



# Seminar Report

## 'Keeping up with the Direction of NHS change in Gwent'

*Opportunities and Challenges for the Third Sector*

**June 2011**



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## **Acknowledgements**

We would like to thank the guest speakers, third sector organisations in Gwent, individuals and carers who access services, for their time and commitment to making the seminar a success. Also particular thanks are extended to; Wendy Bourton for keeping everyone on track as chair, Pat Powell for note taking and Kate Thomas for the photographs.

## **Introduction**

This Seminar was organised by the Health and Social Care Facilitators working with Gwent Association of Voluntary Organisations and Torfaen Voluntary Organisation to raise awareness of key health and social care developments in Gwent. It is eighteen months since the Aneurin Bevan Health Board was created as part of the reorganisation of the NHS in Wales. The Aneurin Bevan Health Board continues to build on work in the 5 locality areas of Gwent started by the Local Health Boards as well as engage in some major developments for example; the building of new hospitals and the ongoing Gwent Frailty programme.

The pace and direction of change, is dramatic and it is vital the third sector is able to connect with all the developments as appropriate, realise the opportunities available and are positively responsive to the challenges ahead. The seminar provided an arena in which all the developments could be put into a locality and Gwent context. The complexities in terms of planning were outlined by the guest speakers and an example of Gwent level engagement mechanism was showcased in the shape of the Aneurin Bevan Stakeholder Reference Group.

The confidence of partners in the ability of the third sector to deliver quality, safe services is vital to securing sustainable funding. The third sector must demonstrate good governance, quality assurance and compliance with national standards. Any third sector organisation in receipt of NHS grants or contracts are now subject to compliance with the Health Standards. To assist compliance colleagues from the Welsh Government, Wales Council for Voluntary Action and All Wales Health and Social Care third sector organisations, developed a toolkit to support the third sector and presented the 'How to Guide' at the seminar.

## Seminar Programme

	<b>Welcome and Introductions</b>	<i>Wendy Bourton Aneurin Bevan Health Board Third Sector Member</i>
	<b>Aneurin Bevan Health Board Where We Are Now &amp; Key Developments</b>	<i>Angela Jones, Locality Director, Monmouthshire Angela Fry, Senior Service Planning and Improvement Manager</i>
	<b>Integrated Working in Practice</b>	<i>Neighbourhood Care Networks</i>
	<b>Question &amp; Answer Session</b>	
	<b>Comfort Break</b>	
	<b>Aneurin Bevan Stakeholder Reference Group-Role &amp; Vision For The Future</b>	<i>Mark Gardner Chief Executive, Melin Homes, Chair Stakeholder Reference Group</i>
	<b>Introduction to the Health Standards Third Sector Toolkit</b>	<i>Martin Davies- Health and Social Services Directorate General, Welsh Assembly Government</i>
	<b>Question &amp; Answer Session</b>	
	<b>Closing Remarks</b>	<i>Wendy Bourton, Aneurin Bevan Health Board, Third Sector Member</i>
	<b>Lunch</b>	

## **Wendy Bourton, Aneurin Bevan Health Board Third Sector Member (Chair)**

### **Opening Address:**

Wendy welcomed everyone to the seminar and the theme for the day, which is “Keeping Up with the Direction of Change in the NHS in Gwent”. Wendy explained that her role as the Third Sector Member of Aneurin Bevan Health Board (ABHB) takes account of her expertise within the Third Sector (both paid and unpaid) and that similarly other Members of the Aneurin Bevan Health Board have expertise for example; in finance, informatics, etcetara.



Wendy explained that the aim of the day was to raise awareness of the changes and challenges (including financial) within the National Health Service (NHS) in Gwent, as it is eighteen months since the Aneurin Bevan Health Board was established. Wendy reiterated that the seminar was about connectivity with the third sector and public sector partners.

The speakers that follow will inform the audience about progress us thus far, providing key updates and more detailed information on:

- Key developments and integrated working in practice.
- The Stakeholder Reference Group and the vision for the future.
- The introduction to the Health Standards “How to Guide” for the Third Sector.



Wendy reassured the audience that there would be time set aside to ask questions of the guest speakers. A roving microphone will be available following each set of speakers. There were also flipcharts set up in the room to capture any questions people thought about during the day and lunch. This would also give speakers time to respond to questions after the seminar and provide more detailed responses.

Wendy also reminded delegates that there were displays arranged in the Choir room and delegates would be encouraged to take time during breaks and after lunch to visit the organisations where there would be a variety of useful information and other resources available. Wendy then welcomed Angela Jones (Locality Director Monmouthshire) and Angela Fry (Senior Service Planning & Improvement Manager) from Aneurin Bevan Health Board.

### **Angela Jones “Where We Are Now and Key Developments”**

Angela Jones explained that she would be talking about where we are now with some key developments and “who is who” within the Gwent Aneurin Bevan Health Board corporate structure. The Health Board is very keen to encourage effective communication with

partners as well as within their own very large organisation, therefore it is useful for organisations and people in localities to be aware of who is responsible for leading specific areas of work

A “who’s who” at a Gwent corporate level in ABHB was shown to the audience, with a brief outline of their responsibilities. Senior staff who previously worked at a locality level, may now have a different role and level of responsibility, so it is important to continue to build relationships and work in partnership. For example, the Vice Chair of the Board (Sue Kent) has key Board responsibility for raising awareness concerning community services. Sue Kent was previously a member of Newport Local Health Board.



The main planning partnerships established to manage such a complex environment as the NHS in Gwent was presented to assist understanding how ‘it all fits together’ and where the key connections are to be made to major developments such as the Gwent Frailty Project. The Gwent Frailty Project was highlighted as not only being about older people, but for all vulnerable adults including support for carers, with an emphasis on supporting people to remain ‘happily independent’ in their own homes.

Key planning priorities including “delivering patient centred care” were also highlighted in the context of the Aneurin Bevan Health Board 5 year Plan. A Specialist Critical Care Centre is also being planned and it is hoped to start work on site in 2013 with the Centre becoming operational by 2017. The Health Board must, therefore, effectively manage change, with resources used appropriately to improve quality – getting it right for people. Collaboration and partnership working will be fundamental. Some key achievements to note to date include:

- Setting up the Gwent Frailty Programme Board,
- Aligning health and social care teams in localities,
- The development of an Integrated Mental Health and Learning Disability Strategy,
- The development of a Nursing Strategy and the prioritisation of investment in primary care estates in all localities.

### **Angela Fry, Senior Service Planning & Improvement Manager ABHB**



Angela Fry followed on from Angela Jones to inform the audience about the progress happening at a locality level in Gwent. Angela explained that “Setting the Direction” a report by Dr Chris Jones published in November 2009, focuses on redesigning the whole planning system around primary and community based services and how they work with secondary care. In practice this means developing: locality networks (Neighbourhood Care Networks); multi-disciplinary Community Resource Teams; communication hubs, to improve the way that

hospitals and health and social care services work together. These developments are all lead nationally through; a National Assurance Board and a National Operation Group. At a local level, delivery is through a Primary and Community Services Board (accountable to Clinical Futures Programme Board) with wide organisational and partnership membership. The Gwent Frailty Programme Board is accountable to Aneurin Bevan Health Board and all five Local Authorities partners.

In each of the 5 locality areas of Gwent Neighbourhood Care Networks are being established to connect with for example integrated local Community Resource Teams set up to support the delivery of the Gwent Frailty Project.

### **Neighbourhood Care Networks (NCNs)**

These have been defined in the 'Setting the Direction' report by Dr Chris Jones as;

*“..a system of empowered localities in the form of networks which will be developed around natural communities as a key platform for local service planning and delivery. They will be built around Primary Care, Community and Social Care teams, working together across agreed populations to plan and deliver integrated core out-of-hospital services”.*

These groupings will be lead by clinicians (GP's) in each of the 5 localities. The NCNs will co-ordinate identifying and assessing need and service planning at a local level. They will provide the focus of high quality organised service closer to home working closely with integrated Community Resource Teams. The Community Resource Teams will include an urgent response service, re-ablement, falls services, integrated health and social care services.

The desired outcomes and benefits will include a greater collaboration and communication between local service providers, improving access, quality and equity of primary care and community services. Planning this way will facilitate a reduction in the level of emergency medical admissions and provide increased capacity in primary and community care to provide more services working in partnership with the voluntary sector.

Each NCN will be established to support a GP practice population and local community of approximately 30,000-50,000 people; GP leadership, stakeholders, supported by a core team. Core teams can be enhanced locally with extended membership which may include:

- GP Practice Managers,
- Mental health Team members,
- Learning disability team members,
- Families and therapies,
- Acute Divisions (Scheduled and Unscheduled),
- Palliative Care,
- Public Health
- Voluntary Sector lead officers nominated from Gwent Association of Voluntary organisations and Torfaen Voluntary Alliance

Progress in terms of development, varies in each locality and NCN's are at different stages of development. The leadership role is key to realising the vision set out for NCN's in 'Setting the Direction' and recruitment for existing GP's to take on this leadership role in each locality is underway. Engagement workshops and a launch are planned for summer 2011.



Wendy facilitated the first question and answer session on the previous presentations by Angela Jones and Angela Fry (a summary of the session can be found at appendix 1). Wendy informed the audience that a report would be produced from the seminar and made available to delegates. The report would be circulated to members of the audience and the guest speakers.

Wendy then introduced the audience to the next key speaker- Mark Gardner

### **Mark Gardner, Chair Stakeholder Reference Group – “Vision for the Future”**



Mark was introduced by the Chair, who informed the audience that Mark, who is the Chief Executive Officer of Melin Homes, has a long and distinguished career as a housing provider, as well as being very adept at partnership building. Mark thanked the Chair and explained that today he will be speaking in his capacity as Chair of the Stakeholder Reference Group (SRG) which forms part of the Aneurin Bevan Health Board (ABHB). The SRG is a Welsh Assembly Government requirement and part of the ABHB Standing Orders.

#### **What is a SRG and how will it work?**

The SRG was set up “to provide independent advice on any aspect of ABHB business on behalf of stakeholders and citizens”. This may include; early engagement and involvement in the determination of the ABHB's overall strategic direction; provision of advice on specific service proposals; feedback on the impact of ABHB operations on the communities it serves. Importantly the SRG needs to give information to and take information back from our representatives. The SRG **does not**.

Duplicate the role of Community Health Councils (CHCs) which have a statutory role in representing the interests of patients and the public;

Cover the remit of other advisory groups such as – The Healthcare Professionals Forum and Local Partnership Forum (Staff and Unions).

Membership of the SRG includes:

- Elected representatives from each of the five local authorities;
- A representative from each of the five Health Social Care and Wellbeing Partnerships;

- A representative from each of the third sector health and social care networks (one from each Local Authority area);
- Welsh Ambulance Service representative;
- Gwent Police representative;
- County Voluntary Council representatives from Gwent Association of Voluntary organisations and Torfaen Voluntary Alliance;
- A Housing Association representative;
- An ABHB Patients Panel representative;
- A Carer representative (nominated by Carers Wales);
- An equality groups representative
- A representative from Care Forum Wales.
- An Aneurin Bevan Community Health Council representative (with observer status).

Relationships with ABHB are maintained by the Chair of the SRG as an Associate Independent Board Member and meetings facilitated by the ABHB Board Secretary. The Chair presents SRG reports to ABHB as standard agenda items and has regular contact with ABHB Chair and Secretary. Four meetings of the SRG have taken place to date and terms of reference have been agreed along with the appointment of Chair. Nominations for Vice Chair are being considered by the membership.

The group are coming together to understand the strategic direction of ABHB and forming relationships to agree our direction of travel. The next meeting in June 2011 will facilitate discussions regarding the annual plan, which we intend to send out for consultation, in order to avoid last minute consultation with stakeholders. Discussions around unscheduled care, the frailty programme progress and accident and emergency are scheduled for the meeting in October 2011.

The vision for the SRG is to facilitate debate amongst Stakeholders from across our communities, be a valued part of the ABHB 'infrastructure' **and to truly influence and inform ABHB activities & future plans**. This will involve actively communicating the progress of the SRG and encourage local engagement. A dedicated web page and newsletter is planned called 'keeping in touch'.

**Martin Davies, Welsh Government (WG) and Sarah Lamberton, Wales Council for Voluntary Action (WCVA)**

**An Introduction to the Health Standards, the “How to Guide” for the Third Sector**



The Chair welcomed Martin and Sarah and thanked them for taking time to attend the seminar today. Martin explained that he had come into post with the Welsh Government Health and Social Services Directorate eighteen months ago and was previously working within the Third Sector. One of Martin's first tasks was to facilitate with the assistance of WCVA a workshop for the third sector on the Health Standards. The Standards are a tool not a test! The main aim of the Health Standards is to drive up quality.

The Welsh Government took on board the feedback from the workshop and as a result “Doing Well Doing Better” the Standards for Healthcare evolved. Organisations may not be required to meet all the standards, as compliance depends on what services are provided. The Health Standards are designed to be used alongside professional and other service standards and not to replace or duplicate other standards.

Key themes for the standards include:

- Running the organisation legally, efficiently and upholding public service values;
- Promoting wellbeing and preventing ill health;
- Emergency planning;
- Engaging in a meaningful way with patients, service users and carers;
- Providing safe and effective treatment, care and services in appropriate environments; communicating well internally, externally and with all stakeholders;
- Managing adverse incidents and learning from these;
- Effective workforce planning, recruitment and development.

The standards are a key source of assurance throughout the Local Health Boards and they must assure themselves about how services (clinical and non-clinical) use and meet standards. All NHS funded services and those required to register with Healthcare Inspectorate Wales (HIW) should use and meet the Standards.

Sarah Lamberton Wales Council for Voluntary Action went on to explain to the audience that some key questions that can be answered by the guide would include for example; Who should be involved? Where do we start? What about standards that clearly don't apply to our team/service? How do we use the Standards alongside other standards? What sort of evidence do we need?



It can help with:

- Guidance on setting up your team;
- Templates to make up a review portfolio;
- Identifying standards which do not apply
- Guidance on using the Health standards alongside other standards;
- Guidance the evidence needed for compliance.

In addition the ‘How to Guide’ can help you; assess how well your team is doing via the assessment matrix and plan any improvements needed, monitor progress, review and evaluate.

Training events and workshops are being planned and sources of help and guidance will be available. Finally the Welsh Government and Wales Council for Voluntary Action will set up mechanisms to effectively monitor and review the “How to Guide”.

### **Closing Remarks**

The Chair thanked all the speakers who had attended and given their time. The audience were reminded about the “journey” that we are all on and were asked the question: “Are you a passenger, or a driver – we are all paying customers”. Today was an opportunity to

take part in the journey and continue together in partnership. The Chair thanked the Health & Social Care Facilitators and their respective County Voluntary Councils for the organisation of the event.

## Appendix 1

### Questions Posed to Speakers at the Seminar

(transcribed from notes taken by Pat Powell, Health and Social Care Facilitator Torfaen)

Q: Who does Chris O'Conner report to?

A: Danny Antebi, Divisional Director of Mental Health & Learning Disabilities

Q: Who is now responsible for children & families service?

A: Adam Southern, Clinical Director responsible for health visits and therapies.

Q: Who does Sian Millar report to?

A: Joanne Absalom, Director of Primary Care, Community and Mental Health. Joanne chairs the Primary Care & Community Services Board - linking into the Executive Team, Clinical Futures and Gwent Frailty Programme.

Q: The Five Year Plan. Advocacy was not mentioned?

A: This is an opportunity for local communities to have control and influence. Carers have a dedicated assessment. Formal advocacy is the key to many services and is very important to how we deliver change.

Q: Is the Five Year Plan out for consultation:

A: It is drafted and will be out soon. The public are very welcome to attend the Health Board meetings and papers are accessible on the website.

Q: Is mental health and learning disabilities blocked together? If so why?

A: Yes – Headed by a clinician experienced in both fields. Mental Health & Learning Disabilities have a separate dedicated Clinical Director and team. There was a briefing on learning disabilities at the last Board meeting.

Q: The Carers Measure – who will be involved – how can we become involved? Who should we contact?

A: The Carers Measure is being addressed by ABHB under the task & finish group chaired by Sue Kent (Vice Chair to the Board). ABHB will work with carers in a structured and supported way. A carer is present at the task & finish group and can be contacted with views. Communication regarding the Carers Measure needs to be more robust and Wendy Bourton will take this matter up with Sue Kent.

## Appendix 2

### Questions posted on Flipcharts

#### Aneurin Bevan Health Board Responses

##### Question

- A set of presentation slides please? Asked by Joanne Gronnow (Marie Curie) [joanne-gronnow@mariecurie.org.uk](mailto:joanne-gronnow@mariecurie.org.uk)

##### Response

- *A copy of the slides will be supplied for the Conference organisers to share with delegates.*

##### Question

- Carers Measure Task & Finish Group – Chair Joy Kent – how can Third Sector Organisations and carers get involved? Asked by: Sian Musto (Torfaen Carers Centre) [smusto\\_torfaencarerscentre@yahoo.co.uk](mailto:smusto_torfaencarerscentre@yahoo.co.uk).  
Tel: 01495 753838 or 07889725954

##### Response

- *The Carers Task and Finish Group, Chaired by Miss Sue Kent (ABHB Vice Chair and Board Carers Champion), was formed in February 2011 with a specific terms of reference aimed at reviewing current systems and processes, across key service areas within ABHB, in meeting the requirements of the Carers Measure. The review has identified gaps and specific areas for action going forward. The group has included representatives from both Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance. The group held its final meeting on Friday 20 May and a report setting out the work of the group will be going to the July Board meeting of the Health Board.*

##### Question

Where can we access the reports of the Carers Measure task & finish group?  
Asked by Margaret Veater & Helen Williams, Disability Can Do Organisation  
[Helen@disabilitycando.org.uk](mailto:Helen@disabilitycando.org.uk)

##### Response

*A report on the work of the group and a proposed Action Plan for the Health Board will go to the July meeting of the Board, following which the report will be available on the Health Board website.*

##### Question

How will the direct access for recently support mental health service users as afforded by the new Mental Health Measure be provided for? Will this be through the health & social care response teams? Asked by: Joe Molloy–Gofal  
[jomolloy@gofal.org.uk](mailto:jomolloy@gofal.org.uk)

**Response**

*Unfortunately it is impossible to provide a detailed answer to this question as this is currently being discussed and thought about by a task and finish group who have been asked to develop the service models for the MH measure. Clearly the arrangements need to enable recent users of mental health services to be able to access secondary mental health services without delay should they need to and as such it is likely that the Community Mental Health teams will play a key role in enacting this part of the measure. In order to do so they will be required to consider how they ensure that the service can operate an open door system for these individuals. It is difficult to assess the likely demand that will arise from this element of the measure and therefore a demand capacity assessment is unlikely to be helpful in considering the most appropriate model to put in place.*

**Question**

With recent funding cuts and reliance in the local plans on Third Sector community at a local level, will grants and other pots of money be made available to ensure delivery on the local plans? This cannot work if investment ceases.

**Response**

*There are no new monies available for investment this year. However, we will be working closely with our Third Sector colleagues to ensure that the current monies invested through SLAs continue to meet the priority needs of our local communities.*

**Question**

Where statistics and needs analysis show area vulnerabilities – will representation on the Neighbourhood Care Networks have a reflection of local needs/issues/professional representation/expertise? Asked by: Becky Kisnorbo, Alzheimers Society.

**Response**

*The NCNs will comprise local practitioners who have a good understanding of local needs and pressures.*

**Question**

Will carer and user representative have a place on community networks and be varied members—or likely to be rotated—to increase access and equality? Asked by: Becky Kisnorbo, Alzheimers Society

**Response**

*NCNs will be supported to engage with local communities and will set in place arrangements to do this.*

**Question**

Cost benefit/benefit realisation plan – to start. Really need clarification on actual benefits aimed at how likely to be achieved looking at projections/research. Detail rather than general themes would be helpful? Asked by: Becky Kisnorbo, Alzheimers Society.

**Response**

*We are not exactly sure what the questioner is asking for here. National Outcome Measures for all of 'Setting the Direction' are based on the Results Based Accountability model.*

**Question**

How do you ensure that the voluntary/third sector is included in children's and young people's services? For example: who is the lead at Aneurin Bevan Health Board since this is no longer Bridie McNaulty.

**Response-Adam Southan ABHB**

We have interpreted this as relating to the Children and Young Peoples Partnership. This is led by the locality offices. Dialogue is ongoing at the present time on the involvement of the Division in development of the CYPP

**Comment**

No Mention of Advocacy

**Question**

Consider a generic advocacy service to include a consortium of experts? Louise George, HSC Facilitator GAVO Monmouthshire locality.

**Response**

There is no response available to record

**Question**

How does 'Jo Public' access Frailty Programme if the GP will not do a home visit?  
Asked by Age Concern Newport [newportcss@ageconcerngwent.org](mailto:newportcss@ageconcerngwent.org)

**Response**

*Access to the Frailty Programme has to be via the GP. If anyone considers that they are not getting appropriate access or services from their GP this should be raised with the Locality Office.*

**Question**

Disability health check – what was the ratio over four years. Newport People First  
Tel: 01633 842002

**Response**

**Sorry the question is unclear, what was the ratio of what to what?**

**Question**

Will "new service" mental health referrals be able to access the fast response; health and social care response team – or will they have to wait, as at present, to see the First Access Teams? This can be quite a long delay at present. Asked by: Joe Molloy – Gofal [jomolloy@gofal.org.uk](mailto:jomolloy@gofal.org.uk)

**Response**

*Many of the referrals of "new" patients requiring the input of mental health services, are likely to go to the new Primary Care Mental Health team for assessment and intervention in the first instance. If their problems are clearly complex and serious, they will be referred into the secondary service without delay where they will access a duty desk, emergency assessment appointment and or the Home Treatment Team. They may well go straight to the secondary service, without accessing the Primary Care Mental Health Team if their distress and/or risk is high, and the GP and clinicians involved believe this is the best course of action.*

**Question**

Where do you see the opportunities for the Third Sector with regard to partnership working – given the new ABHB framework, with particular regard to mental health service users and clinical futures self-care? Joe Molloy, jomolloy@gofal.org.uk

**Response**

*The Third Sector are full partners in the delivery of mental health services. The Mental Health and Learning Disabilities Partnership Board is extremely clear that in order to meet the strategic objectives of the service both the third sector and statutory organisations need to be working closely together and towards an integrated agenda. The Third Sector are fully involved within each tier of the new planning structure for mental health and learning disabilities services.*

*The development of the draft mental health and learning disabilities strategy clearly identifies the need to develop a service which is based on the principles of recovery each partner agency has a role to play in order to support service users to live a fulfilled life.*

*The Third Sector will continue to be an essential part of a comprehensive mental health service, particularly its contribution to longer term support of people with mental health problems, with its user led culture and participation in ongoing work, and is very practical focus, with an emphasis on social interaction and purposeful activity as a major vehicle for helping people function and cope more effectively. The third sector will also be a very valuable contributor to Primary Care Mental Health Team services, where there is likely to be a range of activities to which they can contribute should they so choose to. It would also seem possible that the Third Sector could contribute to new Mental Health Promotion activities, as it is currently doing in Wales in the form of its contribution to the Mental Health First Aid programme.*

**Question**

Presently carers going to people (elderly) are confined to time, undressing people while going to toilet, giving them cool drinks and telling them to drink quickly as they have to go. IF they haven't got time now and the Frailty is aimed to keep more people in their homes, how are the Community Resource Teams going to cope if they can't cope now. At the moment Reablement teams cannot go out and see people for 2 weeks. Where is all the funding and staff coming from when the cuts are still coming?

**Response**

*Frailty aims to increase capacity in the community by building the Community resource teams in each locality. Staff will have new roles in these teams and will become support and well being workers, able to deliver both health and social care. This should avoid lots of different people going to the same house and by taking out the duplication of visits should give the staff more time to spend where it is needed. Everyone referred for reablement will have a response in under 48 hours which will assess the level of urgency for the delivery of the package of care.*

**Question**

If the needs of **all** clients are not met and full attention given to funding and commitment – are the CRT's doomed to fail? Tony Husein Age Concern Newport [hdsnewport@ageconcerngwent.org](mailto:hdsnewport@ageconcerngwent.org).

**Response**

*There was no response as yet from ABHB to record.*

**Martin Davies Welsh Government, Sarah Lamberton Wales Council for Voluntary Action****Question**

Regarding cancer strategies for radiotherapy. Radiotherapy is meant to be progressed this year – “how will you go about it”? What are the new technologies introduced this year. What are the update/group/developments in radiotherapy and cancer in Wales? Newport People First [khurram-newport1st@btconnect.com](mailto:khurram-newport1st@btconnect.com)

**Response**

*The planning and delivery of radiotherapy is a matter for Local Health Boards (LHBs). Welsh Government provided £0.9m from 2009-0 to support an increase in capacity to ensure patients receive treatment in line with recommended waiting times. Currently LHBs are working to implement latest technology known as Intensity Modulated Radiotherapy (IMRT) which is being implemented across Wales in a phased way. Patients with head & neck cancer will be offered this form of radiotherapy first. LHBs will need to keep radiotherapy services under regular review in the light of latest clinical evidence and advice.*

**Note**

Presentations are available electronically if copies are required please contact:  
Susanne Maddax, telephone 01443 863540  
Email [susanne.maddax@gavowales.org.uk](mailto:susanne.maddax@gavowales.org.uk).

<b>Appendix 3</b>	<b>Attendee List</b>
<b>Name</b>	<b>Organisation</b>
Jo Gronnow	Marie Curie Cancer Care
Khurran Khan	Newport People First
Steven Miles	Newport People First
Ope Abidogun	Newport People First
Kelly	Newport People First
Huw Irvin	Linc-Cymru
Jonathan Whitmore	Monmouthshire Mind
Jodi Gallagher	Monmouthshire Mind
Heather Whittam	Monmouthshire Mind
Becky Kisnorbo	Alzheimer's Society
Jocelyn Duncan	Choices
Dennis Laity	Choices
Jacquie Hughes	Person to Person
Helen Williams	Disability Cando Organisation
Kate Howell	Disability Cando Organisation
Margaret Veater	Disability Cando Organisation
Sarah Lamberton	Wales Council for Voluntary Action
Glenda Genner	Gwent Association of Voluntary Organisations
Sian Musto	Torfaen Carers Centre
Anna Markall	Stroke Association
Pat Jones	Care & Repair Caerphilly
Cyril Luke	Caerphilly People First
Sharon Blow	Caerphilly People First
Kath Thoms	Caerphilly People First
Jill Lawton	Caerphilly Borough Mind
Margaret Turner	Stroke Association
Jude Perrin	British Red Cross
Geraldine Goodacre	St David's Hospice Care

Jenny Matcham	Gwent Cancer Support
Ollie Rees	Scope
Cris Davies	Blaenau Gwent Care & Repair
Bev Evans	Blaenau Gwent Care & Repair
Shona Martin	Care & Repair Monmouthshire
Peter Jones	Abbeyfield (Caerphilly) Society Limited
Jean Francis	Torfaen People First
Lorraine Watkins	Torfaen People First
Karen Miles	Parkinson's UK
Liz Prosser	Crossroads Care South East Wales
Debbi Steele	Gwent Association of Voluntary Organisations
Richard Johnson	Gwent Association of Voluntary Organisations
Alan Rees	South Wales Mental Health Advocacy
Dr Rick Budd	SOLAS Cymru
Christine Thomas	HYPE Network
Burhan Uddin	Gofal
Tony Husein	Age Concern Gwent
Tanya Brannigan	Age Concern Gwent
Sue Knight	Care and Repair Monmouthshire
Betty Hart	Breathe Easy
Joanne Powell	Breathe Easy
Joe Molloy	Gofal
Deborah Saunders	Carers Project Monmouthshire
Tracey Davies	Gwent Association of Voluntary Organisations
Angela Fry	Aneurin Bevan Health Board (guest speaker)
Angela Jones	Aneurin Bevan Health Board (guest speaker)
Mark Gardner	Melin Homes (guest speaker)
Martin Davies	Welsh Government (guest speaker)
Sarah Lamberton	Wales Council for Voluntary Action (guest speaker)
Wendy Bourton	Aneurin Bevan Health Board (guest speaker)
Susanne Maddax	Gwent Association of Voluntary Organisations

Pat Powell	Torfaen Voluntary Alliance
Louise George	Gwent Association of Voluntary Organisations
Kate Thomas	Gwent Association of Voluntary Organisations
Louise Tovey	Gwent Association of Voluntary Organisations
Linda Williams	Gwent Association of Voluntary Organisations