## CHARTER FOR INTERNATIONAL PARTNERSHIPS IN WALES

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<th>Report of</th>
<th>Director of Planning</th>
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<tr>
<td>Paper prepared by</td>
<td>Tanya Summerfield – Project Manager</td>
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<td>Purpose of Paper</td>
<td>To present and ask for adoption by the Board of the Charter for International Health Partnerships in Wales. To present the role of the newly established Powys tHB International Office to support the delivery of the tHB’s corporate objectives through developing links with regions in the European Community and to support mutual learning and international development through participation in Wales for Africa.</td>
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<td>Action/Decision required</td>
<td>To <strong>APPROVE</strong> adoption of the Charter by the Health Board To <strong>NOTE</strong> actions being taken to support delivery of the charter.</td>
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| Link to ‘Doing Well, Doing Better: Standards for Health Services in Wales’ | This paper supports Standard:  
1. Governance and accountability framework |
| Link to Health Board’s Annual Plan | ▪ Ensuring the Right Access (*services*) |
| Acronyms and abbreviations    | EU European Union  
ICT PSP Information and Communication Technology Policy Support Programme |
Background

This report asks for adoption by the Board of the Charter for International Health Partnerships in Wales. The charter, prepared by Public Health Wales aims to strengthen NHS Wales’ commitment to international health partnerships.

This report highlights the work of the Powys tHB International Office to engage with and deliver tangible action in relation to the charter. The aim of the International Office is to support the delivery of Powys tHB’s corporate objectives by developing links with regions through the European Community and supporting mutual learning and international development through participating in Wales for Africa.

Charter for International Health Partnerships

The International Health Coordination Centre, Public Health Wales has established a Charter for International Health Partnerships. This report asks for adoption to that charter [see appendix 1].

Adoption to the charter is through committing resources into international partnership working as we would within our own services. Advantages of engagement include gaining better understanding of tackling health problems and developing relationships. The Charter aims to strengthen NHS Wales’ commitments to international health partnerships.

The charter adheres to principles set out in the document ‘Health within and beyond Welsh borders: A framework enabling international health engagement. Principles include “…commitment to evidence based practice, shared learning and seeking to enter international relationships as equal partners pursuing mutual tangible benefits” (WG, June 2012, pg. 3).

Sign up to the charter will enable Powys to improve on the governance of international work to ensure that good practice is adhered to i.e. sign up to formal agreement, address risks, evaluate cost and report on impact.

Powys International Office

The tHB has recently established an International Office to support delivery of its international work and links. This has been achieved through focussing investment received from the European Union to deliver two cross-region projects into a small team that can both support delivery of projects, and engage in a wider programme of development work under the leadership of the Director of Planning and Performance. This has been achieved without the need for additional direct investment by the tHB.

The purpose of the International Office is align the tHB’s International Health work to the delivery of the tHB’s corporate objectives. This will be delivered through three work streams:
• developing and nurturing links with regions across the European Community in the development and delivery of projects aligned to delivery of Powys objectives
• supporting mutual learning and international development through participating in the Welsh Government Wales for Africa programme through the Brecon Molo link, and through supporting individuals to establish international links

European Projects: CareWell, Mastermind and Enhance
Powys are currently partners in two EU projects, CareWell and Mastermind. These projects sit within the EU ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (2007-2013). These projects commenced in early 2014 following successful partnership bids.

European projects focus on developing and sharing good practice and service models in ways that can subsequently be applied to any local healthcare organisation. This is a good opportunity to utilise the funding to support and test next step improvements to our services i.e. what we would wish to do anyway.

These projects are also an opportunity to both showcase the best of what we do in Wales and learn from other nations. Welsh Government are keen to engage Wales more in pan-European projects and draw down grant funding to support the delivery positive change in NHS Wales.

Powys are fully engaged in horizon scanning seeking new opportunities and are at the bidding stage for a third project – Enhance, through the Horizon 2020 funding stream.

The projects are funded in Euros and are 50% match funded by the tHB which is delivered through existing resources, rather than a cash contribution. In practice this means that, as the projects are aligned to delivery of corporate objectives, the time required from staff to support delivery from a clinical and technical point of view form the basis of the match funding arrangements. Each project has a value in the region of £500K over a three year period.

The advantages for staff involved are to be part of a project at European level and all this entails in terms of networking and learning to support continued professional development. There will be opportunities to meet with partner agencies both virtually and individually, and we will also benefit from investing the matched funding in our teams.

CareWell

The CareWell project is focused on integrated care for frail older people with complex needs, with a specific emphasis around the use of IT to support the development of integrated care. This is not about creating something new, but about strengthening existing arrangements, based on the development of a prototype with our European
partners. The project is aiming to develop a model based on adaptations to current, widely different healthcare systems.

The key drivers for the project are to improve multi-disciplinary communication around the patient, boost confidence in self-care for the patient and enhance hospitalisation avoidance. The core philosophy/principles of the project are

- Patient centred Approach
- Proactive Case Management (care as close to home as possible)
- Bring and Share
  - All professionals (Health and Social Care)
  - All patients and carers
  - All stakeholders (3rd sector, voluntary, friends, community)

The Powys pilot will include 100 patients across 6 GP practices within Powys. The project is currently in the readiness phase in year 1, there will be a testing phase in year 2 and 3 which requires patient recruitment into an evaluative programme.

There are two deliverable measurable outcomes of the project and these are:

1) Integrated care coordination pathways (ICCP): Introduce and test Primary and Community mobile near time electronic health record to improve care coordination;

2) Patient empowerment & home support pathways (PEHP): Empower patients through self-monitoring results to be recorded within the primary care record and provide patient education.

Powys is one of six regions in Europe participating in this project. Other partners include Veneto, Italy; Puglia, Italy; Zagreb, Croatia; Lower Silesia; Poland and the Basque Country in Spain. The Basque country already have a well-developed model that this project is using as a demonstrator.

The project fits strategically with the ‘Powys One Plan’ and the Health Board’s Integrated ‘Three Year Plan’ which aims to deliver truly integrated care centred on the individual.

**Mastermind**

This is a Mental Health project which focuses on adopting new technology to treat depression. The project builds on existing research and the various services being implemented in EU regions, and is the roll-out of a project that has previously been piloted in the EU. It is envisaged that Powys can be a demonstrator for this model for the rest of Wales.

Two services will be delivered as part of this project. The first will provide access to evidence based computerised Cognitive Behavioural Therapy (cCBT) services for depressed adults across Europe. Powys have chosen ‘Beating the Blues’ cCBT programme to deliver this service, an already proven product endorsed by NICE.
The second strand of the project will deliver video-conference (VC) enabled collaborative care for patients with depression through interaction between GP and specialist or GP, patient and specialist to validate diagnosis, treatment planning and monitoring during and after treatment.

The Powys pilot will include a minimum of 500 patients in the trials. The project will identify the barriers and success factors of implementation in the different political, social, economic, and technical health care contexts across Europe from the perspective of both patients and professionals.

The MasterMind Consortium includes partners from Denmark, Scotland, Wales, the Netherlands, Germany, Estonia, Spain, Italy, Turkey, Norway, and Greenland.

Enhance

The main objective of the project is to prevent disability and the burden of disability in for children through early intervention. The project will prepare a model for delivering integrated care for children (0-6 age range) with special healthcare needs, based around member states experience of provision. Powys are currently at the bidding stage for this project. The outline proposal has succeeded at the first stage with the EU and a second stage proposal was submitted in August, with the outcome due at the end of the year.

Activity will include analysing existing care delivery models for children with special health care needs; developing an improved intervention model with key dimensions; implementing and testing the model across pilot sites and target populations. Based on the evidence produced, guidelines will be developed for care coordination and delivery for children with special health care needs in Europe.

The project consortium is being led by the Basque Country (with whom Powys already has links). Other UK partners on this project include Scotland and Northern Ireland and Puglia.

Wales for Africa Health Links

The Wales for Africa Health links is represented by NHS Wales, community and academic partners and partners in communities of Africa amongst others as a response to address the Millennium Development Goals (MDGs). Its aim is to provide a coordinated effective approach to promote and support development of Welsh health links with Africa.

MOLO Summary

The tHB has a well established Health Link Partnership with Molo in Kenya to support primary and secondary health care in the Rift Valley province of Kenya. This is part of a wider link between Molo and the town of Brecon. This Molo link has been bought under the International Office to ensure the continued support for this established work.
The latest health visit took place in February this year whereby midwives and other staff travelled to work with disabled children. Future visits are planned during October to train staff to become Traditional Birth Referral Agents (TBRAs) and to further progress a research project using Appropriate Paper based Technology (APT) providing assistive devices to disabled children. Reciprocal visits from staff in Kenya to Powys are also part of the programme.

As part of the Millennium Development Goals (MDGs), the primary focus remains on Maternal and Child Health Care to reduce child and maternal mortality and morbidity and to improve skills and service delivery by all Kenyan health staff. This work enables Powys staff to build on their skills, resourcefulness and to gain a better understanding of global health and development issues.

Support for staff seeking to undertake training or work overseas
The thHB’s workforce policy framework already enables staff to undertake personal and professional development through making links overseas. For example this year the Assistant Director of Nursing has studied at Harvard and visited services in the Netherlands as part of a Nightingale Scholarship. Another member of staff is currently working as a volunteer in Lesotho for two months with the thHB’s support. The role of the International Office will be to both promote these opportunities and support wider organisational learning and opportunities from the links made.

Conclusion
The thHB has bought together a number of activities under the auspices of a newly created International Office. This will ensure alignment of international work to the delivery of corporate objectives, and maximise the opportunities that international links can make to Powys.

The work of the International Office is the vehicle through which the thHB will be able to tangibly demonstrate its commitment to the Charter for International Health Partnerships and ensure the appropriate governance arrangements are in place for this work. Adoption of the charter will extend the opportunities for Powys thHB to make links at the International level, and network with others in Wales with similar aspirations.

It is clear that international links already in place are helping us to achieve our goals. European Match funded projects enable us to utilise funding to test next step improvements to our services. Advantages to staff include building relationships with other nations to share good practice and learn from our experiences resulting in continued professional development.

Recommendation
To APPROVE adoption of the Charter by the Health Board
To NOTE actions being taken to support delivery of the charter.
| **Background Papers** | Appendix 1 Charter for International Health Partnerships in Wales  
|                       | Appendix 2 Health within and beyond Welsh borders: An enabling framework for international health engagement |
| **Financial Consequences** | *As described in the report* |
| **Other Resource Implications** | *As determined by the report* |
| **Consultees** | / |