

	STRENGTHS	WEAKNESSES
INTERNAL FACTORS	<ul style="list-style-type: none"> • Health provision seen as an anchor service within the CTM area • Population Health Management, strategy and stratification • Value Based Healthcare foundations • Our employees are our population – good balance between local v outside of area people working for CTM • Local economy • CTM Leadership Team • iCTM – CTM focus on Improvement, Innovation and Change • CTM Leadership Programmes ‘Ignite, Aspire, Inspire’ • Some excellent people in the organisation • Voluntary sector and partners and collaborative working 	<ul style="list-style-type: none"> • Do our and our partners people have the skills / capability or freedom to work at their best / to their role / top of their license • Some areas of the organisation have a disconnect between middle managers to front line people • Lack of joint learning between clinical and management teams • Recruitment and retention – workforce turnover, speed to recruit and fill • ICT provision and joined up / accessible data • Lack of modelling and data analysis capacity • Changing priorities and clear communication around focus areas • Performance indicators, performing poorly and high financial deficit • CTM still in TI / SM • Historically poor health outcomes for our population • Waiting times to access specialist services • Access to appropriate information and advice - People not aware of the services that are currently available, Need to be in formats that everyone can access • Early intervention and prevention services, Access to support, advice and opportunities
	EXTERNAL FACTORS	<ul style="list-style-type: none"> • Improved honest and open engagement with LA politicians • Learning from others where change has worked • Regional working with other HBs – based on a population need as opposed to HB boundaries • RPB / RIC • Local and regional private companies in health and wellbeing • Regional approach to innovation investment • Clinical decision tools • Shift to prevention and early intervention • Greater local authority and social care joint / collaborative working • Green agenda to improve peoples health and wellbeing • Learning from COVID and not reverting • Future Generation Act

EXTERNAL FACTORS

P

POLITICAL

- Future Generations act
- Local political agenda / requirements v national
- UK / WG / Local Government – difference in priorities
- Political priorities around funding / capital 22/23. Transformational monies
- Focus on acute services and reducing waiting lists
- PSB / RPB / RIF funding
- Older persons commissioner for Wales – view and engagement
- WG expectations mismatch
- Local authority priorities, where are we dependant on provision or commissioning. Mismatch on priorities or investment. Where does responsibility sit?
- Children CHC
- Public Health needs longer horizon than 3 years (IMTP)
- Resources, priorities and quality indicators set by government

E

ECONOMIC

- Unavoidable costs / changes which may affect funding allocations
- Need to focus on triple bottom line not just efficiencies
- Impact on costs on community services / peoples ability to work / drive / risk to workforce
- Impact on our communities of economic uncertainty.
- Budgets managed short term
- Indemnity needing to be paid for Dr out of hours
- Digital disparity
- Cost of environmental improvements to buildings
- Financial allocations depend on GDP and government policy
- Demand greater than funding
- Focus on efficiencies and streamlining

S

SOCIOLOGICAL

- Understanding diversities in our communities
- Transport and accessibility barriers
- Aging population more reliant on public transport
- Engagement with CTM and 2030 – engagement fatigue
- Post industrial shift – taking more responsibility, owning their own health
- Link between being ill or seen as being ill linked to benefits. A taught behaviour
- Diversity of people, teams, skills
- Geographical location of CTM v Cardiff or Swansea drain
- Digital disparity
- Population expectations of health and care provision
- Incorporating COVID 19 safety into life style and health services offer
- Increasing demand due to lifestyle factors
- Impact of inequalities
- Public Health budgets decimated
- Low paid employment opportunities better outside health and social care
- High levels of chronic conditions - asthma and diabetes rates
- Solitary substance misuse increased during the pandemic
- Loneliness and isolation

T

TECHNOLOGICAL

- Access to and availability of data – how are we going to produce and evidence. Whole pathway care
- Need to be subservient to need as opposed to driving service
- Bridgend v wider CTM
- Data gaps / people on different ICT due to historic ICT / lack of investment
- New referral pathways / electronic
- Population health management work
- Technology for future care – monitoring, consultations, treatment. Role of DGH / community hubs / diagnostic hubs
- Workforce shortages / competition for workers
- Always new and expensive treatments coming online

L

LEGAL

- Drive to full decarbonisation – what's good for our health is good for our planet
- Travel – spoke and hubs, accessibility
- Air pollution especially across some of our valleys
- Charging network
- Shorter supply chains / local employment
- Environmental and inequality link. Deprived who most likely use our services / air pollution, divide may increase

E

ENVIRONMENTAL

- Social economic duty / future generations
- Statutory service provision v discretionary
- Increase in litigation / higher risk pool costs
- Legal factors drive towards defensive medicine
- Legal protection and support for people
- COVID public enquiry / litigations HCAI
- Safeguarding increases
- Accountability and holding to account