext [redacted]
Gofynnwch am / Ask for: Dawn Lees
E-bost / Email: [redacted]
Dyddiad / Date: 8th June 2017

Dear Dr Lloyd

1. When are you notified by the Welsh Government of your CDM allocation for the financial year ahead?

Response: The CDM allocation is within the allocation letter provided by Welsh Government around December time.

2. At what point in the financial year is the CDM Funding provided to you by the Welsh Government.

Response: Other than in the first year (2015/16) where the funding was provided in 2 tranches, the funding comes as part of the annual allocation and is available at the beginning of the financial year.

3. What is the process for you to release that funding to the individual cluster in your area?

Response: The funding is made available to the clusters at the beginning of the financial year where they are notified of the amount available. The funding is then released in 2 ways:

1. Upon payment of the scheme if the cost is directed through the Health Board
2. Upon the production of a claim form if the costs have been incurred directly by a practice

Clusters are then provided with a report on their spend to date and budget available.

4. What were your total CDM allocations for the financial years 2014-15; 2015-16; 2016-17; 2017-18?

2014/15	2015/16	2016/17	2017/18
£'000	£'000	£'000	£'000
0	1,641	2,210	2,210

5. What was the total CDM spend for the financial years 2014-15; 2015-16; 2016-17 (with an explanation of any variances between spend and allocation)?

2014/15	2015/16	2016/17
£'000	£'000	£'000
0	895	1,290

The variance have been broadly due to:
a) Delays in the clusters agreeing the priorities and expenditure plans
b) Slippage in implementing the plans
c) Delays with recruitment
d) Inability to recruit staff to posts

Any underspend has been re-provided in the following year, making full allocation available to the clusters.

6. A breakdown of what the CDM was spent on, including central LHB support to clusters.

Expenditure type	2015/16	2016/17
	£'000	£'000
Training	120	167
Premises	0	146
Equipment	395	127
3rd Sector payment	26	26
GP input (CoTE)	0	110
Pharmacy input	8	114
Advanced Physiotherapist	0	69
TR Home Visiting Service	21	61
Diabetic Nurse	0	64
Dietician	0	12
Slimming World Vouchers	0	1
Faecal Calprotectin	0	5
Phlebotomy service	63	0
Practice Staffing Support	21	0
Access collaboration	65	102
Counselling service	0	37
District Nurse Care Homes	0	54
Flu clinics	5	11
Nurse to treat leg ulcers in community and GP practices	0	42
Other	171	140
Total	**895**	**1,290**

7. On average, for the past three years, what percentage of the CDM funding was held centrally to fund salaries of posts based in clusters.

Response: No funds from the CDM has been utilised to fund salary costs of posts supporting the clusters. The CDM has been allocated fully for direct cluster projects.

Yours sincerely

Gary Doherty
Prif Weithredwr
Chief Executive

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: CEO.994.0517
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Dyddiad/Date: 12 June 2017

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Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
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Cardiff Bay
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By email: sarah.sargent@assembly.wales

Dear Dr Lloyd

Re: Health, Social Care and Sport Committee Inquiry into GP Clusters

Thank you for your letter of 16 May 2017, regarding the allocation and utilisation of Cluster Development Monies. I apologise for the lateness of my response.

Within Hywel Dda University Health Board, we have been working to develop clusters from being solely GP focussed to more broad population health based Localities. This has been positively received and led to some interesting different models of care being developed in a more integrated way.

For 2017-18 the Cluster Development Monies were notified to us within the allocation letter received 20 December 2016.

For 2016-17 the funding was allocated to us on 5 April 2016.

Within the Health Board, the notification, once received is communicated to the Locality Leads and the Locality Development Managers. The funding is the aligned to a specific cost centre and the Localities are asked to clarify their plans for utilising the funding. The Locality Development Managers then work closely with the financial planning team to ensure that the funds are fully utilised and accounted for throughout the year.

There was no CDM allocation in 2014-15 however the allocations for the other years are outlined in the table below.

	2015-16	2016-17	2017-18
Allocation	770,499 – initial allocation 182,993 – end of year allocation	1,284,166 – WG allocation 409,861 – LHB re-provision	1,284,166 – WG allocation 258,778 – LHB re-provision
Spend	543,631	1,435,249	
Under-spend	409,861	258,778	
% of spend on salaries	15.5%	3.3%	

The under-spend in 2015-16 was then re-provided in 2016-17 to the Localities.

The under-spend in 2016-17 has been re-provided in 2017-18 to the Localities.

The CDM has not been used for any central LHB support to the Localities, this has been additionally supported by the Health Board and in 2015 – 16 funding was made available from Delivery Agreement funding, to enable the Localities to develop integrated leads from other Primary Care contractors such as Practice Managers, Community Pharmacists, General Dentists and Community Optometrists.

We have attached a recent Board paper on the Localities work in 2016-17 which provides an overview of the projects undertaken within each Locality during 2016-17 and the plan for development in 2017-18.

Yours sincerely

Steve Moore

Steve Moore
Chief Executive

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD IECHYD PRIFYSGOL
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Cluster Delivery 2016-17
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Interim Director Commissioning, Primary Care, Therapies & Health Science
SWYDDOG ADRODD: **REPORTING OFFICER:**	Elaine Lorton, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dilewch fel yn addas)
Purpose of the Report (delete as appropriate)

Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion	Er Gwybodaeth For Information
		✓

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

At the start of 2016-17 the seven Localities (clusters) within Hywel Dda received an increase in their allocated funding from Welsh Government, this was the second year of dedicated recurrent funding.

This paper provides an overview of some of the successes identified in 2016-17, a financial overview of the plans and delivery as well as an indication of the opportunities to further develop the work undertaken by the Localities.

In 2017-18 changes to the General Medical Services (GMS) contract place further emphasis on the development of clusters and how they can become a key feature of the Integrated Medium Term Plans.

Cefndir / Background

In 2011/12 the Health Board formed 7 GP clusters in order to deliver the Quality and Productivity element of the Quality and Outcomes Framework. Prescribing Management Savings were used to support some small initial developments, giving the Localities an introduction to investing for the population.

In 2014/15 this evolved into the GP Cluster Network Development Domain and the following year, 2015/16, Welsh Government provided a dedicated allocation of £770,499 to enable the clusters to start to deliver specific projects, identified from the grass roots of operational service delivery. Towards the end of 2015/16 a further £182,993 was allocated. A total of £409,861 (43% of total allocation) was approved to be re-provided to the clusters in 2016-17 in recognition of their early development and the late allocation of further funding.

In 2016/17 the recurrent allocation to clusters was increased by Welsh Government to £1,284,166. This was supplemented by the agreed re-provision from 2015-16 under-spend by the Health Board resulting in a total budget of £1,694,027.

For 2017/18 cluster allocated funding has been confirmed by Welsh Government and £258,778 re-provided which represents the 2016-17 under-spend.

The Cluster Network Programme has been further enhanced by Welsh Government and aims to :

(a) Strengthen the sustainability of core services through completion of the sustainability assessment framework and longer term business planning for Practice Development Plans and Cluster Network Plans.
(b) Strengthen the focus on access to services; winter preparedness and emergency planning; and improved service development.
(c) Strengthen quality assurance in relation to clinical governance and assurance on specific indicators designated as “inactive” QOF.
(d) Develop more effective collaborative working with community services, including nursing, local authority and third sector to improve the quality of care.
(e) Encourage the development of new models of care, including federations, practice mergers, shared practice support.

The three year Cluster Network Plan, due to be completed by 31st July 2017, will focus on :

(a) Winter preparedness and emergency planning.
(b) Access to services, including patient flows, models of GP access engagement with wider community stakeholders to improve capacity and patient communication.
(c) Service development and liaising with secondary care leads as appropriate.
(d) Review of quality assurance of Clinical Governance Practice Self Assessment Toolkit (CGSAT) and inactive QOF indicator peer review.

The full guidance for the Quality and Outcomes Framework 2017-18 is available : http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=91364.

Asesiad / Assessment

During 2016-17 all the Locality Projects aligned to Health Board Strategic Objectives :

1 To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours.	Links to the lifestyle programmes
2 To reduce overweight and obesity in our local population.	2Ts – Foodwise Programme 6/7 Localities – Lifestyle Advocates North Ceredigion – National Exercise Referral Scheme South Pembrokeshire – Healthy lifestyle advisors
3 To improve the prevention, detection and management of cardiovascular disease in the local population.	Links to the lifestyle programmes
4 To increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.	2Ts – Bowel Screening programme Amman Gwendraeth – Dermatology Service
5 To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications.	2Ts, North Ceredigion – Pre-diabetes screening North Pembrokeshire – Home foot check joint service
6 To improve the support for people with established respiratory illness, reduce acute exacerbations and the need for hospital based care.	2Ts, Llanelli – COPD + programme
7 To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions.	North & South Pembrokeshire – Young people’s counselling service

8 To improve early detection and care of frail people accessing our services including those with dementia specifically aimed at maintaining wellbeing and independence.	2Ts – Frailty Project Amman Gwendraeth – Frailty Care Home Service Amman Gwendraeth – Dementia Network Community Memory Clinic Llanelli & South Pembrokeshire – Care Homes medication review service South Ceredigion – Frailty & Chronic Conditions Service North Pembrokshire – Rapid home visiting service North Pembrokeshire – Joint frailty service North Pembrokeshire – Advance Care Planning project South Pembrokeshire – Occupational Therapist in Primary Care
9 To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners	Llanelli, North Pembrokeshire & South Pembrokeshire – Community Phlebotomy service North Ceredigion – Anti-biotic prescribing
10 To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	The clusters delivered within budget and identified a wide variety of savings across the system from the investments made.

The level of integration has also developed :

	GMS	Community Pharmacy	General Dental Services	Community Optometry	Primary Care Team	County Team	Medicines Management	Public Health Wales	Primary Care Nurse Advisor	Local Authority	Third Sector	Councillors / AM / MPs
2Ts	✓			✓	✓	✓	✓	✓	✓	✓		
Amman Gwendraeth	✓	✓			✓	✓	✓	✓		✓		
Llanelli	✓	✓		✓	✓	✓	✓	✓			✓	✓
North Ceredigion	✓	✓	✓		✓	✓	✓	✓		✓	✓	
South Ceredigion	✓			✓	✓	✓	✓	✓	✓	✓	✓	
North Pembrokeshire	✓	✓		✓	✓	✓	✓	✓		✓		
South Pembrokeshire	✓	✓		✓	✓	✓	✓	✓		✓	✓	

2016-17 Locality Delivery Outcomes

Appendices 1 – 7 provide a summary, by Locality, of the planning, delivery and outcomes for 2016-17. Given the relatively small fund provided, there has been a significant level of innovation, often in spite of recruitment, procurement and sustainability challenges.

There is also a strong link between the Population Health Need Assessment undertaken, the prioritisation of plans and the utilisation of available funding.

Some examples include :

Tywi Taf Locality Pre diabetic screening programme : The prevalence of Diabetes in the cluster is between 6-7% and continues to rise annually. The projection for Hywel Dda is a prevalence of 11% within 10-15 years. As part of their 2016/17 cluster funding, the locality developed a screening programme for those identified at high risk of Diabetes. Patients were offered written advice on risk reduction and referral to Foodwise and/or NERS programmes as appropriate. The cluster worked with the Head Chronic Conditions Management and the Education Programme for Patients Wales (EPP) to commission additional Foodwise courses across the locality. The pre diabetes screening programme commenced in

September 2016 and to date 2020 patients have been screened.

Amman Gwendreath Locality Frailty Care Home Service : The aim of the service is to provide a proactive care and support for patients and enhancing the provision of quality care to a defined group of vulnerable patients in the Amman Gwendraeth area. Since the service commenced on 28th February 2016 up to the period 31st October 2016, 133 reviews were undertaken with 78 DNACPR's completed. Every patient has had a medication review with recommendations to stop or reduce medications being sent to the patients GP practice. Questionnaires were issued to patients, families, care homes and GP practices. Feedback received states that there is a high family and patient satisfaction rate, improved relationships with care homes and anecdotal evidence of avoided admissions.

The feedback from patients and families has been overwhelmingly positive with 87% strongly agreeing that they had been positively engaged in the future care of their family member and 79% strongly agreeing that their relatives would benefit from the review meeting which took place.

"I was able to talk about Mum, how she was prior to the dementia, to discuss feelings and best wishes for Mum's care"

Llanelli Locality Cluster Pharmacist : Llanelli's Cluster Pharmacist, Jennifer Richards, is currently carrying out Medication Reviews in Llanelli and Burry Port Care Homes. Four Care Homes have been visited so far with 106 medications being stopped as they were no longer necessary, 661 clinical changes and interventions for the residents and over 42 clinical sessions for a GP saved. Key to this piece of work is patient safety and ensuring patients are on the appropriate medication for their needs. This ultimately supports the patient, reduces the risk of needing a hospital admission, supports the care homes staff and supports the sustainability of service delivery within General Practice.

North Ceredigion Locality Pre-Diabetes Project : The Locality initiated a pre-diabetes intervention which targeted patient education and lifestyle modification. The intervention comprised of a 30-minute one-to-one consultation for those identified as being at high risk of developing type 2 diabetes (having a HbA1c result between 42-47mmols). The 30-minute consultation included the collection of baseline data and information on diet, exercise and the importance of avoiding developing diabetes. These patients were then reviewed a year later. The review found statistically significant positive changes in BMI, waist circumference and HbA1c.

North Ceredigion Locality CRP Testing Project
In line with recent NICE guidelines CRP machines were purchased from Locality funds to promote best practice in antibiotic prescribing. These tests use CRP Levels to influence antibiotic prescribing in patients presenting with respiratory infections. The audit undertaken showed that 6 out of the 7 Practices used the machines. 121 CRP Tests were performed with the majority of patients seen aged between 16 -64 yrs. The audit showed that when used in cases of respiratory infection that it can influence prescribing in 81% of cases. As a result, 75 % of patients required no prescription for antibiotics.

South Ceredigion Locality Frailty Multi-disciplinary Team : The South Ceredigion Locality have developed of a specialist Frailty and Chronic Conditions Team, employing both Nurses and Pharmacists. Since 2015 the team has provided a comprehensive health assessment to 316 patients, a medication review to 343 patients and have ceased or changed 172 medications which are at risk of causing falls. The Team have also offered training and support to Care Homes teams and identified 5 patients with diabetes who were not previously diagnosed and receiving appropriate care.

North Pembrokeshire Locality Advanced Care Planning with Paul Sartori Foundation : The North Pembrokeshire funded the Paul Sartori Foundation, a third sector hospice, to appoint 1.2 WTE Registered Nurses as Advance Care Planning Facilitators. The Project aims to ensure that patients maintain their dignity and autonomy whilst being offered support with care directed by the patient's wishes. In the period October 2015 to September 2016 Paul Sartori Foundation reported that they had received 101 referrals. Men accounted for 45% and women 55% with the average age being 76.8. The total number of contacts with the project was over 600. The biggest referrers into the service were GPs (29%). Self and family referrals were high at a combined 45% - but many of these had been prompted by GPs. Other' referrers were a wide range of CNSs, social workers, therapists and hospital doctors. The team

have participated in many awareness raising events with care homes, assisted living housing schemes and community groups. Over 500 health and social care professionals and 300 members of the public have attended educational sessions.

There is a good body of evidence to show that ACP can reduce avoidable hospital admissions from home and care homes, reduce health care costs, improve patient involvement in decision making, improve satisfaction with care services and reduce stress, depression and anxiety in bereaved family members. A review of North Pembrokeshire GP Practice records show that between March 2015 and March 2017 the number of patients with an ACP in place has increased by 219% from 74 to 162. Many more conversations have taken place but ACPs are not recorded until they are complete. The ACP Project has also evidenced the integration of services such as referral to GPs, DN Teams and liaison with Clinical Nurse Specialists, referral to food banks and other third sector projects, information provided to patients with regard to will advice, body donation, tissue and organ donation and with regard to referral to Social Care and carer assessments.

South Pembrokeshire Locality Health Lifestyle Advisors : Patients aged between 45 and 55 are now eligible to have a free health check in a new scheme being piloted in South Pembrokeshire. Clinics aimed at helping people to understand their risk of developing conditions like heart disease, stroke or diabetes and how they can lower their risk, are being run in Narberth, Saundersfoot, Tenby, Argyle, Neyland and Johnston GP Surgeries. Checks are carried out by one of the HDUHB's Healthy Lifestyle Advisors, who ask a series of simple questions about lifestyle, current medical conditions and any family history of cardiovascular disease. Patients' height, weight, and age are recorded and their blood pressure and pulse are also measured. Following this, personalised advice is provided on how to lower the risk of disease and maintain a healthy lifestyle, with ongoing support to make positive changes. In the first 3 months of the service, 155 patients were seen.

Identified Challenges to Delivery in 2016-17

Although there have been delays to projects caused by procurement processes, the most significant impact has been when recruiting staff to deliver projects.

An audit of 20 recruitment processes across the Localities was conducted with a view to identify the themes around delays and impact on the delivery of Locality projects. Job role development, TRAC processes, interview processes, and commencement delays were reviewed.

- 19 of the 20 roles were Advanced Practitioner roles working to Agenda 4 Change Band 7 or 8A posts.

- Job role development delays range from 2 – 3 weeks mostly, however at the start of the process there were delays of 5 months for the development of job roles, internal approval processes and banding. Some of the delays related to the introduction of TRAC and staff needing to be set up on the system or receive training.

- Delays were incurred between adding a role to TRAC and the advert going live, these range from 8 – 36 days. Reasons relate to the various stages of authorisation.

- Interview process delays were reasonably consistent at 9 -14 days, these relate to the need to provide sufficient time for candidates to prepare and attend interview.

- Delays to candidates starting in post range from 17 to 117 days. The main reasons include notice periods however delays in Occupation Health clearance, sending the offer letter and staff not being released for secondments also had an impact. The shortest delay was when a GP practice recruited on behalf of the Locality.

- Total delays of up to 9 months were cited with 4 months being common. There were also examples of candidates withdrawing a significant period of time into the notice period having been offered better terms or more pay to either stay in existing role or to go to another provider.

Significant levels of frustration are reported regarding these delays and in every instance where a GP practice undertook the recruitment in lieu of the Health Board, the process was significantly shorter.

2016-17 Locality Financial Outturn

	2016/17 Recurrent Budget	2015/16 Carry Forward	2015/16 Additional Carry Forward	TOTAL 2016/17 Budget	% Recurrent Budget Utilised	% Total Budget Utilised	Slippage 2016/17
Tywi Taf	190,184	53,524	27,099	270,807	107%	75%	67,381
Amman Gwendraeth	204,012	56,599	29,070	289,681	110%	77%	66,229
Llanelli	202,318	82,977	28,828	314,123	136%	87%	39,318
North Ceredigion	135,540	0	0	135,540	97%	97%	3,639
South Ceredigion	166,227	15,118	23,686	205,031	80%	65%	72,389
North Pembs	206,319	18,216	29,399	253,934	121%	98%	5,137
South Pembs	179,566	19,758	25,587	224,911	123%	98%	4,685
TOTAL	1,284,166	246,192	163,669	1,694,027	112%	85%	258,778

The majority of the Localities spent in excess of their recurrent budget for 2016/17 only falling short due to the carry forward from 2015-16. There has been in excess of a 260% increase in expenditure from £543,631 in 2015-16 to £1,435,249 in 2016-17. This demonstrates an increasing capacity and competency in Localities to utilise and spend their funding wisely.

Future Locality Development Plans

The Health Board has articulated that the Localities will be the key planning and delivery unit for future primary and community services. Although in its infancy, the Localities have increased their momentum in 2016-17 in comparison to the previous year. Their level of integration has grown, there is a level of sophistication in their alignment of priorities and funding plans to their areas of high population health need and these plans align to the Health Board strategic priorities.

With the introduction of the three year cluster network plan, this will lead to the opportunity to utilise these plans as a key feature of future Integrated Medium Term Plan development along with the Clinical Services Strategy and Transformation programme.

There are opportunities to develop pilot evaluations into robust business cases, with the potential to shift resources from the acute sector where plans reduce the need for surge capacity and the reliance on variable pay. Collaboration in the development of business cases across the system will be required, along with integrated clinical discussion to agree pathway and whole system service delivery model changes.

Next Steps for the Primary Care Team are :

- To work as part of the Clinical Service Strategy development group to identify opportunities for service shift and the development of Primary Care as an enabler for system change. Pre-diabetes and frailty whole system services have been identified as the first two opportunities for development.
- To develop capacity and competency for the development of business cases across whole pathways in order to embed plans into the Integrated Medium Term Plan.
- To embed the learning from projects into the Transformation Programme, particularly linking with the Out of Hospital Group.

- To develop a sustainability plan for core services to facilitate future service change.
- Where there are opportunities to role out positively evaluated services within resource constraints to deliver on these within 2017-18.

Argymhelliad / Recommendation

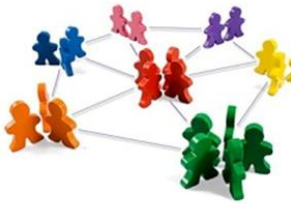
This paper is for information to enable the Board to understand the delivery to date by the Localities and the opportunities for further development.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Cluster work as the potential to impact and reference all Health and Care Standards.
Amcanion Strategol y BIP: UHB Strategic Objectives:	References within the paper.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Identified as appropriate, in the paper.
Rhestr Termau: Glossary of Terms:	Defined within the paper.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board Meeting:	Primary Care Sub Committee Board Organisation Development

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / VFM:**	Defined within the paper
Risg / Cyfreithiol: **Risk / Legal:**	Delivery of the cluster programme is a key policy prioty for the Welsh Government.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Defined within the paper.
Gweithlu: **Workforce:**	Defined within the Paper
Cydraddoldeb: **Equality:**	To be included as part of future service change proposals.

Tywi / Taf Locality
2016-17 Summary Investment Report



Our Network
GP Lead – Dr C Jones
Practice Manager Lead – Laurence Jackman
Locality Development Manager – Victoria Edwards

GP & Practice Manager representation from all eight practices
3Ts Community Resource Manager
Carmarthenshire County Director
PHW Consultant
Senior Primary Care Nurse Advisor
Medicines Management
District Nursing Lead
From 2017/18 Community Pharmacy Lead
Community Optom Lead

Population Health Needs
The 2Ts has a **significantly higher older** population at **22.1%** compared to the Welsh average of 18.7%. Frailty, dementia and the effects of multiple chronic conditions are more prevalent in this population group and can lead to increased demand for both acute and community care services for older people, particularly those aged 85 and more. Locality has seen a significant increase in the diagnosis of patients with diabetes.

Locality Plan Priorities	**Funding Plan Investments**
• Ageing population with multiple complex needs	• Band 8a Pharmacists (76.5 hours – 18 month contract – March 2018)
• Recruitment and retention	• 1 Band 4 Generic Technician (1wte)
• Rurality	• MDT Working (inc. Stay Well Plans)

• Capacity • Communication	• Establishment of Pre Diabetes Screening Programme • Commission Foodwise Programmes • Commission COPD+ Programmes • Promotion of Bowel Screening • Education & Training (inc Lifestyle Advocates) • Purchase of Risk Stratification Software (MSDi) • Production of Patient End of Life Care support Leaflet
Key Locality Achievements 2016/17 • Ongoing work with Frail population including continued development of MDT meetings and Stay Well Plans • Development of Pre- diabetes screening programme, including commissioning of foodwise programmes. • Commissioning of COPD+ programmes for 2Ts population • Development of patient leaflet 'Getting Support at the End of Life' • Supported PHW with the Development of a Bowel Screening Awareness Project • GPs have undertaken psychological training / workshop • Continued support for the Lifestyle Advocates Programme	
Qualitative Benefits Identified • There has been positive feedback from patients regarding Pre Diabetes screening programme • Improved patient care arising from greater integration of teams and team working • Care Closer to Home where appropriate • Improved communication with colleagues • Hospital admission avoidance (individual case studies) • Evidence demonstrates that the Generic technician post is resulting in earlier intervention linking with services such as re-ablement to focus on improving functional ability, providing confidence to people to support them to regain their independence. This also enables assessment at an earlier stage of diagnosis, providing appropriate interventions, delaying the need to access commissioned services and acute hospital settings.	**Quantative Benefits Identified** • 2020 patients screened for Pre diabetes and offered lifestyle advice and onward referral to Foodwise and NERS programme • 505 Stay Well Plans completed – these are written care and support plans which include details of carer, health and social care summary, optimisation and maintenance plan, escalation and urgent care plan as described in Fit for Frailty publication published by the British Geriatric Society 2014. In total 976 patients now have Stay Well Plans in place. • 321 direct GP referrals were made to the Generic Technician. The majority of patients were referred with a functional change of low mobility/ falls. • 444 follow up visits were undertaken to 154 patients • 69% of patients were seen within two weeks, with the average time for an assessment being 13 days • 93% of patients were dealt with at source with only 7% referred onto the

• The Generic Tech focuses on a strengths based model of assessment and along with focusing on functional ability addresses the prevention agenda utilising the community as a resource promoting social inclusion.	individual teams. • Reduction in community Occupational Therapy and Physiotherapy waiting lists from 13 weeks to 8 weeks

Plans for 2017/18

- NOAC initiation and monitoring system
- Commitment to provide permanent contracts for our Practice based Pharmacists
- Continued funding for employment of Generic Technician
- Continued support for MDT working and practice based MDT meetings i.e. MDT Admin Support & wi fi subscription
- Development of a Cluster Patient Participation Group

The following will be dependent on the re-provision of all the cluster under spend in 2017/18:

- Completion of Stay Well Plans for patients (20 per 1800 patients)
- Continuation of MSDi contract to enable risk stratification of patients
- Further commissioning of Foodwise programmes to ensure courses are available for screened patients

Funding Committed to Agreed Locality Plans for 2017/18

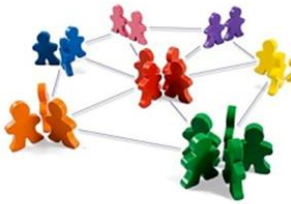
Staffing costs plus travel expenses	£156,286
Support for MDT working	£10,700
NOAC Service	£40,000
Stay Well Plans	£40,000
MSDI	£10,556
Total Budget Plan for 2017-18	**£257,542**
Recurrent Annual Budget	£190,184
SHORTFALL FOR 2017/18 DELIVERY	**£67,358**

Recurrent Annual Budget

2016/17 Recurrent Budget 2016/17	**£190,184**
2015/16 Carry forward	£53,524
2015/16 Additional Funding received	£27,099
Total 2016/17 Budget	£270,807

Slippage 2016/17 : £67,381 (25% of total budget)

Amman Gwendraeth
2016-17 Summary Investment Report



Our Network :

Dr Sioned Richards	GP Lead/ Tumble Surgery
Wendy Currums	Primary Care Locality Development Manager
David Pickering	Locality Practice Manager Lead (Brynteg Surgery)
Position vacant	Locality Community Optometric Lead
Position vacant	Locality General Dental Lead
John Llewellyn	Locality Community Pharmacy Lead (Brynaman Pharmacy)

GP & Practice Manager : Amman Tawe Partnership, Brynteg Surgery, Margaret Street Surgery, Pen-y-groes Surgery, Tumble Surgery, Coalbrook Surgery, Meddyfa Sarn and Minafon Surgery
County Team Hywel Dda UHB : Carmarthenshire County Director and Clinical Lead Nurse
Public Health Wales : Consultant in Public Health
Hywel Dda UHB Corporate Team : Head of GMS and Medicines Management Pharmacist
Locality Specific Roles : Advanced Nurse Practitioner - Frailty and Cluster Pharmacists
Community Resource Team : Locality Manager

Population Health Needs

- We serve a population of 55,412 in a semi-rural post industrial environment
- Older population than the Welsh and Health Board averages
- Due to a higher proportion of older population, the locality has the highest % of patients on the Asthma, CHD, COPD, Diabetes and Epilepsy registers. These chronic conditions relate to industrial disease
- The locality has a slightly older than Health Board average of males aged between 65 years and 84 years. However, the cohort of people between 15 years

<table>
<tr><td colspan="2">and 24 years is younger than the Health Board average
• The locality has a slightly older than Health Board average of females aged between 25 years and 64 years</td></tr>
<tr><td>Locality Plan Priorities
• Commencement of a Frailty Care Home service consisting of a named GP, Advanced Nurse Practitioner and Pharmacist
• Identify an additional enthusiast individual from within each GP practice to work alongside the current Lifestyle Advocate who will undertake a professional development programme in relation to behaviour change. This will build on the work completed during 2015/16
• Following the development of a Dementia Network Community Memory clinic service in the Amman area of the locality, which has been in operation for a period of time, implement a similar service in the Gwendraeth area of the locality</td><td>Funding Plan Investments
• Frailty Care Home Service – Named GP lead [provided by Brynteg Surgery] 3 sessions per week, 1 x 37.5 hours a week Advanced Nurse Practitioner [on HDUHB secondment for 2 years] and a Pharmacist 1 day per week [provided by Amman Tawe Partnership]. In addition there are travel costs, training hosting costs, training and equipment for the Advanced Nurse Practitioner
• Lifestyle Advocate programme – up to 2 individuals per GP practice
• Dementia Network Community Memory clinic – a GP 2 sessions per month plus room hire
• Phlebotomy service
• IT - Vision 360, Vision In Practice and Vision training days for each GP practice
• 1 x 37.5 hours per week Locality Pharmacist and 1 x 26 hours per week Locality Pharmacist, both on permanent contracts. In addition to their staffing costs are travel, training and equipment costs.
• Dermatology service</td></tr>
<tr><td colspan="2">Key Locality Achievements 2016/17
• Implementation of the Frailty Care Home Service
• Expanded the dermatology service
• Recruited 2 Locality Pharmacists</td></tr>
<tr><td>Qualitative Benefits Identified

GP Care Home Service – Frailty Evaluation
• One case study identified that by undertaking advanced care planning prevented a hospital admission and improved patient experience at home

Advanced Nurse Practitioner Care Home Service – Frailty Evaluation</td><td>Quantative Benefits Identified

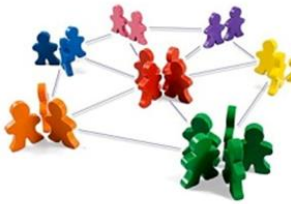
GP Care Home Service – Frailty Evaluation
• 78 DNACPR’s completed for frail patients
• 290 care home residents who have all had a medication review with recommendations to stop or reduce

Advanced Nurse Practitioner Care Home Service – Frailty Evaluation</td></tr>
</table>

• Feedback from a GP "Rachel has been able to offer valuable continuity of care to vulnerable patients in nursing and residential homes. Her input in to their management has been invaluable. This has resulted in improved care for these patients and has reduced the amount of GP home visit requests" • Feedback from a patient "Oh she's lovely, she's very caring and explains things so I can understand, I trust her completely" **Dermatology** • Expanded the dermatology service in the Gwendraeth area, thereby bring the service closer to patients.	• 354 direct patient contacts during the reporting period April 2016 – October 2016 of which 107 were classed as acute and would have been seen by a GP resulting in a care home visit **Dermatology** • During the period September 2016 to March 2017, 49 patients were seen and in total 54 procedures were undertaken, which included: ➢ 38 excisions All except one [a BCC] was fully excised and the patient is being carefully followed up ➢ 12 curettage and cautery ➢ 3 punch bx ➢ 1 debulking of tumour
Plans for 2017/18 • Continue with the work of Advanced Nurse Practitioner in the Care Home Service and consider expanding her role with potentially housebound patients and support the Advanced Nurse Practitioner attending a prescribing course • Develop the role of the two Locality Pharmacists in General Practice. The type of work to be undertaken will include: a] medication reviews, including poly pharmacy reviews b] minor ailments clinics c] drug monitoring d] care home medication reviews e] dealing with daily queries from patients relating to medication f] chronic disease clinics. • Following the development of a Dementia Network Community Memory clinic service in the Amman area of the locality, which has been in operation for a period of time, implement a similar service in the Gwendraeth area of the locality • Further expansion of the dermatology service • Invest in Tegfan project consisting of 10 rooms for cluster use • Phlebotomy Service • Continue with Vision 360	
Funding Committed to Agreed Locality Plans • ANP Care Home Service including travel and training £ 66,600 • Locality Pharmacists including travel, equipment and training £105,400	**Recurrent Annual Budget :** • **2016/17 Recurrent Budget £204,012** • 2015/16 Carry forward £56,599 • 2015/16 Additional Funding £29,070 • Total 2016/17 Budget £289,681

• Dementia Network Memory Clinics • Dermatology Service • Tegfan project • Phlebotomy service • Vision 360 **TOTAL BUDGET PLAN FOR 2017/18** • Recurrent Annual Budget • **Shortfall for 2017/18 delivery**	£ 17,000 £ 10,000 £ 45,000 £ 10, 610 £ 15,600 **£270,210** £204,012 **£ 66,198**	• **Slippage 2016/17**	**£66,609** (33% of total budget)

Llanelli
2016-17 Summary Investment Report



Our Network : The following are all invited to every Cluster meeting:

Dr Alan Williams	GP Lead/ Ty Elli Group Practice
Laura Lloyd Davies	Primary Care Locality Development Manager
Julia Wilkinson	Llanelli CRT Locality Manager
Jamie O'Grady	Locality Practice Manager Lead (Ty Elli Group Practice)
Fran McCarthy	Locality Practice Manager Lead (Avenue Villa surgery)
Jennifer Richards	Cluster Pharmacist
Matthew Harvey	Locality Community Optometric Lead
Rachel Davies	Locality Community Pharmacy Lead
TBC	*Locality General Dental Lead*

GP & Practice Manager : Ty Elli Group Practice, Avenue Villa Surgery, Llwynhendy Health Centre, Llangennech Surgery, Fairfield Surgery, Ash Grove Medical Centre, Meddygfa Tywyn Bach, Harbour View Surgery, Andrews Medical Practice
County Team Hywel Dda UHB : Linda Williams, Carmarthenshire County Director
Public Health Wales : Dr Ian Scale, Consultant in Public Health, Beth Cossins Principal Health Promotion Specialist
Hywel Dda UHB Corporate Team : Jill Paterson Interim Director of Commissioning, Primary Care, Therapies, Rachel Pompa Head of GMS, Robert Bevan Medicines Management Pharmacist, Dr Mark Barnard Associate Medical Director - Primary Care , Alyson Lloyd-Thomas Primary Care Nurse Advisor, Kate Iceton Primary Care Service Improvement Manager
Locality Specific Roles : Specialist Nurse Mark Harries COPD, Chris Cottrell Diabetes and Helen Bowler Heart Failure, Sian Fox District Nursing, Kate Rhodes Clinical Psychologist, Dr Savita Shanbhag Macmillan GP Cancer Lead
3rd Sector Spice
Welsh Assembly : Lee Waters AM, Gareth Howells AM Support Staff

Population Health Needs
Population of 60,960
An urban environment within a rural Health Board
The particular features of our population are:
Deprivation – we are the most deprived Cluster in Hywel Dda University Health Board area with 26.4% of the patients living in the most deprived fifth of areas in Wales, above the Welsh average and vastly above the Health Board average of 8.1%
Chronic Conditions: Higher than Health Board average cases of conditions diagnosed and recorded in Chronic Heart Disease and Diabetes.

Locality Plan Priorities 2016/17

- Frailty – improved care of patients in residential/nursing homes and at home, including mediation reviews; training and education.
- COPD – Continuation and expansion of the COPD+ Exercise & Education programme.
- Further utilisation of the Antioch centre to include expansion of Phlebotomy and Leg Ulcer services.
- Continuation and development of Lifestyle Advocates role and relationship with the third sector.

Funding Plan Investments

- Cluster Pharmacist (temporary contract)
- 4 Phlebotomy Staff (band 2)
- COPD+ Self Management Programme
- Antioch Centre Lease and Call Centre costs
- Ty Golau
- Social Prescriber Spice
- Training, Education and Equipment
- Dementia Training
- Lifestyle Advocates
- Screening Project
- My Surgery Website
- Insight Solutions IT Support

Key Locality Achievements 2016/17

- Cluster Pharmacist in post to carry out Medication Reviews in Care Homes, support relationships and create uniform Cluster documentation and processes.
- Continue to support and promote self management through the COPD+ Exercise and Education Programme.
- Supported the Phlebotomy service to remain accessible to patients in the community in the Antioch Centre and in Burry Port.
- Fully supported the Lifestyle Advocates with every Practice nominating at lease one member of staff to contribute.
- Supported Practices via the Indicative Budget

Qualitative Benefits Identified

- Medication Reviews for patients in Care Homes.
- Safety - Reduction in patient risk by ensuring patients are on the most suitable medication and by stopping any harmful or unnecessary

Quantative Benefits Identified
Cluster Pharmacist:

- **£9,262.77** actual cost saving of stopping medications for Hywel Dda Health Board

medications. The Cluster Pharmacist has produced a Covert Medicine Policy for Care Homes to ensure patients are treated with dignity and respect and appropriately to their capacity. • Improved Care Home education and communication – *Care Home Manager plans to attend next Cluster Meeting.* • Positive patient questionnaire results from the Phlebotomy Service. The Phlebotomy staff have also reported that they prefer this model of working as it enables them to provide a safer and more enjoyable service to the patient. • Positive participant feedback from attending a self management programme.	• **92** hours GP time saved • **661** clinical interventions • **£145,000** value of clinical interventions done by pharmacist • **£6,532** GP time (based on £71 per hour) **Phlebotomy Service:** • Over 18,000 patients have so far received the Phlebotomy service in the community **COPD+ Self Management:** • Over 70 participants have benefitted from the COPD+ Self Management Programme in Llanelli

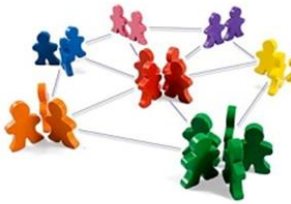
Plans for 2017/18

- Frailty – improved care of patients in residential/nursing homes and at home, including mediation reviews; training and education.
- Social Prescribing SPICE posts and the introduction of time credits
- Chronic Pain Management Toolkit Pilot
- Practice based Chronic Respiratory Nurse
- Continuation and expansion of self management programme including COPD+ and Thriving and Surviving
- Cluster and Practice websites – to improve communication and patient awareness of services
- IT management – to improve uniformity of data capture to facilitate future projects including possible research

Funding Committed to Agreed Locality Plans		**Recurrent Annual Budget :**	
• Staffing costs plus travelling	£122,623	• **2016/17 Recurrent Budget**	**£202,318**
• Phlebotomy Call Centre	£13,021	• 2015/16 Carry forward	£82,977
• Antioch Rent	£12,250	• 2015/16 Additional Funding	£28,828
• Ty Golau	£1,242	• Total 2016 – 17 Budget	£314,123
• Chronic Pain Management	£10,000		
• Self Management	£ 8,000	• **Slippage 2016/17**	**£39,318**

• Training, Education and Equipment £74,500 • **TOTAL BUDGET PLAN FOR 2017-18 £241,635** • Recurrent Annual Budget £202,318 • **Shortfall for 2017/18 delivery £39,318**	

North Ceredigion
2016-17 Summary Investment Report



Our Network : Are all invited to every Cluster meeting:

Dr Sion James	GP Lead/ Tregaron Surgery
Michelle Dunning	Senior Primary Care Locality Development Manager
Andrew Power	Locality Practice Manager Lead (Tanyfron Surgery)
TBC	Locality Community Optometric Lead
Dr Monika Gyenes	Locality Dental Lead (Portland Street Practice)
Huw Evans	Locality Community Pharmacy Lead (Boots Aberystwyth)

GP & Practice Manager : Tanyfron Surgery, Tregaron Surgery, Llanilar Health Centre, Padarn Surgery, Church Surgery, Ystwyth medical group & Borth Surgery
County Team Hywel Dda UHB : Ceredigion County Director, Community and Primary Care Nurse Manager, Community Nursing Team Leader, General Manager, Service Planning co-ordinator
Public Health Wales : Consultant in Public Health
Hywel Dda UHB Corporate Team : Head of GMS, Practice Nurse Advisor, Medicines Management Pharmacist
Locality Specific Roles : Advanced nurse Practitioner
Ceredigion Council Roles : Director of Social Services
3rd Sector Director of CAVO

Population Health Needs

- The cluster serves an approximate population of 47,000
- An older profile (18%) with complex needs (frail and elderly) but also a high student population
- The cluster has an above average (57.8%) of people living within a Rural area
- Diabetes (4.1% of the North Ceredigion population and rising).

- Heart Failure (1.1% of the North Ceredigion population and higher than the National average).

Locality Plan Priorities	**Funding Plan Investments**
• Workforce sustainability (Development of a federation) • Pre-diabetes • Frail & Elderly • Chronic conditions management • Collaborative working across practices (Vision 360) • Reduce inappropriate antibiotic prescribing (CRP testing in Practice) • Test different models of service delivery – Physiotherapy in Primary care	• SLA to carry out Pre-diabetes screening • Salary of dietetic support for pre-diabetic project • PHD student fees to support evaluation of pre-diabetic project • Payment to NERS to increase capacity for pre-diabetic project • Salary 1 WTE Advanced Nurse Practitioner • Salary 1 WTE Frailty nurse • Payment to CAVO for PHW screening project • Population needs assessment workshop • Payment to Practices for backfill time to progress cluster priorities

Key Locality Achievements 2016/17

- Appointed additional Cluster Dental and Community Pharmacist lead which has enhanced our cluster
- Appointed ANP and frailty nurse to work with County frailty nurse (development of frailty team), initially to support Advanced care planning in residential homes and medication reviews.
- Under took CRP pilot and audit results have proven very positive
- Worked with PHW on a smoking cessation via video-conferencing pilot
- Pre-diabetic screening project has shown positive outcomes for patients
- Positive collaboration with Aberystwyth University to change their academic policy to stop students going to the GP for sick notes for minor aliments

Pre-diabetic screening

The possible situation by 2035/36:

- Diabetes currently accounts for approximately 10% of the total NHS budget, but this is projected to rise to around 17% by 2035/36
- Diabetes is projected to cost £39.8 billion overall by 2035/36.
- The cost of direct care for patients is estimated to rise to £16.9 billion (£1.8 billion for type 1 diabetes and £15.1 billion for type 2 diabetes).
- The indirect costs associated with diabetes will increase to approximately £22.9 billion (2.4 billion for type 1 diabetes and £20.5 billion for type 2 diabetes
- Type 2 diabetes is preventable with healthier lifestyle choices.

Patient specific metrics

A recent interim report by Aberystwyth University showed that of the 140 people that had received their annual review

- 9 were reported to have a baseline HbA1C result of below 42, whilst at the review this had increased to 53 people – showing that more people were below the “at high risk” category of developing diabetes.
- 130 people were between 42 and 47mmols at the baseline, and this had reduced to 79 people again showing an improvement in the numbers that were classified as high risk

Foodwise: Over the course of 2016, 8 Foodwise for life programmes were run as part of the pre-diabetic project. Eight programmes were run with 75 participants.

- Of those 75 patients, 74 completed the programme. The average number of sessions attended within the pilot was 100%
- 90% of participants seeing reductions in their body weight.
- With 22% achieving the target >5% weight loss within the duration of the programme associated with a reduction in diabetes risk.

National Exercise Referral Scheme (NERS): NERS is a Welsh Assembly Government initiative to promote physical activity in those people who are currently inactive or who have certain medical conditions. Exercise has been shown to improve people’s health in many ways. For Example, it reduces the risk of heart Disease, lowers blood pressure, and helps weight loss. It can also help to reduce stress, anxiety and depression, therefore enhancing the participants feeling of well being. NERS has worked collaboratively with us on this project.

- 159 people were referred up to December 2016
- 87 had completed the course; 49 were currently on the programme;
- 34 on waiting list which was increasing.
- 4week review, 16 week review and 1 year review shows positive results in increased activity levels, maintaining or losing weight.

Antibiotic prescribing

The recent publication of the Review on Antimicrobial Resistance calls for a revolution in the way antibiotics are used and a massive campaign to educate people. In line with recent NICE guidelines CRP machines were purchased from Cluster funds to promote best practice in antibiotic prescribing for respiratory infections within the North Ceredigion Cluster

121 CRP Tests performed

Age groups:	16-64	75.2 %
	65-79	22.3%
	80+	2.5%

COPD 6.6%

The audit showed that CRP testing in Practice influenced prescribing in 81% of cases. 75% did not require a prescription for antibiotics and having the test results helped patients to understand that although they felt unwell, they didn't need antibiotics.

Qualitative Benefits Identified

- Patients have told us that they are glad they were told they are at risk of developing type 2 diabetes, so that they could do something to prevent it.
- As I have just completed 16 weeks on the scheme I wish to record how useful I found it. I chose to attend the gym and an aerobics class and when I started I indicated two objectives - one was to be able to walk up the hills in the woods whilst exercising my dog without having to rest and the other to help with depression - I can now walk up hills and I feel the classes certainly help to lift my mood. I have found the exercise to be stimulating and enjoyable, with excellent tuition in both areas. I would recommend the scheme to anyone - I have embarked on exercise regimes in the past but have always fallen by the wayside, but I have completed this course and shall be continuing to attend classes in the future
- Patients welcomed the reassurance of the CRP test to indicate that they didn't need antibiotics at that time despite how they were feeling.

Quantative Benefits Identified

Pre-diabetic project will help reduce type 2 diabetes and the associated on going costs of treating them in the long run.

- Statistically significant changes in BMI, waist circumference and HbA1c occurred over the 12-month follow up period.
- There was also a considerable shift from the number of patients with HbA1c between 42 and 47 mmol·mol-1 (pre-diabetes), in to the below 42mmol·mol-1 category).

CRP pilot

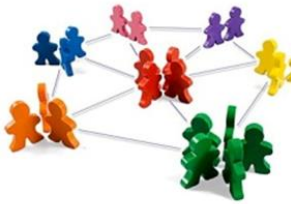
CRP Testing at point of care is effective at influencing prescribing of antibiotics. We have shown that when used in cases of respiratory infection that it can influence prescribing in 81% of cases. As a result, 75 % of patients required no prescription for antibiotics.

Plans for 2017/18

- Continue with the Pre-diabetes project for 3rd and final year of project and submit full evaluation report (including continuing to support NERS capacity)
- Continue with CRP testing in practices
- Continue to develop MDT working with partner agencies
- Implement Vision 360 to enable practices to look after each other's patients and to assist the working of cluster staff
- Progress the physiotherapy in Primary Care model
- Progress development of the diabetes service delivery model in North Ceredigion
- Implement and evaluate the Pulmonary Rehabilitation VC project
- Pilot community pharmacy sessional time within the cluster
- Roll out the mindfulness service

Funding Committed to Agreed Locality Plans	**Recurrent Annual Budget :**
• Pre-diabetic project support for this final year PHD student, Dietetic £ 12,100 • ANP salary & on costs £ 77,626 • Frailty nurse salary & on costs £ 32.968 • NERS for £16,000 • mindfulness service £8,000 • Community Pharmacy time £1,500 • SLA payments (pre-diabetes project) £12,846 **TOTAL BUDGET PLAN FOR 2017-18 £161,040** • Recurrent Annual Budget £135,540 • **Shortfall for 2017-18 delivery £25,500**	• Total 2016 – 17 Budget £135,540 • 2015/16 Carry forward 0 • **Slippage 2016/17 £25,500** (19% of total budget)

South Ceredigion
2016-17 Summary Investment Report



Our Network : Are all invited to every Cluster meeting:

Dr Darren Chant	GP Lead/ Teifi Surgery
Carys Davison	Primary Care Locality Development Manager
Tracey Huggins	Locality Practice Manager Lead (Cardigan Health Centre)
Heledd Hallett	Locality Community Optometric Lead (Specsaver Cardigan)
TBC	*Locality General Dental Lead*
TBC	*Locality Community Pharmacy Lead*

GP & Practice Manager : Teifi Surgery, Ashleigh Surgery, Bro Pedr, Llynyfran Surgery, New Quay Surgery, Meddygfa Emlyn & Cardigan HC
County Team Hywel Dda UHB : Ceredigion County Director, Community and Primary Care Nurse Manager, Community Nursing Team Leader, General Manager
Public Health Wales : Consultant in Public Health
Hywel Dda UHB Corporate Team : Head of GMS, Practice Nurse Advisor, Medicines Management Pharmacist
Locality Specific Roles : Cluster Frailty and Chronic Disease Pharmacist, Frailty and Chronic Disease Nurses
Ceredigion Council Roles : Director of Social Services
3rd Sector Integration Facilitator

Population Health Needs

- Above average percentage of patients aged over 65 requiring regular age and disease related monitoring
- Hypertension & Diabetes increase observed in the cluster. Hypertension is possibly due to greater age of cluster population compared to the other areas.
- Increase in Mental Health and Dementia
- Effectively manage patients aged over 50 requiring regular age and disease related monitoring with health prevention
- We serve a population of 47760 in a rural environment

Locality Plan Priorities

- New approaches to the delivery of primary care and sustainability - cross referral and skill mix
- Effectively manage patients aged over 50 requiring regular age and disease related monitoring
- Continue MDT working as this has proven a valuable service change
- Mental Health and Dementia
- Risk stratification of patients
- Appointment of additional full time Frailty and Chronic Conditions Nurse and a Frailty and Chronic Conditions Pharmacist to ensure improved geographic working for the existing staff and additional support for practices on a more regular basis

Funding Plan Investments

- 1 x 30 hours a week Cluster Frailty and Chronic Conditions Pharmacist – permanent contract
- 1 x 37.5 hours a week Cluster Frailty and Chronic Conditions Nurse – permanent contract
- 1 x 37.5 Cluster Frailty and Chronic Conditions Nurse – temporary contract /secondment 22 months up until August 2018
- 1 x 30 hours a week Cluster Frailty and Chronic Conditions Pharmacist – temporary contract until 2 March 2019
  Plus travelling costs
- MSDi
- Vision 360

Key Locality Achievements 2016/17

- Appointed additional Cluster Pharmacist & Cluster Nurse to support the cluster team
- Working with the hospital pharmacy to ensure selected practices can obtain stock of urgent medications, following evening surgery appointments. Pilot underway and working well in Meddygfa Emlyn and Teifi. To be reviewed at the end of the pilot.

Patient specific metrics

- 316 Care Home patients received health assessment - 76 by Frailty Nurse & 240 by Frailty Pharmacist
- 343 NOTEARS Medication Reviews - 286 for Care Home patients & 57 for patients in own home
- 172 Medications which are at risk of causing falls stopped/ reduced after NOTEARS review
- 170 Frailty home visits by Frailty Nurse with 2 – 10 follow up actions per patient
- 30 flu vaccinations given by Frailty Nurse
- 27 Education and teaching sessions
- 1823 of clinical interventions carried out by Pharmacist

GP specific metrics

- 94 clinical sessions of GP time saved (3.5 hour clinical session) following a Pharmacist NOTEARS review :
  - 44.4 hours from patient homes review
  - 285.5 hours for Care Homes review

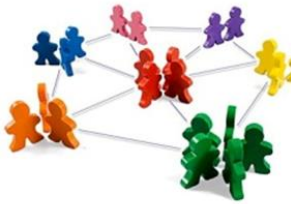
Qualitative Benefits Identified	Quantative Benefits Identified
• Health assessments for patients in their own homes • Safety - reduction in patient risk • Reduction in hospital admissions from falling due to Polypharmacy/nursing assessments. 172 medications which are at risk of causing falls stopped/ reduced after NOTEARS review (Potentially reduced hospital admissions) • Care Home Education . • Improved care to patients with the joint prescribing pilot with Teifi Surgery, Meddygfa Emlyn, and Bronglais pharmacy in response to early evening closure of rural community pharmacies and issues for patients obtaining urgent scripts. Emlyn emergency medications box has been used about 10 – 15 times already between 5.30 and 6.30 p.m. – mainly antibiotics. Replacements often arrive the same day following a fax which is then followed up by putting the FP10 in the post - the system is working well.	Benefits described from November 2015 to January 2017 (14 months) • **£**34,623.08 actual cost saving of stopping medications for Hywel Dda Health Board. • **£905,700** value of clinical interventions done by pharmacist • £23,423 GP time (based on £71 per hour) • 172 hospital admissions avoided

Plans for 2017/18

- Continue to build and increase support for the Cluster Frailty and Chronic Conditions Team utilise available funding to appoint Admiral Nurse and a home visiting GP, ANP or APP.
- Continue to develop MDT working
- Progress risk stratification with cluster staff MSDi
- Vision 360 to enable practices to look after each other's patients and to assist the working of cluster staff

Funding Committed to Agreed Locality Plans		Recurrent Annual Budget :		
• Staffing costs plus travelling	£190,976	• **2016/17 Recurrent Budget**	**£166,227**	
• MSDi	£12,000	• 2015/16 Carry forward	£15,118	
• Vision 360	£30,000	• 2015/16 Additional Funding	£23,686	
• 2 sessions admin support for cluster staff	£5,536	• Total 2016 – 17 Budget	£205,031	
• **TOTAL BUDGET PLAN FOR 2017-18**	**£238,512**			
		• **Slippage 2016/17**	**£72,285**	(35% of total budget)
• Recurrent Annual Budget	£166,227			
• **Shortfall for 2017-18 delivery**	**£72,285**			

North Pembrokeshire Locality
2016-17 Summary Investment Report



Our Network
Juliet Goldsworthy, Non Clinical Locality Lead
Amanda Whiting, Senior Primary Care Locality Development Manager
Anna Swinfield, Locality Practice Manager Lead (St Davids Surgery)
Andy Britton, Locality Community Optometric Lead (Specsavers, Haverfordwest)
Phil Parry, Locality Community Pharmacy Lead (EPP Pharmacy, Crymych)
TBC, Locality Community Dental Lead

GP and Practice Manager from each surgery: Robert Street, Barlow House, St Thomas, Winch Lane, Solva, St Davids, Goodwick, Fishguard & Preseli Peaks
Paul Smith, Locality Manager, North Pembrokeshire – County Team
Dr Cath Burrell, County Associate Medical Director for Pembrokeshire
Oliver Harries, Advanced Paramedic Practitioner, Welsh Ambulance Service
Jason Bennett, Service Manager, Pembrokeshire Social Services
Ian Scale, Consultant, Public Health
Beth Phillips & Emma Plumb, Cluster Pharmacists

Population Health Needs
The locality serves a population of 64,521 in a rural environment; this is the largest population of the clusters within HDUHB.
The population has an above average percentage of patients over the age of 65 who potentially have the greatest impact on primary care with more chronic illness that will need active management.
The locality has a higher than the Health Board average in disease prevalence for a number of chronic conditions including Diabetes, Asthma, Cancer, COPD, Heart Failure, Cancer, Mental Health, Stroke, Rheumatoid Arthritis and Epilepsy
The locality is a tourist destination and the population significantly increases during holiday seasons.

Locality Plan Priorities	Funding Plan Investments
• GMS Sustainability • Advanced Care Planning • Continued improvement in discharge summaries • Continue to increase self referral in to counselling service • Remote access to patient records with available federated approach to service provision	• 1.8 WTE Cluster Pharmacists – permanent contracts • Laptop x 2 mobile phone x 2 for Cluster Pharmacists • 1.2 WTE PSF ACP Nurses – voluntary sector project • 3.5 WTE Community Phlebotomists • Running costs for Pembrokeshire Counselling • Implementation and running costs for WiFi • Implementation and rollout of Vision 360 & Vision Anywhere • 12 week pilot Home Visiting Service with 1 GP & 1 APP • Pembrokeshire Young Persons Counselling Service – funding for development of a website with direct access booking facility for GPs • Joint frailty pilot with Consultant and Community Frailty Nurse • Tablet for each practice for use with Vision 360/Anywhere • Screen project with the voluntary sector for Bowel, AAA, Breast & Cervical • Foot screening for housebound diabetic patients working jointly with Community Podiatry • Purchase of RCGP Leaflets for parents – When Should I Worry • Practice Managers Conference – four places

Key Locality Achievements 2016/17

- 12 week pilot of Home visiting service with 1 GP and 1 Advanced Paramedic Practitioner with federated access to Vision 360 to access patient records
- Appointment of 1.8 WTE Cluster Pharmacists
- Implementation of remote access to patient records by GPs whilst undertaking home visits (Vision Anywhere)
- Continued increase in the number of patients with an Advance Care Plan in place
- Continuation of the Community Phlebotomy Service
- Continuation of funding for Pembrokeshire Counselling Service
- Establishment of Wifi at each practice
- Direct access booking via website establishment with Pembrokeshire Young Persons Counselling Service
- Pilot of Joint Frailty Clinics run with a GP & Consultant in the Community
- Pilot for foot checks for housebound diabetic patients working jointly with Community Podiatry
- MHOL rolled out in seven of the nine practices

Qualitative Benefits Identified	Quantitative Benefits Identified
• Case Study: Mr B, a 90 year old man with advanced dementia: He lived in a nursing home in Pembrokeshire. A hospital admission a couple of months earlier had caused him a great deal of distress and it had been hard to meet his needs in the hospital setting. His family were invited to an awareness-raising event at the care home. Following this, the family worked with the ACP service and care home staff to produce a document to inform any future best interests decision (and RBID). About 3 months later the patient's health deteriorated suddenly. *"His health suddenly deteriorated in the middle of the night and initially it was felt that he should be transferred to the A&E dept in Carmarthen. However, when we highlighted the RBID documentation and his DNACPR form he remained in (Care Home) and died 12 hours later. We cannot thank you enough for supporting us through the process and allowing Dad to die where we had chosen for him."* • Paul Sartori foundation also have increased awareness raising of ACP, holding events in care homes and sheltered housing. • Some unanticipated benefits have also been realised, such as identifying patient misunderstandings about diagnosis and medication and referral of patients for attendance allowance and other hospice services. • Community Phlebotomy service has improved patient experience and patient sense of being 'valued'. Community Phlebotomy - Reduced spoilt / damaged blood samples & deduced errors / missed venepunctures • Integration of the phlebotomy service within District Nursing / GP Practice has facilitated escalation of others patient needs / signposting to other professionals / services	• Advance Care Planning - 101 referrals & total number of contacts was over 600 (12 months) • 219% increase in Advance Care Plans – 74 – 162 • Over 500 health and social care professionals and 300 members of the public have attended educational sessions throughout Byw Nawr/Dying Matters week. • Expected increase in the % of patients dying in their preferred place of care – information requested from practices but not yet received. • 196 referrals and had 826 patient contacts for Pembrokeshire Counselling (9 months). 127 patients received counselling from the service and 48 patients were signposted to alternative services.
Plans for 2017/18 • Cluster Pharmacists – Supporting sustainability for practices, work plans include on the day authorisation of repeat medication requests, medication	

changes as a result of discharge letters, medication reviews with patients, face to face rheumatoid arthritis reviews, routine thyroid blood monitoring, asthma/COPD reviews with a review of respiratory prescribing, medication review of patients in a nursing home, review of a practice repeat prescribing process, polypharmacy reviews, attending practice meetings, providing training for practice reception staff on reauthorisation of scripts, DMARD monitoring and liaison with the Dietetic Team to change scripts for SIP feeds

- Paul Sartori Foundation – Advance Care Planning and care home education aiming to keep patients at home when appropriate
- Pembrokeshire Counselling – Primary counselling service reducing attendances at Practice and within A&E
- 2.5 WTE Community Phlebotomists for six months – Cost effective support to the DN Teams, providing care by the appropriate person at the appropriate time
- Vision 360 & Vision Anywhere – Supporting sustainability and allowing service development with a federated approach
- Wifi for GP Practices – Supporting sustainability and allowing the expansion of MDT working with partner organisations
- Practice Managers Conference – networking and education

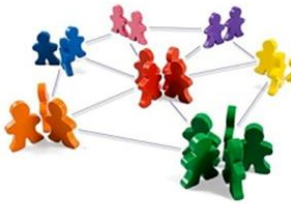
Funding Committed to Agreed Locality Plans

Cluster pharmacists 1.8 WTE	£100,440
Wifi	£4,000
Vision 360	£6,000
Paul Sartori	£53,445
Community Phlebotomy (2.5 WTE for six months)	£28,500
Pembrokeshire Counselling Service	£11,000
Practice Managers Conference	£800
Expansion to HVS	£10,000
Rollout of Frailty Clinics	£10,000
TOTAL BUDGET PLAN FOR 2017-18	**£224,185**
Recurrent Annual Budget	£206,319
Shortfall for 2017-18 Delivery	**£17,866**

Recurrent Annual Budget :

2016/17 Recurrent Budget	£206,319
2015/16 Carry Forward	£18,216
2015/16 Additional Funding	£29,399
Total 2016/17 Budget	£253,934
Slippage 2016/17	**£8,000** (3% of total budget)

South Pembrokeshire Cluster
2016-17 Summary Investment Report



Our Network

Dr Richard Bury - Locality Lead
Lucie-Jane Whelan – Locality Development Manager
Kirsty Gilling - Locality Practice Manager Lead
John David-Neyland Pharmacy - Community Pharmacy Locality Lead
Roger Rees - Community Optometric Lead
TBC - Locality Dental Lead

GPs & Practice Managers from all 5 practices
County Director & Commissioner for Pembrokeshire
General Manager Community & Primary Care –Pembrokeshire
Locality Manager South Pembrokeshire
County Associate Medical Director - Pembrokeshire - OOH GP
Community & Primary Care Nurse Manager, ANP Fragility, CNS Heart Failure
Welsh Ambulance Service NHS Trust
PHW Consultant
Clinical Development Manager Paul Sartori Foundation
Pembrokeshire County Council
Cluster OTs
Cluster Pharmacist
Healthy Lifestyle Advisors
Health & Wellbeing Facilitator

PAVS and a Community Connector for the local area
Pending representation from Secondary Care and Mental Health

Population Health Needs

- Fragility/ Falls
- Increase in Mental Health & Dementia
- Cancer
- COPD
- CVD
- Diabetes/obesity/education programmes.
- We serve a population of 54,315 in mainly rural area with 99.1% of the cluster classified as Rural across 5 practices the largest practice having 24,658 patients to the smallest 3,592.

Locality Plan Priorities

- GMS Sustainability.
- New approaches to the delivery of primary care.
- Occupational Therapists
- Healthy Lifestyle Advisors
- Pharmacist.
- ACP

Funding Plan Investments

- 1 x 37.5 Cluster Pharmacist will prescribing by May 2017 course funded by cluster. Permanent after March 2017.
- 2 x Occupational Therapists – 1 WTE and 0.88WTE
- 2 x Healthy Lifestyle Advisors – Band 5 , 37.5hrs and Band 4, 30hrs (but from 1st April 2016 band 4 will be 15hrs) total 52.5
- ACP – Paul Sartori
- Community Ph*lebotomy Service 12 weeks (55hrs)*

Key Locality Achievements 2016/17

- Appointment of Healthy Lifestyle Advisors Project employed through Narberth Surgery - 37.5 hrs & 30hrs.
- Appointment of Occupational Therapists – Employment of 2 x OT 1 WTE and 0.88 following on from the successfully pacesetter project in Argyle Medical Group Practice
- Appointment of a Cluster Pharmacist 1 WTE – cluster funded the pharmacist prescribing course and she is now has a permanent contract from March 2017.
- ACP – working in the practices & nursing homes to continue the increased and uptake.
- Continuation of the Community Phlebotomy Service.
- 7 x CRP machines purchase for all 5 practices to use but no consumables purchased.

- Access to the Pembrokeshire Young Persons Counselling Service
- Education talks taken place for all clinical professional staff with Secondary and Acute Consultants.
- Flu Education Talks
- POCT Equipment purchased and consumables for HLA project.
- Lifestyle Advocates Training in four of the practices.
- CAVO Screening with PHW
- Expand multi- disciplinary working across the South cluster area.
- Working with the ANP Fragility and CNS Heart Failure supporting them imbed in to the area with equipment from IT, to ECG machines and a bladder scanner.
- Health Promotion Events in two of the practices Saundersfoot and Narberth surgery.
- An additional PPG within the group – Narberth Surgery.

Qualitative Benefits Identified

- Positive patient feedback and successful lifestyle changes

"I feel much more positive about life, I've taken your advice and walk at a faster pace while out with the dog, me and my daughter have contacted Stop Smoking Wales and I can see that my change in attitude is also helping to motivate my daughter, who has her own issues"

- Improved patient safety in Nursing Homes – Pharmacist.
- Education within practices/nursing homes.
- Set up COBWEB in all practices – Pharmacist
- Holistic OT assessments which proactively resolve health & social care problems at an early stage.
- Improved advice, support and liaison between professionals.
- Reducing falls, improving safety and confidence enabling people to engage in daily life.
- Positive patient feedback for community phlebotomy service – increased patient satisfaction.

Quantative Benefits Identified

- **£6,800** actual cost saving of stopping medications in Care Homes
- **£36,500** value of contributions by the Pharmacist in the 5 practices**.**
- 20 saved GP appointments per day from Pharmacist medication reviews**.**
- Potential reduced admissions from Occupational Therapist timely response**.** The Occupational Therapists have had seen 196 new patient referrals since the OT's where employ on 14th Nov 2016 as part of the cluster team. This being the case reduced admissions situation are around 2 to 3 per month cost £3000 per month over a year this could potentially be £36k
- 143 patients assessed by healthy lifestyle advisers – 60 under 3 month review.
- 290 community phlebotomist appointments per month (mean) resulting in saved DN time to focus on more complex and end of life patients.

• ACP with Paul Sartori to embed them within the practice to support the patients who wish to discuss Advance Care Planning and also visited the nursing homes for Tea Parties to raise awareness.	

Plans for 2017/18

- Build on the Pharmacist model to include independent prescribing from May 2017 - cardiovascular focus.
- Build on Occupational Therapist role to enable them to see the patients in a more timely manner**.**
- Continue Paul Sartori Foundation ACP Team – Working out of the practices direct approach with patients.
- Build on Healthy Lifestyle Advisor project including the Living Well Living Longer project to work.
- Utilise the POCT testing equipment & consumables within the Healthy Lifestyle Project
- Introduce CMAT Physiotherapy /service model into Locality meetings.
- CAVO screening project
- Address education needs for patient and professional**.**
- Further develop the CRT model with the County Team.
- Develop a schools project as a test bed with Argyle Medical Group Practice using the Donaldson approach working jointly with a local school, HDUB, Primary Care, PHW, GP, Practice Manager, and Service Improvement Team.
- Progress the Vision 360 or EMIS anywhere with the cluster area to enable more mobile working.
- Continue to work with Secondary Care colleagues to improve working with clinical discharges.
- To improve the MHOL experience within practices.
- Expand MDT across the Locality.
- Scoping Meeting with the Practice Managers every other month to the cluster meetings to scope you projects.

Funding Committed to Agreed Locality Plans		**Recurrent Annual Budget**	
Pharmacist	£50,756	• **2016/2017 Recurrent Budget**	**£179,566**
Occupational Therapists x 2	£95,058	• 2015/2016 carry forward	£19,758
Healthy Lifestyle Advisors x 2	£36,789	• 2015/2016 additional funding	£25,587
Community Phlebotomy Service	£8,112 (12 weeks)	• **Total 2016 – 2017 budget**	**£224,911**
TOTAL BUDGET PLAN FOR 2017-18	**£190,715**		
		• **Slippage 2016/17**	**£8,012** (4% of total budget)
Recurrent Annual budget	£179,566		
Shortfall for 2017-18 delivery	**£ 11,149**		

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Your ref/eich cyf:
Our ref/ein cyf: JP/SB
Date/Dyddiad: 12 June 2017
Tel/ffôn: [redacted]
Fax/ffacs: [redacted]
Email/ebost: [redacted]
Dept/adran:

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Dr Lloyd,

Health, Social Care and Sport Committee Inquiry into GP Clusters

Please find below the answers to your questions requested in your letter dated 16th May 2017.

When are you notified by the Welsh Government of your CDM allocation for the financial year ahead?

The central finance team is generally notified of the allocation on or around the first week of April.

At what point in the financial year is the CDM Funding provided to you by the Welsh Government?

Allocation is received around the same time as the notification. In 2017/18 this was on the 1st April 2017.

What is the process for you to release that funding to the individual clusters in your area?

The clusters are informed of their cluster allocation as soon as the notification is received by the Health Board. Following this the clusters discuss and agree their spending plans for the forthcoming year. The funding is held centrally as is directed by Welsh Government and is released in a number of ways depending on the scheme or initiative being progressed. If the clusters wish to procure services via the UHB, which has been the preference to date, they can do this but they are made aware that we have Standing Financial Instructions which need to be followed. In order to inform the clusters of the process and provide support the Health Board has drafted and provided 'guiding principles', as attached in Appendix 1. On some occasions the practices have decided to procure services themselves and if this is the case payment is made on receipt of invoice and via the oracle payments system. Where initiatives involve the employment of staff the recruitment is usually undertaken by the Health Board and therefore the staff are paid via payroll services. In a small number of circumstances staff will be employed by the cluster or a practice and then reimbursement will be made upon receipt of an invoice via oracle.

What were your total CDM allocations for the financial years 2014-15; 2015-16; 2016-17; 2017-18?

2014-15; £610,000
2015-16; £610,000
2016-17; £1,017,000
2017-18; £1,017,000

What was the total CDM spend for the financial years 2014-15; 2015-16; 2016-17 (with an explanation of any variance between spend and allocation)?

2014-15; £612,000
2015-16; £744,000. The CDM allocation was spent in full but this figure shows an over spend of £134,000 this year as the cluster was give additional non recurrent monies to enable them to explore winter pressure initiatives.
2016-17; £1,017,000

A breakdown of what the CDM was spent on, including central LHB support to clusters;

Please see the attached excel spreadsheet in Appendix 2.

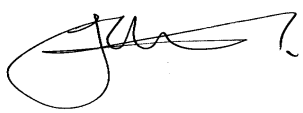
On average, for the past three years, what percentage of the CDM funding was held centrally to fund salaries of posts based in clusters.
Please see the attached spreadsheet. The CDM allocation is spent purely on clinical services within the clusters. This can include posts such as clinical pharmacists, communications officer, GP social workers (GPSO) etc as detailed in the attached financial spreadsheet.

In addition to the delegated cluster allocation the Health Board also funds centrally from a separate funding stream additional resources to support cluster development and has done so since the introduction of the cluster domain in 2014/15. The funding is as follows:

- Four Cluster Development Managers employed by the Health Board role it is to provide support and guidance to a cluster. The annual expenditure for these posts is as follows:
  2014-15; £92,000
  2015-16; £184,000
  2016-17; £184,000

- Sessional payment for cluster leads. GP cluster leads receive £250 per session per week for 42 weeks of the year and practice manager cluster leads receive £100 per session per week for 42 weeks of the year. This is in recognition that the clusters leads undertake work over an above the time identified in the cluster domain itself. This payment has been in place for since 2014/15.

Yours sincerely,



John Palmer
Director of Primary, Community and Mental Health
Cwm Taf University Health Board

cc Grant Duncan, Primary Care Division, WG
Karin Phillips, Primary Care Division, WG

Principles of approach
GP Cluster monies

Introduction

The purpose of this document is to brief the Primary Care Development Managers, Localities and Primary Care Managers, Finance Managers and appropriate NWSSP staff, on the approach to procuring goods and services in relation to the 3 Year funding from WG to develop, modernise and innovate services within the Primary Care Cluster groups within CTUHB.

Planning

Key points for consideration;

- Whole life costing, ensuring that all costs are taken into consideration when undertaking negotiations with companies.
- Future proofing any further annual commitments; through setting fixed pricing for any potential extension options
- Payments; frequency
- ICT; ensuring where appropriate engagement with NWIS. It is worth noting that there is a Framework available for GP Systems and Services, Framework Agreement P189. This framework should have pre-determined costs
- Point of Care; where possible engagement with the Point of Care Team within CTUHB for purposes of governance and expertise
- Clinical Engineering; where appropriate to offer support and advice on medical devices

Procure to Pay Process

It is important to note that the monies have been provided by WG to the GP clusters; CTUHB are the financial brokers and therefore a lighter touch approach will be undertaken

Following a review of the current GP Cluster programme there appears to be 4 distinct areas of requirements which would have a differing of approach to payment.

Area 1 – Re-imbursement for GP time (e.g. Software referral template developed by a GP)

- This would be considered as a one-off manual payment
- GP would invoice the CTUHB via Primary Care Development Managers, ensuring reference is made clearly on the invoice to the specific scheme or project that has been approved via the GP Cluster monies
- Primary Care Development Manager to contact Natalie Hole in NWSSP Accounts payable to determine if the GP is already set up within Oracle
    - Yes – Invoice to be authorised by *to be* confirmed with the Head of Primary Care with a cost centre and subjective code
    - No – Supplier Set-up form to be completed (appendix 1) send through to Procurement; Catherine Scully and or Paul Thomas
    - Authorised invoices to be sent through to Natalie Hole AP

Area 2- Staff

- Dealt with via Payroll with the appropriate financial code

Area 3 – Non Pay items not practical to raise PO (e.g. Wi-fi)

- GP will pay for service and submit an invoice with proof of purchase
- Process will be the same as Area 1

Area 4 – Non Pay Goods and Services

- Quotation and company discussions to be conducted outside Procurement (unless specific guidance is required)
- Quotation to be issued by supplier
- Requisition to be raised in Oracle; with reference to the specific scheme or project ***for noting if goods are to be delivered directly to the GP practice please ensure that there is reference to this in the body of the requisition notifying supplier***
- If supplier is not on oracle please complete Supplier set-up from Appendix 1
- Purchase order to be raised by Procurement and sent through electronically to company
- Invoice will be sent directly through to Accounts Payable within NWSSP
- Order to be receipted by Primary Care Development Managers team once GP's have confirmed goods or services have been received

Useful Contacts

Business Area	Name	Contact number	e-mail
Procurement Services	Annmarie Pritchard	(01685) 726380 or PCH ext 6380	Annmarie.pritchard@wales.nhs.uk
Procurement Services	Catherine Scully	(01685) 726583 or PCH ext 6583	Catherine.scully@wales.nhs.uk
Procurement Services	Paul Thomas	(01685) 726422 or PCH ext 6422	Paul.Thomas@wales.nhs.uk
Accounts Payable	Natalie Hole	(029)20903801	Natalie.hole@wales.nhs.uk
Finance	Claire Marley	(01443) 486222 ext 3819 or DSH ext 3819	Claire.Marley@wales.nhs.uk
Finance	Sue Holroyd	(01443) 443841	sue.holroyd@wales.nhs.uk
Point of Care	Mark Henry	(01685) 728459 or PCH ext 8459	Mark.henry@wales.nhs.uk
Clinical Engineering	Wayne Goodfield	(01443) 443629 or RGH ext 3629	Wayne.goodfield@wales.nhs.uk

	Cluster spend 2015-16
Action Hearing Loss	4116.47
BP Pods	27111
BP Podsinc additional cuff / Williams Med supplies	20333
Cancer CPD	2638
Clinical Pharmacist	64692
Cluster costs	1698
Cluster meetings	10508
Commications Officer -T Bodden	1994
Coughacheck	3490.08
Defibs x 8	8000
ECG x 12	45877.2
Educational; room hire etc	34
Egton Medical Inf Web GP - triage	47917
EMIS Mobile	4620
GP & PM input for Vision Anywhere	12804
GPSAT Training	4440
MISCO Tablets	6605.78
Numed	46021.74
NUMED ECG MACHINES	28413
NUMED ECG/Spirometry MACHINES	38781.6
NUMED Information display system	63459.58
Parc Canol - Elly Thomas recruit of Cluster Pharmacist	250
Patient Partner Software	61487.7
Practice ECG & Spirometry	4108.2
Practice Wireless	899.24
Room hire	120
Screen check in	39107
Vision Anywhere	15426
Vision Anywhere - Hardware	6995.15
Vision Anywhere - Software (Licences?)	20760
Vision Anywhere - Wifi Installation & contract costs	98.99
Vision Templates	3000
Weighing Scales	6354.6
WiFi	12684.61
Winter Pressures	129577.6
	£744,423.54

	Cluster spend 2016-17
Website	4619.88
Facebook Advertising	150
Comms officer	9548
Pharmacist	118000
Workflow	41181.44
Training	29000
Physiotherapist	9728
NUMED	6777.6
Recruitment & Retention	1300
Meetings	717
MIND	85481
employment costs for 3 WTE pharmacists April 16-March 17	165000
Q Centre - June 16	108
The Conference Centre - July 16	150
The Conference Centre - Sept 16	150
The Conference Centre - Nov 16	340.2
The Conference Centre - Jan 17	310.2
The Conference Centre - Feb 17	310.2
Phone system installation costs - outstanding from 15/16 - Parc Canol	144
voice connect works telephone system New Park 15/16	1665
1 year cost Ynysybwl (agreed AW & MM 16.11.16)	288
Voice Recognition	26119
Mind SLA	85481
Evening Flu Clinic	840
Vision in Practice (£125 per month x 8 practices x 5 months 16/17)	7200
Cost for P.Rowe attendance at 3 Cluster meetings	750
Backfill of PM / GP attendance at cluster meetings	2300
AWalters - attendance Webpage meeting 2.11.16	100
AWalters - attendance Pharmacy working group 31.08.16	100
J Finnegan attendance at meeting	250
Cluster Pharmacist	58607
Cluster Pharmacist	53723
Reserved for meeting attendence	1250
Workflow redirection expenses - travel/accomodation/subsistence	2805
VISION training - Insight Solutions	3900
MIND Active Monitoring	83481
Merthyr Tydfil County Council GPSO	215220
	£1,017,094.52

- Each and every suicide is a tragedy which has devastating effects on families, friends, colleagues and the wider community. The loss of a loved one brings about intense grief, but when the death is by suicide the emotions experienced in the aftermath can differ considerably from those following other types of death. The shock can be especially acute and complex.

- Samaritans have a partnership with Cruse Bereavement Care to help support people who have been bereaved by suicide. To access further information on this partnership, please visit 'Facing the Future'

- The average cost of a suicide of someone of working age in England is estimated as £1.67m. This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and funerals.[1]

[1] *McDaid, D., Park, A., & Bonin, E. (2011). Population level suicide awareness training and intervention. In M. Knapp, D. McDaid & M. Parsonage (Eds.), Mental Health Promotion and Prevention: The Economic Case (26-28). London: Department of Health.*

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-19-17 Papur 6 / Paper 6

#StatusOfMind

Social media and young people's mental health and wellbeing

Contents

KEY POINTS

- 91% of 16-24 year olds use the internet for social networking
- Social media has been described as more addictive than cigarettes and alcohol
- Rates of anxiety and depression in young people have risen 70% in the past 25 years
- Social media use is linked with increased rates of anxiety, depression and poor sleep
- Cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it
- Social media can improve young people's access to other people's experiences of health and expert health information
- Those who use social media report being more emotionally supported through their contacts

CALLS TO ACTION

- Introduction of a pop-up heavy usage warning on social media
- Social media platforms to highlight when photos of people have been digitally manipulated
- NHS England to apply the Information Standard Principles to health information published via social media
- Safe social media use to be taught during PSHE education in schools
- Social media platforms to identify users who could be suffering from mental health problems by their posts, and discreetly signpost to support
- Youth-workers and other professionals who engage with young people to have a digital (including social) media component in their training
- More research to be carried out into the effects of social media on young people's mental health

Foreword

Shirley Cramer, CBE
Chief Executive – Royal Society for Public Health

Dr Becky Inkster
Cambridge Neuroscience – University of Cambridge

Social media is now a part of almost everyone's life, but none more so than our young population of digital natives. Its rise to popularity during the mid-2000s has revolutionised the way in which we communicate and share information, both as individuals and as a society. Whilst social media has permeated nearly every aspect of the mainstream, we are only just beginning to take stock of the extent to which it impacts our lives. With growing consideration given to the importance of mental health and wellbeing within the health debate, there has never been a more pertinent time to talk about the relationship between social media and mental health.

Social media has become a space in which we form and build relationships, shape self-identity, express ourselves, and learn about the world around us; it is intrinsically linked to mental health.

We must therefore strive to understand its impact on mental health, and especially the mental health of the younger population. The highest incidence of social media use is seen amongst those aged 16 – 24. That these years are a crucial period for emotional and psychosocial development only enforces the need for greater understanding of social media's impact.

It certainly isn't all bad news; social media platforms can promote a sense of community and facilitate the provision of emotional support. With its almost universal reach and unprecedented ability to connect people from all walks of life, social media holds the potential to wield a mighty power as a positive catalyst for good mental health.

But there are also risks, risks which if not addressed and countered, can and have already opened the door for social media to cause significant problems for young people's mental health and wellbeing. Being a teenager is hard enough, but the pressures faced by young people online are arguably unique to this digital generation. It is vitally important that we put safeguards in place.

We hope that this report, its findings, and the issues it explores can really push forward the conversation surrounding social media and young people's mental health and wellbeing. We hope that this conversation will be transformed into action that empowers young people with the knowledge and tools to navigate social platforms online in a way that protects and promotes their health and wellbeing. Social media isn't going away soon, nor should it. We must be ready to nurture the innovation that the future holds.

Background

Social media has revolutionised the way we connect with each other. Platforms such as Facebook, Twitter and Instagram are now used by one in four people worldwide.[1] The use of social media has become an integral part of many people's lives, connecting them with friends, family and strangers from across the globe.

Many young people have never known a world without instant access to the internet and social networking platforms. The internet and social media has transformed the way in which this generation - commonly known as 'digital natives' - interact and communicate with each other.[2] While this presents great opportunities for innovation, learning and creativity, emerging evidence is raising concerns about the potential implications for our young people's mental health.

Social media addiction is thought to affect around 5% of young people,[3] with social media being described as more addictive than cigarettes and alcohol.[4] Such is the concern surrounding social media and young people that in late 2016 MPs debated the issue in Parliament.[5] The platforms that are supposed to help young people connect with each other may actually be fuelling a mental health crisis.[6]

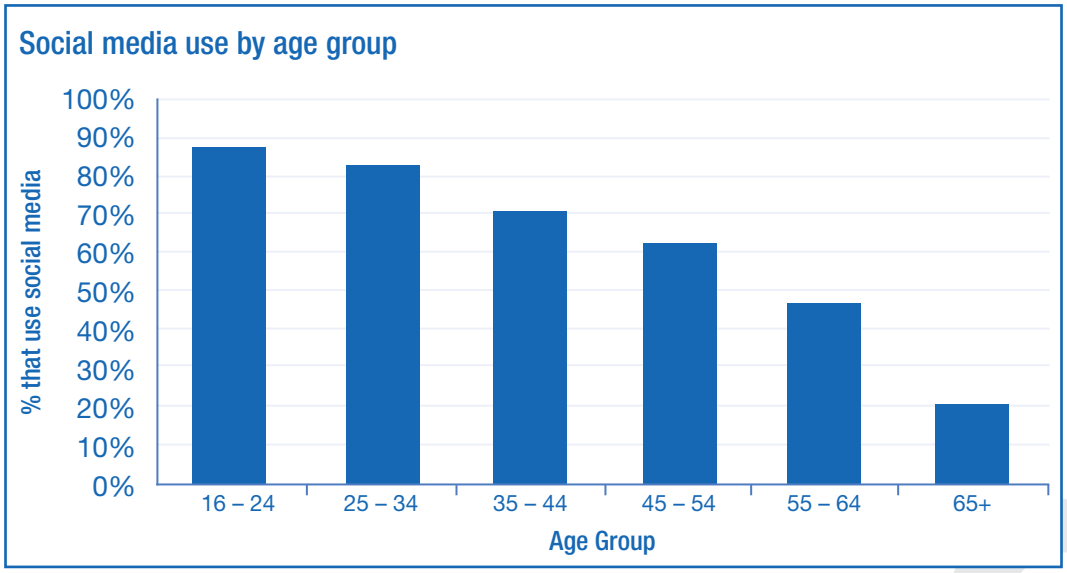
Daily, or almost daily use of the internet has risen rapidly in the last decade. In 2006, just 35% of people in the UK used the internet on a daily basis. This figure has now climbed to 82% of people in 2016.[7] Overall use of social media has also risen broadly in line with internet use. In 2007, only 22% of people in the UK had at least one social media profile; by 2016, this figure had risen to 89%.[8, 9, 10]

Facebook is the most commonly used social media platform with around 30 million UK users. Twitter comes in as the second most used with 15 million UK users. The next most popular platforms are Google+, LinkedIn, Pinterest, Instagram and Snapchat.[11]

Social media use is far more prevalent among young people than older generations. The 16-24 age group are by far the most active social media users with 91% using the internet for social media. Compare this with 51% of 55-64 year olds and only 23% of the 65 plus age range and it is clear there is currently a generational disparity when looking at social media usage.[12]

Social media:
"websites and applications that enable users to create and share content or to participate in social networking"

91% of 16-24 year olds use the internet for social media



Source: Office for National Statistics

The way young people communicate and share with each other has changed. With social media being such a new phenomenon, the exact effect it is having on the mental health, emotional wellbeing and physiology of young people is currently unclear and much of the evidence available is conflicting. However, recent studies have raised serious concerns about the possible detrimental effects the rise of increasingly frequent social media use is having on our young people – and in particular, their mental health.

Adolescence and early adulthood is a critical and potentially vulnerable time for social and emotional development, which means understanding the effects of social media on health at this stage is of particular interest. This report explores both the positive and negative impacts social media, identified by expert academics, may be having on young people's mental health and emotional wellbeing, and suggests ways in which the risks to health can be mitigated, whilst harnessing and promoting the positive aspects. Social media can and should be utilised as a tool for good – the challenge is to ensure social media companies are doing their utmost to make platforms a safe place to be, and for our young people to be equipped with the relevant skills to be able to navigate them and know where to seek help, should they need it.

What are the potential negative effects of social media on health?

1. Anxiety and depression

One in six young people will experience an anxiety disorder at some point in their lives and identified rates of anxiety and depression in young people have increased by 70% over the past 25 years.[13] Our own research has shown that young people themselves say four of the five most used social media platforms actually make their feelings of anxiety worse (See YHM survey - page 18).

Anxiety can have a hugely detrimental impact on a young person's life. Feelings of overwhelming worry and panic can take over and make it hard for them to leave the house, attend classes or lectures, or perform at work. Anxiety may be diagnosed as a specific mental health disorder such as Generalised Anxiety Disorder (GAD), panic disorder, social anxiety disorder or Obsessive Compulsive Disorder (OCD).[14]

Research suggests that young people who are heavy users of social media - spending more than two hours per day on social networking sites such as Facebook, Twitter or Instagram - are more likely to report poor mental health, including psychological distress (symptoms of anxiety and depression).[15] Seeing friends constantly on holiday or enjoying nights out can make young people feel like they are missing out while others enjoy life. These feelings can promote a 'compare and despair' attitude in young people. Individuals may view heavily photo-shopped, edited or staged photographs and videos and compare them to their seemingly mundane lives. The findings of a small study, commissioned by Anxiety UK supported this idea and found evidence of social media feeding anxiety and increasing feelings of inadequacy.[16]

The unrealistic expectations set by social media may leave young people with feelings of self-consciousness, low self-esteem and the pursuit of perfectionism which can manifest as anxiety disorders. [17] Use of social media, particularly operating more than one social media account simultaneously, has also been shown to be linked with symptoms of social anxiety.[18]

Anonymous • 20-24 y/o Northern England

"….it has increased my level of anxiety and social anxiety… I'm constantly worried about what others think of my posts and pictures."

As well as anxiety disorders, nearly 80,000 children and young people in the UK suffer with severe depression.[19] There is growing evidence linking social media use and depression in young people, with studies showing that increased use is associated with significantly increased odds of depression.[20] Using social media for more than two hours per day has also been independently associated with poor self-rating of mental health, increased levels of psychological distress and suicidal ideation.[21] This phenomenon has even been labelled as *'Facebook depression'* by researchers who suggest that the intensity of the online world - where teens and young adults are constantly contactable, face pressures from unrealistic representations of reality, and deal with online peer pressure - may be responsible for triggering depression or exacerbating existing conditions.[22]

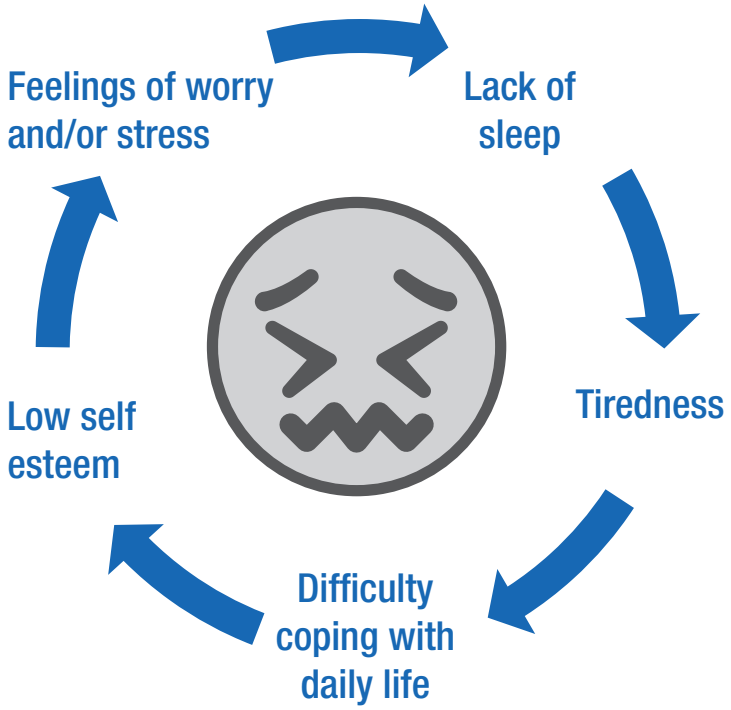
One piece of research has even gone as far as attempting to predict depression in individuals based solely on their social media postings. They were able to predict depression with up to 70% accuracy merely by studying an individual's posts on Twitter.[23]

80,000 children and young people in the UK with severe depression

Anonymous • **14-16 y/o** Southern England
"This [social media] resulted in me not eating properly and losing a lot of weight and becoming very depressed, I finally recovered which was hard for myself to be bullied online again in year 8. Overall I would say social media has caused me many issues and has caused me to be depressed many times."

2. Sleep

Sleep and mental health are tightly linked. Poor mental health can lead to poor sleep and poor sleep can lead to states of poor mental health.[24] Sleep is particularly important for teens and young adults due to this being a key time for development. [25] The brain is not fully developed until a person is well into their twenties and thirties.[26] Sleep is essential for allowing us to function properly during waking hours and teens need around 1-2 hours more sleep every night than adults. [27] Poor sleep is linked to a wide range of both physical and mental health conditions in adults including high blood pressure, diabetes, obesity, heart attack, stroke and depression.[28,29]



Source: Mind

Anonymous • **14-16 y/o** Northern Ireland
"…the time you can spend on some of these apps - they can be very addictive. I lose time to revise, can't do homework, can't interact with family/friends and lose a lot of sleep at night time."

Nine in 10 girls say they are unhappy with their body

Numerous studies have shown that increased social media use has a significant association with poor sleep quality in young people.[30] Using social media on phones, laptops and tablets at night before bed is also linked with poor quality sleep, even more so than regular daytime use of social media.[31,32] It is thought that the use of LED lights before sleep can interfere with and block natural processes in the brain that trigger feelings of sleepiness, as well as the release of the sleep hormone, melatonin.[33] This means it takes longer to fall asleep and individuals end up getting fewer hours of sleep every night.[34]

One in five young people say they wake up during the night to check messages on social media, leading them to be three times more likely to feel constantly tired at school than their classmates who don't use social media during the night. [35]

3. Body image

Body image is an issue for many young people, both male and female, but particularly females in their teens and early twenties. As many as nine in 10 teenage girls say they are unhappy with their body.[36]

There are 10 million new photographs uploaded to Facebook alone every hour, providing an almost endless potential for young women to be drawn into appearance-based comparisons whilst online.[37] Studies have shown that when young girls and women in their teens and early twenties view Facebook for only a short period of time, body image concerns are higher compared to non-users.[38] One study also demonstrated girls expressing a heightened desire to change their appearance such as face, hair and/or skin after spending time on Facebook.[39] Others have suggested social media is behind a rise in younger generations opting to have cosmetic surgery to look better in photos, which has implications for physical health through unnecessary invasive surgery. Around 70% of 18-24 years olds would consider having a cosmetic surgical procedure.[40]

Recent decades have seen increased discussion and awareness of the impact of the images of women and girls we see on TV and in other traditional media. However, very little research and focus has been directed towards the impact social media is having on our young people as regards body image. Given how many young people are using social media and how many images they are viewing on a daily basis, it is important that further research is carried out into the consequences of social media for body image.

Anonymous • **20-24 y/o** Northern Ireland
"Instagram easily makes girls and women feel as if their bodies aren't good enough as people add filters and edit their pictures in order for them to look 'perfect'."

91% of young people who reported cyberbullying said no action was taken as a result

4. Cyberbullying

Bullying during childhood is a major risk factor for a number of issues including mental health, education and social relationships, with long-lasting effects often carried right through to adulthood.[41] The rise of social media has meant that children and young people are in almost constant contact with each other. The school day is filled with face-to-face interaction, and time at home is filled with contact through social media platforms. There is very little time spent uncontactable for today's young people. While much of this interaction is positive, it also presents opportunities for bullies to continue their abuse even when not physically near an individual. The rise in popularity of instant messaging apps such as Snapchat and WhatsApp can also become a problem as they act as rapid vehicles for circulating bullying messages and spreading images.

Seven in 10 young people have experienced cyberbullying, with 37% of young people saying they experience cyberbullying on a high-frequency basis. Young people are twice as likely to be bullied on Facebook than on any other social network.[42] These statistics are extremely worrying for the overall health and wellbeing of our young people. Victims of bullying are more likely to experience low academic performance, depression, anxiety, self-harm, feelings of loneliness and changes in sleeping and eating patterns – all of which could alter the course of a young person's life as they undertake important exams at school or university,[43] and develop personally and socially.

Anonymous • **20-24 y/o** Midlands
"I was bullied in person and then on Facebook by a group of girls from school… I began to stop eating, hardly slept and became extremely anxious leaving the house and going to school… it has definitely affected my mental health and wellbeing."

Anonymous • **14-16 y/o**
"Anonymous bullying online over Twitter around personal things has led to me self-harming and left afraid of going to school. Bullying on Instagram has lead me to attempt suicide and also self-harm. Both caused me to experience depressive episodes and anxiety."

Cyberbullying can take many forms including the posting of negative comments on pictures and directed abuse via private messages. Almost all social networking sites have a clear anti-bullying stance. However, a national survey conducted by Bullying UK found that 91% of young people who reported cyber bullying said that no action was taken.[44] Ensuring our young people are safe from abuse online via social media must be a top priority for parents, schools and social media companies.

5. Fear of Missing Out (FoMO)

The concept of the 'Fear of Missing Out' (FoMO) is a relatively new one and has grown rapidly in popular culture since the advent and rise in popularity of social media.The term is particularly used by young people, with digital language research showing that 40% of parents do not know what the term means.[45] In essence, FoMO is the worry that social events, or otherwise enjoyable activities, may be taking place without you present to enjoy them. FoMO is characterised by the need to be constantly connected with what other people are doing, so as not to miss out. FoMO is associated with lower mood and lower life satisfaction.[46]

Anonymous • 17-19 y/o Northern England
"I have to have my phone charger to get on Facebook, otherwise I feel disconnected and start biting my nails."

The sharing of photos and videos on social media means that young people are experiencing a practically endless stream of others' experiences that can potentially fuel feelings that they are missing out on life – whilst others enjoy theirs – and that has been described as a 'highlight reel' of friends' lives. [47] FoMO has been robustly linked to higher levels of social media engagement, meaning that the more an individual uses social media, the more likely they are to experience FoMO. [48] Many people experience some degree of FoMO and for many it may not be a problem. Increasingly, however, young people are reporting that FoMO is causing them distress in the form of anxiety and feelings of inadequacy.

Anonymous • 17-19 y/o Scotland
"During my fourth year exams (when I was 16) I was put under the pressure due to the fact I was under the impression I'd be missing out if I switched off from social media. Therefore, I could not fight my urge and focus properly on studying due to my worry."

What are the potential positive effects of social media on health?

1. Access to other people's health experiences and expert health information

Social media has prompted a revolution in peer-to-peer interaction and sharing. Social networking offers young people who may be suffering from mental health issues an opportunity to read, watch or listen to, and understand, the health experiences of others – relating them back to their own reality.

Research into this phenomenon suggests the act of learning about others' health experiences may be hugely beneficial to those experiencing health issues themselves. Reading blogs or watching vlogs on the personal health issues of others their own age may improve young people's health literacy, prompt individuals to access relevant health services and enable individuals to better explain their own health circumstances or make better health choices.[49] Health campaigns can gain credibility through community promotion on social media, and the very personal nature of someone sharing their experiences can provide others with practical strategies and coping mechanisms.[50]

Anonymous • 17-19 y/o Northern Ireland

"I have anxiety and on many occasions I have found videos that put how I feel into words and explain it, and this benefits me a lot making me feel more confident."

Social media may also offer an invaluable opportunity to engage young people with more conventional health messaging. Those in their teens and early twenties are traditionally difficult to engage with health issues, particularly mental health, and are low healthcare utilisers. However, taking health messages to the interactives spaces young people frequent on social media may be one way to ensure they are receiving expert health information that other demographics may receive through more conventional channels.[51]

This information may come in the form of signposting to health services or even physicians making themselves available online for young people to communicate with. Studies suggest that young people with mental health issues are heavier users of social media, presenting a golden opportunity to enhance the presence of health care services online to offer help and support to those young people who need it.[52]

Existing evidence suggests that interacting with patients online can improve their care and health outcomes.[53,54] However, information shared on social media is not always reliable. Expert information is easily mixed with information that may not be credible or correct. The emergence of 'fake news' on social media has real world implications for young people and their health outcomes. Measures to ensure information is credible and can be trusted by young people would need to be in place before social media is used as a means to spread official health information – although the potential is there for it to be a useful tool.

2. Emotional support and community building

Young people are increasingly turning to social media as a means of emotional support to prevent and address mental health issues.[55] Conversations on social media can emerge and provide young people with essential interaction to overcome difficult health issues, particularly when they may not have access to that support face-to-face.

Sharing problems or issues with friends, peers and broader social networks can be met with positive reaction. Nearly seven in 10 teens report receiving support on social media during tough or challenging times. Further research shows that Facebook users are more likely to report having higher levels of emotional support than general internet users – suggesting social media may be a catalyst for increased levels of this support. With many young people having hundreds or even thousands of 'friends' on social media there is a vast network of potential support available should it be needed.

The community building aspect of social media is also a distinct positive aspect for many young people. By joining 'groups' or 'pages' young people can surround themselves with like-minded people and share their thoughts or concerns. These groups may be minorities in the real world, but can build online communities that provide a safe network for young people, such as those from the LGBTQ+ community or ethnic minorities that are at higher risk for compromised mental health.[59] Social media allows these young people to connect with each other and build a sense of community, despite geographical separation.[60]

Nearly seven in 10 teens report receiving support on social media during tough or challenging times

3. Self-expression and self-identity

Self-expression and self-identity are important aspects of development throughout the teens and early twenties. This stage is a time when young people try new things and experiment with different aspects of themselves and their identity. Young people may pass through several identity phases throughout this period before developing a comfortable sense of self.[61] It is important throughout this period that young people have a means to express themselves and explore who they are as people.

Social media can act as an effective platform for accurate and positive self-expression, letting young people put forward their best self.[62] They are able to personalise their profiles and feeds with images, videos and words that express who they are and how they identify with the world around them. Social media platforms are also places for young people to share creative content and express their interests and passions with others. Being able to 'like' or 'follow' pages, groups and individual figures means young people can build an 'identity catalogue' that represents their identity as people. Further to this, social media has driven a revolution in young people being able to express their political identity, where they may not be politically engaged through conventional channels.[63]


Anonymous • 20-24 y/o London
“When I was feeling alone at university with no real friends I saw every day, having access to the support network provided by friends from home over Facebook was more valuable than I can possibly express.”

While social media may offer a platform for young people to express themselves, it is important to remember that expressing oneself online may lead to abuse or negative feedback being received in return. It is therefore essential that our young people are properly protected should this happen.

Anonymous • 14-16 y/o Midlands or East of England
"Social media allows me to post and express myself in a way I can't do in everyday life. I can use it as a place to vent my feelings when I have no one to talk to."

4. Making, maintaining and building upon relationships

Social media platforms offer young people a useful tool to make, maintain or build upon real world interpersonal relationships. This may be through staying connected with friends and family members around the world who would otherwise be contacted less frequently, socialising online with friends seen on a daily basis, reviving 'dormant' relationships through online interaction or meeting new friends made online – though young people should approach this with caution and only meet for the first time in safe environments.[64]

The enhancement of real world interaction is key to the success of social media. For young people, the possibility to coordinate social events, organise family get-togethers or arrange a date, with a few clicks of a button, was unimaginable prior to its advent, but is now completely ingrained in the way young people live their lives.

There is evidence to suggest that strong adolescent friendships can be enhanced by social media interaction, allowing young people to create stronger bonds with people they already know – supporting the idea that, in social terms, the 'rich-get-richer'.[65] Social media can also act as a 'second phase' of interaction after an initial face-to-face encounter with someone new. This means even the most brief interactions can be continued via social media whereas these relationships may have otherwise been lost.

Anonymous • 14-16 y/o Southern England
Social media has made me able to stay in touch with family and friends whom I would not speak to otherwise. It allows me to keep in contact with my friends on a daily basis.

Profiling social media platforms:
YHM survey

In early 2017, the Royal Society for Public Health (RSPH) conducted a UK-wide survey of 1,479 14-24 year olds asking them about five of the most popular social media platforms: Facebook, Instagram, Snapchat, Twitter and Youtube. The aim of the survey was to find out how they feel each of these platforms impacts their health and wellbeing (both positively and negatively) and make comparisons between these platforms, as well as asking them their views on a number of policy recommendations.

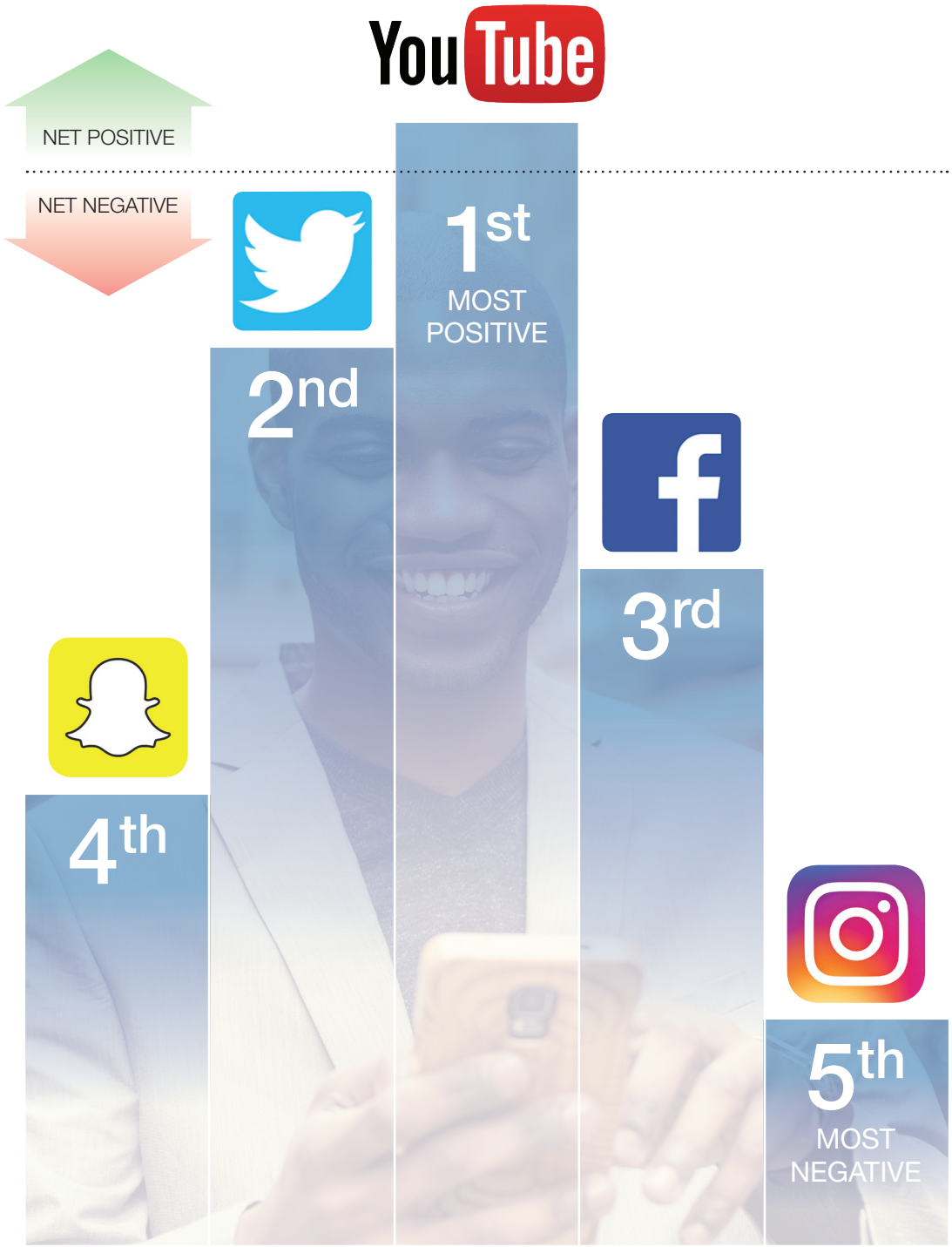
In the survey, we asked young people, from their personal experience, to what extent each of the social media platforms they use made certain health-related factors better or worse. They ranked these issues from -2 (a lot worse), through 0 (no effect) to +2 (a lot better).

The factors asked about were as follows:
1. Awareness and understanding of other people's health experiences
2. Access to expert health information you know you can trust
3. Emotional support (empathy and compassion from family and friends)
4. Anxiety (feelings of worry, nervousness or unease)
5. Depression (feeling extremely low and unhappy)
6. Loneliness (feelings of being all on your own)
7. Sleep (quality and amount of sleep)
8. Self-expression (the expression of your feelings, thoughts or ideas)
9. Self-identity (ability to define who you are)
10. Body image (how you feel about how you look)
11. Real world relationships (maintaining relationships with other people)
12. Community building (feeling part of a community of like-minded people)
13. Bullying (threatening or abusive behaviour towards you)
14. FoMO (Fear Of Missing Out – feeling you need to stay connected because you are worried things could be happening without you)

Based on the above questions, below are the survey results for each of the social media platforms in order of their net impact on young people's health and wellbeing – with the most positive first, and most negative last.

League Table – Quick guide

Based on the 14 health and wellbeing-related questions we asked young people to rank, below is a quick guide for each of the social media platforms in order of their net impact on young people's health and wellbeing – with the most positive first, and most negative last.



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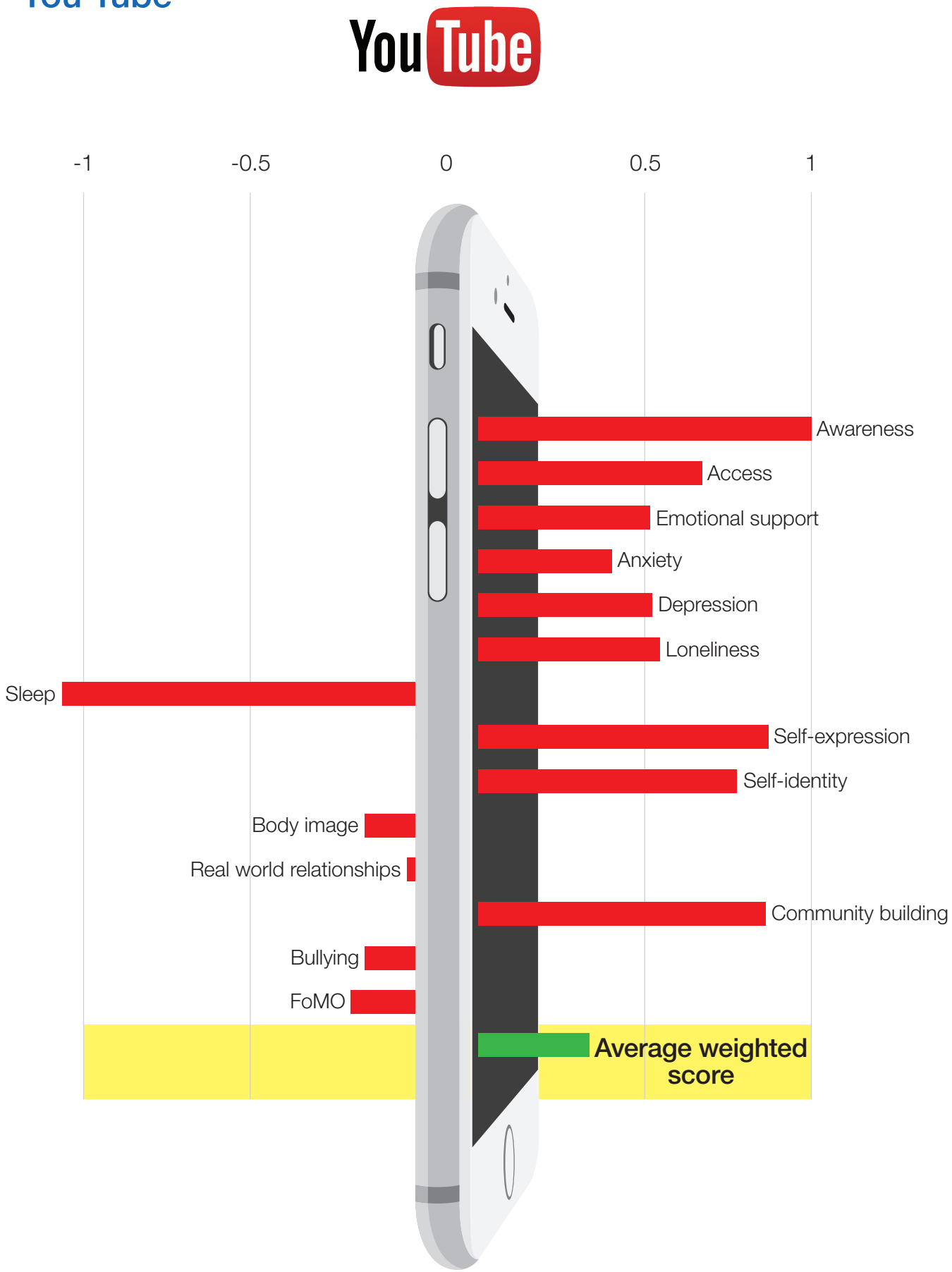
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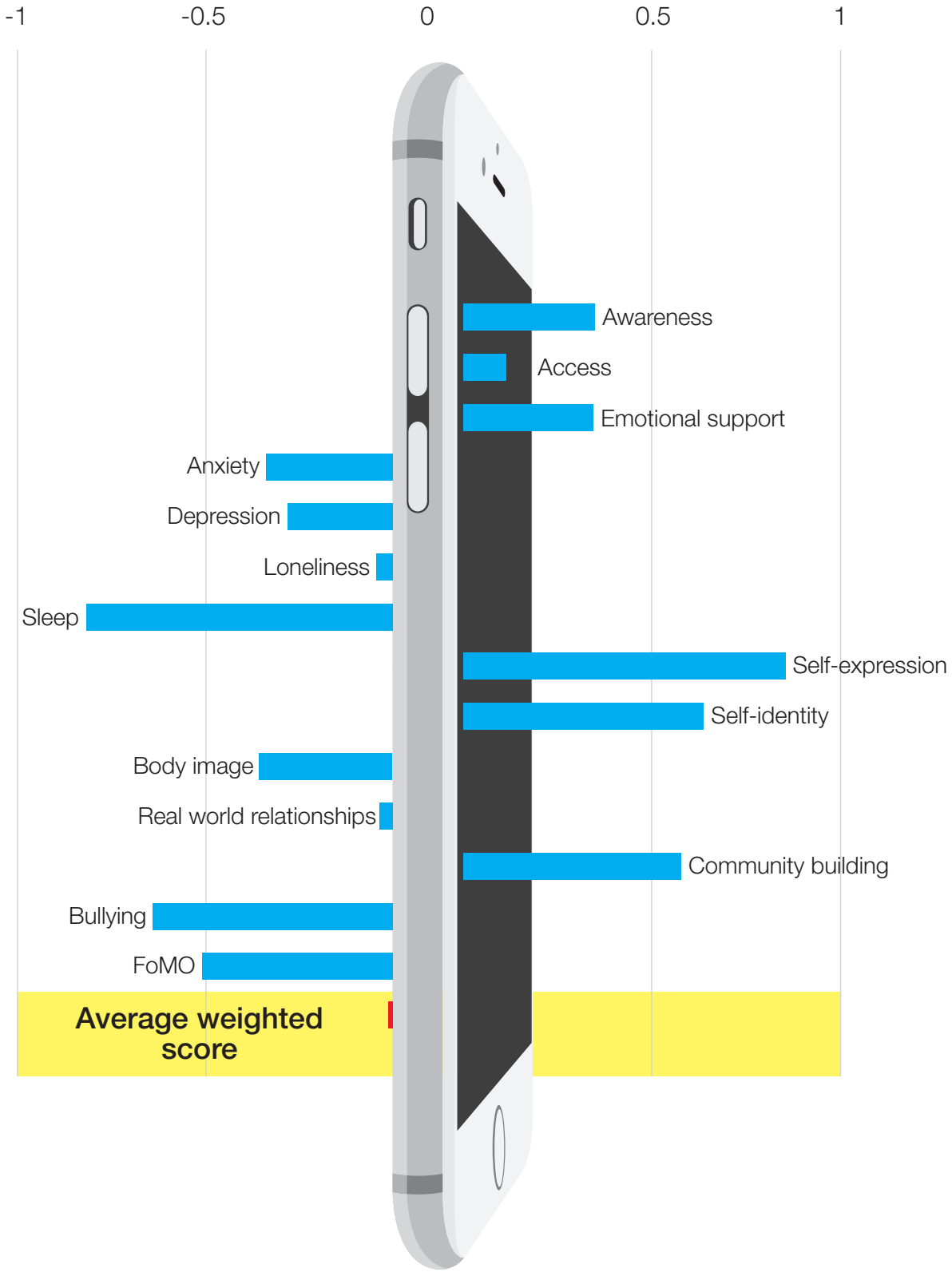
Self-identity
Body image
Real world relationships
Community building
Bullying
FoMO
Average weighted score

Twitter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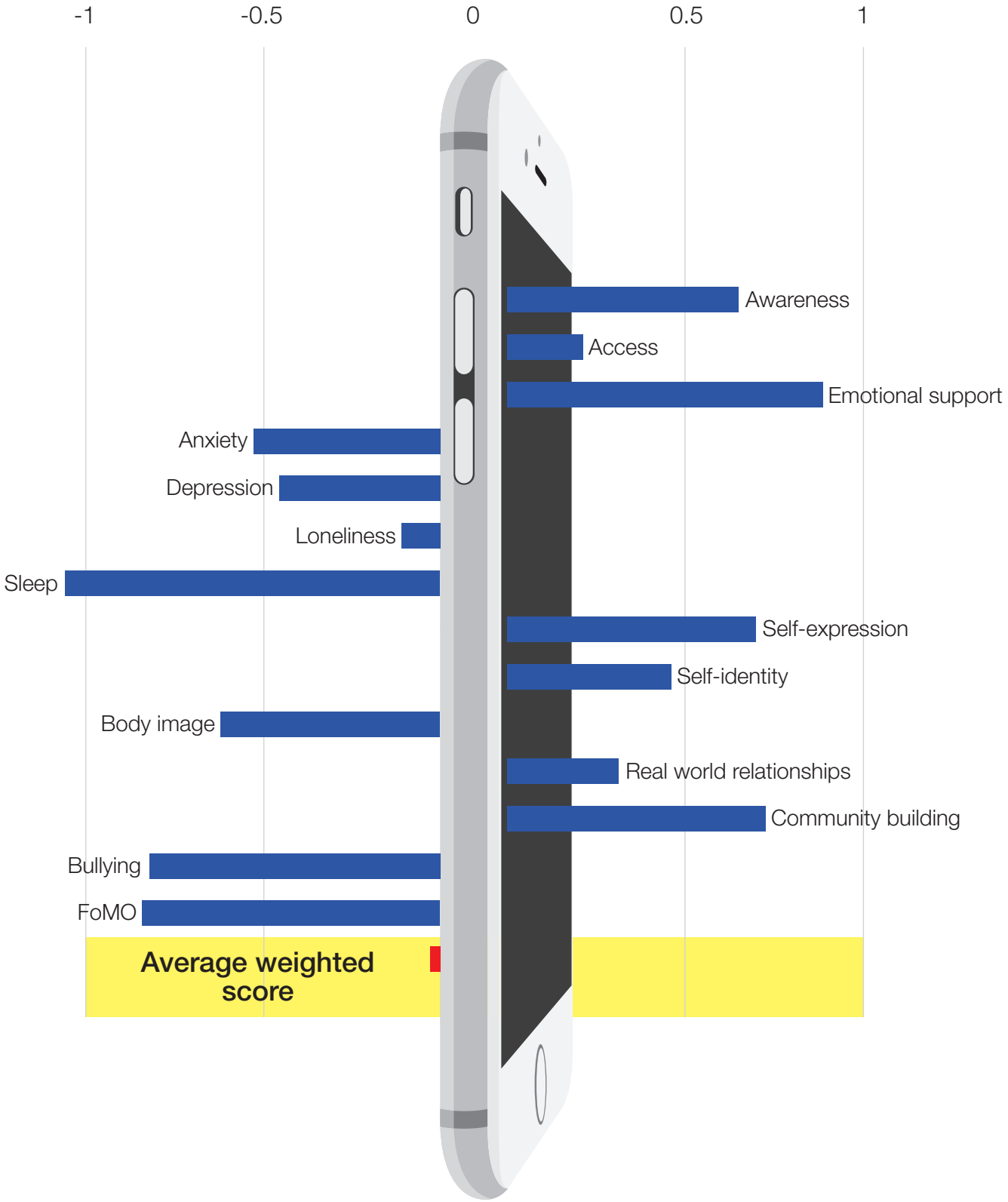
Body image
Real world relationships
Community building
Bullying
FoMO
Average weighted score

Facebook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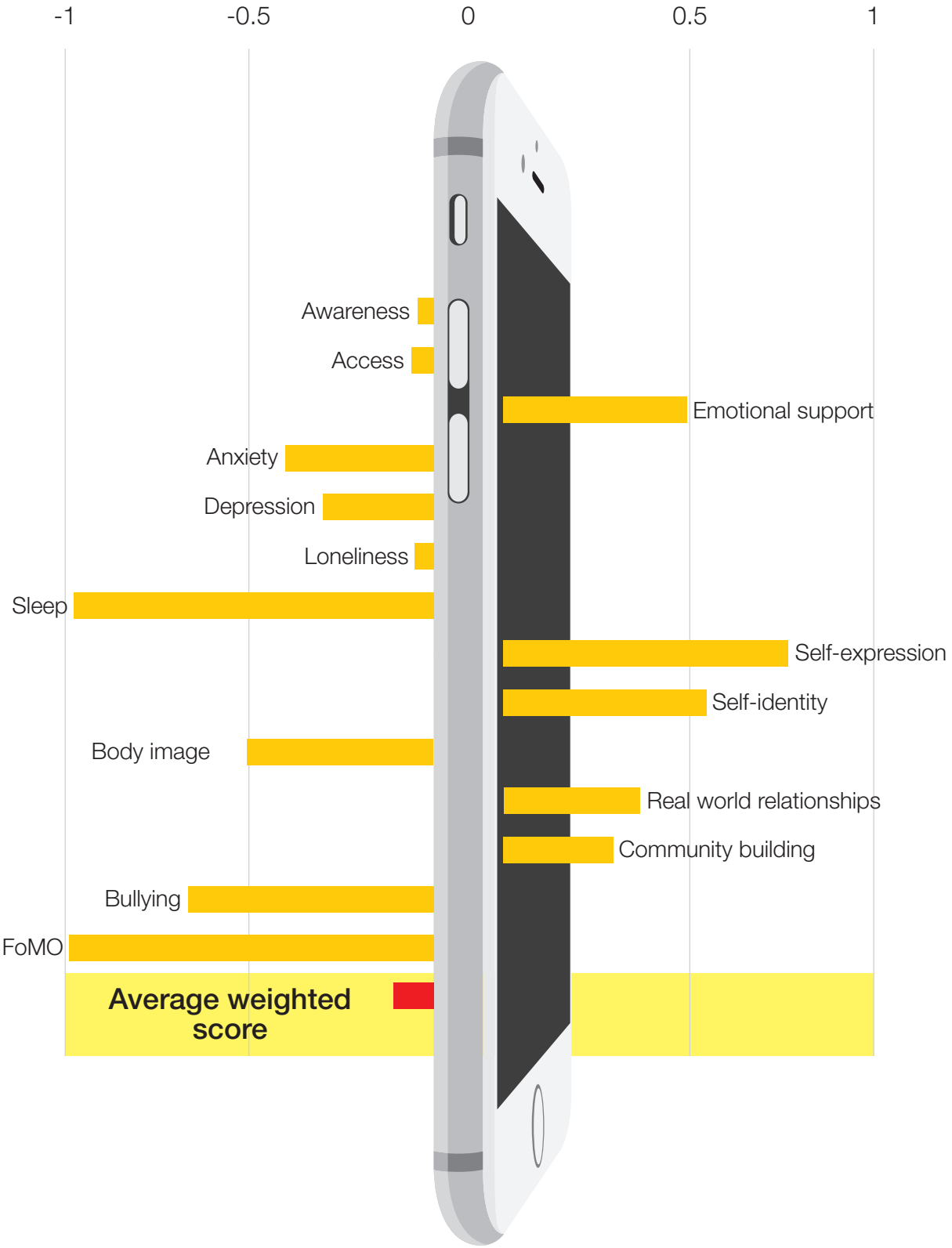
Community building
Bullying
FoMO
Average weighted score

Snapchat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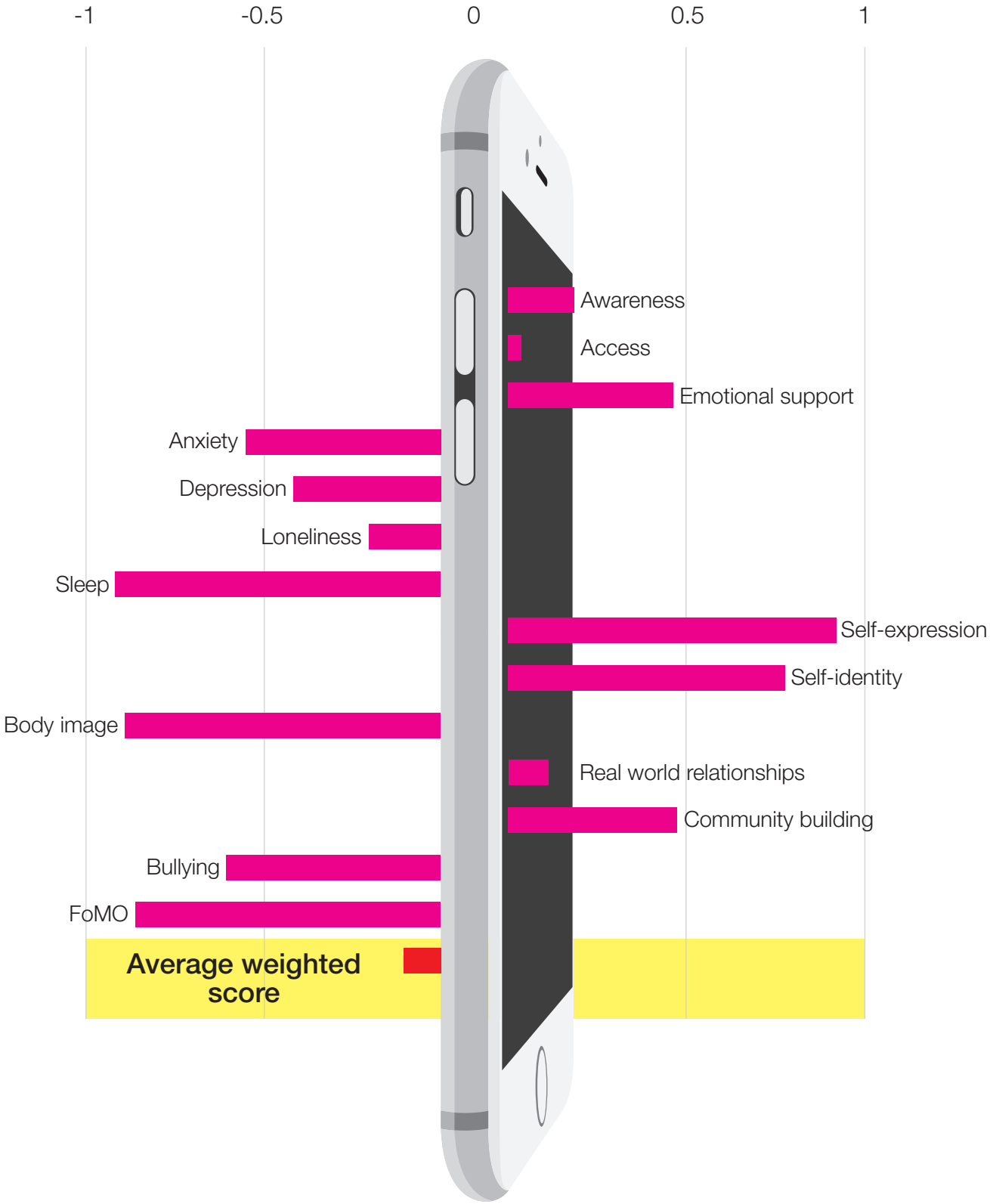
FoMO
Average weighted score

Instagram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Average weighted score

What is RSPH calling for?

1. The introduction of a pop-up heavy usage warning on social media

The social media platform would track usage and provide the user with a pop-up warning when they breach a set level of usage deemed potentially harmful. It is then up to the user to decide if they carry on using the platform or stop, although the warning may provide links to information and advice on social media addiction.

The evidence is clear that increased used of social media can be detrimental to some aspects of the health and wellbeing of young people. As with other potentially harmful practices, those partaking in them should be informed of the potential consequences before making their own decision on their actions. A pop-up warning would give young people access to this information so they can make informed decisions about their own health.

Some young people would like to see this go further with almost one-third (30%) of the young people who completed our survey supporting the idea of a heavy usage cap, whereby individuals would be automatically logged out of social media if they breached a set level of usage.

Seven in 10 (71%) young people support a pop-up usage warning on social media.

2. Social media platforms to highlight when photos of people have been digitally manipulated

This may be in the form of a small icon or watermark at the bottom of someone's photo that indicates an airbrush or filter has been used that may have significantly altered their appearance.

Young people, and in particular young women, are bombarded with images that attempt to pass off the edited off as the norm. This practice is contributing to a generation of young people with poor body image and body confidence. Fashion brands, celebrities and other advertising organisations may sign up to a voluntary code of practice where the small icon is displayed on their photos to indicate an image may have been digitally enhanced or altered to significantly alter the appearance of people in it.

More than two thirds (68%) of young people support social media highlighting when a photo has been manipulated.

3. NHS England to apply the Information Standard Principles to health information published via social media

The sheer volume of health information that is now available on social media means that it may be difficult for young people to know which sources they can trust and get reliable and consistent information from. This is especially the case with the emergence of so-called 'fake news', meaning trust is declining in information on social media platforms.

The Information Standard is a certification scheme that lets the public know an organisation that is giving out information on health and social care is trustworthy. We would like to see NHS England apply this same quality filter to health information that is published on social media platforms.

4. Safe social media use to be taught during PSHE education in school

RSPH has long called for the introduction of comprehensive, statutory Personal, Social and Health Education (PSHE) in schools. A component of this education should feature the safe use of social media including: cyber bullying and where to seek help; social media addiction; body image and social media, and other potential effects of social media on mental health. The education system must evolve with the society in which it operates and equip our young people with the tools necessary to navigate the digital age in a way which protects their mental health and emotional wellbeing.

Eight in 10 (84%) of young people support safe social media being taught in PSHE

5. Social media platforms to identify users who could be suffering from mental health problems by their posts and other data, and discreetly signpost to support

If social media is contributing to poor mental health in young people we should be utilising the various platforms to reach and help those who are suffering. The existing stigma around mental health issues, particularly in young people, may make it difficult for those suffering to come forward or even know where to look for help. We would like to see technology used to identify those young people who could be suffering from mental health conditions on social media, and provide them with discreet information about where they can find help and advice should they wish to receive it.

6. Youth-workers and other professionals who engage with young people to have a digital (including social) media component in their training

Digital technologies, including social media, are so entrenched in the lives of young people that it is no longer possible to support the health and wellbeing of young people without some knowledge regarding the impact these technologies and social media platforms have. If we are to promote the positive aspects of social media, those who have frequent contact with young people should be trained accordingly.

Online toolkits, such as those provided by Aye Mind, can offer digital resources for adults working with young people and help them understand the possible risks and potential for good that social media and the online world offers. Although many adults are themselves on social media, the nature of being a young person means the challenges faced online are different, so it is important adults working with young people are kept up-to-date on the changing landscape of online communication and social networking.

7. More research to be carried out into the effects of social media on young people's mental health

The emerging evidence available to us is suggesting that there may be some significant risks posed by social media use to young people's mental health and emotional wellbeing. However, research is thus far limited and due to social media being a relatively new introduction to the lives of young people, far more long-term research will be necessary before we are able to fully understand its effects. We would like to see academic institutions, independent researchers and social media companies fund and undertake much more research into the subject.

4 in 5 (80%) of young people support social media platforms identifying ‘at risk’ young people by their posts.

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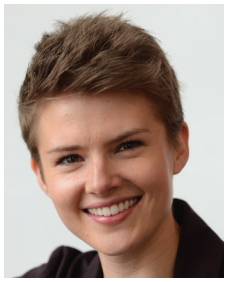

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Dr Sharon Hopkins
Interim Chief Executive

09 June 2017

Dr Dai Lloyd
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Dr Lloyd

Health, Social Care and Sport Committee Inquiry into GP Clusters

Further to your letter dated 16 May please find below the required information in the order you raise:

- The Health Board is notified by Welsh Government of the Cluster Development Monies (CDM) in the allocation letter from Welsh Government in the December of each year. This is followed up by a detailed letter from Welsh Government policy lead. This occurred for 2016/17 and 2017/18. However, the notification in the first year (2015/16 allocation) did not follow this process and was later in the year.

- It is provided in accordance with usual revenue allocations arrangement as required.

- The funding is released to the clusters at 1 April each year for that financial year but clusters will have been advised in advance of the allocation for that year in order to plan appropriately. Clusters develop investment proposals against the three key national primary care themes (improving access and quality, equitable access and a skilled local workforce) which are agreed through discussion at the senior team meeting of the Primary, Community & Intermediate Care Team. The purpose of this is to ensure investment proposals are aligned with the themes of the Welsh Government Primary Care Plan, understand the measurable outcomes and identify any issues or learning across clusters.

- The total allocations from Welsh Government are:
  - 2015/16 £0.848m
  - 2016/17 £1.414m

- 2017/18 £1.414m

- The final total expenditure for each year was

  - 2015/16 £0.515m
  - 2016/17 £1.133m

- The differences relate to:

  - 2015/16 – As this was the initial year of cluster funding, recurrent plans were still being developed and hence there was a level of slippage. This slippage was reprovided to clusters by the Health Board in 2016/17
  - 2016/17 – Expenditure has increased as recurrent plans were being implemented. Some schemes have part year impact of staff appointments due to ongoing implementation of schemes and hence there was a level of slippage. This slippage in 2016/17 was reprovided by the Health Board in 2017/18

- A breakdown of cluster expenditure is detailed below. There is no cluster funding allocated for Health Board support

	2015/16	2016/17
	£'000	£'000
GP sessions	114	271
Pharmacists	111	445
Nursing / physio staff	25	118
MIND SLA	10	27
Equipment	234	192
IT consultancy	21	80
TOTAL	**515**	**1,133**

- There has been no funding held centrally

I hope this provides all the information you require but should there be anything else please do not hesitate to contact me.

Yours sincerely

Dr Sharon Hopkins
Interim Chief Executive