

Population Health & Partnerships Committee

Wed 01 February 2023, 13:00 - 16:00

Virtual Via MS Teams



Agenda

13:00 - 13:00 0 min **1. PRELIMINARY MATTERS**

1.1. Welcome and Introductions

Jayne Sadgrove, Chair

1.2. Apologies for Absence

Jayne Sadgrove, Chair

For Noting

1.3. Declarations of Interest

Jayne Sadgrove, Chair

For Noting

13:00 - 13:00 0 min **2. CONSENT AGENDA**

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 2nd November 2022

Jayne Sadgrove, Chair

For Approval


 2.1.1 Unconfirmed Minutes 2.11.22 PHP Committee 1 February 2023.pdf (10 pages)

2.1.2. Committee Annual Cycle of Business 2023-24

Assistant Director of Governance & Risk

For Approval

 2.1.2 Committee Annual Cycle of Business Cover Report PHP Committee 1 February 2023.pdf (2 pages)

 2.1.2a Appendix 1 Committee Annual Cycle of Business 2023-24 PHP Committee 1 February 2023.pdf (3 pages)


2.2. Items for Noting

2.2.1. Anchor Institution Steering Group Highlight Report

Director of Strategy & Transformation

For Noting

 2.2.1 Anchor Org Steering Group_ Highlight Report_Jan 23v2 PHP Committee 1 February 2023.pdf (2 pages)

 2.2.1a Appendix 1 CTM Anchor Strategy.pdf (15 pages)

13:00 - 13:00 **3. MAIN AGENDA**
0 min

3.1. Action Log

Jayne Sadgrove, Chair

 3.1 Draft Action Log PHP Committee 1 February 2023.pdf (6 pages)

13:00 - 13:00 **4. GOVERNANCE**
0 min

4.1. Organisational Risk Register






Assistant Director of Governance & Risk

There are currently no risks assigned to the Committee

4.2. University Health Board Designation Status Governance and Assurance

Marc Penny

Endorse for Board Approval

-  4.2 UHB Designation Status PHP Committee 1 February 2023.pdf (8 pages)
 -  4.2.a Appendix 1 UHB Designation Status WG Criteria.pdf (2 pages)
 -  4.2b Appendix 2 UHB Designation Status WG Guidance.pdf (2 pages)
 -  4.2c Appendix 3 UHB Designation Status Mid Year Update FINAL.pdf (6 pages)
 -  4.2d Appendix 4 - Draft - GC01 - Standing Orders - Schedule 3.7 - PHPC - ToR - Draft 4.11.22 v3.pdf (9 pages)
-

13:00 - 13:00 **5. CREATING HEALTH**
0 min

5.1. Population Health Organisational Programme Progress Report

Gemma Northey, Consultant in Public health


For Discussion/Noting

 5.1 Population Health Management PHP Committee 1 February 2023 v1.pdf (8 pages)

5.2. Cancer Inequalities within CTM

Rutuja Kulkarni-Johnston

For Discussion/Noting

-  5.2 Cancer Inequalities PHP Committee 1 February 2023.pdf (6 pages)
-  5.2a Appendix 1 Cwm Taf Morgannwg Univeristy Health Board Response to Cross P....pdf (13 pages)

5.3. Strategy Groups Update

Director of Strategy & Transformation/Vicky Wallace

For Discussion/Noting


 5.3 Strategy Group Updates PHP Committee 1 February 2023.pdf (16 pages)

13:00 - 13:00 **6. IMPROVING CARE**
0 min

6.1. Mental Health Strategic Update

Director of Primary, Community & Mental Health

For Discussion/Noting

 6.1 MH Strategic Update PHP Committee 1 February 2023.pdf (5 pages)

 6.1a Appendix 1 Mental Health LD Strategic Programme (005) (002) (003) (002).pdf (10 pages)

6.2. Integrated Medium Term Plan 2023-26 Development Process (Population Health element) - Presentation - to follow

Executive Directors

For Discussion/Noting

13:00 - 13:00 7. SUSTAINING OUR FUTURE

0 min

7.1. Partnerships

7.1.1. Public Service Board Consultation Progress Report

Philip Daniels

For Discussion/Noting

 7.1.1 PSB Wellbeing plan consultation Final PHP Committee 1 February 2023 v2.pdf (3 pages)


 7.1.1a Appendix 1 Consultation Document.pdf (6 pages)

7.1.2. Update on Public Services Board Model proposals

Director of Strategy & Transformation

For Discussion/Noting

 7.1.2 PSB Recommendations PHP Committee 1 February 2023.pdf (6 pages)


 7.1.2a Appendix 1 PSB Model Recommendations PHP Committee 1 February 2023.pdf (9 pages)


7.1.3. Decarbonisation Audit

Director of Strategy & Transformation

For Discussion/Noting

 7.1.3 Sustainability Net Zero Carbonisation PHP Committee 1 February 2023.pdf (4 pages)

 7.1.3a Appendix 1 IA Decarbonisation Audit Report.pdf (13 pages)

 7.1.3b AW Public_Sector_Readiness_for_Net_Zero_Carbon_by_2030.pdf (25 pages)

13:00 - 13:00 8. OTHER MATTERS

0 min

8.1. Forward Work Plan

Jayne Sadgrove, Chair

 8.1 Forward Work Plan PHP Committee 1 February 2023.pdf (4 pages)

8.2. Committee Highlight Report to Board

Jayne Sadgrove, Chair

8.3. Any Other Urgent Business

Jayne Sadgrove, Chair

8.4. How Did We Do Today?

Jayne Sadgrove, Chair

13:00 - 13:00 **9. DATE AND TIME OF NEXT MEETING**

0 min

3rd May 2023 at 9.30 am

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 2 NOVEMBER 2022
VIRTUALLY VIA TEAMS**

PRESENT:

- | | |
|-----------------|--------------------------------|
| Jayne Sadgrove | - Vice Chair (Committee Chair) |
| Ian Wells | - Independent Member |
| Geraint Hopkins | - Independent Member |
| Lynda Thomas | - Independent Member |

IN ATTENDANCE:

- | | |
|---------------------|---|
| Linda Prosser | - Executive Director of Strategy & Transformation |
| Julie Denley | - Director of Primary, Community & Mental Health |
| Victoria Wallace | - Deputy Director of Strategy & Partnerships |
| Lauren Edwards | - Director of Therapies & Health Sciences |
| Gemma Northey | - Consultant in Public Health |
| Sara Thomas | - Consultant in Public Health |
| Philip Daniels | - Consultant in Public Health |
| Sara Utlej | - Audit Wales (Observing) |
| Rowena Miles | - Representative, Community Health Council |
| Wendy Penrhyn-Jones | - Head of Corporate Governance & Board Business |

11/22/1 WELCOME & INTRODUCTIONS

Jayne Sadgrove welcomed everyone to the meeting including Gemma Northey, Consultant in Public Health, Sara Utlej, Audit Wales, Philip Daniels Consultant in Public Health and Victoria Wallace, Deputy Director of Strategy & Partnerships.

11/22/2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Kelechi Nnoaham, Executive Director of Public Health, Carolyn Donoghue, Independent Member, Georgina Galletly, Director of Governance and Gethin Hughes, Chief Operating Officer.

11/22/3 DECLARATIONS OF INTERESTS

There were none.

11/22/4 **CONSENT AGENDA**

- The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting on consent agenda items. On the basis that everyone would have read the agenda papers in advance of the meeting, the Chair asked if anyone wished for any item on the consent agenda to be moved to the main agenda to allow it to be discussed. The Chair advised that S. Utley from Audit Wales was in attendance to respond to any queries on the Audit Wales Reports. Upon asking Members if they had any comments it was established that they did not. S. Utley advised that were a number of recommendations contained within the report and these would be added to the Audit Tracker and monitored by the Audit & Risk Committee.

Resolution:

- Minutes of the meeting of 26 July 2022 were **RECEIVED** and **CONFIRMED** as an accurate record.
- The Committee Self Effectiveness Survey Outcome and Improvement Plan was **APPROVED**.
- The Audit Wales Final Report – Transformation Leadership Programme Board Baseline Government Review was **NOTED**.
- The Audit Wales Final Report – Public Sector Readiness for Net Zero Carbon by 2030 was **NOTED**. S. Utley advised that there were some calls for action that were slightly different to recommendations and there would be a requirement for a Board response as to progress. L. Prosser advised that they were currently looking at this and would bring an update to the Committee once this was completed.
- The Post Payment Verification Annual Report (Primary Care Element) was **NOTED**.
- The Committee Revised Terms of Reference that had been approved by the Board at its September 2022 meeting were **NOTED**.

MAIN AGENDA

11/22/5 **ACTION LOG**

The Action Log was reviewed with the following updates:

- CTM as an Anchor Organisation – P. Daniels advised that the work was being aligned to the CTM 2030 Strategy and was ongoing.
- Vaccination and Immunisation Update – P. Daniels advised that the National Immunisation Frameworks had now been published. He advised that it had not been confirmed whether or not the framework would receive any additional funding and if not the Health Board would deliver the Health Boards vaccination programme within the existing infrastructure.

GOVERNANCE

11/22/6 ORGANISATIONAL RISK REGISTER

Resolution: The Committee **NOTED** that there were currently no risks escalated to the Organisational Risk Register that had been assigned to the Population Health & Partnerships Committee.

CREATING HEALTH

11/22/7 POPULATION HEALTH ORGANISATIONAL PROGRAMME PROGRESS REPORT

P. Daniels presented the report that provided an update to the Committee on the current status of the 36 population health projects and the ongoing discussions to align the work with the Unified Transformation Programme.

L. Prosser sought clarification on the discussions held to date with the Executives leading on the programmes. P. Daniels confirmed that if it would be helpful he would be happy to provide an update via the Executive Leadership Group.

I. Wells queried whether the annexes were being included as well or were they being actioned separately. It was confirmed that they were being included.

I. Wells referred to the PH04 - Embedded Inverse Care Law Programme funding and queried whether it was flat across Health Boards or shaped to service areas of deprivation. P. Daniels advised that he was not involved with that programme but would seek confirmation and ensure this question was addressed outside of the meeting.

I. Wells referred to PH034 - Constructive Disruption and commented that it had stated that it involved Independent Members and advised that he was not aware of this. P. Daniels advised he was happy to brief the Board in this regard to speak about identifying population needs and this could equip Independent Members to act as advocates in other fora in a broader sense.

I. Wells referred to 5.1b, Annex 2, Goal 4 and advised that in the final column it highlighted that it had not been possible to move forward and the same for Goal 7. P. Daniels advised that it might be that this section was not appropriately worded as for example smoking cessation had re-started face-to-face sessions in high smoking prevalence areas.

J. Denley advised that there was an opportunity to work within cluster groups to address some of things they would like to progress with

Agenda Item 2.1

regard to population health such as substance misuse and that this had been discussed with CTM's Director of Strategy and Transformation.

L. Prosser advised that there was something about the reality of what the Health Board could expect to achieve in years 2, 3 to 5 given the very poor health outcomes in parts of the CTM footprint. She added that they need to set realistic delivery goals for these initial years

J. Sadgrove commented that L. Prosser's suggestion was helpful; she advised that the original report had been considered by the Board in the spring of 2021 at which time the proposed direction of travel had been endorsed. She added that they had received updates since then. J Sadgrove referenced the recommendation in the report which was asking the Committee to note the progress to date and the future plans under discussion for the population health projects as part of the 'Creating Health' pillar of the Unified Transformation Programme. She added that given the Director of Public Health was soon to leave CTM and their leadership had been key in leading the team in the delivery of this, it was an important time to take stock on how they were going to integrate the work and ensure that it was taken forward not just short to medium term but also for the very ambitious long term aims.

V. Wallace advised that with regard to the goals, they were overlapping and aligned with the CTM strategy and they were mapping across how the work links together. It was noted that an event had been held in September 2022 with a view to ensuring Strategy Groups were aligned to the population health strategy and although some of the goals were long term in nature, they were focused on moving to a more strategic position.

J. Sadgrove referred to the living wage and queried whether it was part of the Population Health or Anchor Organisation programme of work. P. Daniels confirmed that CTM was already a living wage employer and the Anchor Organisation work was about how the Health Board could encourage firms with whom they procured goods and services to offer the living wage to their staff.

J. Sadgrove, sought clarity as to the progress made in CTM becoming an accredited living wage employer. L. Prosser advised that CTM was working through this accreditation process and undertook to seek an update outside of the meeting. J. Sadgrove stated that it was important that the Health Board did not lose sight of this so that it was in a position to lead by example as an anchor institution.

Resolution: The Committee **NOTED** the progress to date and the plans under discussion for the Population Health Projects as part of the 'Creating Health' pillar of the Unified Transformation Programme.

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Action: To establish whether the funding for the PH04 Embedded Inverse Care Law Programme was flat across the Health Board area.

Action: Provide an update on CTM achieving accredited living wage employer status.

11/22/8 STRATEGY GROUPS UPDATE

V. Wallace provided a presentation and update to the Committee on progress with the Strategy Groups.

In response to a question raised by L. Thomas around workforce capacity, V. Wallace advised that a prioritisation exercise had been undertaken which took into account local and national needs. She confirmed that they now had an 18-month timeline and pipeline panel plan which would need to be flexed to ensure CTM was achieving best value in terms of the biggest impact on the population.

J. Sadgrove referred to slide 7 and the 'Growing Well' progress and queried why the Obesity Level 2 and 3 Weight Management Service had a lower than expected uptake. V. Wallace advised that she was unsure but would seek clarity and provide a response outside of the meeting.

J. Sadgrove referred to the neurodevelopment services on slide 8, and commented that it was good to see that there were work programmes surrounding this, as it was one of the areas of lowest performance, and queried whether they were making progress in reshaping this. J. Denley advised that this area of work sat within the Children and Families Care Group, although it did also had a link to Child and Adolescent Mental Health Services. (CAMHS).

L. Prosser, in response, confirmed that growth in these referrals for children represent a change in practice in the education sector. They usually occurred when they start school or at the pre-school stage. However, some of them could be a little older many are on the Autism and Asperger's spectrum, whereby a referral to a consultant had a prerequisite for extra support at school and also for additional benefits. She added that in terms of making progress on what was a two to three year backlog, plans were in place to review the model to see how they could filter and provide things at different levels which would help providing support to the right people.

J. Sadgrove referred to the stroke service where again substantial improvement was needed. L. Edwards advised that there were two aspects to the stroke work, the regional development work that was slighter longer term and aimed at developing a more sustainable model and then there was the priority work currently ongoing in terms of the stroke care pathway. She advised that there were challenges in terms

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of workforce and inequity across the CTM footprint and also general pressures within the system in terms of acute services. She added that there was a lot of targeted work underway and fortnightly task and finish groups meetings were in place to oversee progress despite the challenges and pressures upon the service.

J. Denley in response to the question raised on the neurodevelopment service, advised that there was currently a national review being undertaken as demand currently exceeded capacity. This review would therefore shape future provision arrangements.

Resolution: The Committee **NOTED** the update and presentation.

Action: To query the low uptake with the Obesity Level 2 and 3 Weight Management Service and respond back to the Committee.

IMPROVING CARE

11/22/9

PRIMARY CARE STRATEGIC UPDATE

J. Denley presented the report.

I. Wells asked if he could be enlightened on why the GP Practices were unsustainable and what was being done about this to minimise the risk. J. Denley advised that the reasons were largely connected with retirement and these services moving into a different phase following a very challenging three years. It was noted that changes to tax and pension arrangements had also had an impact and that some GPs no longer wanted traditional business partnerships and were more likely to want portfolio careers. She added that the Health Board were doing better than most across Wales currently and part of the agenda was to move away from smaller contracts. It was the same for dentists and community pharmacies. She advised that she would share the recent report that was prepared for the CTM Quality and Safety Committee which outlined the framework approach for assessing practices and what action was being taken in relation to such issues.

R. Miles referred to the initiatives with Health Education Improvement Wales (HEIW) with regard to a multi-disciplinary workforce in primary care and queried whether that was aimed to be one of the solutions to the provision of primary healthcare. J. Denley advised that it was one of the solutions as well as digitisation and moving things out of primary care and that there were also workforce related challenges. She added that change would require a culture shift and these issues were due for discussion at the forthcoming all-Wales meeting of Directors of Primary Care

L. Thomas referred to what was happening in England with the Midlands Model of GP Practice where there were not just clusters being

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established but also private companies managing public services and she queried if it might be helpful to establish links to learn from this. J. Denley confirmed that an individual was working with them on the cluster-working group whose background was in commissioning in NHS England, which had brought learning as to how others had achieved greater service sustainability but acknowledged that this was a complex dynamic to get right.

Resolution: The Committee **NOTED** the report.

Action: To share the report from the recent Quality & Safety Committee to Members.

11/22/10 **LEARNING DISABILITY PROGRESS REPORT**

J. Denley presented the report that provided the Committee with an update on the Adult Learning Disability Services provided in CTMUHB via Swansea Bay UHB.

R. Miles advised that she was pleased to see that the ring-fenced money was being challenged and also that CTM as service commissioners were taking a stronger stance. She referred to the unit on the former Hensol Hospital site which had been an acute assessment unit but was now being used as a step-down unit for people who had been placed 'Out of county'. She commented this was at a huge cost to various Health Boards and queried whether this was available for the residents of CTMUHB. J. Denley advised that when you look at the numbers of people in assessment treatment units they were very small with most people with learning disabilities who required admission to a learning disability facility should be admitted for a deterioration in their mental state. She confirmed that these were consolidated across two sites and that was one of the reasons that they wanted the Community Health Council to visit. She confirmed that they had been pushing hard with regard to the engagement around the strategic direction in Swansea Bay with a view to providing services closer to home

R. Miles advised that during the visit she had spoken to the staff and was impressed at how highly committed they were and were looking for funding to improve some of the facilities that could be provided to the residents of the unit. J. Denley advised that such improvement would need to be funded from capital rather than revenue money for services.

With reference to workforce pressures, I. Wells noted that the report stated there had been an underspend on pay due to the fact that they could not recruit into all vacant posts. He queried whether this position had since improved with the modernisation plan. J. Denley advised that there had been an increase in available academic courses for learning disabilities across Wales and that with regard to a community learning disability team, there was a much higher breadth of allied professionals

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than would typically be the case in mental health services so there were some real opportunities.

Resolution: The Committee **NOTED** the report.

SUSTAINING OUR FUTURE

11/22/11 RESILIENT FAMILIES SERVICE – EVALAUTION AT STAGE 2

L. Prosser provided a presentation on the Stage 2 Evaluation of the Resilient Families Service.

I. Wells commended the work and referred to the impact and key findings where it stated that 60% had said they strongly agreed or agreed that the service was currently helping more families within Rhondda Cynon Taff to get the right support at the right time and queried whether there was an understanding from the results why the other 40% did not agree. V. Wallace advised that she would check the position and respond back to the Committee.

J. Sadgrove referred to the challenges in the Welsh Community Care Information System (WCCIS) and the plans to develop the Children and Young Persons Integrated System (CYPrIS) within the Health Board and stated that she would be interested to see whether this would be a potential replacement for WCCIS.

Resolution: The Committee **NOTED** the presentation.

Action: To query the evaluation of why the 40% did not agree that the service was helping families and respond back to the Committee.

11/22/12 PUBLIC SERVICE BOARD REPORT

P. Daniels presented the report that provided the Committee with a highlight report of the work and activity of the two Public Service Boards (PSBs) and the work underway to combine these into a single PSB.

L. Thomas referred to the two priorities and sought clarity as to the how they would ensure that the green living space was afforded the same amount of parity as safe places. P. Daniels advised he would take this back and ensure in terms of the health impact assessment approach that this was underpinned with environmental sustainability aspect as well as the wellbeing of the Future Generations Act.

P. Daniels advised that with regard to transport, this was one of those areas that linked into the economy, health and sustainability as well and there was a sustainable green active transport plan already in place, which was a priority and had support across local authorities.

G. Hopkins commented that as a former Chair of the Regional Partnership Board and attendee of many PSB meetings, questions about

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the success of collaborative working in terms of positive outcomes for local residents had been raised at every meeting and until these questions were resolved they would continue to be raised.

Resolution: The Committee **NOTED** the Report and the progress to merge the two Public Service Boards by May 2023.

11/22/13 **REGIONAL PARTNERSHIP BOARD (RPB) ANNUAL REPORT 2021-22**

L. Prosser presented the report that provided the work of the RPB during 2021-22 that had been approved by the RPB on 13th October 2022.

J. Sadgrove thanked L. Prosser for the report and queried if the RPB was currently in the process of electing a new Chair. L. Prosser confirmed that the new Chair had been elected at the last meeting.

Resolution: The Committee **NOTED** the Annual Report for 2021-22.

OTHER MATTERS

11/22/14 **FORWARD WORK PROGRAMME 2022/23**

The Chair asked Members if they had any suggestions to add to the Committee Forward Work Plan to feel free to do so. She also advised that a suggestion had been made at the recent Board Development session that the Committee included research and innovation within its scope.

Resolution: The Committee **NOTED** the Forward Work Plan.

11/22/15 **COMMITTEE HIGHLIGHT REPORT**

The Chair suggested that this report be prepared by the Corporate Governance Team for consideration by herself and lead Executives outside the meeting.

11/22/16 **ANY OTHER URGENT BUSINESS**

The Chair extended her thanks to Kelechi Nnoaham, Director of Public Health as this would have been his last meeting and the Committee had benefited over the years from his safe counsel and advice and wished him well in the next steps of his career.

11/22/17 **HOW DID WE DO IN THIS MEETING?**

The Committee Chair invited colleagues to relay any comments to her outside the meeting.

11/22/18 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 1 February 2023 at 9.30 am.

DRAFT FOR APPROVAL



AGENDA ITEM
2.1.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ANNUAL CYCLE OF BUSINESS
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Date of meeting	1 ST February 2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Kathrine Davies , Corporate Governance Manager
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Presented by	Cally Hamblyn, Assistant Director of Corporate Governance
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Approving Executive Sponsor	Director of Corporate Governance
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Report purpose	FOR APPROVAL
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The Population Health & Partnerships Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 February 2023 to 31 March 2024.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please refer to **Appendix 1** – Population Health & Partnerships Committee Cycle of Business for further detail. Any changes have been identified in red.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not required.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **APPROVE** the Committee Cycle of Business.

Population Health & Partnerships Committee

Cycle of Business (1st February 2023 – 31st March 2024)

The Population Health & Partnerships Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Population Health & Partnerships Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st February 2023 to 31st March 2024.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide advice and assurance to the Board to assist it in discharging its functions and responsibilities as they relate to population health across primary and secondary care. This will have been achieved through various initiatives including partnership arrangements. The Committee will also consider cross-cutting themes and how the organisation is delivering effective service integration and transformation agendas.

Population Health & Partnerships Committee Cycle of Business (1st February 2023 – 31st March 2024)

Item of Business	Executive Lead	Reporting period	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Preliminary Matters																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings		✓			✓			✓			✓			✓	
Action Log	Director of Corporate Governance	All Regular Meetings		✓			✓			✓			✓			✓	
Governance																	
Organisational Risk Register	Director of Governance	All Regular Meetings		✓			✓			✓			✓			✓	
Population Health & Partnerships Committee Annual Report	Director of Corporate Governance	Annually								✓							
Population Health & Partnerships Committee Annual Self-Assessment	Director of Corporate Governance	Annually								✓							
Population Health & Partnerships Committee Terms of Reference	Director of Corporate Governance	Annually								✓							
Population Health & Partnerships Committee Annual Cycle of Business	Director of Corporate Governance	Annually		✓												✓	
Director of Public Health Annual Report	Director of Public Health	Annually					✓										
Post Payment Verification Annual Report (Primary Care Element for noting)	Director of Finance & Procurement	Annually											✓				
Creating Health/Improving Care																	
Primary Care Strategic Update	Director of Primary, Community & Mental Health	Bi Monthly					✓						✓				
Mental Health Strategic Update	Director of Primary, Community & Mental Health	Bi-Monthly		✓						✓						✓	
Strategy Groups Update	Systems Groups Directors	All Regular Meetings		✓			✓			✓			✓			✓	

Item of Business	Executive Lead	Reporting period	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
University Health Board Status Progress Report	Executive Director of Public Health	Six Monthly					✓						✓				
Learning Disability Update	Director of Primary, Community & Mental Health	Six Monthly		✓						✓						✓	
Sustaining Our Future																	
Population Health Management Programme Update	Director of Public Health	Bi-Monthly		✓						✓						✓	
Population Health Programme Report	Director of Public Health	Bi-Monthly					✓						✓			✓	
Public Service Board Progress Report	Director of Strategy & Transformation	All Regular Meetings		✓			✓			✓			✓			✓	
Regional Integration Fund Update	Director of Strategy & Transformation	All Regular Meetings		✓			✓			✓			✓			✓	
Regional Partnership Board Annual Report	Director of Strategy & Transformation	Annually											✓				

AGENDA ITEM
2.2.1

POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

HIGHLIGHT REPORT: ANCHOR INSTITUTION STEERING GROUP
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DATE OF MEETING	1st February 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Dr. Tom Powell, Innovation Manager
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PRESENTED BY	Linda Prosser, Executive Director of Strategy & Transformation
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EXECUTIVE SPONSOR APPROVED	Linda Prosser, Executive Director of Strategy & transformation
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REPORT PURPOSE	FOR NOTING
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ACRONYMS	
	None Identified.

1. PURPOSE

- 1.1 This report had been prepared to provide the Committee with details of by the Anchor Institution Steering Group which most recently met on 12th January 2023. The reporting function for the steering group has now been confirmed as to the Population Health & Partnerships Committee and this is the first highlight report submitted.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 Committee is requested to **NOTE** the report.

HIGHLIGHT REPORT

ALERT / ESCALATE	There are no matters to escalate to the Board on this occasion.
ADVISE	<p>The steering group approved its refreshed Anchor Organisation strategy (Appendix 1) and is continuing to work on its action plan. This set outs the rationale for an anchor organisation approach, impact to date to date and the 5 key themes; Employment; Procurement; Capital Estates and facilities; Environment; and Corporate as areas of focus to deliver this strategy and will continue to refine our actions based on evaluation and consultation with our partners</p> <p>The steering group has met on two occasions previously, initially as a forum for relevant CTMUHB functions to share activity that support an Anchor Organisation Approach. As it matures it now beginning to steer collaborative work around Housing and Health, Life Science Industry Mapping, Fair Work, Evaluation of Social Value alongside the key AO strategy pillars.</p> <p>The People & Culture Committee have also asked to receive this highlight report update specifically around examples relating to workforce and employment such as the recent Kickstarter programme and project search.</p> <p>We are seeking advise from the Committees on where these and further Anchor Organisation case studies should be hosted online so they can be shared within and outside of CTM.</p>
ASSURE	The steering group has received reports for noting on; the UHB Residents Review and; The Healthy Housing Alliance.
INFORM	The steering group received a short presentation for Cerys Reece PHW on its Fair work programme https://phw.nhs.wales/services-and-teams/wider-determinants-of-health-unit/fair-work-for-health-well-being-and-equity/
Appendix	The Anchor Organisation Strategy is attached alongside this update report as Appendix 1.



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

cwmtafmorgannwg.wales

Cwm Taf Morgannwg University Health Board as an Anchor Organisation



2022-2025 strategy

Version Control

Version	Author(s)	Changes	Date
0a	Jonny Currie, StR Public Health	Initial draft based on best practice review and mapping of health board and partner activity	23.3.22
0b	Jonny Currie, StR Public Health	Redraft based on comments from Philip Daniels Consultant in Public Health	10.4.22
0c	Jonny Currie, StR Public Health	Community Voluntary Councils replaced with County Voluntary Councils following feedback from Heidi Bennett CEO BAVO	9.8.22
0d	Tom Powell, AI Steering Group Chair	Redraft based on comments from AI steering group colleagues into a strategy and action plan	4.9.22

Introduction

The NHS serves as a significant economic anchor for the people of Cwm Taf Morgannwg. Cwm Taf Morgannwg University Health Board (CTMUHB) employs over 12,000 people, spends nearly £200 million per year on goods and services and has considerable land and estates across the region. Much of this spending already flows locally, benefiting the livelihoods of local residents and businesses – making the NHS a key part of the Foundational Economy.

Cwm Taf Morgannwg as a region faces a number of challenges to ensuring the foundations of a healthy life are equally shared by all across the region - including access to good work, quality housing, good educational attainment and thriving communities – challenges made all the more visible by the COVID-19 pandemic. By positioning itself as a population health organisation and an anchor organisation, with its long-term purpose tied to the well-being of local residents, CTMUHB could transform its contribution to health equity and have a long-term impact on growing levels of morbidity in the local population.

NHS organisations across the country are increasingly redefining themselves as anchor organisations; Welsh Government increasingly expects the NHS in Wales to ensure health spending benefits the Foundational Economy and has made clear such ambition must be reflected in strategic planning. This also supports the goals of the Well-being and Future Generations Act.

This is an ambitious strategy that describes a series of programmes and objectives which challenges CTMUHB to deliver between 2022-2025 in collaboration with local and national partners. The strategy builds on best practice by NHS anchor organisations and has been developed collaboratively with health board staff and partners.

What is an anchor organisation and the Foundational Economy?

The Foundational Economy consists of activities which provide the essential goods and services for everyday life. These include health and care services, food, energy and housing. Welsh Government estimate these account for four in ten jobs and £1 in every £3 spent in Wales.

Influencing such spending for social value therefore could yield considerable benefits for communities in Wales.

Anchor organisations are large, non-profit organisations unlikely to relocate from an area due to their size whose long-term sustainability is tied to the populations they serve. Anchor organisations can improve health (see Figure 1) through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and space, reduce environmental impact and work in partnership.

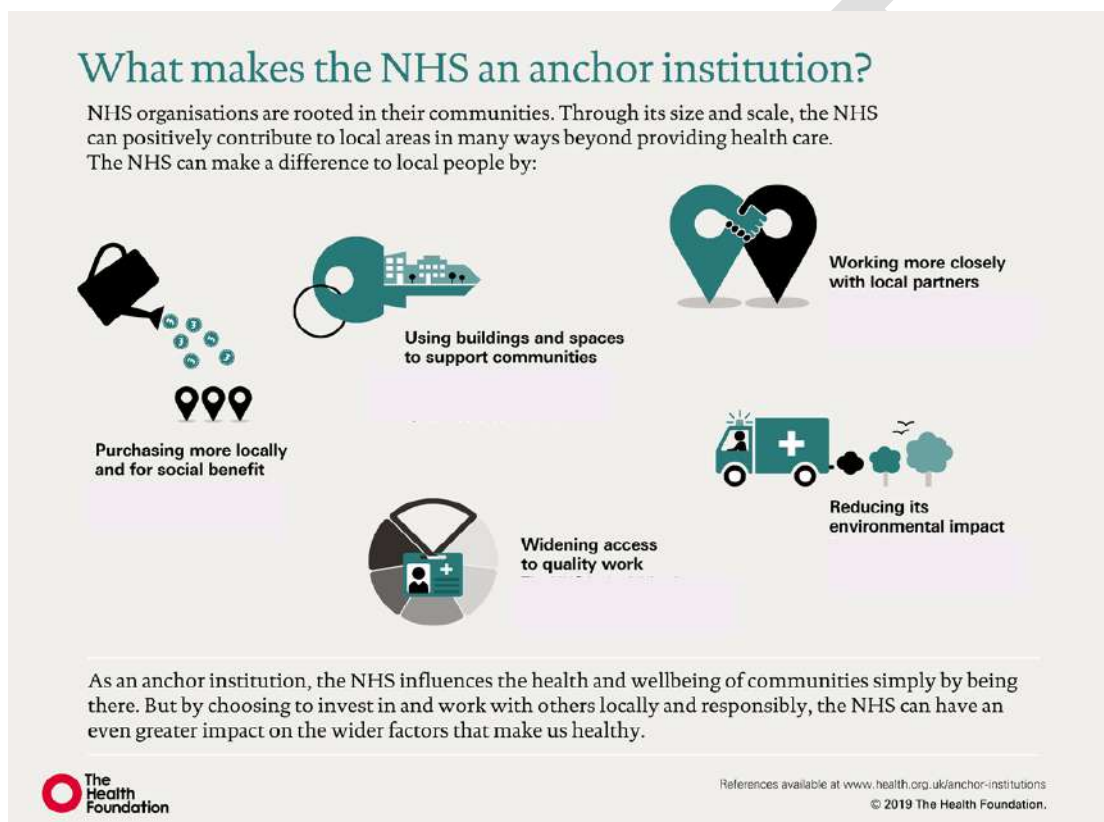


Figure 1 – Summary of potential actions by the NHS as anchor organisations. Source: Health Foundation.

Our impact to date

A range of projects have taken place across the health board in recent years, bringing significant benefit to local residents and communities. Below are just some of the notable achievements:



Developing this strategy











This strategy was developed in collaboration with health board staff across multiple directorates and wider local and national partners. The strategy will remain open to change as we continue to consult with local communities on how the health board can increase social value through its physical, economic and human assets, particularly through representation on the health board Steering Group of our County Voluntary Councils. The diagram below illustrates some of the steps we took in designing this strategy.



The role of CTMUHB as an anchor organisation

Between 2002 and 2025, we will build on our achievements to date and apply best practice in collaboration with communities across Cwm Taf Morgannwg to maximise our influence on social value as an employer, purchaser and capital owner. We will work with public, private and third sector partners to strengthen the Foundational Economy in the region.

The strategy sets out **5 key themes**; Employment; Procurement; Capital Estates and facilities; Environment; and Corporate as areas of focus to deliver this strategy and will continue to refine our actions based on evaluation and consultation with our partners

Employment	Procurement	Capital, Estates and Facilities	Environment	Corporate
 <p>Widening access to employment</p> <p>Ensuring equitable access to employment in CTMUHB across social groups</p>	 <p>Building local supply chains</p> <p>Enabling local suppliers to bid for health board contracts</p>	 <p>Converting estate for community benefit</p> <p>Considering social value during any redevelopment or estate sale</p>	 <p>Green spaces on NHS estate</p> <p>Develop accessible green spaces on NHS estates</p>	 <p>Promote anchor mission</p> <p>Ensure anchor mission features across corporate strategy</p>
 <p>Fair employment</p> <p>Systems and policies to ensure fair pay, work conditions and promotion of staff well-being</p>	 <p>Embed social value in procurement</p> <p>Incentivise procurement which benefits the Foundational Economy</p>	 <p>Enabling community access to NHS facilities</p> <p>Support community groups to use NHS buildings and spaces when not in use</p>	 <p>Healthy Travel</p> <p>Encouragement of staff and visitors to use active transport</p>	 <p>Partnerships with local anchors</p> <p>Share learning with and build partnerships with local and NHS anchors</p>

Employment

CTMUHB employs over 12,000 staff, over 80% of whom live the health board boundary. Exploring the distribution of these staff based on their postcode deprivation (how the area they live in ranks based on its Welsh Index of Multiple Deprivation 2019 score – see figure 2), **23% of staff** live in the least deprived quintile, compared to 19.8% in the most deprived quintile. Improve access to employment in CTMUHB for residents from more deprived backgrounds is a key driver for an Anchor Institution. Ensuring fair pay and working conditions for staff in recognition of the importance of good work for population health, and that those in stable employment may gain opportunities for social mobility.

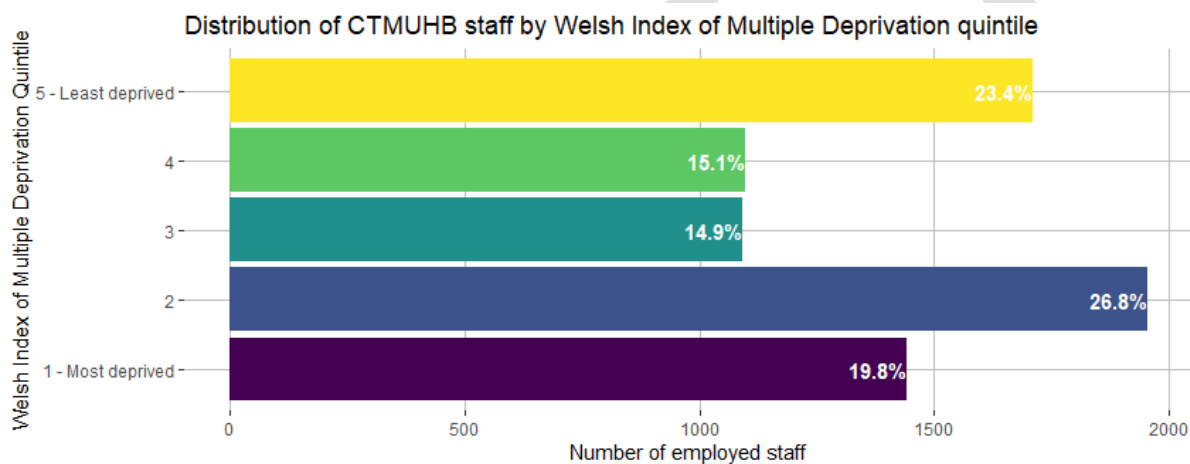


Figure 2 – Chart showing the distribution of staff working in CTMUHB based on their postcode deprivation



Widening access to employment

We want to make sure local people have opportunities to train and find work at CTMUHB and that these opportunities are fairly shared across social groups.

Objective: To make staff employment more reflective of the wider population demographics by 2025 through expansion of Pathways to Employment and actions to remove barriers to application



Fair employment

Fair work is important for health. It requires fair reward, employee voice, job security and flexibility, opportunities for growth, a safe and inclusive working environment and respect for legal rights. Fair work can improve productivity and employee engagement.

The COVID-19 pandemic has made clear the importance of employee well-being to us as an organisation which we plan to build on, including ensuring such work is shared equitably across staff groups.

Objective: Ensure CTMUHB is positioned as a good employer, ensuring equitable uptake of workplace well-being support, equitable distribution of non-pay benefits and becoming accredited as a Living Wage employer by 2024

Procurement

CTMUHB procures goods and services worth around £200 million a year, ranging from the purchasing of medicines, food and linen, to other services such as contracts to renovate or build new capital developments. As the lead agency for procurement for the NHS in Wales, NHS Wales Shared Services Partnership (NWSSP) has developed a framework to incentivise procuring for social value, with all contracts above £25,000 incorporating a 15% social value weighting to reflect sustainability, foundational economy or decarbonisation principles.

Figure 3 below compares procurement by CTMUHB in 2019/20 with the three local authorities in the Cwm Taf and Bridgend Public Services Boards, broken down by supplier location. While each of the local authorities spent around one quarter to a third of overall spending on goods and services locally, this compared to just less than 4% by the health board.

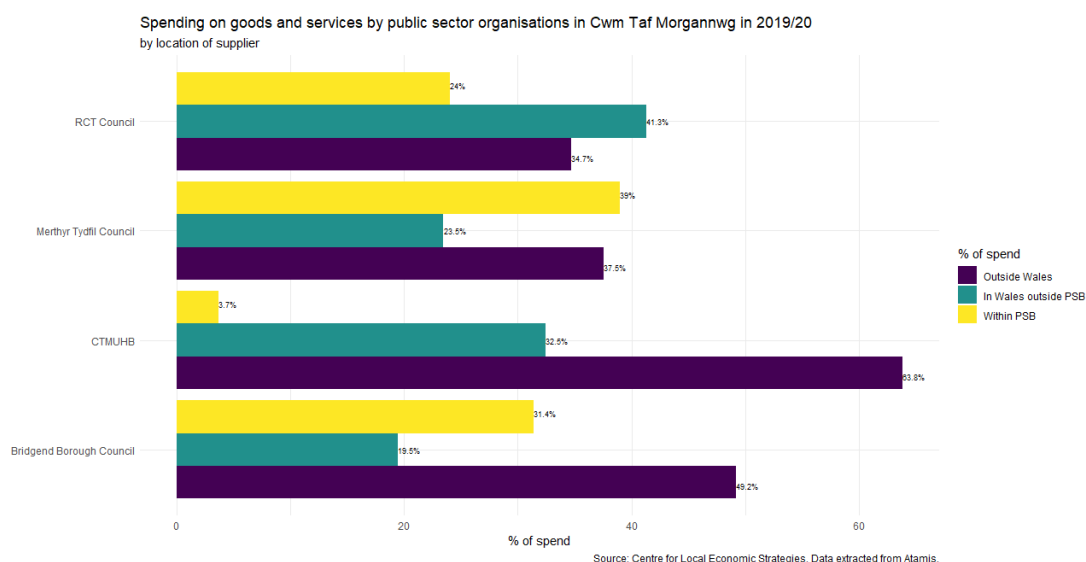


Figure 3 – Chart showing distribution of procurement by public sector organisations in Cwm Taf Morgannwg by location of supplier

We will look to fully exploit the potential for NHS procurement to deliver social value in the region and explore developing wider partnerships across the Public Services Boards to apply such principles



Building local supply chains

Procuring locally can aid the growth of local businesses and can potentially help the NHS deliver environmental benefits given reduced transport emissions to deliver goods.

Objective: CTMUHB will double by 2025 the value of spending on goods and services within the Cwm Taf Morgannwg region and will aim to close the gap in procurement in Wales with other PSB partners by at least 5%.



Embed social value in procurement

Progress has been made in securing a social value weighting to NHS Wales contracts over £25,000. To ensure the benefits of this to the Foundational Economy and communities in CTM will though require continual evaluation. Extending this approach to other areas and with other partners could yield even greater benefits, ensuring the greatest social return on investment from public sector spending.

Objective: CTMUHB and NWSSP will ensure the greatest yield for social value from social value weighting from health board procurement and will work collaboratively both internally and with external partners

to further embed social value in procurement in wider areas of spending.

Capital, Estates and Facilities

The CTMUHB estate spans three district general hospitals and six community hospitals, one mental health site and 35 health centres or support facilities. Repurposing some of this estate for social value could benefit local community organisations. More widely, considering social value when making decisions regarding the sale of CTMUHB estate or in capital planning decisions could bring wider benefits, for instance facilitating the development of social housing for CTM residents, or encouraging capital developments alongside other services and local businesses to encourage footfall and support the local economy.

We will work with our housing partners, including the new CTM Healthy Housing Partnership, to ensure our estates and facilities are used as assets to benefit local communities, transforming the way the public views and conceptualises NHS spaces.



Converting and developing estate for community benefit

Capital sale can be undertaken in ways that represent value for money to the public sector and achieve longer term goals such as ensuring a supply of affordable and social housing for local communities. Capital development has the potential to shape and regenerate entire areas, for instance in co-locating multiple services in areas where there has been decline.

Objective: CTMUHB will, between 2022-25, consider wider social goals during the sale of any land or estate. CTMUHB will in collaboration with other public sector and planning partners explore how co-location could help regenerate local areas.



Enabling community access to NHS facilities

Participating in social and community activities is a key driver of community resilience, yet access to space can be a challenge and cost for community organisations. The NHS has considerable estate not in continual use; allowing some of this to be used when appropriate by community groups could help build social capital among local residents,

benefit resident health and well-being and change attitudes among the public about the role and identity of healthcare spaces.

Objective: By 2025, CTMUHB estate will be routinely used by community organisations and the third sector, with local communities playing a role in shaping how such facilities are used for social value.

Environment

CTMUHB is already making progress on environmental sustainability and decarbonisation through its energy and waste management and the actions of the CTMGreen group. As an environmental anchor, the health board can promote positive sustainability behaviours to the public and use its assets to enable such behaviours.

We will build on the achievements to date including the Green Flag Award for our Glanrhyd hospital site and positive steps towards sustainability across our health board estate to work collectively with partners to further position CTM as a leading area for sustainable practice.



Green spaces on NHS estate

Quality green spaces have positive effects on our health and well-being. They can play a significant role in recovery and play a role in addressing climate change as acting as carbon sinks. Green spaces can range from parks, gardens and woodlands to growing spaces for staff and the community.

Objective: CTMUHB will by 2025 expand its green space across its estate and will work with patient, staff and third sector groups to ensure such spaces are equitably and regularly used



Healthy travel

Travel and transport comprises around 14% of the NHS' total carbon emissions. Encouraging active and healthy forms of travel can benefit patient health, for example by improving air quality or increasing participation in physical activity.

Objective: CTMUHB will work collectively with public sector partners to shape a Healthy Travel Charter for the region, encouraging tangible

changes in travel practice by health board staff and improving our environmental footprint and air quality.

Corporate

Flourishing as an anchor organisation relies on senior leadership with the anchor mission prominently featured in corporate and strategic planning. Organisations also need to consider corporate capability to function as an anchor.

The NHS is not alone in its position to influence the Foundational Economy: by working collectively across the public sector and sharing learning and best practice, the health board can influence greater positive change than by acting alone.

We will ensure our anchor mission is at the heart of our strategic thinking and delivery as an organisation and will engage with our local and NHS partners to build a network of anchor organisations across the public sector in Wales.



Promote the anchor mission across the organisation

Staff across CTMUHB ought to be aware that the health board desires to influence the Foundational Economy, with appropriate training and resources in place to enable the organisation to achieve this.

Objective: CTMUHB will by 2025 ensure our anchor mission is visible, regularly reviewed and aligned with the corporate strategies of the health board.



Develop partnerships with local anchors

CTMUHB is well positioned given structures such as the Public Services Boards and Regional Partnership Board to work collectively to achieve anchor goals. Given an increasing expectation from Welsh Government that the public sector, including the NHS, must engage in supporting the Foundational Economy there is likely to be support for such partnership working.

Objective: By 2025 CTMUHB will develop collective anchor strategies with its partners in the PSBs in CTM and have formed with other health boards a peer NHS Wales anchor learning network.

Governance and Reporting

A Steering Group with representation health board workforce, procurement, capital, estates and facilities as well as partners from the County Voluntary Councils and Registered Social Landlords will oversee the implementation of this Anchor Strategy.

This Steering Group will meet quarterly from summer 2022 to refine the strategy, develop and evaluate projects, communicate progress both internally and externally, and ensure sufficient resources are allocated in order to implement the goals of the Anchor Strategy. Consultation and engagement through the County Voluntary Councils with community and third sector organisations across Cwm Taf Morgannwg will continue to refine the strategy to ensure opportunities for residents to continually shape the strategy.

The Steering Group will report regularly to the Population Health and Partnership Committee reporting to the CTMUHB Board on progress towards implementation of the strategy and will when necessary outline barriers to implementation with proposed solutions to overcome these.

An evaluation will be undertaken towards the end of financial year 2024/25 to explore the impact of the strategy, including an assessment of data metrics and a survey and/or focus group interviews with staff and community organisation participants.

Communication

We will communicate widely on our actions to implement our Anchor Strategy and our achievements. We will work with the CTMUHB Communications team to identify channels to inform health board staff including the e-Bulletin and intranet and externally both through social media and local news media.

By communicating widely, we will seek to inform staff, patients and the general public of our ambition to use our assets in people, spending and our estate to support the Foundational Economy. We will provide opportunities for feedback on our strategy and suggestions for future projects.

Risks

To effectively implement this strategy, it is important to identify potential risks to delivery and to put in place measures to try to address these.

- Statutory compliance with employment, procurement and management of assets including land and capital is a mandatory requirement for the health board. We will seek regular advice from legal and finance colleagues to ensure our efforts comply with such legislation and will work closely with national NHS and Welsh Government colleagues to anticipate changes to legislation that will affect our anchor programme.
- The health board continues to be challenged by the COVID-19 pandemic and the impact the pandemic has had on wider health conditions. This strategy assumes a relatively stable incidence of COVID-19 infections but may need to be re-evaluated in the event of a future surge in infections and hospitalisations, for instance owing to a new and more virulent variant.
- NHS health boards in Wales continue to face funding challenges which may impact on delivery of our anchor strategy. Where we are unable to deliver aspects of our strategy due to a lack of human or financial resources, we will explore alternative sources of support to aim to mitigate these.

AGENDA ITEM 3.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG (as at 20.10.22)

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
11/22/07	November 2022	Population Health Organisational Programme Report	To establish whether the funding for the PH04 Embedded Inverse Care Law Programme was flat across the Health Board area.	Sara Thomas/Phil Daniels	In progress the funding for the Inverse Care law Programme is received by CTMUHB from the Strategic Programme for primary Care. It is to provide a peripatetic team to undertake cardiovascular disease risk assessments of patients who are not otherwise known to have established disease, so that disease management and /or lifestyle advice and support can be offered. The programme targets practice populations at highest risk, which tend to be focussed in our more deprived

AGENDA ITEM 3.1

					areas. All practices across the old Cwm Taf footprint have received the programme since the programme started. The team are currently in Bridgend North.
11/22/07	November 2022	Population Health Organisational Programme Report	Provide an update on CTM achieving accredited living wage employer status.	Linda Prosser	In progress The Health Board has submitted our Living Wage Accreditation Submission. We are expecting to receive the outcome by Friday 3 February 2023.
11/22/09	November 2022	Primary Care Strategic Update	To share the report from the recent Quality & Safety Committee to Members.	Julie Denley	Update to be provided at meeting
11/22/08	November 2022	Strategy Groups Update	To query the low uptake with the Obesity Level 2 and 3 Weight Management Service and respond back to the Committee.	Vicki Wallace	In Progress Work is underway to get a better understanding as to why uptake is lower than expected. For example, one area being explored is that some patients have been on the list for some time and we are

AGENDA ITEM 3.1

					exploring whether they have received treatment elsewhere or no longer wish to take part.
11/22/11	November 2022	Resilient Families Service – Evaluation of Stage 2	To query the evaluation of why the 40% did not agree that the service was helping families and respond back to the Committee.	Vicki Wallace	Update to be provided at meeting.
05/22/09	May 2022	CTM an Anchor Organisation	The Committee agreed that this should be embedded and aligned to the CTM 2030 Strategy.	Kelechi Nnoaham	In Progress Verbal update provided to the Committee at November 22 meeting. Report on agenda for February 2023 meeting.
05/22/09	May 2022	CTM as an Anchor Organisation	The Committee noted the potential for the Anchor programme to have resource implications for the Health Board and agreed to receive a further update.	Kelechi Nnoaham	
10/21/08	October 21	Vaccination and Immunisation Update	To receive a further update on the development of the business case developed to deliver a sustainable vaccination and immunisation programme across CTMUHB and progress in relation to the workforce capacity issues	Kelechi Nnoaham	Ongoing Update provided at October 2022 meeting. Committee advised that the National Immunisation Frameworks had now been published but that it had not been confirmed whether or not the

AGENDA ITEM 3.1

					framework would receive any additional funding and if not the Health Board would deliver the Health Boards vaccination programme within the existing infrastructure.
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COMPLETED ACTIONS

07/22/08	July 2022	Healthy Weights Across CTMUHB	Circulate the research on obesity in the CTM area outside of the meeting.	Philip Daniels	Complete Information provided via email to Members 26.10.22
05/22/05	July 2022	Organisational Risk Register	Emerging risk around the capacity to deliver the vaccination programme would be reviewed outside of the meeting via the Strategic Leadership Group and the Committee would be updated at the next meeting for assurance.	Assistant Director of Governance & Risk	Complete Discussions held and no risk has yet to be escalated to the Organisational Risk Register on this activity.
05/22/14	May 2022	Partnerships Update	Population Needs Assessment and Wellbeing Assessment, once published to be received by the Committee.	Linda Prosser/Kelechi Nnoaham	Completed Referenced as part of the Public Service Board Update at the July 2022 meeting.

AGENDA ITEM 3.1

10/21/6	October 2021 May 2022	Healthy Weights Action Log	Third Party and Voluntary Sector representatives to be added to the membership of the steering group. Outstanding Action on Healthy Weights to be reviewed outside of the meeting.	Kelechi Nnoaham	Completed Update Report received at the July 2022 meeting
05/22/4					
10/21/7	October 21	Housing & Homelessness Update	Members of the Committee to be invited to attend the Health & Housing summit.	Linda Prosser	Completed Summit held in October 2022 with invites extended to Members of the Committee.
10/21/6	October 21	Healthy Weights	Discussions to be held with the RPB on engagement and involvement	Clare Williams	Completed The service has been funded and implementation planning underway.
10/21/11	October 21	Clinical Analysis Backlog from the Primary Care Information Portal	Update on accelerated cluster development to be added to forward work programme	Julie Denley	Completed Received by the Committee at the May 2022 meeting.
2/20/013	10.2.20	Inverse Care Law	Agreed to receive further analysis at the next meeting.	Kelechi Nnoaham	Completed On Agenda July 2022 meeting.
7/21/9	07.07.2021	Learning & Disability Strategic Update	Data to be provided on numbers of people with learning disabilities receiving health checks, vaccinations and cancer screening in the last year	Julie Denley	Completed Received by the Committee – May 2022
7/21/12	07.07.2021	Regional Partnership Board Transformation Fund Update	Receive regular updates on how the data from the population segmentation and risk stratification would be used and reflected on the Risk Register	Linda Prosser/ Georgina Galletly	Completed Risk Register on Agenda – October 2021 – new Risk on the Transformation Fund added to the

AGENDA ITEM 3.1

7/21/11	07.07.2021	Key Findings from HMP Parc Health & social Needs Assessment	Further consideration required from the Executive Team on the process of how the risk would be managed to ensure the Board had oversight due to the complexities and issues that might arise.	Georgina Galletly/ Julie Denley	<p>Risk Register.</p> <p>Completed Report received by the Committee at the May 2022 meeting.</p> <p>Operational transition will be reported to Management Board and where any risks identified at a level requiring board oversight they will be allocated to the appropriate committee and included on the organisational risk register reported to Board.</p>
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AGENDA ITEM

4.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

**UNIVERSITY HEALTH BOARD DESIGNATION STATUS
GOVERNANCE & ASSURANCE**

Date of meeting	1 st February 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Marc Penny – Director of Improvement & Innovation
Presented by	Marc Penny – Director of Improvement & Innovation
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	ENDORSE FOR BOARD APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Carolyn Donoghue - Independent Member	Nov 22	SUPPORTED
Victoria Wallace - Deputy Director Strategy & Partnerships	Nov 22	SUPPORTED
Janet Gilbertson - Head of Clinical Education	Nov 22	SUPPORTED
John Geen - Assistant Director for Research & Development	Nov 22	SUPPORTED
Rhian Beynon – Research & Development Manager	Nov 22	SUPPORTED
Tom Powell - Head of Innovation	Nov 22	SUPPORTED
Dafydd Evans - Deputy Director Welsh Government	Nov 22	NOTED
Cally Hamblyn - Assistant Director of Governance & Risk	Nov 22	SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
UHB	University Health Board
R&D	Research & Development
WG	Welsh Government
PHPC	Population Health & Partnerships Committee
IM	Independent Member

1. SITUATION/BACKGROUND

- 1.1 Cwm Taf Local Health Board (as was) achieving University Health Board status in December 2013 was a major achievement, recognising the hard work and collaborative effort of the workforce across the organisation.
- 1.2 In the first Triennial review of University Health Board status in 2016, Cwm Taf UHB successfully maintained its full university status and in 2021 Cwm Taf Morgannwg University Health Board (CTMUHB) also maintained its full university status.
- 1.3 In 2022 the Welsh Government changed its process for reviewing University Health Board status and moved from a triennial review process to a continual process which advocates continued close working arrangements with stakeholders, other organisations and partners, including Welsh Government, to ensure that we continue to make collective progress at pace (**Appendix 1 and 2**).
- 1.4 From 2022 onwards, the Integrated Medium Term Plan (IMTP) planning framework will incorporate 'university' activity as part of the regular planning and performance management cycle. University organisations will be required to provide a brief 'mid-year update' on university activity starting September 2022 (**Appendix 3**)
- 1.5 On an annual basis the Health Board must provide evidence of purposeful university, giving examples of how that is improving services and benefitting our population, setting out our plans for further improvement over the next period aligned to the IMTP across R&D, Training & Education and Innovation

- 1.6 The University designation is critical for demonstrating that the NHS in Wales has strong, dynamic and evolving partnerships with both the HEI / FEI, Life Sciences, industry and Third sectors.
- 1.7 University designation is a commitment on behalf of the Health Board to ensure that university activity is demonstrably improving the quality of care and improving patient outcomes. We also want to ensure that university activity is promoted with confidence, strengthening workforce engagement and development, enhancing the reputation of the Health Board attracting people to work for us.
- 1.8 University Health Board Designation Status will be assessed against 7 principles:
- **Priorities** - Health Boards and Trusts should use strategic analysis to identify areas of opportunity for research, innovation, training and education, for example through considering: need and demand, health outcomes inequality, service pressures, areas of strength, and key stakeholder and partner interests. Priorities should be reviewed regularly.
 - **Leadership** - Senior leaders should show strong commitment against the criteria for University Designation, aligned to priorities. This should be reflected in key policy documents, and in organisational roles and responsibilities.
 - **Planning** - Priorities and leadership commitments should be reflected in organisation plans, and in targeted action plans.
 - **Delivery** - Health Boards and Trusts should develop frameworks, processes and tools which encourage and enable staff to make progress against plans and priorities.
 - **Skills and Capacity** - Health Boards and Trusts should have an understanding of their current capacity and capability, and plans to meet future requirements, aligned to plans and priorities.
 - **Assurance** - Delivery against plans and priorities should be reviewed at Board level, as part of regular reporting to Welsh Government.
 - **Strategic Review** - The Health Board shall provide assurance in reviewing its strategic approach to ensure continual improvement. The system for managing University designation should be reviewed by the Board to continually improve with a focus on the Organisation's most critical gaps and deviations.

This paper sets out the recommendations for proposed governance and assurance model for CTMUHB for UHB Designation Status.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Improved Governance and Oversight

- 2.1 CTMUHB has an Executive Lead for UHB Designation Status (Director of Public Health) as well as an IM with specific oversight.
- 2.2 R&D, Clinical Education and Innovation all have their own operational governance structures as below, however there is currently no overarching governance and assurance process in place for UHB Designation Status.

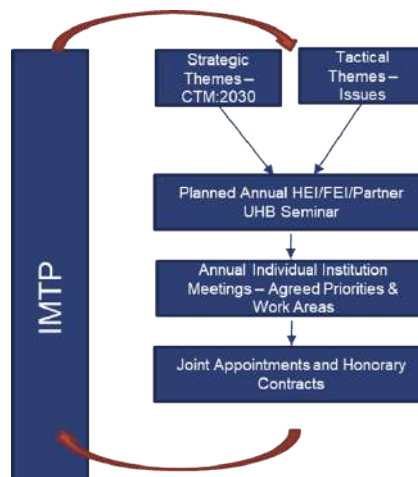


- 2.3 It is proposed that existing operational governance and oversight for the individual areas remain as is however that the Population Health and Partnerships Committee provide the strategic oversight of UHB Designation Status – receiving assurance that CTMUHB is meeting the requirements as set out in the WG guidance for UHB Designation Status and that the 'whole' of University Designation is greater than the sum of the individual delivery parts of R&D, Clinical Education and Innovation, supporting CTM:2030 Strategy.
- 2.4 To enable oversight it is proposed that attendees for the Population Health and Partnerships Committee is updated to include 'Director of Improvement & Innovation', 'Assistant Director for R&D', 'R&D Manager', 'Head of Clinical Education' and 'Head of Innovation' and that a twice yearly update is provided to the Population Health and Partnerships Committee on UHB Designation Status. (**Appendix 4**)
- 2.5 To provide assurance to the full Board it is proposed that the Population Health and Partnerships Committee reports routinely on University Status activity to the Board via the Committee Highlight Report annually for University Designation Status Assurance through its Committee Annual Report.

- 2.6 The above recommendations will strengthen our alignment to the following priorities which are used to assess UHB designation Status:
- **Leadership**
 - **Assurance**
 - **Strategic Review**

Enhanced Engagement with HEI/FEI and Life Science Partners

- 2.7 To ensure that CTMUHB continues to leverage the relationships with partners and builds on them further for the benefit of our people, patients and communities it is proposed to further strengthen the current engagement framework.
- 2.8 To ensure alignment between key activities with our partners our strategic and tactical priorities it is proposed to introduce an annual 'HEI/FEI/Partner Seminar' allowing CTMUHB to share its strategic vision and goals, key priority areas and tactical challenges where joint work, research, education and innovation needs to be focused.
- 2.9 The joint event will allow for sharing of partner organisation visions and priorities and identification of mutual alignment and synergies.
- 2.10 After the annual event (proposed January / February each year), CTMUHB will continue with its existing individual partner meetings where specific activities and joint work for the year ahead will be agreed and monitored.



- 2.11 CTMUHB will also seek to strengthen joint working across organisations with Joint and Honorary Appointments
- 2.12 The outputs from these individual partnership meetings will feed into the annual IMTP.
- 2.13 To assess and monitor the maturity of our relationships it is proposed to introduce a 360 degree maturity assessment of our partnership

working with our academic and life science partners which will allow us to jointly assess the maturity of our relationship and identify areas for improvement which will be agreed and built into our joint plans with partners, enabling further development and strengthening relationships.

2.14 This additional engagement is not meant to replace or stop more organic engagement and initiatives but to ensure a balance between organically developed changes and strategic / tactical priorities the organisation needs to address.

2.15 The above recommendations will strengthen our alignment to the following priorities which are used to assess UHB designation Status:

- **Priorities**

Improved Planning Alignment

2.16 Outputs from the individual partnership meetings will be included as part of our IMTP.

2.17 Additional advice and requirements for Care Groups and Operational areas for the next IMTP planning cycle have been included in guidance to ensure all areas of the CTMUHB are considering R&D, Clinical Education, Innovation and Value Based Healthcare; and the overall University Designation Status as part of their normal planning cycle.

2.18 Delivery monitoring will form part of the normal IMTP review and assurance process with overall UHB Designation Status assured through the Population Health and Partnerships Committee.

2.19 The above recommendations will strengthen our alignment to the following priorities which are used to assess UHB designation Status:

- **Planning**
- **Delivery**
- **Skills and Capacity**

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Without a review and implementation of the proposed recommendations then there is a risk:
- That CTMUHB will not be able to evidence criteria needed for continuation of University health Board Status
 - That there will be minimal governance and assurance of the University designation Status of CTMUHB
 - That the Board will not have line of sight and assurance of University designation Status of CTMUHB
 - CTMUHB doesn't further and deepen its relationships with partners resulting in risks to delivery of its strategic aim of CTM:2030 or addressing its tactical challenges

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. No new policy or service change, report is concerned about strengthening governance arrangements and Board assurance of HUB designation Status
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 To **NOTE** the 2022 mid-year update on CTMUHB University Designation Status.

5.2 **Endorse for Board Approval** that:

Improved Governance and Oversight:

- 5.2.1 Population Health and Partnerships Committee take on a formal role in terms of the strategic oversight of UHB Designation Status
- 5.2.2 That attendees for the Population Health and Partnerships Committee is updated to include the 'Director of Improvement & Innovation', 'Assistant Director for R&D', 'R&D Manager', 'Head of Clinical Education' and 'Head of Innovation'
- 5.2.3 That a twice yearly update is provided to the Population Health and Partnerships Committee
- 5.2.4 That the Population Health and Partnerships Committee reports to the overall Board annually for University Designation Status Assurance

Enhanced Engagement with HEI/FEI and Life Science Partners

- 5.2.5 Introduce an annual 'HEI/FEI/Partner Seminar' allowing CTMUHB to share its strategic vision and goals, key priority areas and tactical challenges where joint work, research & development, clinical education and innovation needs to be focused
- 5.2.6 Continue with its existing individual partner meetings where specific activities and joint work for the year ahead will be agreed and monitored
- 5.2.7 Introduce a 360 degree maturity assessment of our working relationships with academic, life science and other identified partners which will allow us to jointly assess the maturity of our relationship and identify areas for improvement and collaboration.



University Health Board/Trust Designation – Criteria May 2021

Introduction

The 'university' approach is a continual process which advocates continued close working arrangements with stakeholders, other organisations and partners, including Welsh Government, to ensure that we continue to make collective progress at pace.

University Organisations should during the last period have strengthened the links they have with partner organisation(s). University Designated Health Boards/Trusts should be able to demonstrate improved collaborative working and a shared strategic vision for university / Health Board /Trust activity.

Organisations should be strengthening formal arrangements on an ongoing basis with their principal partners, including reciprocal representation at a strategic level, enabling them to jointly discuss and consider the training, research and innovation agendas.

University designation is a commitment on behalf of the Organisation to ensure that university activity is demonstrably improving the quality of care and improving patient outcomes. We also want to ensure that university activity is promoted with confidence, strengthening workforce engagement, enhancing the reputation of Health Boards and Trusts and attracts people to work in Wales.

On an annual basis University Organisations shall provide evidence of purposeful university, to give examples of how that is improving services and benefitting their population, and to set out their plans for further improvement over the next period aligned to the Integrated Medium Term Planning process, against the following themes:

Research and Development

Research and development activity should be aligned to areas of strength, need or opportunity, going beyond clinical practice and extending to all health and care settings. For example, this activity could include:

- developing and managing an active portfolio and a future pipeline of commercial and non-commercial research, in a range of clinical and non-clinical areas across health and care settings.
- supporting the development of purposeful long-term partnerships, with universities and others, including industry and international partners.
regular review of current and future research activity and partnerships to ensure alignment to areas of strength, need, or opportunity.
- regular review of research activity to ensure that it is leading to more efficient and effective services, to better prevention, diagnosis, treatment and care, and to improved health and wellbeing outcomes.
- ensuring that health board staff are making a positive contribution to research activity, across all health and care settings, and contributing to review and assessment.
- promoting the value of research to health board staff, partners, patients and the public, encouraging and supporting them to participate in research activity.
- ensuring that partnership working is strengthening future capacity, through developing research leadership, skills, and support mechanisms.

Training and Education

Training and education should be considered in its broadest sense, going beyond clinical practice, and extending to all health and care settings. For example, this activity could include:

- providing managed placement opportunities to students in a range of clinical and non-clinical areas across health and care settings
- providing managed undergraduate and postgraduate training opportunities, working with university partners
- regular review of placement and training opportunities to ensure they are aligned to current and future workforce needs, and to assess benefits to individuals and host organisations
- ensuring that health board staff are making a positive contribution to training and education activity, across all health and care settings, and contributing to review and assessment
- promoting the value of training and education to health board staff, encouraging and supporting them to participate in continuing professional development
- ensuring that partnership working is strengthening future capacity, through developing and sharing good practice in areas such as course design and delivery.

Innovation

Innovation activity should go beyond the training and education and research and development activity undertaken within the organisation, also drawing in good practice and research evidence from elsewhere, applying this knowledge in order to drive up the quality of care and improve health and wellbeing outcomes. For example, this activity could include:

- managing an active portfolio of innovation activity, in a range of clinical and non-clinical areas, across health and care settings
- managing innovation assets, including data and intellectual property, with plans where appropriate to realise value through joint working or commercialisation
- identifying and developing innovation opportunities, through the health board's own research and training activities, through its external partners and networks, and through other methods including health board staff and patients
- regular review of innovation activity to ensure that it is leading to more efficient and effective services, and to better health and wellbeing outcomes .
- ensuring that Health Board/Trust staff are making a positive contribution to innovation activity, across all health and care settings, and contributing to review and assessment
- promoting the value of innovation to health board staff, partners, patients and the public, encouraging and supporting them to participate in innovation activity
- ensuring that partnership working is strengthening future capacity, through developing innovation leadership, skills, and support mechanisms.

The above Criteria should be implemented in line with the guidance document for 'University Designation Status'.



Llywodraeth Cymru
Welsh Government

University Designation Guidance **May 2021**

This guidance is intended to support University designated Health Boards and Trusts. It provides examples of activity/evidence that could be used as part of annual reporting to Boards, and to Welsh Government. The guidance has been produced through partnership working between Welsh Government, NHS Wales, and other stakeholders.

Assessment of 'University' activity should be based on the following principles:

1. Priorities Health Boards and Trusts should use strategic analysis to identify areas of opportunity for research, innovation, training and education, for example through considering: need and demand, health outcomes inequality, service pressures, areas of strength, and key stakeholder and partner interests. Priorities should be reviewed regularly.

Example evidence: - High level analysis drawing on existing documents setting out strategic priorities.

2. Leadership Senior leaders should show strong commitment against the criteria for University Designation, aligned to priorities.

This should be reflected in key policy documents, and in organisational roles and responsibilities.

Example evidence: – Statement of intent, policy documents, board level reporting against priorities.

3. Planning Priorities and leadership commitments should be reflected in organisation plans, and in targeted action plans.

Example evidence: - Visibility in IMTP, action plans with timescales and measurable outcomes.

4. Delivery Health Boards and Trusts should develop frameworks, processes and tools which encourage and enable staff to make progress against plans and priorities.

Example evidence: - Documented frameworks and processes, toolkits and resources. Analysis of the use of these resources,

5. Skills and Capacity Health Boards and Trusts should have an understanding of their current capacity and capability, and plans to meet future requirements, aligned to plans and priorities.

Example evidence: - Analysis of current and future workforce needs, workforce planning and reporting on progress, resources to support staff development.

6. Assurance Delivery against plans and priorities should be reviewed at Board level, as part of regular reporting to Welsh Government.

Example evidence: Discussion of board reports, recommendations and their implementation, sharing of lessons learned.

7. Strategic Review The Board shall provide assurance in reviewing its strategic approach to ensure continual improvement. The system for managing University designation should be reviewed by the Board to continually improve with a focus on the Organisation's most critical gaps and deviations.

Example evidence:

- 6 monthly review by senior management (to include annual report as review and basis for gap analysis and priority setting),
- Forthcoming actions set as a result of review in relation to context, leadership and planning,
- Strategic direction/level of ambition shall be revised as a result of the strategic review.



CWM TAF MORGANNWG UHB

University Health Board Designation Status Review

**MAE EIN
GWERHOEDD
YN EIN HELPU
NI I FOD AR
EIN GORAU**

**OUR VALUES
HELP US BE AT
OUR BEST**

**RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA**



**WE LISTEN,
LEARN AND
IMPROVE**

**RYDYN NI'N
TRIN PAWB
A PHARCH**



**WE TREAT
EVERYONE
WITH RESPECT**

**RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TIM**



**WE ALL WORK
TOGETHER
AS ONE TEAM**

Mid year Update 2022

INTRODUCTION

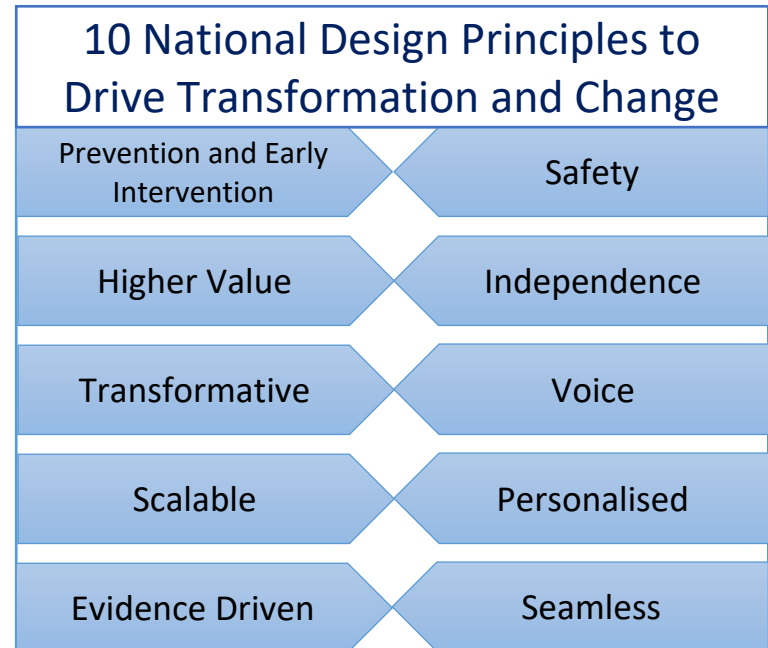


Mission **Building Healthier Communities Together**

Our strategy aims to set out how we develop the services that we provide to meet the needs of our population as we look to 2030 and beyond, and how we can work with our communities to ensure that local people can live happier and healthier lives for as long as possible.

In Cwm Taf Morgannwg, we want to make a real shift towards focusing on promoting health in our communities, by that we mean preventing ill health from happening rather than treating people when they get sick, whilst ensuring that we are able to provide the best care possible when people need our support.

- “CTM is creating healthy communities through a focus on prevention and high quality care delivered by highly motivated staff working in an organisation where sustainable practices and a commitment to learning are emphasised.
- University Designation gives us a framework for this pursuit
- Three ‘golden threads’ link our operations or activities as an organisation to this overarching pursuit:
 - Communities
 - Collaboration, and
 - Creativity
- Across Research & Development, Training & Education and Innovation, specific activities and ambitions will evidence these guiding principles”.



Llywodraeth Cymru
 Welsh Government



GOLDEN THREADS OF UNIVERSITY DESIGNATION



Bwrdd Iechyd Prifysgol
 Cwm Taf Morgannwg
 University Health Board

GIG
 CYMRU
 NHS
 WALES



CTM 2030
**Our Health
 Our Future**
 BUILDING HEALTHIER
 COMMUNITIES TOGETHER

WE LISTEN, LEARN AND IMPROVE

WE TREAT EVERYONE WITH RESPECT

WE ALL WORK TOGETHER AS ONE TEAM

CTM 2030
**Ein Hiechyd
 Ein Dyfodol**
 DATBLYGU CYMUNEDAU
 IACHACH GYDA'N GILYDD

Reducing health inequalities
 Equal focus on mental and physical health
 Supporting our communities
 Being a healthy organisation

CREATING HEALTH

Delivering safe and compassionate care
 Developing new models of care
 Digital transformation for patients and staff
 Ensuring timely access to care

Visible and inspiring leadership
 Promoting diversity and inclusion
 Embedding our values and behaviours
 Encouraging local employment

INSPIRING PEOPLE

Becoming a green organisation
 Ensuring our services' financial sustainability
 Embedding value-based healthcare
 Ensuring our estate is fit for the future

SUSTAINING OUR FUTURE

← Our Peoples
 Creativity

← Our Vision
 Delivered in
 Collaboration



‘Citizen Led’
 Driven by our communities with
 opportunities to be involved

← Our
 Communities



Research and Development

- Successful delivery of a Covid-19 vaccine (bi-valent) trial, in collaboration with Moderna, HCRW & PHW - 50 participants recruited, only site in Wales
- Working with Clinical Education in progressing placement of student nurses within R&D, in collaboration with USW
- Continue to submit joint funding applications (KESS, RCBC, RfPPB) and increase access to the Clinical Research Centre for all research partners
- Successful bids for external funding: e.g. RfPPB with Cardiff University, and NHS Research Time Award to develop collaboration with Cardiff /Oxford Universities
- Re-established the multi-disciplinary , multi-professional, multi-organisational R&D Conference, hosted by CTMUHB: November 23rd 2022
- Promoting research: presentations at academic and healthcare professionals national events e.g. Stroke Hub Wales Research and Innovation Conference, and 'All Wales' Conference: A Healthier Wales
- Total recruits for CRP and commercial studies Apr 21 to Aug 22 = 2987

Training and Education

- 6000 medical student placement weeks
- Over 10,000 nursing student placement weeks
- 1660 AHP student placement weeks
- Education MOU's with 6 HEI partners
- Appointed Wales first Multi-professional Practice Education Facilitator
- Advanced practice and CPD qualifications accessed with HEI partners
- WIDI funded project to create Digital Simulation strategy for Clinical Education
- Establishing Inter-professional learning infrastructure to support clinical placements.
- Joint working with Pharmacy to establish training model to deliver new undergraduate clinical placements
- Partnership working with HEI's in Student Leadership Development.

Innovation

- Seeking continuation of UK Government Community Renewal Funding with WIDI
- Establishing a Centre of Digital and Physical Engineering to support rapid prototyping and manufacture
- Leading on Anchor Institution status and foundational economy support accessing areas of HEI expertise
- Growing commercialisation strategy and impact with coherent IP policy and spin out/not for profit approach partnerships with HEIs
- Increase: Joint publications; Funding applications; External Income; Joint appointments and honorary posts

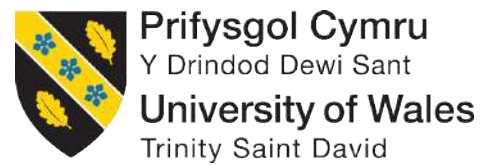


Digital

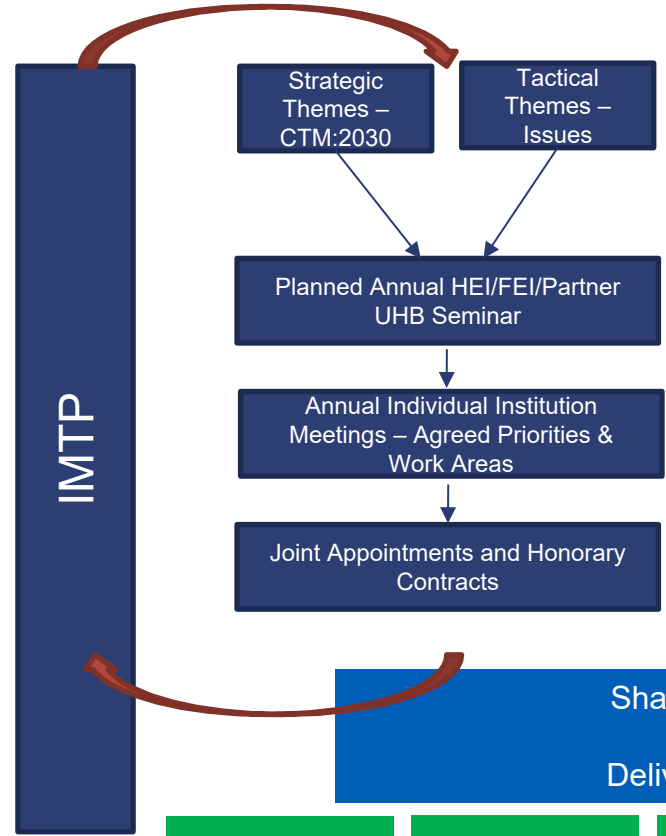
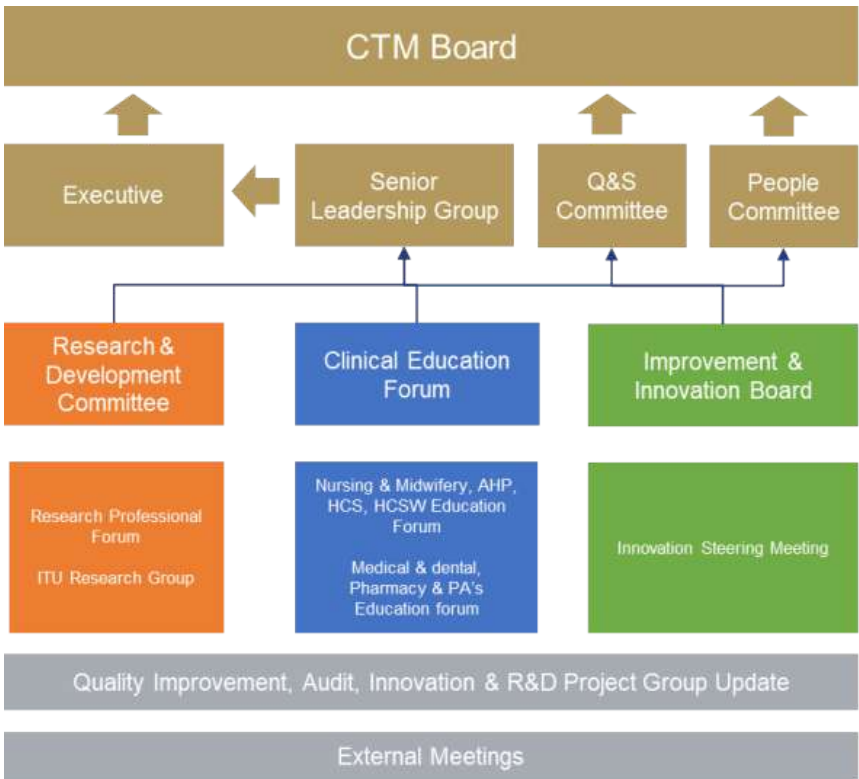
- Working with Universities to develop our data science capabilities and other capacity gaps (i.e. Cyber Security)
- Exploring digital apprenticeships with University of South Wales & University of Wales Trinity St David
- 5 members of staff on the first Intensive Learning Academy MSc for Digital Leadership
- Internal quarterly Action Learning Set for participants in MSc Digital Skills for Healthcare Professionals.
- Exploring partnerships for digital transformation supported by academic evaluation

People

- July 2022 we launch our strategic partnership for professional studies with the University of South Wales
- Apprenticeship Academy to create a pro Apprenticeship culture. Modern apprenticeships, staff can access qualifications, some 673 staff have accessed so far
- Traditional Apprenticeships providing on the job training, we have successfully filled two apprentice placements with a further 10 expected to be filled during the financial year
- We have created 27 Kickstart work placement opportunities for younger people to gain valuable experience
- Project Search (Engage to Change) offers internships to those with a learning disability and/or Autistic Spectrum Disorder, 12 interns placed
- Aligning with our Population Health agenda and corporate goals of creating health and sustaining our future, we have developed our Youth Engagement Plan
- USW to accredit our internal leadership programme



ENGAGEMENT AND GOVERNANCE



- Evidence and Value Based approach to improved Clinical & Social Care Services and Population Health with Impact
- Maximise Collaboration through Shared resources and Expertise of all Partners and Population
- Improved Communication and Networks within and between Partners
- Optimise Commercial opportunities, Re-investment and Sustainability of all partners
- Workforce development and Career opportunities for all partners
- Multi-Professional, Multi-Disciplinary, Multi-Agency and Full Inclusivity

Schedule 3.7

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the University Health Board Standing Orders

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

**REVIEW OCTOBER 2022 TO
INCORPORATE UNIVERSITY STATUS (TO
INCLUDE RESEARCH & DEVELOPMENT,
INNOVATION AND CLINICAL
EDUCATION)**

1. INTRODUCTION

- 1.1 The Cwm Taf Morgannwg University Health Board's (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".
- 1.2 In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Population Health & Partnerships Committee (The Committee)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. CONSTITUTION AND PURPOSE

- 2.1 The purpose of Committee is to:
- 2.2 Provide advice and assurance to the Board to assist it in discharging its functions and responsibilities as they relate to **population health across primary and secondary care**. This will have been achieved through various initiatives including partnership arrangements. The Committee will also consider cross-cutting themes and how the organisation is delivering effective service integration and transformation agendas.
- 2.3 Provide the scrutiny and assurance at Board level for all University Status activities to include **Research & Development, Innovation** and Clinical Education. The committee will perform the following functions on behalf of the Board:
 - monitor the performance and delivery of R&D, Innovation and Clinical Education
 - oversee the development of the CTM R&D, Innovation and Clinical Education related Strategies, and
 - review and approve business cases for alignment with strategy and funding on behalf of the Charitable Funds Committee

- 2.4 Provide strategic oversight of the **University Status** of the Health Board recognising the commitment required to ensure that university activity is demonstrably improving the quality of care, improving patient outcomes for the population served and continued support for workforce development

3. SCOPE AND DUTIES

- 3.1 The Committee will be specifically responsible for providing assurances to the Board around:

3.2 Population Health and Partnerships

- public and population health across both primary and secondary care services through population health needs assessments and healthcare standards. This will include GP and out-of-hours service sustainability.
- national, regional and local statutory and non-statutory partnerships such as the Regional Partnership Board. Also, partnerships such as Public Service Boards, developed around the delivery of the Well-Being and Future Generations Act requirements and other local service based initiatives which are delivered through collaborative arrangements.
- cross-cutting health and mental health themes through System Group work.
- the degree of success achieved in terms of the roll-out of the CTMUHB operating model in terms of population health outcomes as evidenced through CTM cluster working arrangements with ~~Integrated Locality Care~~ Groups, Systems Groups, public health and statutory and non-statutory partners.
- wellbeing plans and delivery against agreed milestones across primary, community and secondary care including mental health services.
- the organisation's strategic alignment with regard to Welsh Government health and social care strategies in relation to population health.
- regional and local service transform arrangements and plans.
- strategic collaboration and effective partnership arrangements to improve population health and reduce health inequalities.
- Regularly review risks included on the organisational Risk Register and assigned to the Committee by the Board;

3.3 University Status

- Ensuring that the CTMUHB is meeting the requirements as set out in the WG guidance for UHB Designation Status and that the 'whole' of University Designation is greater than the sum of the individual delivery parts of R&D, Clinical Education and Innovation, supporting CTM: 2030 Strategy.

- Strategy and policy oversight for University Health Board activities to include R&D, Innovation, Clinical education and partnership working.
- Receive assurance on the monitoring of University Health Board activities and performance [through Quality lens]
- Promotion and endorsement of an RD&I ethos and culture which is integral to the Health Boards Strategic Goals, to include maintaining University Health Board status.
- Assurance to the Board in relation to the Health Boards arrangements for ensuring compliance with the Local, Welsh Government, UK and Professional bodies Policy Frameworks and Strategies for Health & Social Care Research, Clinical Education and Innovation, as amended from time to time.
- Consideration of relevant matters with reference to the parameters identified for risk appetite in relation to University Health Board activities as set by the Board.
- Receive twice yearly updates that provides the Committee with sufficient assurance that there is evidence of purposeful university, giving examples of how that is improving services and benefitting CTMUHB's population, setting out the Health Board's plans for further improvement over the next period aligned to the Integrated Medium Term Plan, CTM:2030 Strategy across Research & Development, Training & Education and Innovation.

4. DELEGATED POWERS

- 4.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.
- 4.2 This Committee has a key role in assisting the Board to fulfil its oversight responsibilities in the area of Population Health & Partnership matters.

5. AUTHORITY

- 5.1 The Committee is authorised by the Board to:
- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and

- Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements.
- approve policies relevant to the business of the Committee as delegated by the Board.

5.2 Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

6. ACCESS

- 6.1 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

7. MEMBERSHIP

7.1 Members:

A minimum of **(4)** members, comprising

Chair - Independent Member (IM) of the Board

Committee Vice-Chair - IM of the Board

Members - Two IMs

The Health Board Chair shall not be a member of the Committee but may choose to attend any meeting as an observer.

7.2 Attendees

- Executive Director of Public Health
- Executive Director of Strategy and Transformation
- Executive Director of Therapies and Health Sciences
- Director of Governance / Board Secretary
- Chief Operating Officer
- Deputy Chief Operating Officer - Primary, Community and Mental Health Services ~~Director of Primary, Community & Mental Health Services~~
- Research & Development Manager

- Director of Improvement & Innovation
- Assistant Director for Research & Development
- Head of Clinical Education
- Head of Innovation
- Representative & Senior Member of the Finance Team Head of Medicines Management
- Associate Board Member – Chair, ~~Healthcare Professionals Forum~~ Clinical Advisory Group
- Chair, Regional Partnership Board
- Chair, Stakeholder Reference Group
- Community Health Council representative.

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed.

7.3 **By Invitation:**

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

7.4 **Secretariat**

The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

7.5 **Member Appointments**

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed for a maximum of three consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure arrangements for succession planning are in place.

7.6 **Support for Committee Members**

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.

8. COMMITTEE MEETINGS

8.1 QUORUM

A quorum shall be three Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee.

8.2 FREQUENCY OF MEETINGS

Meetings shall be held not less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

8.3 WITHDRAWAL OF INDIVIDUALS IN ATTENDANCE

The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

8.4 CIRCULATION OF PAPERS

The Director of Governance / Board Secretary will ensure that all papers are distributed at least seven calendar days in advance of the meeting.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports.
- bring to the Board's specific attention any significant matters under consideration by the Committee.
- ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2 The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.
- 9.3 The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g., where the Committee's assurance role relates to a joint or shared responsibility.
- 9.4 The Director of Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS

- 10.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the Organisation.
- 10.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 10.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees and Groups to provide advice and assurance to the Board through the:
- Joint planning and co-ordination of Board and Committee business: and
 - Sharing of information
- 10.4 In doing so, contributing to the integration of good governance across the Organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.5 The Committee shall embed the corporate goals and priorities

through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

11.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the area relating to quorum.

12. CHAIR'S ACTION ON URGENT MATTERS

12.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee.

12.2 The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee, for consideration and ratification.

12.3 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

13. REVIEW

13.1 These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter.



AGENDA ITEM
5.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

POPULATION HEALTH MANAGEMENT: UPDATE

Date of meeting	1st February 2023
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Gemma Northey, Consultant in Public Health
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Presented by	Gemma Northey, Consultant in Public Health
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Approving Executive Sponsor	Executive Director of Public Health (Deputy Director of Public Health (Interim))
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Report purpose	ENDORSE FOR COMMITTEE APPROVAL
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome



ACRONYMS	
ABUHB	Aneurin Bevan University Health Board
CHWT	Community Health and Welfare Team
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales
DPA	Data Process Agreement
DPIA	Data Protection Impact Assessment
EIA	Equality Impact Assessment
GP	General Practitioner
IGRP	Information Governance Review Panel (for SAIL)
IPC	Institute of Public Care
LPHT	Local Public Health Team
MDT	Multidisciplinary Team
PSRS	Population Segmentation and Risk Stratification
SAIL	Secure Anonymized Information Linkage
SWIYC	Stay Well in Your Community

1. SITUATION/BACKGROUND

- 1.1 This report provides an update on the population segmentation and risk stratification (PSRS) approach to Population Health Management in Cwm Taf Morgannwg University Health Board (CTMUHB) for the committee to see, discuss and endorse.
- 1.2 Population Health Management improves population health by data-driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population. In CTM one PHM tool has been developed – the PSRS tool - which can help Primary Care Clusters, GPs, Care Groups, Strategy Groups and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Linked datasets are used to segment, stratify and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care which reduces health inequalities.
- 1.3 As described in the last report, this approach uses data from the SAIL Databank. There is agreement that while the LPHT PSRS project team will have access to named GP Practice data for analytical purposes, only anonymised data will be released and will be safeguarded by data safeguarding/confidentiality rules. The technical solution was presented in a previous report.

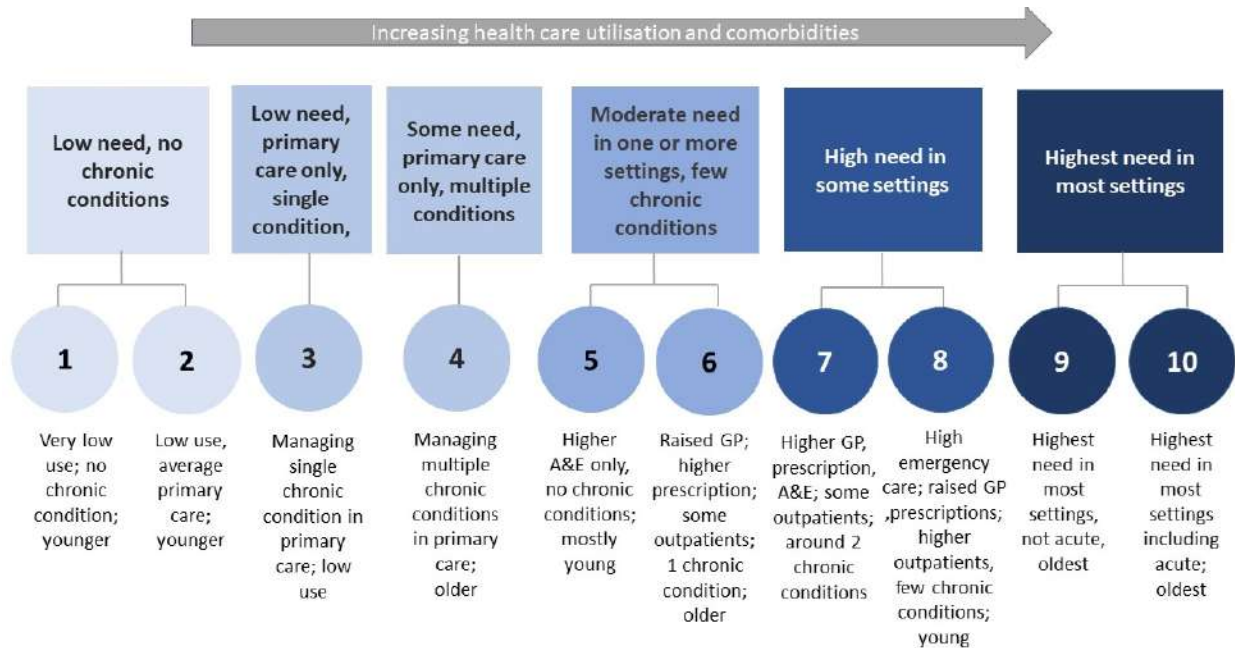
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Implementation of PSRS in CTMUHB

- 2.1 Following signup for all bar one GP practice in CTM, the LPHT are now receiving data on a quarterly basis for all GP practices signed up to the programme.
- 2.2 All signed GP practices are now receiving patient level data on a quarterly basis using the DHCW portal. This allows individual practices to understand both the characteristics and proportion of patients across the segments as well as the patients at high risk of admission in the following year.

2.3 A summary of the initial data has previously been provided to Health Board executives and stakeholders detailing segments as shown below. Further detail is available on request.

CTMUHB Data-driven segments



2.4 Two PHM feasibility projects have been initiated in primary care, supported by the PHM team in the LPHT. The first is a winter pressures project in Taff Ely Cluster that aims to improve outcomes for patients at highest risk of adverse effects of fuel poverty. It uses clinical records linked to PSRS data to target and prioritise patient groups. It identifies those who live in areas of high deprivation in the cluster, in combination with relevant long term conditions, age, frailty, patient segment and risk stratum. Following a proactive 'what matters most' conversation, individuals are referred into appropriate services, either the Frailty Service or social prescribing. The second project is in the Bridgend East Cluster that also focuses on winter pressures, seeking to proactively identify and support vulnerable individuals who may be at risk of exacerbation of their chronic conditions which may result in an emergency admission. The work is funded by and supports the aims of Goal 1 of the Welsh Government 'Six Goals for Urgent and Emergency Care' 2021-2026 strategy.

2.5 The Taff Ely project began in December 2022 and the Bridgend East project is expected to start end January 2023. Both projects will be evaluated and interim evaluations are planned for March/April 2023, with full evaluations by September 2023.



- 2.6 A collaboration for PHM was started in September 2022 between ABUHB and CTMUHB Local Public Health Teams. This partnership aims to share knowledge and learning of PHM approaches, present definitions of population health and PHM that can be built on for a shared understanding across Wales and describe how we can build PHM programmes in Wales to support improvements to population health.
- 2.7 Population Health profiles have been created at local authority and cluster levels. Information in the profiles includes population health measures as well as specific population segmentation data (the distribution of patients across segments, proportion within each risk strata and case mix adjusted analysis by practice). As stated above the practices are anonymised. The cluster level profiles have been shared with their respective clusters and the Senior Practitioners from the PHM Unit have been supporting clusters to use data in the planning of services to those most at need, aiming to reduce inequalities.
- 2.8 Individual practice summaries have been created and shared with GPs directly where requested. These contain case-mix adjusted information identifying the specific practice against other anonymised practices for a number of measures.
- 2.9 Following discussion at a previous PHM Steering group, work has been undertaken to define the segments in more detail, and now data are available for the whole of CTM (minus one GP Practice) it can be used to support identification of population cohorts for proactive intervention and tailoring of services.
- 2.10 PSRS data has been used to undertake a backwards mapping of the patients referred to the Community Health and Wellbeing Teams (CHWT or MDT) to segment and risk stratum in volunteer GP Practices. Evaluation of this is planned by April 2023 to inform future referral processes.
- 2.11 A separate but parallel research project is being conducted by the LPHT to examine the predictive ability of segmentation including the development of the CTM UHB data-driven segmentation model to date. This methodological work was originally planned to be a separate project to investigate the predictive ability of segmentation. As the work progressed it was expanded to include the development of the actual segments to be rolled out. This work has been delayed due to reprioritisation of the work plan to include in depth analyses of segments and support to feasibility projects as described above.
- 2.12 The governance arrangements for PHM in CTM since October 2021 have included a Steering Board for PHM. Note that PSRS is one component of

PHM in CTM and progress will be reported via these new governance structures.

Evaluation

- 2.13 The potential for using utilization-based cluster analyses to segment a local General Practice-registered population in the Rhondda Primary Care cluster was assessed as a pilot during April 2018 – July 2019. A process evaluation assessed the feasibility of the approach and compared the use of a traditional expert-driven segmentation approach with data-driven utilization analysis. The findings have previously been presented and are available upon request.
- 2.14 An independent evaluation of work streams in the SWIYC was carried out by the Institute of Public Care (IPC) at Oxford Brookes University. The PSRS Workstream evaluated the effectiveness of PSRS in identifying the health and care needs of the CTMUHB primary care-registered population. This was supported by two objectives:
- (1) To evaluate the predictive ability of population segmentation.
 - (2) To undertake a process evaluation to inform wider roll out of this approach.
- 2.15 The evaluation does not include evaluation of specific interventions, which are implemented using the findings of the segmentation, over and above identifying the added benefit that segmentation offers.

Next steps

- Deliver the Taff Ely and Bridgend East Cluster PHM projects.
- Evaluate both PHM projects to inform PHM programme in CTM.
- Evaluate the MDT backward review.
- Complete predictive ability and validation work on in-house data driven segmentation model.
- Continue collaborative PHM work with ABUHB.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The key risk that remains in the progression of PHM is the capacity of primary care to support work. Measures are being taken to alleviate the requirement on primary care, with support from the LPHT and other professionals (such as MDT leads or Cluster Development Managers) however it is inevitable that some small requirements will remain in some areas. The LPHT continue to engage regularly with GP practices



via the cluster meetings and are planning to continue engagement alongside the Accelerated Cluster Development work.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Staying Healthy If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. EIA not required as this report is an update to population health management approach previously agreed. EIA to be completed in next stage of implementation.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health



5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to:
- 5.2 **NOTE** the progress made and **ENDORSE** the approach to Population Health Management outlined in this report.



AGENDA ITEM

5.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Cwm Taf Morgannwg Response to the Cross Party Group – Inquiry on Cancer and Inequalities

Date of meeting	01/02/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rutuja Kulkarni-Johnston Consultant in Public Health
Presented by	Rutuja Kulkarni-Johnston Consultant in Public Health
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Cancer Steering Group	(11/01/2023)	ENDORSED FOR APPROVAL
Dr Sallie Davies	Deputy Medical Director (Chair CTM Cancer Board)	SUPPORTED

ACRONYMS

CPG	Cross Party (Inquiry) Group,
CTMUHB/LHB	Cwm Taf Morgannwg University Health Board/ Local Health Board
RCI	Reducing Cancer Inequalities

RCT	Rhondda Cynon Taf
MT	Merthyr Tydfil
PHW	Public Health Wales

1. SITUATION/BACKGROUND

- 1.1 The Cross Party Group (CPG) on Cancer - Inquiry into inequalities and cancer in Wales was launched in December 2022 in order to:
 - Understand the impact that inequalities, and particularly deprivation, have on patient experience, access to cancer services, cancer incidence and cancer outcomes in Wales.
 - Provide recommendations to the Welsh Government, NHS Wales, and other public bodies to tackle inequalities across the cancer pathway, and in particular the impact of poverty and deprivation on patient access and experience.
- 1.2 The Cross Party Group will be taking evidence from a range of stakeholders throughout late 2022, and will publish a report with recommendations based on evidence to be received in Spring 2023.
- 1.3 CTM UHB was invited to respond and a submission was made on 12th January 2023 with approval from the Deputy Medical Director (Chair of the Cancer Board), Health Board Cancer Lead, Macmillan Lead Nurse and Interim Deputy Director of Public Health.
- 1.4 CTM experiences some of the highest incidence of cancers and poorest survival rates, with high levels of deprivation and lifestyle behaviours associated with cancer.
- 1.5 In response to these population health challenges, CTM has an established multiagency CTM Reducing Cancer Inequalities (RCI) Group that reports into the Cancer Board. The group is chaired by Consultant in Public Health; membership includes partners from Public Health Wales Screening Division, Academia, local and national Cancer Charities, Local Education Authority, Primary and Secondary Health Care the Council for Voluntary Communities and CTM Cancer Business Unit.
- 1.6 Members of the CTM RCI Group and the Cancer Steering Group were invited to contribute to the CTM submission to the Cross Party Group Cancer Inquiry.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The CPG posed seven questions in their inquiry. The full CTM response is included as Annex A. The main headlines are:

Q1. What are the challenges facing specific groups or communities in Wales with regards to risk factors for cancers such as smoking, alcohol and obesity?

The key challenges faced by CTM with regard to risk factors are:

- Prevalence of risk factors is closely linked to deprivation and CTM has high levels of deprivation
- CTM experiences some of the highest levels of unhealthy behaviours associated with cancer. For example, smoking, obesity and alcohol e.g. Merthyr Tydfil (MT) has highest percentage of smokers at 16.3%, compared to 13.8% Wales. 66.9% of adults overweight or obese (BMI 25+) in CTM compared to 62.1% in Wales and, 16.2% of adults in MT self-reported drinking above the weekly guideline amount of 14 units of alcohol compared to 15.8% in Wales.

Q2. What barriers do communities in deprived areas and/or people in low income households in Wales face in accessing:

- a. Screening
- b. GP/Primary care practice
- c. Diagnostic services (e.g. endoscopy, imaging)
- d. Cancer treatments, including innovative treatments and clinical trials

Barriers faced by communities in deprived areas and/or people in low income households include:

- a. logistical/physical challenges, not receiving information in appropriate formats or languages, not a social/cultural norm
- b. low symptom awareness, negative beliefs, concern over wasting GP time, fear of diagnosis/treatment, cancer association with death, lack of confidence, taking time off work
- c. combination of deprivation, smoking prevalence, lung cancer incidence, screening inequalities and lung cancer mortality (North Rhondda). Late presentation of gynaecological cancer in areas of deprivation and with ethnic minority communities, are typically

associated with emotional, practical reasons, symptoms not recognized/confused or service barriers

- d. CTM uptake of the offer of research trials is low, and as with other aspects of care, the levels of deprivation are closely linked to willingness or ability to participate.

Q3. How can deprivation affect the way patients experience cancer services in Wales?

Deprivation can result in:

- low perceived candidacy, competing life priorities may mean health is not a long-term priority, fatalistic belief due to exposure to poor cancer outcomes, symptom misattribution, low symptom awareness and co-morbidity may deter help-seeking

Q4. What are the barriers to tackling cancer inequalities in Wales?

Cancer awareness initiatives being fragmented, no or limited short-term evaluation. Lack of downstream behavioural interventions at multiple levels, of consideration of inequalities at all stages of intervention and support from cancer charities, large-scale data analysis, understanding of lived experience and, pathway design and delivery based on need.

Q5. What impact has the following had on access to cancer services for different groups:

- a. COVID-19 pandemic
- b. Cost of living crisis

Impact of COVID-19 and cost of living crisis has meant:

- a. a shift in the focus of health services to prevention and treatment of COVID-19 cases, hospitalisation and deaths. Curtailed or temporarily stopped normal services made it more difficult to be seen face to face by a GP, shielding meant not presenting with symptoms, delayed diagnosis, reduced capacity in diagnostic and treatment services, less likely to engage with cancer screening and delays in seeking a doctor/specialist's opinion
- b. not being able to afford healthier diets with potential long term consequences, cost and availability of transport to access services, social isolation and missing medical appointments.



Q6. What work do you know is happening across Wales to tackle inequalities in cancer care?

Work in CTM includes:

- the Reducing Cancer Inequalities Group which aims to oversee and co-ordinate activity to improve population health outcomes from cancer and reduce inequalities. For example, A bowel cancer awareness pilot in schools (funded by the Moondance Foundation), Coalfields Regeneration proposal to build capacity to impact inequalities, Bowel Cancer UK presentations to people in CTM/Wales, Community Pharmacy toolkits for public awareness raising, GP endorsement letters for Bowel Screening with national partners, Targeted Intensive Community-based campaign To Optimise Cancer awareness (TIC TOC) to raise awareness of lesser known cancer symptoms and, PHW Screening and Inequalities Group covering messaging for HBs on GP letters, support for Seldom Heard Groups and Other Population Sectors and an Equity Action Plan.

Q7. What action would you like to see Welsh Government, NHS Wales and other bodies take to tackle the inequalities that exist in cancer in Wales

Actions for Welsh Government, NHS Wales and others:

- upscale successful interventions and promote good practice, use data and equity audits to inform service planning and delivery.
- health and care organisations should ensure financial well-being advice and support services are easily accessible.
- to meet the ambition of 3 in 4 cancers to be diagnosed early by 2028 sustained, multidisciplinary effort will be required.
- new cancer early detection technologies e.g. multi-cancer early diagnostic tests (MCEDs) and Lung Health Checks require careful evaluation to avoid widening cancer inequalities.
- optimal methods of integrating smoking cessation support contributing to Smokefree Wales by 2030.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 CTM experiences some of the highest incidence of cancers and poorest survival rates, with high levels of deprivation and lifestyle behaviours associated with cancer.

3.2 A multiagency RCI Group focuses on reducing cancer inequalities and raising public awareness. It seeks to align efforts to address key points early in the cancer pathway. This includes approaches to encourage recognition of symptoms and earlier presentation as well as promoting uptake of cancer screening programmes.

3.3 Earlier presentation translates to better outcomes from cancer

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Choose an item.
Related Health and Care standard(s)	Staying Healthy If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. As this Inquiry was focused on cancer inequalities and deprivation, the subject has been covered within the report
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE:**

5.1.1 the content of the attached submission to the inquiry.

5.1.2 the efforts to improve cancer survival and reduce inequalities in outcomes for our CTM population.

Response from Cwm Taf Morgannwg University Health Board to the Cross Party Group on Cancer - Inquiry into inequalities and cancer in Wales. Written consultation document

Background

The Cross Party Group on Cancer Inquiry into inequalities and cancer in Wales launched the inquiry in December 2022 in order to:

- Understand the impact that inequalities, and particularly deprivation, have on patient experience, access to cancer services, cancer incidence and cancer outcomes in Wales.
- Provide recommendations to the Welsh Government, NHS Wales, and other public bodies to tackle inequalities across the cancer pathway, and in particular the impact of poverty and deprivation on patient access and experience.

The Cross Party Group will be taking evidence from a range of stakeholders throughout late 2022, and will publish a report with recommendations based on evidence received in Spring 2023.

Responses from Cwm Taf Morgannwg University Board (CTM UHB) and partners to the 7 questions posed are outlined in the following pages.

CTM experiences some of the highest incidence of cancers and poorest survival rates, with high levels of deprivation and lifestyle behaviours associated with cancer.

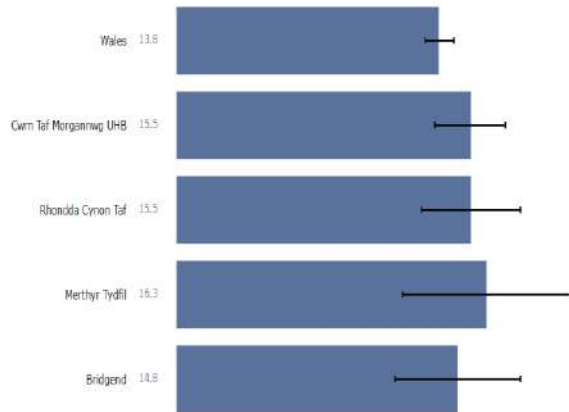
In response to these challenges, CTM set up multiagency CTM Reducing Cancer Inequalities (RCI) Group which reports into the Cancer Board. The group is chaired by Consultant in Public Health; membership includes partners from Public Health Wales Screening Division, Academia, local and national Cancer Charities, Local Education Authority, Primary and Secondary Health Care the Council for Voluntary Communities and CTM Cancer Business Unit. Members of this CTM RCI meeting were invited to feed in to the Cross Party Group Cancer Inquiry response and the submission includes summarised contributions with embedded documents for fuller reference.

Q1. What are the challenges facing specific groups or communities in Wales with regards to risk factors for cancers such as smoking, alcohol and obesity?

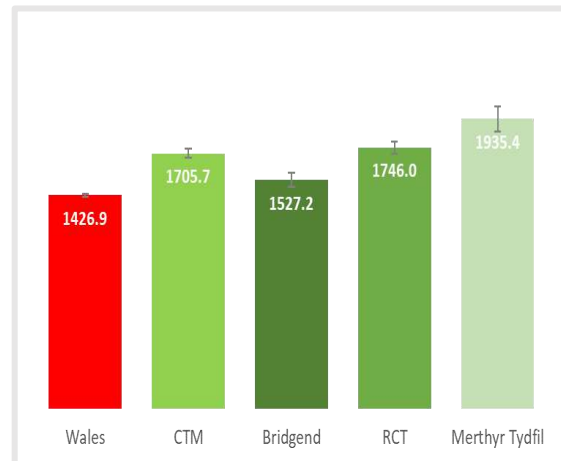
Response- Smoking

Figure 1

Adults who smoke, age-standardised percentage, persons aged 16+, Wales, Health Board, Local Authority, 2020-2021
Produced by Public Health Wales Observatory using NSW (WG)



Rate of smoking-attributable admissions, ESR per 100k, 2016/17-2018/19, Public Health Wales Observatory

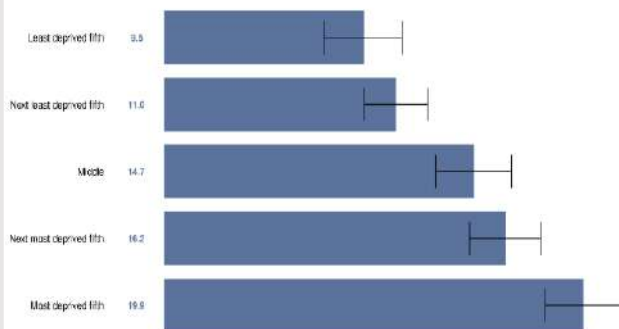
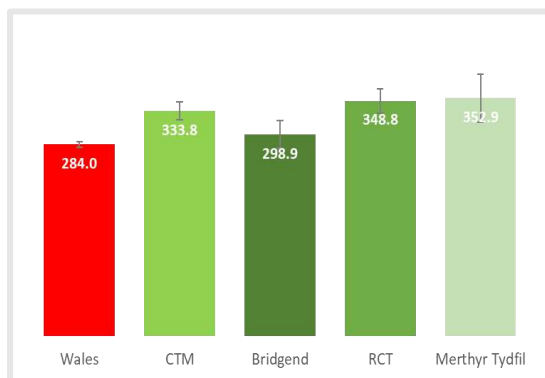


Merthyr Tydfil (MT) in CTM has highest percentage of smokers at 16.3% followed by Rhondda Cynon Taf (RCT) compared to the 13.8% in Wales. Lung cancer rates in MT and RCT are the highest in Wales, with rates in Bridgend similar to Wales. Merthyr has the highest rate of smoking- attributable mortality and smoking- attributable hospital admissions in Wales (2016-18), and RCT the 3rd highest rate¹. This is reflected in the Wales data for smoking prevalence with most deprived areas of Wales being just over double that in the least deprived areas in 2020-21².

Rate of smoking-attributable mortality, ESR per 100k, 2016-2018, Public Health Observatory

Adults who smoke, age-standardised percentage, persons aged 16+, Wales by deprivation fifth, 2020-2021

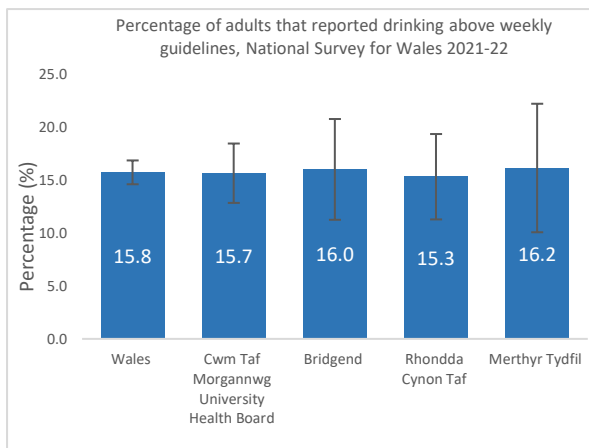
Produced by Public Health Wales Observatory using NSW (WG) & WIMD (2015)
— 95% confidence interval



¹ Liapi S and Slyne C 2023 Risk factors of smoking, alcohol and obesity relating to cancer inequalities. National Survey for Wales (NSW), Public Health Wales (PHW) and Welsh Cancer Intelligence and Surveillance Unit, LPHT at Cwm Tag Morgannwg UHB

² Lester N 2023, All Party Inquiry into Cancer inequalities. Input from Public Health Wales Observatory and Cancer Analysis Team (OCAT)

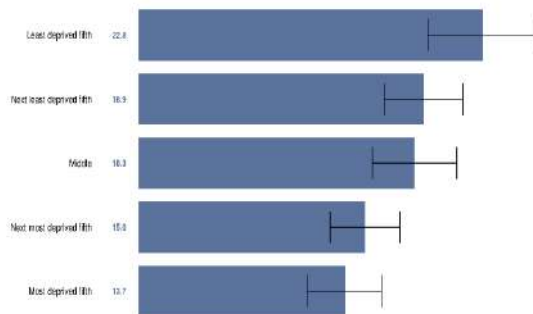
Response-Alcohol



Adults drinking above guidelines, age-standardised percentage, persons aged 16+, Wales by deprivation fifth, 2020-2021

Produced by Public Health Wales Observatory using NSW (NG) & WMD (2019)

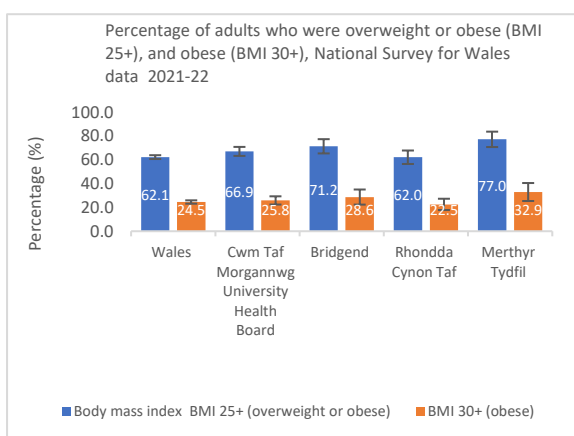
— 95% confidence interval



15.8% of adults in Wales self-reported drinking above the weekly guideline amount of 14 units of alcohol, compared to 15.7% of adults in CTM, MT at 16.2% was the highest. 18.7% of adults in Wales and CTM do not drink alcohol and highest percentages are seen in MT at 26.6%. Alcohol misuse has been identified as a causal factor for increased risk of cancer and more than 200 other medical conditions¹.

Percentage of people drinking above guideline amounts in the least deprived areas of Wales is higher, at almost 23 per cent, than in the most deprived areas where the figure is just under 14 per cent. However, data on hospital admissions and deaths show the reverse pattern with higher rates in the most deprived areas of Wales. There is suggestive evidence for a multiplicative effect between socioeconomic status (SES) and alcohol consumption, which would imply that higher alcohol consumption poses disproportionately greater health risks for individuals with low SES than for those with high SES².

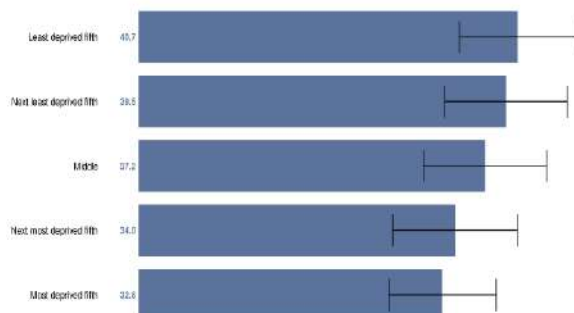
Response-Overweight / Obesity



Working age adults of healthy weight, age-specific percentage, persons aged 16-64, Wales by deprivation fifth, 2020-2021

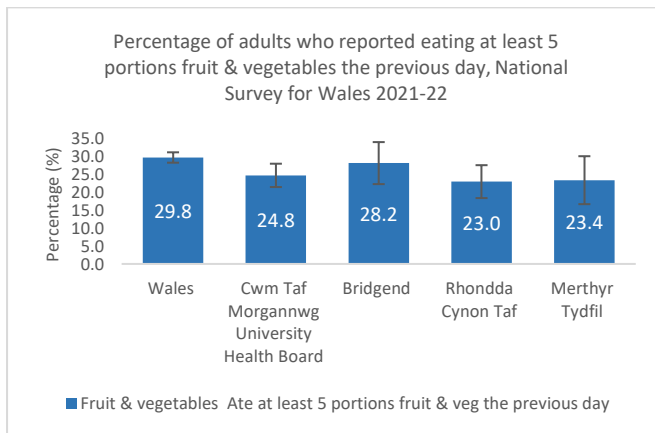
Produced by Public Health Wales Observatory using NSW (NG) & WMD (2019)

— 95% confidence interval



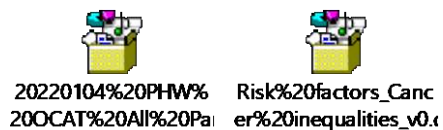
62.1% of adults were overweight or obese (BMI 25+) in Wales, which is lower than 66.9% in CTM. Overweight/obese and obesity rates remain the highest in Merthyr, followed by Bridgend and RCT. Merthyr and RCT have high rates of colorectal cancer which may be linked to poor diet and obesity¹.

Only 37 per cent of working age (16-64) adults reported being of healthy weight. In the most deprived areas of Wales this falls to 33 per cent, with 41 per cent of those in the least deprived areas being of healthy weight².



Consumption of fruit and vegetables is the lowest across the health board in Merthyr and RCT¹.

Fewer than half of adults living in the most deprived areas of Wales are meeting guideline of 150+ minutes of moderate or vigorous intensity activity per week, whilst in the least deprived areas almost two thirds are meeting it. The latest data on cancer incidence shows that the age standardised rate in the most deprived areas was around 20 per cent higher compared with the least deprived areas².



2. What barriers do communities in deprived areas and/or people in low income households in Wales face in accessing:

Response- Barriers faced

An **Ambassador of the Pontyclun Bosom Pals Breast Cancer Support Group** highlights concerns about barriers faced by residents summarised below:

- “barriers more concerning than 12 months ago especially for people in deprived areas who are not physically active, who smoke, drink alcohol and have issues with eating
- low income means cannot afford or just cannot access help needed
- accessing support numbers (contacts) has become difficult
- GP appointments difficult with 18-20 mins waiting times to book appointment
- lack of mobile phones
- serious medical issue detection is not early enough
- hesitancy in accessing support on offer and taking the first step
- more challenges faced with cost of living with heating homes and buying essential foods
- many with underlying conditions shielding for many months and cancer not diagnosed in the early stages
- issues within government, NHS and other bodies has meant that tackling inequalities in cancer has become a massive task

- help available via Foodbanks, for loneliness, wellbeing but dealing with a cancer diagnosis, screening and treatment requires specialists who are desperately needed
- hope that facilities will exist in all areas of Wales for screening, treatments, early diagnosis for all early cancer detection and related disease”³

Allied Therapies – barriers faced

- Regionalisation of services and being unable to travel to different locations around the health board could be a barrier
- As more services moved to virtual, digital availability and literacy
- Promotion therapy self- management if appropriate in terms of prevention and treatment of cancer may be a culture shift for people of CTM, potentially more so in deprived areas and therefore a barrier
- When co-producing new services full patient representation from all demographic areas in ethnicity, deprivation, sexuality is not always available⁴

a. Screening

Response- Accessing screening

The national screening programmes in Wales, provide equitable access and opportunity to take up screening offers based on an individual’s informed choice which has to be consistent with their values and unique circumstances. Declining screening may be a result of interlinked barriers.

Barriers relevant at a national or local level and may be specific to a programme or relate to a community or individual and include:

- logistical or physical challenges driven by economic or environmental factors that reduce access to locations of screening offer
- not receiving information in appropriate formats or languages to ensure availability of necessary knowledge to make an informed choice
- preventative screening may not be a part of their social norm or cultural identity.

Provision of an equal service to all will not support those people from under-served groups who may require additional support to take up their offer of screening. The people of Wales are not all the same including having different barriers and enablers for screening, different levels of health literacy and varying communication needs. Clear demonstrable differences in uptake are seen in data that relate to deprivation, gender and age. Qualitative work carried by the national PHW Screening team, has revealed screening inequities affect different communities and affect them for different reasons, including ethnic minority communities, people in long term care and those with additional communication needs.

The Screening Equity Strategy’s action plan identifies five key areas of focus – Communication, Community and Engagement, Collaboration, Service Delivery and Data and Monitoring. Actions are

³ Hadlow S 2022 Ambassador, Pontyclun Bosom Pals Breast Cancer Support Group, Rhondda Cynon Taf

⁴ Collins R 2023 Rhian Collins Macmillan Allied Health Professional Lead for Cancer, Cwm Taf University Health Board

for a range of organizations, teams and with service user engagement. The published report provides data on uptake and reach of screening in UHBs⁵ - [data report](#).

b. GP/Primary care practice

Response- Barriers faced in GP/Primary care practice

Academic research undertaken in CTM identified:

- 1) Low cancer symptom awareness and negative beliefs about cancer increase likelihood of delays in help-seeking via GP/Primary Care Services and screening. Concerns over wasting the doctor's time were higher in adults from lower socioeconomic groups, resulting in delayed symptom help-seeking. Interviews with adults living in CTM illustrated some of the mechanisms that link socioeconomic deprivation with poor cancer outcomes. Participants described
 - fear of cancer treatment
 - fear of being diagnosed
 - automatic association of a cancer diagnosis with death
 - accessing primary care e.g. time off work
 - lack of confidence in talking to the GP.
 - This research indicates that interventions to improve knowledge of cancer symptoms alone are not sufficient to change help-seeking behaviour in socioeconomically deprived communities, but



Response to The
Cross Party Group on

should also address deep-seated negative beliefs about cancer⁶.

c. Diagnostic services (e.g. endoscopy, imaging)

Response-Diagnostic services

1) **Lung cancer** is the leading cause of cancer death in Wales and CTM. Of the most common cancer types, lung cancer has the widest cancer death inequality, with a gradient of higher mortality in more deprived areas. Differences in mortality between more and less deprived areas has increased over time. North Rhondda was selected within CTM as the target population to pilot the Lung Health Check (or lung cancer screening) due to high levels of deprivation, lung cancer incidence, lung cancer mortality, smoking prevalence and screening inequalities.

A Lung Health Checks operational pilot is being established in North Rhondda with support from the Wales Cancer Network, industry and charity partners. It is a targeted form of screening, and invitation materials and messages, access issues, invitation strategies etc. are all being aimed to maximise uptake. Integrated links with smoking cessation services are a key part of the process. From 2023 it will invite 60-74 year old current- and ex-smokers for a risk assessment of developing lung cancer. Evidence shows a 20+% reduction in lung cancer mortality with targeted screening due

⁵ D Souza S et al 2022 Screening Equity Strategy 2022-2025. Public Health Wales

⁶ Prof. Brain K et al 2022 Response to The Cross Party Group on Cancer – Inquiry into inequalities and cancer in Wales, Cancer Screening, Prevention and Early Diagnosis Theme at Cardiff University, Division of Population Medicine, Cardiff University

to ¾ cases being found at stage 1-2, as opposed to ¾ being found at stage 3-4 through usual



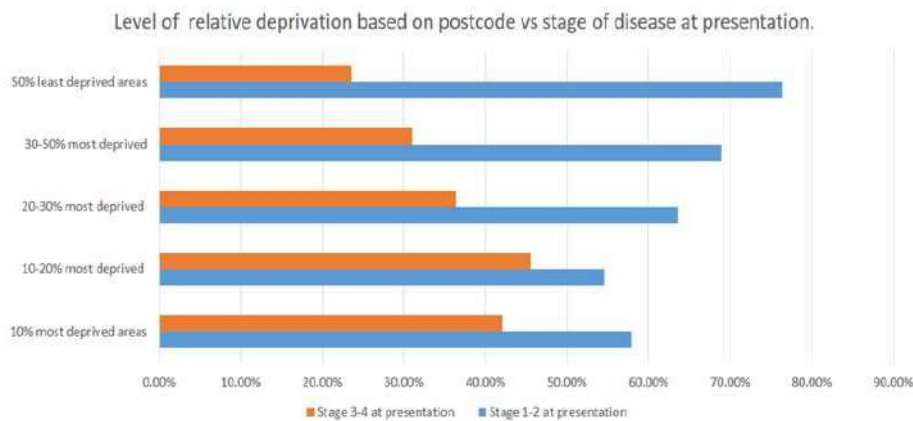
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presentation. 500 participants will be scanned, to find 5-10 lung cancers⁷.

- Only 34% of women in Wales (as at July 2022) with a **Gynaecological cancer** received definitive treatment within 62 days from the ‘point of suspicion’ on the single cancer pathway and of all patients entering the pathway, only 6-7% are actually diagnosed with cancer. However, all patients investigated for suspected cancer require complex, skilled and compassionate care. Optimum management involves co-ordinated teamwork between the primary and secondary care units and the gynaecological cancer centres who provide the Network Gynaecological cancer multidisciplinary team.

A summary of recent CTM response to a national consultation (Health and Social Care, Wales) regarding the experiences of women with symptoms of gynaecological cancer, how they are listened to and treated by healthcare professionals, and how services empower, care for and look after women diagnosed with a gynaecological cancer (to ensure their physical, psychological and practical needs are met) is outlined.

Of the ten areas of response considered (patient centred care, barriers to securing diagnosis, recovery of services within context of extra capacity related to impact of the COVID-19 pandemic, prioritisation of pathways and waiting lists, compared to other cancers, local disparities in backlogs, data disaggregation by cancer type as opposed to pooling and by other characteristics such as ethnicity, adequate priority given to gynaecological cancers (causes and treatments side-effects) action needed to speed up health research and medical breakthroughs in diagnosing and treating in the forthcoming national action plans and planning for new innovations (therapy, drugs, tests) that improve outcomes key local data used in the report are below. Inequalities in stage of disease at time of presentation as related to deprivation and ethnicity particularly relate to inequalities.



An audit carried in CTM during June 2021 to June 2022 showed patients who lived in least deprived areas were more likely to present at an early stage e.g. women presenting with cervical cancer were 50% from the most deprived areas and only 8% from the least derived areas and endometrial cancer, which statistically at national level come from the least deprived areas, in the cohort of patients

⁷ Dr Eccles S 2022 Lung cancer inequalities. Screening pilot. Consultant Respiratory Physician, Royal Glamorgan Hospital, Cwm Taf Morgannwg University Health Board Lung Health Check Wales Clinical Lead, Wales Cancer Network.

assessed in Prince Charles Hospital and Royal Glamorgan Hospital, 50% were from the most deprived areas⁸.

Of the population diagnosed with gynaecological cancer in Bridgend (2021), there were no patients of Black, Asian Minority Ethnic backgrounds, however 20% of the patients diagnosed with cervical cancer and 10% of those diagnosed with endometrial and ovarian cancers were Eastern Europeans (Ukrainian, Bulgarian, Russian, and Polish). Data on the ethnicity of patients has not been routinely available for patients in the population. Late presentation of gynaecological cancer in areas of deprivation and with ethnic minority communities, are typically associated with emotional, practical reasons, symptoms not recognized/confused or service barriers.

CTM UHB Improvement Plan aims to a) promote early recognition of suspicious symptoms and encourage early access to healthcare, campaign to support the engagement of local “cancer champions” with adults b) reinforce and disseminate the information related to early signs of gynaecological cancers available in different languages c) run focus groups and patients’ satisfaction questionnaires to drive patient experience improvement d) clinical psychologist role to be developed on every care site and part of the routine multidisciplinary care e) oncology follow-up to be followed virtual/face-to-face follow-up, guided by the McMillan nurses f) evaluate services for accessible effective and timely diagnostic services g) repatriate the SLA for services for the Bridgend population to ensure an improved quality and equitable waiting times⁹.



Consultation%20on%
20Gynaecological%20

d. Cancer treatments, including innovative treatments and clinical trials

Patients across CTM are offered opportunities to participate in research, and to receive innovative treatments, much of which are undertaken at the cancer centre in Velindre. However, we recognise that our uptake of the offer of research trials is low, and as with other aspects of care, the levels of deprivation are closely linked to willingness or ability to participate. Barriers are likely to be similar to other aspects of care, including geography and travel, literacy and understanding, cultural beliefs and values, to name a few¹⁰.

3. How can deprivation affect the way patients experience cancer services in Wales?

Socio-economic deprivation can result in the following:

- low perceived candidacy to receive healthcare,
- competing life priorities, mean that health may not be a long-term priority for individuals
- exposure to poor cancer outcomes in people’s social networks and local communities may lead to a perpetuating cycle of fatalistic beliefs about cancer

⁸ Cancer team 2022 Prince Charles Hospital and Royal Glamorgan Hospital, 2021-2022 Cwm Taf Morgannwg University Health Board

⁹ Prof Margarit L et al 2022 Health and Social Care Committee Consultation on Gynaecological cancers - December 2022, Cwm Taf Morgannwg University Health Board

¹⁰ Forrester-Paton C 2023 Cancer Clinical Lead, January 2023, Cwm Taf Morgannwg University Health Board

- low symptom awareness
- symptom misattribution (especially for vague symptoms such as unexplained weight loss and persistent tiredness)
- confounding with co-morbid conditions may deter help-seeking⁶.

4. What are the barriers to tackling cancer inequalities in Wales?

- **Cancer awareness initiatives** risk being fragmented, with no or very limited short-term evaluation. This may in part reflect devolved healthcare and issues with sustained funding. A coordinated, top-down approach is needed with robust evaluation of downstream behavioural interventions at multiple levels (individual/provider, community/organisation, wider system). Consideration of inequalities is needed throughout all stages of intervention - from co-design, through to implementation, evaluation and dissemination of results. Additional research, including in large scale data analysis through SAIL, and linked genomic resources is a necessary, and pre-malignant conditions where patients are at higher risk of developing a gynaecological cancer (e.g. endometriosis) should be considered⁹.
- **Understanding of the varying needs and lived experience of populations and sub-populations.**
- **Design and delivery of services across the cancer pathway appropriate to need**
- **Equitable support from cancer charities across geographies and within population groups**

5. What impact has the following had on access to cancer services for different groups:

a. COVID-19 pandemic

Response- COVID-19

The COVID-19 pandemic required a shift in the focus of especially health services to prevention and treatment of COVID-19 cases, hospitalisation and deaths. Normal services in other professions were equally and similarly affected, curtailed or temporarily adapted or stopped in adherence to national guidance. This meant:

- general reduction in availability of and access to GP appointments
- individuals who were immunocompromised or vulnerable were shielding and not presenting with symptoms
- delayed diagnosis
- reduced capacity in diagnostic and treatment services
- delays in seeking a doctor/specialist's opinion.

Early in the pandemic (Summer 2020) interviewees of a screening survey were acutely aware of the strain on the NHS and did not feel worthy of using healthcare resources during this time to treat or investigate their symptoms. As the pandemic progressed, participants expressed a growing frustration that cancer screening and treatment services were being left behind with ever increasing backlogs and waiting lists. Regarding cancer screening, Cancer Attitudes and Behaviours study results showed that almost 1 in 5 participants were less likely to engage in cervical or bowel cancer screening compared to before the pandemic. When discussing concerns about engaging with screening during the pandemic, interviewees described fear of attending healthcare settings (cervical screening only) due to increased risk of COVID-19 infection and uncertainty about how to adhere to social distancing rules.

Worries about wasting the doctor's time, putting strain on healthcare services and not wanting to make a fuss, reluctance to contact the GP due to concerns about COVID-19 and fear of attending hospitals, and described putting their health concerns on hold⁶.

b. Cost of living crisis

Response- Cost of living crisis

Cost of living crisis could mean-

- Not being able to afford healthier diets, particularly for children, can have long-term health and well-being consequences. For example, poor diet in childhood is associated with an increased risk of obesity over the life-course
- Cost and availability of transport is an existing barrier for some people to access services, including health and care. Missing or delaying medical appointments has negative consequences for health and well-being
- Reducing spending on transport can result in people facing social isolation or having to miss important medical appointments¹¹.



221014 Cost of living
- a public health issue

6. What work do you know is happening across Wales to tackle inequalities in cancer care?

Response- Tackling inequalities in cancer

- 1) **CTM Reducing Cancer Inequalities Group Meeting** purpose is to oversee and co-ordinate activity to improve population health outcomes from cancer and reduce inequalities across CTM.



FINAL%20DRAFT%20
Cancer%20inequalitie:

Some of RCI's actions include:

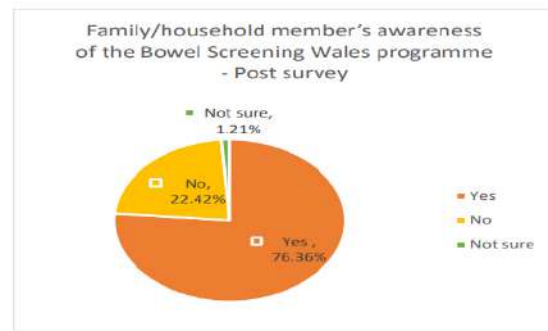
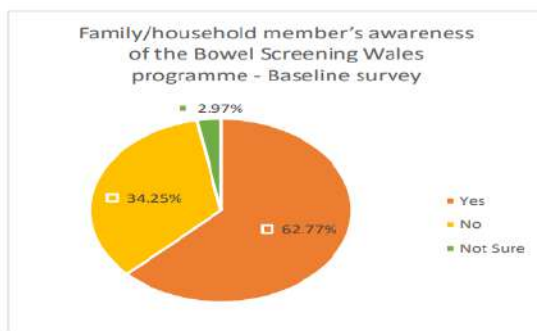
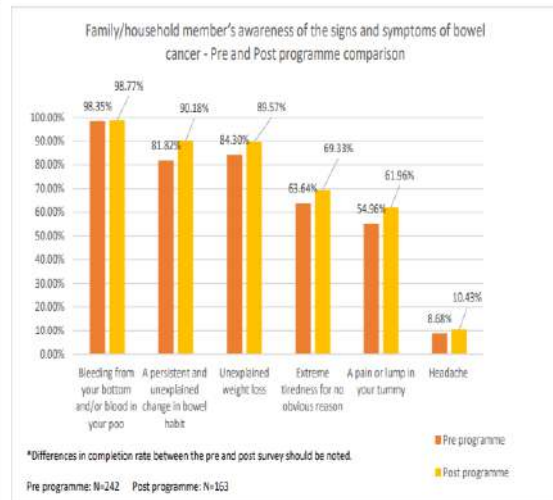
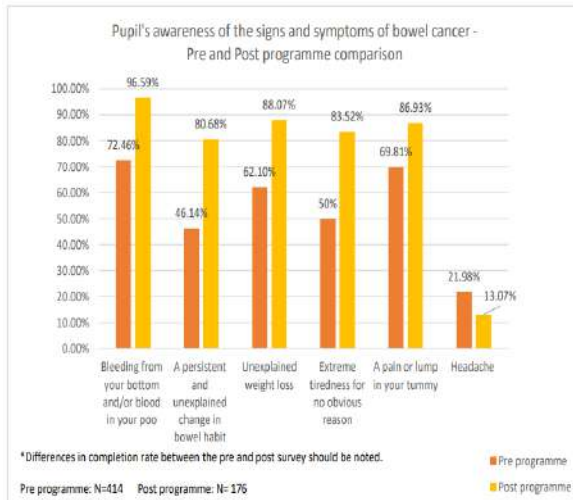
- a report clarifying the **cancer pathway** to support partners in early identification



07.12.21%20RCI%20p
athway%20and%20pr

- **Co-ordination of the partner agencies** involved in raising awareness of e.g. Bowel cancer. For instance, the Moondance funded pilot delivered in Taf Ely Secondary Schools strengthened partnerships and had a positive impact on knowledge and awareness of bowel cancer symptoms and the screening test. Children participating developed a better understanding of health-harming behaviours that can increase the likelihood of developing bowel cancer and had a better understanding of the symptoms of bowel cancer. The adults within each school community had increased awareness of (early signs of bowel cancer) and bowel screening in the community (family/ households).

¹¹ Roberts M et al 2022 Cost of living crisis in Wales. A public health lens. Public Health Wales



There has been an increase in screening test kit requests by up to 73% in those areas around the six schools during the delivery of the programme in comparison to the same time the previous year.

Replacement Kits Requested Oct 2020 to Feb 2021

Taf Ely		
40	Requested Replacement Kits	
28	Negative	Results of Replacement Kit
2	Positive	
3	Spoilt	
7	Not Return	

Neighbouring Cluster Pair		
59	Requested Replacement Kits	
40	Negative	Results of Replacement Kit
1	Positive	
5	Spoilt	
13	Not Return	

Non-Neighbouring Cluster Pair		
50	Requested Replacement Kits	
34	Negative	Results of Replacement Kit
0	Positive	
2	Spoilt	
14	Not Return	

Replacement Kits Requested Oct 2021 to Feb 2022

Taf Ely		
86	Requested Replacement Kits	
52	Negative	Results of Replacement Kit
0	Positive	
3	Spoilt	
31	Not Return	
% increase = 115%		

Neighbouring Cluster Pair		
72	Requested Replacement Kits	
48	Negative	Results of Replacement Kit
1	Positive	
3	Spoilt	
20	Not Return	
% increase = 22%		

Non-Neighbouring Cluster Pair		
64	Requested Replacement Kits	
41	Negative	Results of Replacement Kit
2	Positive	
3	Spoilt	
18	Not Return	
% increase = 28%		

The pilot has demonstrated that communicating key health messages to children in a school setting provides a pathway for communicating health messages to the wider community which can be further enhanced by parallel community based activity. The health and education partnership created by Moondance has potential to be up-scaled to benefit the wider population of CTM and Wales. It also provides a template to address other areas of health inequalities such as obesity and health literacy.



Moondance School and Community Learn

- **Coalfields Regeneration** – This proposal focuses on areas within CTM HB, in response to where the highest concentration of cancer incidence and deprivation is across Wales. It aims to address capacity building and scaling up activities through a co-production approach to positively impact health inequalities and prosperity for those affected by cancer. Outcomes include increased reach into communities with the greatest support needs through asset-based community development. This would increase early intervention and place-based support, leading to improved quality of life through personalised care and increased self-management capability. Additional benefits include improved awareness and access to other agencies and partner



Coalfields Programme Introduction

services (such as housing and financial inclusion services).

- **Bowel Cancer UK**, a partner member of RCI have delivered free 30 minute bowel cancer awareness presentations in the region, delivered by volunteers with an experience of bowel cancer including 4 talks to 76 people in CTM, 22 talks to a total of 429 people across Wales in 2022. Some of these talks were online and available to people nationwide including some CTM residents. Orders from 14 Community Pharmacies for the free community pharmacy toolkit to help raise awareness have been supported.
- **GP endorsement letter** – RCI coordination lead for local communications for GP endorsement letters for Bowel Screening with input from Bowel Screening Wales and Screening & Inequalities Group, working with primary care clinical lead partner and CTM Primary Care Communications
- **Targeted Intensive Community-based campaign To Optimise Cancer awareness (TIC TOC)** a cancer awareness campaign was developed to encourage people living in CTM to visit their doctor with the lesser-known vague cancer symptoms (e.g. unexplained weight loss and tiredness). It combines messages about symptoms, action to take if symptom observed and why importance of early doctor consultation. Messages shared with the public through targeted adverts (e.g. on pharmacy bags, buses, and Facebook) and with local cancer champions who have been specially trained to help support people to visit their doctor with possible cancer



Summary report for TIC-TOC intervention symptoms

- 2) **Public Health Wales (PHW) Screening and Inequalities Group** - chaired by consultant in public health, PHW, the meeting covers messaging for HBs re bowel screening endorsement by GPs, support for Seldom Heard Groups and Other Population Sectors, Equity Action Plan and next steps

7. What action would you like to see Welsh Government, NHS Wales and other bodies take to tackle the inequalities that exist in cancer in Wales

- Upscale successful interventions and promote good practice
- Use data and equity audits to inform service planning and delivery
- Equitable access to rapid diagnostics
- Health and care organisations should ensure that financial well-being advice and support services are easily accessible to staff¹¹.
- Ambition of 3 in 4 cancers diagnosed early by 2028 will require sustained, multidisciplinary effort
- Interventions to increase equitable access require further development and evaluation
- New cancer early detection technologies such as multi-cancer early diagnostic tests (MCEdTs) require careful evaluation to avoid widening cancer inequalities

- Lung Health Check programme requires careful planning and evaluation of the service to ensure equitable, informed participation of high-risk groups for whom there is existing and emerging evidence of inequalities, as well as optimal methods of integrating smoking cessation support contributing to Smokefree Wales by 2030⁶.
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Contributors

- Calum Forrester-Paton, Cancer Clinical Lead, CTM UHB
- Catherine Roberts, Director of Operations Merthyr and Cynon ILG, CTM UHB
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- Dr Sikha de Souza, Consultant in Public Health, Public Health Wales, Screening Division
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Produced by: Rutuja Kulkarni-Johnston, Consultant in Public Health, CTM UHB, January 2023

Lisa Jones, PA to Consultants in Public Health Public Health Team, CTM UHB

(Agenda Item) 5.3	01.02.2023	Population Health and Partnerships Committee	Strategy Team update
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Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Jane O’Kane, Charlotte Thomas, Sian Watkins, Dr Emily Payne, Marie Evans, Pam Wilson, Kevin Duff, Rhian Webber
Presented By:	Vicki Wallace
Approving Executive Sponsor:	Linda Prosser
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Strategy Team meeting – 11.01.23

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	This work supports the delivery of CTM 2030 which aims to improve quality, safety and patient experience
Related Health and Care Standard	Safe and clinically effective care
Has an EQIA been undertaken?	No EQIAs will be undertaken for specific areas of work as appropriate
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – there are resource implications for individual aspects of the update
Link to Strategic Goals	Please Select: Creating Health





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NHS
WALES

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Cwm Taf Morgannwg
University Health Board



DYING
WELL

Starting Well Strategy Group Update: Q4 2022

Authors:

Jane O’Kane

Charlotte Thomas

Sian Watkins



Progress Highlights

- **Pre-conception and Early Years Framework** is being developed, linking to:
 - Maternity and Neonates Strategy
 - Developing Starting Well Family Engagement approach
 - **Next steps**-JoK to meet with Service Director, and DoN, Children and Families, to explore next steps
- **Resilient Families Service:** Governance arrangements have been reviewed and agreed at the EYTB held on 6th December. Meeting dates and revised TOR will be shared soon. Vulnerability Profiling progressing with FRAIT alignment with PHW/ SAIL – meeting rearranged update to be provided following the meeting.
 - **Next steps**-Need to explore strategic implications of RFS for equitable health offer across LA Partners.



Clinical Strategy Lead: Jane O’Kane
Head of Planning & Commissioning: Charlotte Thomas
Planning & Commissioning Manager: Sian Watkins



Work Programmes/ Activity	Delivery confidence	Progress and Achievements	Priorities
Resilient Families Service (RFS) Wellbeing Health Programme	Green	<ul style="list-style-type: none"> RFS governance arrangements have been revised and were agreed at the EYTB held on 6th December 2023. Meeting dates and revised TOR will be shared soon. 	<ul style="list-style-type: none"> PIR Project Manager post has been appointed. Strategic alignment of regional priorities with CTM2030. Alignment of early years strategic framework with healthy weight strategy.
Preconception Care programme	Green	<ul style="list-style-type: none"> Development of an over-arching Preconception and Early Years strategic framework is underway to help embed and support the IMSOP required Maternity and Neonates 2022-2025 Strategy. The same will be reviewed with the Children and Families Care Group to review and revisit previously agreed priorities. 	<p>Issues</p> <ul style="list-style-type: none"> Capacity moving forwards due to HoP providing oversight for two system groups
Alignment of improvement and special measures programmes	Green	<ul style="list-style-type: none"> The health element of the IOS action plan is being drafted by Operational HV Management with Strategy oversight. 	<ul style="list-style-type: none"> Failure to recruit additional Planning Manager post re-advertised and interviews being held 11th January 2023.
Parent-Infant Relationship Service	Green	<ul style="list-style-type: none"> FRAIT and SAIL meetings have been re-arranged and update will follow. 	
Oral Health Advisory Board	Green	<ul style="list-style-type: none"> Meetings held with DoN/HoN Children and Families to confirm work plan. 	
Health Visiting Cancer Framework	Yellow	<ul style="list-style-type: none"> Oral Health Advisory Board work has been paused due to operating model changes. Next meet to be held on 26th January. 	
Rare Diseases Major Health Condition Delivery Group	Red	<ul style="list-style-type: none"> Cancer Framework is being progressed with PHW and 3rd sector colleagues. Plan to test the approach in Merthyr early Spring 2023 Breastfeeding Strategy meetings due to restart and will link in with Health Weights. Breastfeeding Strategy task & finish groups to be established to agreed content and work programme for strategy development. 	
Breastfeeding Strategy	Yellow	<ul style="list-style-type: none"> Rare Disease Delivery Group support from Planning to be paused for the short term. 	
Overall Delivery Confidence	Green		
Reporting Period	Q4 2022-23		Escalations

Growing Well Strategy Group Update: Q2 2022

Authors:

Dr Emily Payne

Charlotte Thomas

Sian Watkins



Progress Highlights

- **CTM's Children's Rights Charter** launched on 20th November.
- **Child Weight Management Level 2/3** Working with Therapies Head of Service to develop tender for a research commission-output will be non cost, and costed delivery options for model of care to children and young people.
- **Children's Services Programme Board work-streams** have been agreed, inclusive of neurodevelopmental services and emotional health and wellbeing regional service developments.
- **Neurodevelopment Workshop** – held on the 24th November at Prince Charles Hospital. The workshop brought colleagues together to discuss the existing service and what the service should provide. It was agreed that a new service should:-
 - Provide multidisciplinary assessment, intervention
 - Information and advice for children and young people who may have a neurodevelopmental disorder, and their families.
 - Work closely with our partner organisations such as schools, the education authority, social services, and third sector organisations.
- **Neurodevelopment Grant Funding**
 - Neurodevelopment received 213k of grant funding, half being utilised by Children and Families to provide extra clinics, the other half has been allocated to 8 third sector organisations, one will be focusing on providing a package of support to children under 5 and their families waiting for diagnosis in Bridgend, three others will be providing targeted intervention to families who have been waiting the longest in RCT and Merthyr.



Clinical Strategy Lead: Emily Payne
Head of Planning & Commissioning: Charlotte Thomas
Planning & Commissioning Manager: Sian Watkins



Work Programmes/ Activity	Delivery confidence
Children's Rights	Green
Admission Policy 16/17 year olds	Red
Transition planning	Yellow
Diabetes	Green
Redesign of Neurodevelopmental services	Yellow
Creating Health Programme Board	Yellow

Progress and Achievements

- Neurodevelopment received 213k of grant funding, half being utilised by Children and Families to provide extra clinics, the other half has been allocated to 8 third sector organisations, one will be focusing on providing a package of support to children under 5 and their families waiting for diagnosis in Bridgend, three others will be providing targeted intervention to families who have been waiting the longest in RCT and Merthyr. The additional funding used by the NHD service will enable and additional 885 appointments by the end of March.
- Tender has been awarded to Q5 and an initial meeting has been arranged.
- Current SLA with Halcyon will end at the end of March, currently exploring a new agreement to tie in to start a new contract.
- To establish a Creating Health Programme Board, this work is being supported by PHW and Dietetics.
- Ongoing work with the Admission of 16-17 year old.

Priorities

- Redesign of Regional neurodevelopmental services

Issues

- Capacity moving forwards due to HoP providing oversight for two system groups.
- Failure to recruit additional Planning Manager. Post has been re-advertised with interviews being held on 11th January 2023.

Overall Delivery Confidence	Green
Reporting Period	Q4 2022/23

Escalations

Living Well Strategy Group Update: Q3 2022

Authors:
Marie Evans
Pam Wilson



Living Well: Progress Overview



Highlights:

- **Making Every Contact Count (MECC):** Work has commenced with members of the Respiratory and Liver Disease Planning and Delivery groups to consider the roll out MECC across key pathways in particular hepatology, alcohol care and smoking cessation. Nominated leads for pathways are being identified and representatives are considering both the Level 1 and Level 2 training. Regular updates on the pace of roll out to be reported back to the Planning and Delivery Groups by Public Health Colleagues who are leading this work.

Liver Disease Update:

- Our Liver teams recently carried out 4 community **liver awareness roadshow events** at local leisure centers. The team offered liver health advice, fibroscan assessments and dry blood spot testing for viral hepatitis. Over 550 scans were completed detecting 60 abnormal results. All those patients have now been offered follow-up appointments within secondary care. A huge thank you to our CNS and HCA team for their commitment and efforts
- **A mass screening project** has been completed in HMC Parc led by the CTM Blood Borne Virus (BBV) Nurse supported by PHW and the Hepatitis C Trust. All in-mates were offered testing for Hepatitis C and 98% of inmates engaged and completed testing. All positive inmates are now being offered treatment with the hope and aim to micro-eliminate Hepatitis C from the prison population early in 2023.
- **Funding for a BBV Nurse:** The Area Planning Board has proposed and approved the development of a Clinical Nurse Specialist for Substance Misuse Harm Reduction Services to provide a clinical focus for both Image & Performance Enhancing Drugs (I PEDs) and BBV as well as other Harm Reduction initiatives. Final approval for 3 year funding was received from Welsh Government on 19th December 2022. The post holder will work closely with existing Hepatology and Substance Misuse services



Clinical Strategy Lead: Neil Hawkes
Head of Planning & Commissioning: Marie Evans
Planning & Commissioning Manager: Pamela Wilson



Work Programmes/ Activity	Delivery confidence
Heart Conditions Planning & Delivery Group: VBHC Projects: Heart Failure Optimisation Heart Failure Palliative Care Heart Failure Rehab Heart Failure NP Pro BNP ACS Pathway	
Respiratory Planning & Delivery Group: Sub groups: Smoking Cessation, Education & Pulmonary Rehab	
Liver Planning & Delivery Group: Hep C, IQILS, Improving pathways with transplant centre	
Alcohol Care Project	
Ukrainian Welcome Centre	

Progress and Achievements

Heart Conditions VBHC Projects: All projects are continuing to make progress. There has been a significant positive impact on PROMs completion rates, relating to the optimisation project. Since the admin posts have been in place across hospital sites. PROMs completion rates continue to improve month on month and are now above the national average (PCH 39%, RGH 42.9% and POW 44.2%). With regards to the Heart Failure Rehab Project the inability to recruit to the physio post is a significant risk. Alternate models of service delivery are being considered by as this is a pilot project timescales is an issue.

Alcohol Care Liaison Service – There has been delays in the recruitment process for the newly funded posts. It is likely this will lead to significant underspend which is being closely monitored by the Finance Delivery Unit. Mental Health CSG has now agreed to progress with the recruitment process. Discussion around where the service will site in the future are still ongoing.

Pre Natal Alcohol Exposure – The Working Group set up to improve the outcomes for pre-natal alcohol exposure has continued to meet. Phase 1 is focused determining the baseline levels of assessments undertaken within midwifery services. An audit is ongoing. Meeting planned for January 2023 with Drymester, who have a range of online materials available to pregnant ladies. Meeting to explore if materials are available in Welsh translation and if material can be share on CTM website.

Respiratory: Work of the Work Stream groups for respiratory education, COPD mapping and smoking cessation are continuing and are progressing well. Work plans are in place with measurable objectives.

Ukrainian UHB Plan: *Ukraine Health Plan Programme now closed and transitioned to business as usual. Closure report submitted to Executive Director of Strategy and Transformation. All actions are now closed.*

Priorities

- Continue to progress all Heart Failure VBHC Projects at pace. To commence discussion regarding handover of projects from Strategy Group to operational management when Service Groups established.
- Continue to establish VBHC formal project arrangements for Alcohol Care Liaison Service. To ensure robust engagement and ownership of project. To progress the recruitment process at pace.

Issues

- Recruitment to part time, fixed term posts within the VBHC projects has been difficult, advertising multiple times has cause some delay..
- There are ongoing discussions around where the Alcohol Care Liaison should be located in the future i.e mental health or medicine. Awaiting outcome.

Escalations: The lack of progress with the Alcohol Care Project has been escalated to Exec level.

Overall Delivery Confidence	
Reporting Period	Q3 2022-23

Ageing Well Strategy Group Update: Q3 2022/23

Authors:
Kevin Duff
Rhian Webber



Progress Highlights

- **Regional Stroke Service Development** - Joint CTM UHB and Cardiff and Vale UHB Stakeholder engagement event held on 26th October engaging range of staff from both Health Boards. The event was attended by 82 colleagues with the aim of maximising awareness of the national and regional programmes, ensuring programme alignment to local clinical needs and building engagement with the programme and its agenda
- **Dementia** - The Dementia Steering Group has developed an outline three year plan drawing on information from the CTM regional population needs assessment, with the aim of delivering against the standards over the coming years.



Work Programmes/ Activity	Delivery confidence
Neurological Conditions Group	Yellow
Stroke Strategy Group	Yellow
Together for Mental Health Partnership Board	Green
Dementia Steering Group	Green
Frailty	Green

Progress and Achievements

Stroke: Good attendance at joint stakeholder event with balanced representation from all staffing groups and professions. The national stroke programme is working with colleagues from the Delivery Unit to undertake demand and capacity modelling. Colleagues from across both organisations have been invited to shape the model and its outputs. This work will inform the development of our new pathways and will underpin the national case for change. Sub groups will be established to take forward specific pieces of work that will support our co-created regional aim.

Dementia: The Dementia Steering Group has developed an outline three year plan drawing on information from the CTM regional population needs assessment, with the aim of delivering against the All Wales Dementia Care Standards over the coming years. In support of this aim the steering group intends to develop growth/delivery plans with our communities to target our dementia services more proactively in these areas. The plan also includes a series of other intended developments across Memory Assessment Services, role of the Dementia Connector, roll out of care fit for Values, Individuals, Perspectives Social (VIPS) platform across our settings, dementia care mapping and development of a workforce learning and development plan.

Priorities

- Continue to develop regional programme structure for development of stroke services with Cardiff and Vale UHB.
- Continue work on development of Frailty model for CTM – linking in with Urgent Care Programme and work on optimal model for integrated community services.

Issues

- Costed proposals for improvements to stroke pathway dependent on IMTP funding.
- Risks associated with provision of Neurology Services in CTM UHB.

Escalations

- As outlined above.

Overall Delivery Confidence



Reporting Period

Q2 2022-23

Dying Well Update: Q3 2022/23

Authors:
Kevin Duff
Rhian Webber



Progress Highlights

- **Bereavement Services** - A Clinical Bereavement Lead for CTM UHB has been appointed. The lead has been meeting with various services across the Health Board to establish links and discuss how they can support services from the perspective of the bereavement standards. The post holder will also be making contact with link nurses on each of the sites and be available for colleagues to contact and arrange a meeting.
- **CTM Local Adult and Children & Young People's End of Life Care Action Plans** – Local implementation of the action plans continues to progress under the CTM Palliative and End of Life Care Delivery Group.



Chair: Vacant
Head of Planning & Commissioning: Kevin Duff
Planning & Commissioning Manager: Rhian Webber



Work Programmes/ Activity	Delivery confidence
Palliative and End of Life Care Delivery Group	Yellow
Relaunch Care Decisions Tool	Green
Bereavement Services	Green
Education Training & Information	Yellow
Patient Feedback and Communication	Yellow

Progress and Achievements

CTM UHB Palliative and End of Life Care Delivery Group:

- **Civica to be promoted as a form of feedback through networks** - Work underway with Civica to get reports pushed to colleagues e-mail boxes.
- **Relaunch of Care Decisions Tool** - underway for 6 – 9 months with some use of the tool across the Health Board. All District Nursing Teams have nominated champions / links. All 3 mental health areas have nominated links and they have been trained.
- **Education, Training and Information** - Microsoft Teams channel established for teams to interact, planning for meetings every 6 – 8 weeks to use as peer support and people to bring anonymised cases, wins and share documents, information and any pertinent research on EOL. End of life training delivered and now part of all new RN induction, HCSW induction, overseas nurses programme and band 6 development programme.

Priorities

- Continue implementation and delivery of four key priority areas under CTM Palliative and EOL Delivery Group.
- Continue implementation and delivery of CTM Adult and Paediatric EOL Action Plans through the Delivery Group.
- Establish forward work programme under new chair of Palliative and EOL Delivery Group.

Issues

- Short term national EOL Delivery Plan funding in some key areas.
- VBHC business case for Specialist Palliative Care Front Door Model unsuccessful in gaining WG funding.

Escalations

- As outlined in issues above.

Overall Delivery Confidence	Green
Reporting Period	Q2 2022-23



AGENDA ITEM

6.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

MENTAL HEALTH STRATEGIC UPDATE

Date of meeting	01/02/2023
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Julie Denley Deputy COO Primary, Community & Mental Health
Presented by	Julie Denley Deputy COO Primary, Community & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

CAMHS	Child and Adolescent Mental health Clinical Services
IMTP	Integrated Medium Term Plan
MDT	Multi-Disciplinary Team
OOA	Out of Area
CAAPS	Clinical Associate in Applied Psychology



SIF	Service Improvement Funding
SMI	Serious Mental Illness

1. SITUATION/BACKGROUND

- 1.1 Like many areas mental health strategy has not progressed in line with the IMTP during the last few years so a whole system rewrite is underway in line with the new Care Group Delivery Model and in the context of #CTM30.
- 1.2 As part of this change some of the key rationales are central to the work to develop a clear mental health strategic direction as follows:
 - 1.2.1 Developing the 'One-CTM' agenda and to further embed Bridgend within the Cwm Taf Morgannwg University Health Board.
 - 1.2.2 Bringing the Health Board together in its vision and ways of working opposed to being split into separate groups, which can create inequality of access for patients.
 - 1.2.3 The need to consider the impact of COVID and the aftermath – The planned care recovery effort requires a centralised coordination of response as a unified Health Board.
 - 1.2.4 Better alignment and opportunities with Local Authorities for joint working and shared ambition for joint funding posts.
- 1.3 All services currently provided by the Child and Adolescent Mental health Clinical Services Group and the three adult Mental Health Clinical Services Group have transferred to the responsibility of the Mental Health and Learning Disabilities Care Group and a structure to best help delivery of a range of strategic priorities has been drafted and is being considered.
- 1.4 Adult Mental Health services has a multidisciplinary workforce of approximately 680 whole time equivalent (WTE) staff including nurses, psychiatrists, psychologists, occupational therapists, administration staff and medical staff. In addition to this Child and Adolescent Mental Health Services has approximately 300 staff.
- 1.5 The quadrumvirate has been recruited to over recent months to lead the Care Group and they will have responsibility for delivering high level operational and strategic leadership to the care group and provide high quality, cost effective care.
- 1.6 Clearly a CTM#30 Mental Health strategy will need to align with other internal priorities as well as national ones. The national Mental Health National Partnership Board oversee the development of key areas of

mental health including the Together for Mental Health and Talk to Me Too Strategy Development. An Assistant Director of Strategy and Transformation has been appointed for 2 years to establish and support the quadrumvirate to drive and deliver a full strategic programme with support of the Executive Director of Strategic Transformation and their team.

The current Together for Mental Health and Talk to Me Too strategies come to an end at the close of 2022. A contract for the independent evaluation of the impact of the strategies was awarded to inform the next strategies. Extensive engagement is taking place following which a report will be submitted with findings in August and this will provide a baseline informing the approach to development of the future strategy.

Alongside this the Wolfson Centre at Cardiff University is undertaking a project specifically focused on children and young people, to help identify needs and how services can improve transition support.

Welsh Government (WG) will be setting out the process of engagement and timescales for developing the draft strategy which are likely to need to go beyond the end of 2022

- 1.7 To support strategy development WG identified additional SIF for 22/23. Information on any further investment for 23/24 has not yet been announced.
- 1.8 Key Priorities for the Care Group for the next quarter include:
 - 1.8.1 Launch of 11#2 – team recruitment is well underway with a view to launching end of March
 - 1.8.2 Establishing a Rehabilitation Services Transformation Board to enact recommendations in a report commissioned to inform future services.
 - 1.8.3 Transitioning CAMHS Services for the population of SB to SBUHB
 - 1.8.4 Development of a single CTM specification for Wellbeing Retreats with clear patient and system outcome measures.
 - 1.8.5 Commissioning new roles, CAAPs & Physicians Associates.
(CAAPs are psychology graduates (often with additional post-graduate experience) who complete a 1 year programme at full MSc in order to become a skilled professional applied psychologist, working within their scope of practice, under the direct supervision of a clinical psychologist).
 - 1.8.6 Developing a strategic Infrastructure for a full transformation and improvement programme – see slide pack in appendix 1 for key components of the programme.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 To progress #CTM30 mental health at pace and in-conjunction with stakeholders the quadrumvirate once in post will be supported by a Head of Strategy and Transformation who will drive key programmes of work.
- 2.2 There are some clear programme of work currently underway or previously paused in the pandemic that will remain central to this and these include:
 - 2.2.1 Progression of a Strategic Outline Case for the development of fit for purpose inpatient facilities.
 - 2.2.2 Further development of alternatives to admission, in particular 111#2, crisis / wellbeing centres and accommodation and a single point of access.
 - 2.2.3 A cohesive model of mental health in Primary Care
 - 2.2.4 Embedding digital working through a single integrated record system, further adoption of Consultant Connect and other platforms to support emotional and mental wellbeing.
 - 2.2.5 Full review of Eating Disorder needs, capacity and service model
 - 2.2.6 Full review and setting model for physical health checks for people with SMI.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There will need to be a balance of how many strategic programmes to progress initially and what follows.
- 3.2 The quadrumvirate are yet to recruit a Head of Nursing.
- 3.3 Capital funding availability.
- 3.4 Timeliness of a well-functioning single digital clinical record system.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Choose an item.
	The development are all focused on improving service access and subsequent interventions.



Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below: Staff & Resources
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	As funding is secured and specific service developments are progressed each will complete an EIA.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	As set out in the paper all developments have recurrent funding aligned.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The paper is noted and discussed and an update scheduled for a future Committee.



Mental Health and Learning Disabilities Care Group

Strategic Programme & Financial Plan





**WE LISTEN,
 LEARN AND
 IMPROVE**



**WE TREAT
 EVERYONE
 WITH RESPECT**



**WE ALL WORK
 TOGETHER
 AS ONE TEAM**

Reducing health inequalities
 Equal focus on mental and physical health
 Supporting our communities
 Being a healthy organisation



**CREATING
 HEALTH**



**IMPROVING
 CARE**

Delivering safe and compassionate care
 Developing new models of care
 Digital transformation for patients and staff
 Ensuring timely access to care

Visible and inspiring leadership
 Promoting diversity and inclusion
 Embedding our values and behaviours
 Encouraging local employment



**INSPIRING
 PEOPLE**



**SUSTAINING
 OUR FUTURE**

Becoming a green organisation
 Ensuring our services' financial sustainability
 Embedding value-based healthcare
 Ensuring our estate is fit for the future

Prevention & Wellbeing

- **Prevention** interventions focusing on reducing risk factors and enhancing protective factors at 3 key levels:
 - **Primary prevention** prevent the onset or development of a problem or condition – aimed at groups at higher risk
 - **Secondary prevention** lower the severity and duration of a condition through early detection and referral to appropriate interventions
 - **Tertiary prevention** reduce the impact of a condition and restore previous health and functioning



Prevention & Wellbeing – Primary Prevention

- Whole Schools Approach (*Improving Care*)
- **MH in Primary Care– an Integrated Approach** (*Improving Care*)
- Early Intervention in Psychoses
- Perinatal Mental Health
- Dementia Standards - Community Engagement & Dementia Connectors

Prevention & Wellbeing – Secondary Prevention

- *111#2 urgent and routine single point of access*
(Improving Care)
- Wellbeing Retreats and alternatives to admission - All Age (Improving Care)
- Psychiatric Liaison Model (Improving Care)
- A Psychologically Informed Workforce (Inspiring People & Improving Care)
- Dementia Standards - Hospital Charter & Learning & Development



Prevention & Wellbeing – Tertiary Prevention

- Inpatient care models and accommodation (*Improving Care*)
- Substance Misuse Detox Models & Pathways (*Creating Health*)
- Annual Health Checks – WISE Programme (*Creating Health*)
- Learning Disability in Primary Care and secondary acute care (*Creating Health*)
- High Intensity Rehabilitation – Inpatient (*Improving Care*)
- *Community Rehabilitation bed and community based models* (*Improving Care*)
- *Women's Trauma bed and community based models*
- Dementia Standards - Memory Assessment & Metrics (*Improving Care*)

Enablers, & Golden Threads

Enablers

- Workforce Plan
- Digital Strategy
- Data
- Estate Strategy

Golden Threads

- Quality First
- Balanced Financial Plan
- Collaboration / Co-production / Lived Experience
- Psychologically Informed Care
- Green Objectives
- Digital Solutions

Change Transformation & Change Portfolio MH & LD

Nursing Productivity

- Locum / Agency Spend
- 1-1 Care
- Inpatient Skill Mix Review

Medical Workforce Productivity

- Locum / Agency Spend
- Alternative Roles
- Productive Job Plans

Meds Management

- Understanding Opportunities / Benchmarking

Change Transformation & Change Portfolio MH & LD

Clinical Administrative Processes

- Business Admin Review and Digital Modernisation

Value Based Healthcare

- Valley Steps
- Buvidal

Low value Interactions (INNU's)

- Outpatient modernisation

Estate Rationalisation and Utilisation

- YGT
- Estates accommodation Review – community premises

Commercial Contracting and

- CHC Action Plan
- BCBC Cost pressure



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AGENDA ITEM

7.1.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

PUBLIC SERVICE BOARD CONSULTATION UPDATE REPORT

Date of meeting	1st February 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Philip Daniels- Consultant in Public Health
Presented by	Philip Daniels- Consultant in Public Health
Approving Executive Sponsor	Executive Director of Public Health (Deputy Director of Public Health (Interim))
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS

CTM	Cwm Taf Morgannwg
PSB	Public Service Board

1. SITUATION/BACKGROUND

- 1.1 Cwm Taf and Bridgend Public Service Boards (PSB) were separately established in 2016 as one of the requirements of the Wellbeing of Future Generations 2015 (Wales) Act.

- 1.2 Whilst there are currently two Public Service Boards in operation, work is well under way to combine these into a single CTM PSB to align to the boundary of the health board and enable them to be more effective and more joined-up in their work.
- 1.3 Bridgend and Cwm Taf Public Services Boards have created a joint Draft Well-being Plan for the whole of the Cwm Taf Morgannwg area covering Bridgend, Merthyr Tydfil and Rhondda Cynon Taf, informed by the recent Wellbeing Assessment
- 1.4 This plan is currently out for public consultation until 10 February 2023 (**Appendix 1**).
- 1.5 The consultation link has been shared with members of the Committee for awareness. The response to the consultation is being coordinated centrally by the Public Health Team.

2. Specific areas for consideration

- 2.1 The PSB describes wellbeing as being *“about quality of life, and how that is connected to the environment, the economy, the services we need and the culture we share. The Well-being Assessment brought together available national and local information, including findings from engagement with people that has given us insight and understanding that not all communities have fair access to opportunities and that they have individual challenges that impact upon their wellbeing.”*
- 2.2 The Wellbeing plan focusses on two priorities: **‘A Safe CTM’** and **‘A Green CTM’**, endorsed by the PSB on 18 October 2022.
- 2.3 At the same PSB meeting, Members supported taking a ‘Health Impact Assessment’ approach to writing the Plan, which was a recommendation from the Office of Future Generations Commissioner.
- 2.4 This plan will guide efforts by all public sector organisations to improve the wellbeing of CTM residents up to 2028.
- 2.5 It presents a significant opportunity for CTMUHB to realise Whole System Approaches to improving population health, pursuant of its ambition of “creating health”, as part of the CTM 2030 Strategy, acknowledging that many of the levers for population health improvement rest out-with of the Health Board

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There is an opportunity to ensure ambitions to achieve a “healthy CTM” are realised in conjunction with efforts to render CTM “Green and Safe”.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Staying Healthy
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

- 5.1 The Committee are asked to **NOTE** the plan and should they wish to provide any feedback this should be submitted to the Public Health Team who formulating a response on behalf of the Health Board.

Our Well-being Plan

A More Equal Cwm Taf Morgannwg

Cwm Taf Morgannwg Public Services Board (PSB) brings together the previous PSBs in Cwm Taf, covering Merthyr Tydfil and RCT, and Bridgend to form one PSB for the Cwm Taf Morgannwg area. This new board comprises public bodies, who deliver services locally to improve the social, economic, environmental, and cultural well-being by setting objectives that will achieve the Well-being Goals outlined in the Wellbeing of Future Generations 2015 Wales Act.

We must do this by using the sustainable development principle which means the PSB needs to make sure that when making decisions they consider the impact they could have on people living their lives in Wales in the future. We use the following five ways of working from the Act to help us to do this:



Over 450,000 people live in the Cwm Taf Morgannwg Area. Well-being is about quality of life, and how that is connected to the environment, the economy, the services we need and the culture we share. Many things have shaped our communities and our well-being—such as industrial heritage, the landscape and shared interests in sport and the arts, giving a rich history and future opportunity. These can be considered as social, economic, environmental, and cultural factors.

Our [Well-being Assessment](#) provides the evidence base for this Well-being Plan, the data and information gathered has been used alongside what local communities and people have told us about life in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf.

The overarching theme of our Well-being Plan is '**A More Equal Cwm Taf Morgannwg**' and that drives every aspect of the Public Services Board's work.

Our Well-being Assessment told us that the communities in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have a lot to be proud about. However, not all communities have fair access to opportunities and face different challenges that impact on well-being. We have learned from our Well-being Assessment to identify how we will work together locally to tackle these inequalities in relation to our lifestyles, our communities, and our environment to improve the well-being for people living here now and building towards a fair future.

This draft plan sets out how we will work together to achieve this.

Working Differently

The PSB membership, partnerships and networks bring together a wide range of organisations and groups. In working together on our objectives in this Well-being Plan, each will be able to make a different contribution. In all our activities we are guided by the ways of working in the Well-being of Future Generations Act

Specifically, for the achievement of the plan, PSB partners make the following commitments



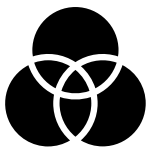
Involvement and citizen voice will shape the design and delivery of the plan. We will maximise opportunities for working in a more inclusive and co-productive way by working with Coproduction Network for Wales.



PSB organisations are rooted in their communities. Through their size and reach, they can contribute to our local area in many ways beyond delivering services. We will maximise our contribution to improving well-being through using our assets to support communities through procurement, reducing our carbon footprint and as big employers of local people,



Establishing a regional governance at the PSB that drives local delivery (based on need and improving equity) and campaigns at a national level on behalf of our communities.



Improving intelligence across the region, agencies and partnerships so that we recognise and build on the many strengths of the area and understand the causes behind the challenges we face.



We will keep our eye on the future by using systems thinking and focusing on outcomes so that we act in a way that will make sustainable improvements to well-being for future generations.

Objective One - Healthy local neighbourhoods

A Cwm Taf Morgannwg where our communities are inclusive and feel cohesive and people feel safe, supported and valued.

Our Well-being Assessment told us that we want:

To feel Connected:



During lockdown our local communities came together with voluntary organisations and partners to make sure that everyone had the support they needed. We are proud of our strong local communities, but we know that loneliness can affect anyone, and young people said they felt disconnected. We know that taking part in our community is good for our mental health, and there are great local activities and opportunities but some people, including those with disabilities, feel excluded and cost and transport can be a barrier.

Healthy places:



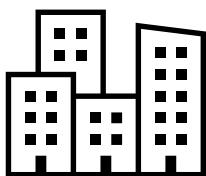
There are great opportunities to keep fit and healthy in our community, but physical activity rates are low, we have high levels of diabetes and obesity, and people in more deprived neighbourhoods are less likely to make use of the green and blue spaces around us. Having safe local spaces and affordable opportunities to be active is important, including play for children and young people. Having a good range of healthy affordable food options locally also makes it easier to make better choices.

To feel and be safe:



Cwm Taf Morgannwg is a safe place to live with good work being done to tackle crime and anti-social behaviour, but we know that some people feel unsafe in some spaces or at certain times. Recent figures also show an increase in reports of hate crime and domestic abuse. We recognise the impact this can have and want to create communities where everyone feels safe and a sense of belonging.

To live our lives locally:



Local hubs and support are really valued. We want to enable more local living that would build on strengths and benefit community members, provide local training, local access to services, and offer shared use of local buildings to bring services closer to communities. This approach would reduce the cost of journeys and encourage active travel and support accessing affordable, quality food locally.

By working together on this objective, we will

Support communities to be inclusive so that:



- more people say they feel connected;
- fewer people say they feel lonely; and
- there is a range of community activities for everyone reflecting the wide range of interests

Promote healthier lifestyles in our communities so that:



- more people are active;
- fewer people, particularly children, are obese; and
- there are more opportunities to be active locally and affordably.

Work with communities to build a sense of belonging so that:



- more people report feeling safe in their local area;
- fewer people experience anti-social behaviour; and
- there are opportunities to act together to tackle problems when they occur

Help people to access to support, services, and opportunities in their local neighbourhood so that:



- more people use active travel;
- fewer people face long / costly journeys to access services; and
- there are community buildings for everyone to access and use.

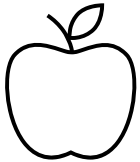
We believe working in this way will also positively contribute to the seven national Well-being goals:

A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture & thriving Welsh Language	A globally responsible Wales
✓	✓	✓	✓	✓	✓	✓

Objective Two – Sustainable and resilient local neighbourhoods

A Cwm Taf Morgannwg where we value and use what we have responsibly and take climate change and its impact on our communities seriously.

Our Well-being Assessment told us that we want:



To protect and use our natural spaces:

We love green and blue spaces around us but we could be using them better or physical exercise, coming together or just being outside. When we do use them, we want to make sure that we're not doing anything that could negatively impact on the spaces around us.

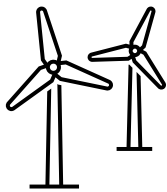
We need a healthy ecosystem for water and food however many of our local species of plants, animals and insects are in decline.



To do more active travel and use public transport:

We find that travelling for work, shopping, appointments, and socialising can be costly and difficult. Where more of the services, businesses, and activities we use are in our local neighbourhoods, we can use active travel like walking and cycling to get to them which

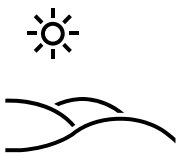
can improve our health and reduce the number of journeys that rely on vehicles.



To reduce carbon and waste:

At present, we are using our resources in an unsustainable way, and this is contributing to the climate and nature emergencies. We already have good rates of recycling but there is more we can do.

There are examples from partners on reducing carbon and how we can all support plans to become carbon neutral. We all have a role to play in climate mitigation: reducing waste and energy use to create a cleaner, greener Cwm Taf Morgannwg.



To tackle Climate Change and its impact:

We are already seeing the impact of Climate Change in our communities. Many residents have experienced devastating flooding and we are also seeing rising temperatures in the summer. Wales has declared both Climate and Nature emergencies and we know

that extreme weather has greater impact in areas with a lower income. Climate adaptation is needed so that we change how we use our urban and natural spaces respond to climate change and the risks it poses.

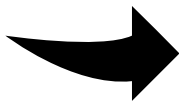
By working together on this objective, we will

Improve, use, and protect our natural local spaces so that we see:



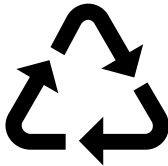
- more local, accessible green and blue spaces;
- fewer incidents of pollution and fly tipping; and
- an improvement in the health of our surroundings, including our rivers and hillsides.

Support communities to use more active travel in their daily lives so that we see:



- more of the things we need and use being nearby;
- fewer journeys being undertaken by car; and
- an improvement in air quality and pollution levels.

Understand how we can all use resources more sustainably so that we see:



- more re-use and recycling of a range of materials;
- a reduced demand for energy; and
- an improved use in our land and coastline to help 'trap' carbon.

Work with communities to understand the different impacts and opportunities for Climate Change mitigation and adaptation so that we see:



- more awareness, knowledge, and skills across communities;
- fewer people, communities, and properties at risk; and
- increased confidence in our ability to respond to future challenges.

We believe working in this way will also positively contribute to the seven national Well-being goals:

A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture & thriving Welsh Language	A globally responsible Wales
✓	✓	✓	✓	✓	✓	✓

Tell Us What you think

We would like you to tell us if you think these are the right things for us to be working on. You can find out more about PSBs and find a link to our online consultation [here](#)



AGENDA ITEM
7.1.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Update on Public Services Board Model proposals
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Date of meeting	1 February 2023
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Vicki Wallace, Deputy Director of Strategy and Partnerships
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Presented by	Vicki Wallace, Deputy Director of Strategy and Partnerships
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Approving Executive Sponsor	Executive Director of Strategy and Transformation
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
Executive Leadership Group	03.01.2023	NOTED

ACRONYMS	
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CTMUHB	Cwm Taf Morgannwg University Health Board
ELG	Executive Leadership Group
PSB	Public Services Board
TOR	Terms of Reference

1. SITUATION/BACKGROUND

- 1.1 It is being proposed that to reduce duplication and enable more effective joint working to improve well-being for people in the area, the two PSBs currently in place within the footprint would merge to create a new PSB for the Cwm Taf Morgannwg area. This will enable the PSB to align with the health board footprint, as well as being co-terminus with the 'Mid Glamorgan' basic command unit of South Wales Police. The Well-being of Future Generations Act provides for two or more PSBs to be able to merge and to collaborate if it would assist them in contributing to the achievement of the well-being goals.
- 1.2 The Well-being of Future Generations Act 2015 gives a legally-binding common purpose to improve the economic, social, environmental and cultural well-being of their area by contributing to the achievement of the 7 national well-being goals. The Well-being of Future Generations Act (the Act) puts a well-being duty on specified public bodies including local authorities, local health boards, fire and rescue services and Natural Resources Wales to act jointly via PSBs.

PSBs are required to

- assess the state of economic, social, environmental and cultural well-being in their areas (the Well-being Assessment)
- use that assessment to set local well-being objectives (the Well-being Plan)
- act together to meet those objectives.

Currently there are two PSBs within the footprint of CTMUHB; Bridgend PSB and Cwm Taf PSB. As set out above, it is proposed that that these two will merge to enable more effective joint working.

A joint workshop was held on the 15th November 2022 to discuss learning to date and develop proposals on future working models.

This resulted in a report to Bridgend Public Services Board being produced and opinions being sought on the two models. This report can be found at (**Appendix 1**) to this document.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The two models set out following the workshop on the 15th November can be seen below. On reflection, it is proposed that CTMUHB recommend a third iteration of the model, which combines the two proposed models. The aim of this is to encourage appropriate partnership engagement at the PSB whilst maintaining clear governance arrangements to ensure delivery of the two well being objectives.

Further detail on each of the models can be found in the paper in **(Appendix 1)**.

2.2

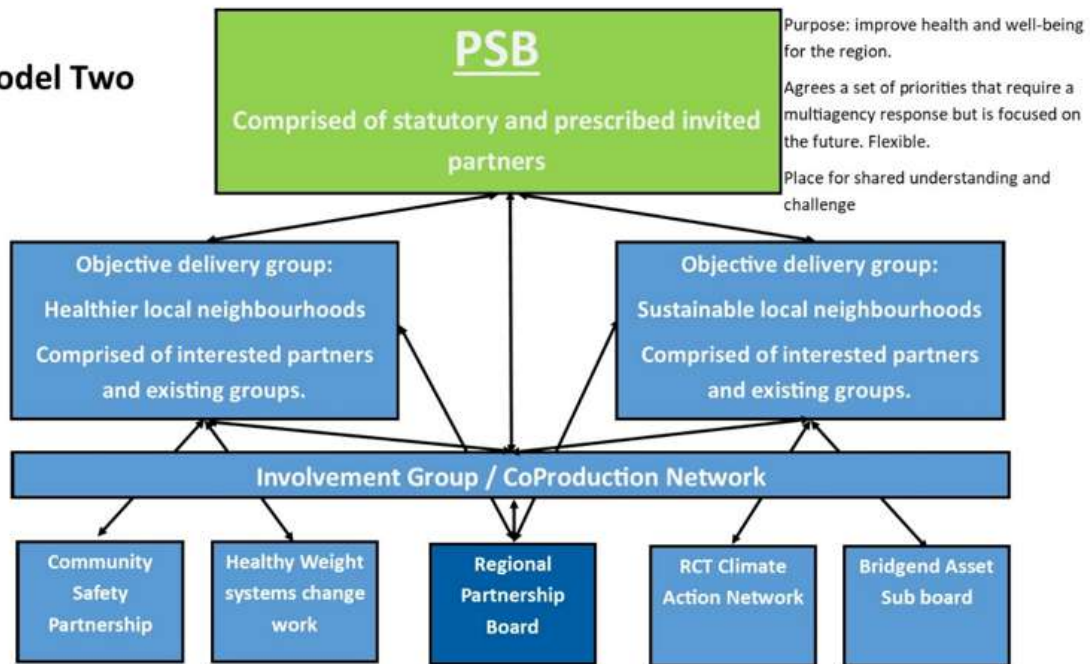


Model one focuses on an Executive PSB meeting monthly with the wider partnership coming together on an annual basis. This seems to reduce the impact and value of the wider partnership members and seems slightly at odds to the draft Well-Being Plan commitment of working in a more inclusive and co-productive way.



2.3

Model Two



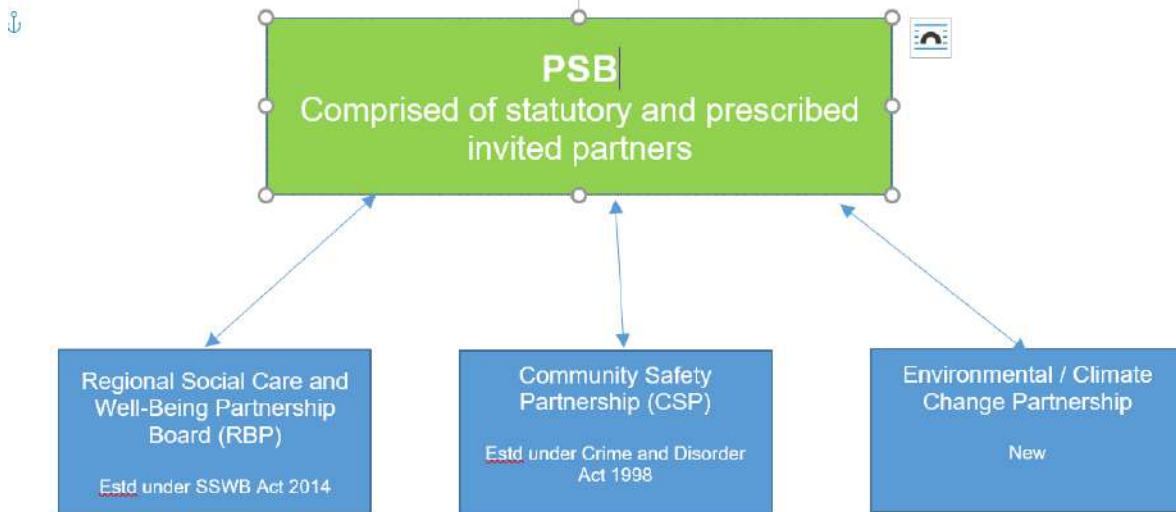
Model two includes a PSB with wider membership meeting every two months. It sets out two sub groups which align to the two well-being objectives with other boards reporting into them. This seems like a complex governance structure and the paper (Appendix one) does not set out how the Involvement Group/Coproduction Network would function and bring this together.

Therefore, it is suggested that a third model is presented as an option to be considered which amalgamates different elements of the proposed models.



2.4

Suggested Model Three



This proposed model brings together the wider partnership on a two monthly basis with a clear substructure to deliver the Well-Being Plan. This supports the PSB to act as the principle strategic leadership forum for the planning, commissioning and delivery of public services across organisational boundaries while maximising opportunities for inclusion and co-production.

These models were discussed by ELG on the 3rd January 2023 and the proposition of a third model was supported. To influence the choice of model, CTMUHB feedback was received by the 17th January 2023 (an extension was granted to the original deadline of the 13th January 2023).

The PSB will agree their favoured structure for the future PSB. A shadow PSB will convene in February 2023 to sign off the draft Well-Being Plan and agree ToRs for the Cwm Taf Morgannwg PSB. A formal PSB for the Cwm Taf Morgannwg area will be on place by the publication of the Well-Being Plan on the 30th April 2023.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
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Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	An EIA will be done by the PSB
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

- 5.1 The Committee are asked to **NOTE** the recommendation that a third proposed model is considered by the Public Services Board which is an amalgamation of the two models set out within their briefing paper.

REPORT TO BRIDGEND PUBLIC SERVICES BOARD

TRANSITION TO A REGIONAL PUBLIC SERVICES BOARD FOR CWM TAF MORGANNWG

1. Purpose of Report

- 1.1 The purpose of this report is to agree the transition to a single Public Services Board (PSB) for Cwm Taf Morgannwg and the proposed structure for the regional Board.

2. Connection to the Wellbeing Objectives for Bridgend County

- 2.1 This report assists in the setting and delivery of new well-being objectives for the new regional PSB including Bridgend County.

3. Background

- 3.1 The Well-being of Future Generations Act 2015 gives a legally-binding common purpose to improve the economic, social, environmental and cultural well-being of their area by contributing to the achievement of the 7 national well-being goals.
- 3.2 The Well-being of Future Generations Act (the Act) puts a well-being duty on specified public bodies including local authorities, local health boards, fire and rescue services and Natural Resources Wales to act jointly via PSBs.
- 3.3 PSBs are required to
- assess the state of economic, social, environmental and cultural well-being in their areas (the Well-being Assessment)
 - use that assessment to set local well-being objectives (the Well-being Plan)
 - act together to meet those objectives.
- 3.4 Through the sustainable development principle, the Act details the ways in which specified public bodies and public services boards must work to ensure that decisions made today do not impact on the ability of future generations to act to improve their well-being. To demonstrate how we are doing this we are guided by five ways of working - long term, collaboration, involvement, prevention and integration.
- 3.5 Bridgend PSB was established in 2016. The Well-being Plan was published in 2018 and the board has worked together over the last four years on the achievement of the objectives in the Well-being Plan. Copies of the Assessment, Plan and subsequent Annual Reports on activity are published on the BCBC website.
- 3.6 The changes to the health board footprint created Cwm Taf Morgannwg University Health Board covering Rhondda Cynon Taf, Merthyr Tydfil and Bridgend local authority areas.
- 3.7 In 2019 the two PSBs covering the health board region, i.e. Bridgend and Cwm Taf (RCT and Merthyr) met with the Cwm Taf Morgannwg Regional Partnership Board -

a strategic board established by the Social Services and Well-being Act established to improve health and social care services and the health and well-being of the local population - to consider how the 3 boards could work better on improving well-being in the area.

- 3.8 It was proposed that to reduce duplication and enable more effective joint working to improve well-being for people in the area, the two PSBs would merge to create a new PSB for the Cwm Taf Morgannwg area to align with the health board footprint, as well as being co-terminus with the 'Mid Glamorgan' basic command unit of South Wales Police. The Well-being of Future Generations Act provides for two or more PSBs to be able to merge and to collaborate if it would assist them in contributing to the achievement of the well-being goals.
- 3.9 As a foundation for this change, the new Well-being Assessment was prepared to cover the Cwm Taf Morgannwg area and was done in close collaboration with the Regional Partnership Board in the development of their Population Needs Assessment.
- 3.10 Following on from the Assessment, the two PSBs have worked together this year to develop a single Well-being Plan for the Cwm Taf Morgannwg region that is currently out to consultation.

4. Current Situation/Proposal

- 4.1 As part of the development of the Well-being Plan both PSBs have reflected on current working and how they would like to work together in the future. This was further supplemented by a '3 Horizons' futures session carried out with members to consider the future for the region that they wanted to see and contribute towards.

Bridgend PSB had also had a presentation from Gwent PSB on how they worked to create their regional PSB and what were the strengths and challenges they were finding in that process.

On 15th November members of the two PSBs along with the respective sub boards such as Community Safety Partnerships and scrutiny members met to consider how best to merge and what the new PSB could look like.

This paper brings together the key points from this work over the last few months.

4.2 Purpose and Focus

Both current PSBs in their terms of reference see the role of the PSB to act as the principle strategic leadership forum for the planning, commissioning and delivery of public services across organizational boundaries to achieve better outcomes for local people. The home of strategic collaboration.

The Well-being Assessment and Welsh Government Future Trends Report highlights longer term issues including diabetes, dementia, climate and nature emergencies, mental health, poverty. The sustainable development principle within the Act directs partners and PSBs to take a preventative approach. The challenge to the PSB is to act in this way, and to prevent negative impacts on services and well-being from occurring or getting worse.

At our workshop on 15th November many partners felt that the purpose of the PSBs has often been unclear and that had hampered progress and direction in improving well-being in any significant way. There was a view that more immediate service delivery issues could also be addressed by the PSB where they can secure improvements to longer term well-being.

The challenge for the PSB is to balance the long term focus of the Board detailed in the Act in relation to shorter term service delivery issues faced by the statutory partners, particularly in a time of growing budget pressures.

We learned a lot from our experiences of working during the Covid-19 pandemic about the importance of collaboration, however the challenges identified in our Well-being Assessment are more complex such as climate and nature emergencies, impact of an aging population, diabetes and obesity, poverty and the impact of the inequalities and inequity apparent in the region. This collaboration needs to be further strengthened and considered in the context of bringing about system change to address sustainability concerns about service provision, both in the present day and years to come.

The focus of the PSB should be where working together adds value on issues where individual partners cannot achieve objectives alone. This focus is set out in the principles, objectives and steps of the PSB's Well-being Plan.

Integrated working allows for partners to consider how their own body's well-being objectives can help contribute towards the delivery of the objectives of another body and improve contribution to achieving the seven Well-being Goals. The PSB can act as a great forum for this, providing the space to maximise and spread good practice as well as scaling up. We have traditionally spoken about integrated and collaborative approaches needed to address the large, 'wicked issues' that so significantly impact on well-being. Having this purpose in mind could help the Board to define a clear purpose. Shared Purpose, Shared Future 3 on the collective role of public bodies in relation to the Well-being of Future Generations Act also makes it clear that

“public services board should seek to engage in a purposeful relationship with the people and communities in the area, including children and young people, Welsh-speakers and those with protected characteristics, in all aspects of its work. It is vital that the board takes account of the importance of involving people with an interest in achieving the well-being goals and of ensuring those persons reflect the diversity of the population of the area the board serves”

4.3 Principles and Ways of Working

The draft Well-being Plan makes five commitments for the way the PSB will work together and these will be the core principles for the PSB that will guide and challenge activity throughout the PSB structure.

- Involvement and citizen voice will shape the design and delivery of the plan. We will maximise opportunities for working in a more inclusive and co-productive way by working with Coproduction Network for Wales.
- PSB organisations are rooted in their communities. Through their size and reach, they can contribute to our local area in many ways beyond delivering services. We will maximise our contribution to improving well-being through using our assets to support communities through procurement, reducing our carbon footprint and as big employers of local people.
- Establishing a regional governance at the PSB that drives local delivery (based on need and improving equity) and campaigns at a national level on behalf of our communities.
- Improving intelligence across the region, agencies and partnerships so that we recognise and build on the many strengths of the area and understand the causes behind the challenges we face.

- We will keep our eye on the future by using systems thinking and focusing on outcomes so that we act in a way that will make sustainable improvements to well-being for future generations.

Discussions in our workshop on 15th November reinforced these commitments and highlighted the importance of:

- Communication both within partner organisations on the work of the PSB and with wider partners and local people, showing what the PSB is working on and how it is making a difference.
- Engaging with communities and ensuring understanding of the issues facing communities
- Having performance management systems linked to shared outcomes to demonstrate impact.

It was recognised that the PSB does not have an operational budget so pooling of resources could be used, as currently happens to some extent in Cwm Taf PSB, to support the Board and help deliver against shared outcomes..

4.4 Membership

Bridgend PSB currently comprises of a single board involving all statutory partners and invited participants and also includes

- Awen Cultural Trust
- Bridgend College
- Valleys to Coast housing association
- Department of Work and Pensions
- Public Health Wales
- Cwm Taf Regional Partnership Board
- Community safety partnership chair
- Business in Focus

Cwm Taf PSB has a single board including statutory partners and invited participants and also includes

- Cwm Taf Morgannwg Public Health Team
- Cwm Taf Morgannwg Regional Partnership Board
- Well-being Objective Leads as required
- Chair of the Joint Overview and Scrutiny Committee
- Transport for Wales
- Department of Work and Pensions
- Chair of Cwm Taf Strategic Partnership Board that provides support to the PSB.

A proposal by the outgoing Chief Executive of Rhondda Cynon Taf County Borough Council proposes an overarching PSB to meet annually with an 'Executive Group' of chief officers of the health board, local authorities and police – i.e. those viewed to be a major commissioning body – for the purpose of improving the quality of public services and improve local outcomes that matter.

The new Gwent regional PSB membership is very similar to the current Bridgend PSB, including representatives of Registered Social Landlords in the region and a representative from the tertiary academic sector and Director of Public Health and Partnership Working for the area.

In our workshop there was support for an executive board of statutory bodies as it was recognised that that structure worked well during Covid and built on good relationships between executives. There was concern however that this approach could forfeit challenge and an equal view of issues affecting local people in the area, and also impact on buy in from other partners, including statutory partners, if it was felt to be too local authority led and opportunities to influence direction too limited.

It was felt that the board should be made up of decision makers, who have influence and ability to drive action at pace.

4.5 Sub Boards

Bridgend PSB is supported by sub boards linked to the objectives of the current Well-being Plan, including the Assets Sub Board, Workforce Well-being Sub Board and Bridgend Community Safety Partnership.

A proposal by the outgoing Chief Executive of Rhondda Cynon Taf CBC proposes three sub boards, the Community Safety Partnership (currently undergoing a review with a view to becoming regional), the Regional Partnership Board for Health and Social Care and a regional environmental/climate change sub board.

Gwent PSB has chosen local geographical sub boards covering each of the five local authority areas in that region.

In our workshop on 15th November thematic sub boards and making better use of existing structures were identified as the favoured delivery mechanism with clear accountability to the PSB and clear focus. Existing sub boards had been felt to be a good forum for sharing information, networking and working together but partners wanted to see a more active focus on delivery against the Well-being Plan. A clear relationship between the Community Safety Partnership, the Regional Partnership board and the PSB was felt to be necessary. The membership of the sub-structures should include specialists from partners locally, regionally or nationally that can bring expertise and should be flexible as projects evolve.

4.6 Meetings

Increased frequency of meetings was highlighted in our workshop as being important in maintaining momentum and keeping discussions up to date. The meetings should be focused, having reporting by exception but also holding other parts of the structure to account for performance.

At present, Gwent PSB, Cwm Taf PSB and Bridgend PSB meet quarterly.

A proposal by the outgoing Chief Executive of Rhondda Cynon Taf is for the PSB to meet annually, with an executive group meeting monthly.

4.7 Decision Making

All current boards seek consensus wherever possible. The chair intervenes to resolve conflicts or they are resolved by a simple vote.

The importance of accountability and challenge was a key aspect coming from our workshop on 15th November. The membership of the PSB at the right level was felt to be important to enable prompt decisions to be made to remove barriers and be innovative.

4.8 Coordination and Support

Both PSBs are currently supported by dedicated officer support for the coordination of meetings, ongoing policy support and the coordination and publication of the

Annual Reports, well-being assessment and well-being plan. Administrative support for Cwm Taf PSB is provided by Rhondda Cynon Taf.

Gwent PSB is supported by a cross organisation action group made up of officers from across the partner organisations with a shared responsibility for the Well-being Assessment, Well-being Plan and Annual Report and facilitating performance management and information systems. The administration of meetings is shared by different local authorities in a 2 year cycle.

Our workshop identified the need for a robust performance management and data and information system to support the work of the regional PSB. It was felt important that progress towards shared outcomes should be monitored and reported frequently. Alignment with other partnerships and partners can provide additional expertise and opportunities to work together on supporting delivery and accountability for progress towards common outcomes.

4.9 Scrutiny

4.7 Currently both PSBs have a scrutiny panel.

Gwent PSB is still unclear on how a regional scrutiny arrangement will operate will be provided to the PSB. In our workshop it was felt that having accountability and challenge was very important in ensuring progress and transparency.

Cwm Taf Joint Overview and Scrutiny Committee meets quarterly to scrutinize and challenge the work of Cwm Taf PSB. There has been recent discussion about strengthening pre-scrutiny, and giving Members of the Committee opportunity to feed into decision making rather than reviewing after the event.

Bridgend PSB Scrutiny Panel is due to meet to contribute to the consultation on the draft Well-being Plan.

4.10 Draft Well-being Plan

The focus for a PSB's activity is set out in a well-being plan. In its development and in our most recent workshop partners felt that the plan should have a small number of priorities to enable focus, based on the things that matter to local people and can improve well-being in the area and reflect the sustainable development principle. .

The overarching theme of the draft Well-being Plan is 'A more equal Cwm Taf Morgannwg' and that drives every aspect of the PSB's work. Our Well-being Assessment told us that the communities in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have a lot to be proud about. However, not all communities have fair access to opportunities and face different challenges that impact on well-being.

The well-being objectives are

1. Healthy Local Neighbourhoods – A Cwm Taf Morgannwg where our communities are inclusive, feel cohesive and people feel safe, supported and valued.
2. Sustainable and resilient local neighbourhoods – A Cwm Taf Morgannwg where we value and use what we have responsibly and take climate change and its impact of our communities seriously.

4.11 Proposed Models for a New PSB

From discussions at the workshop on 15th November two models emerged:

From our workshop on 15th November it was felt that flexibility was key. Any chosen model should be reviewed after the first year to enable the PSB to reflect on

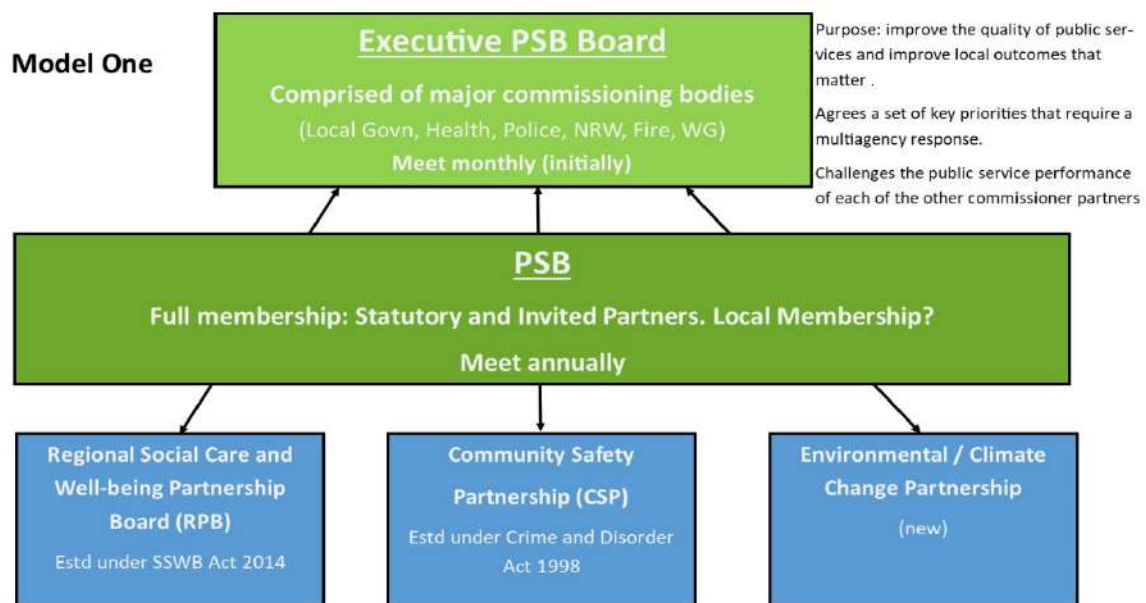
how it is working and also to respond to changing needs and relationships as more regional networks are established.

Model One

A large PSB with all statutory and invited partners and including representatives of other bodies that can contribute such as town and community councils, housing associations, higher education, private sector. The PSB will meet once a year to review the Annual Report.

An executive body made up of statutory partners and police chief officers to focus on outcomes, respond to changing impacts on the public sector, drive delivery of the sub boards and be responsible for the commitments in the Well-being Plan.

Sub boards of the Regional Partnership Board, Community Safety Partnership and an Environmental partnership focused on climate change to deliver the Well-being Plan. .

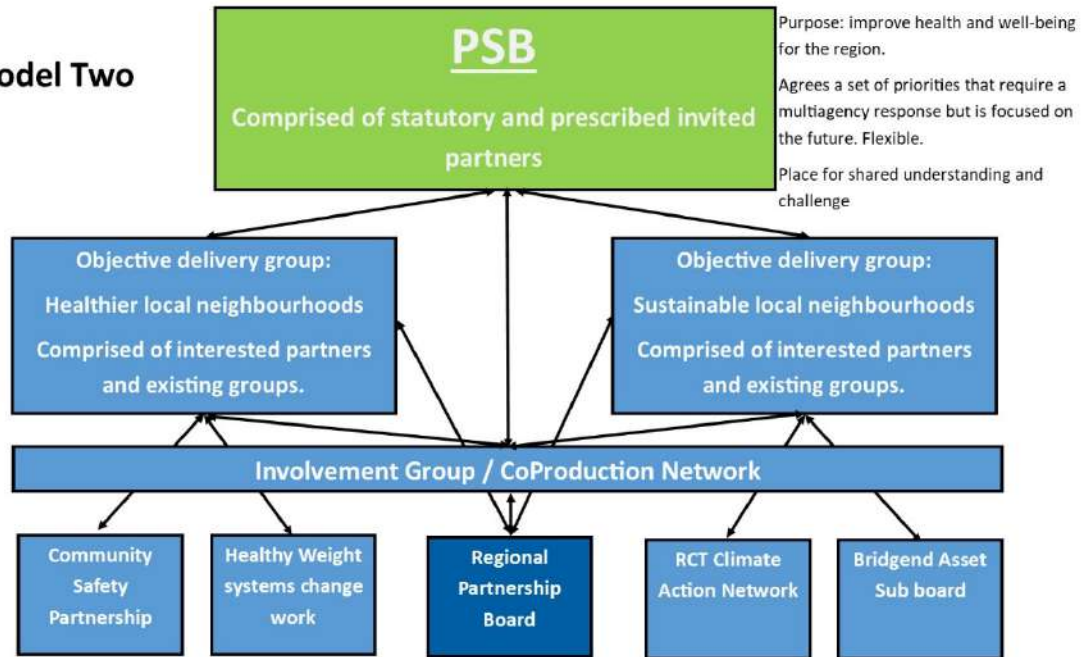


Model Two

A single tier PSB made up of all statutory and invited partners and including representative of housing providers, higher education, business and cultural partners. The PSB to meet every two months.

Two main delivery boards for each of the two objectives in the Well-being Plan and fed into by Sub boards of the Regional Partnership Board, Community Safety Partnership and local Environmental/Assets sub boards and other regional or local boards linked to the objectives in the well-being plan, such as the Healthy Weights Steering Group.

Model Two



4.12 Timetable for the Merger

The new PSB will need to be formally in place, with agreement of both current PSBs, in order to publish its Well-being Plan by the end of April 2023.

A shadow joint PSB could be in operation early in 2023 to support the consultation and progress of the Well-being plan through approval with statutory partners' boards.

This shadow board can also work on the terms of reference for the new PSB with a particular focus on ways of working and purpose that was highlighted as an important task in the workshop on 15th November.

5. Well-being of Future Generations (Wales) Act 2015

5.1 This paper proposes future models for a joint PSB for Cwm Taf Morgannwg area encompassing Bridgend, Rhondda Cynon Taf and Merthyr areas that responds to the 7 well-being goals in the Act and reflects the five ways of working of the sustainable development principle.

In particular it considers:

- How the PSB and the well-being plan will link to corporate plans and with existing partnerships;
- The focus of the PSB balancing focus on long term well-being and prevention with shorter term action on challenges affecting public bodies in securing well-being for local people; and
- The importance on the new arrangements enabling citizen voice to influence ways of working.

5.2 This paper proposes future models of a PSB to deliver the new Well-being Plan for Cwm Taf Morgannwg. The Well-being Plan includes objectives and specific commitments for the PSB and member organisations.

6. Financial Implications

6.1 The PSB currently receives funding from Welsh Government to support collaboration in line with the ways of working in the Well-being of Future Generations Act. This is provided to the region for the two current PSBs to work together and will not be impacted by the merger of the two PSBs.

6.2 As set out above, partner contributions provide the budget for the PSB Officers for the Cwm Taf PSB and Bridgend County Borough Council provides the budget for PSB Officers for Bridgend PSB.

6.3 Once the new structure and ways of working for the new PSB for Cwm Taf Morgannwg have been agreed by the PSBs, more detailed discussions will be needed on what support from PSB Officers will be needed and how that will be funded.

7. Recommendation(s)

7.1 The PSB is asked to

- Identify the favoured structure for the future PSB
- Convene a shadow PSB in February to sign off the well-being Plan after the consultation and agree terms of reference for Cwm Taf Morgannwg PSB
- Commit to working further on local v regional working, and working arrangements with other partnerships.
- Establish a formal PSB for the Cwm Taf Morgannwg area by the publication date of the Well-being Plan on 30th April 2022.

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Supporting documents

Well-being of Future Generations Act - Essentials Guide

Shared Purpose Shared Future – Statutory Guidance 3 on the collective role (PSBs)

<https://gov.wales/well-being-future-generations>

(Agenda Item) 7.1.3 **01.02.2023** **Population Health and Partnerships Committee** **Decarbonisation Audit**

Report Details:

FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Vicki Wallace
Presented By:	Vicki Wallace
Approving Executive Sponsor:	Linda Prosser
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Decarbonisation Board (Environmental Sustainability Group)

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	The audit sets out the actions needed to better deliver on the decarb agenda. This will impact on multiple areas as the health board aims to meet the WG target while improving the quality of care and patient experience
Related Health and Care Standard	Accountability
Has an EQIA been undertaken?	No
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – the audit report sets out that resources will need to be identified to deliver the decarb agenda
Link to Strategic Goals	Please Select: Sustaining Our Future

- In accordance with the “NHS Wales Decarbonisation Strategic Delivery Plan”, Health Boards, Trusts and Special Health Authorities were required to develop their own Decarbonisation Action Plans (DAP), demonstrating how NHS Wales organisations would implement the Strategic Delivery Plan initiatives. The DAP’s were submitted to Welsh Government in March 2022.
- A peer review of DAP strategies was held on 12 July 2022 led by Welsh Government and attended by all NHS Wales organisations. As well as general themes across all DAPs, specific feedback was provided to each organisation by Welsh Government.
- NWSSP Audit and Assurance team planned to undertake audits simultaneously across NHS Wales to provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change as outlined above.
- However, having reviewed all DAPs, supporting information for most NHS Wales bodies, and fully concluding the fieldwork at five of 11 audits, it was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees.
- Therefore, the decision was taken to affirm common themes within this report, to provide an overview of the overarching position across NHS Wales.

The report



- The full report is attached as Appendix 1.
- Common themes were identified across: governance; local strategies; monitoring and reporting; and project delivery.
- CTMUHB responses to the recommendations can be seen on p.8-12 of the report.
- CTMUHB agreed with all of the recommendations, but also highlighted concerns around the ability to deliver against some of them due to resourcing implications.
- It is anticipated that in 2023/24, an audit will be undertaken on the health boards individual DAP.





Recommendation:

The Committee are asked to:

Example:

The Committee are asked to:

- *Note the contents of the report.*
- *Note the recommendations made within the report which will inform the future work of the Environmental Sustainability Group (Pillar 5)*
- *Note the expectation of an audit on CTMUHB Decarbonisation Action Plan in 2023/24*



Decarbonisation Final Report

November 2022

NWSSP Audit and Assurance Services



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



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Report status:	Final
Draft report issued:	10 th November 2022
Management response received:	15 th November 2022
Final report issued:	18 th November 2022
Auditors:	NWSSP Audit & Assurance: Specialist Services Unit
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This summary report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed brief, and the Audit Charter as approved by the Audit Committee.

Summary reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Context

- 1.1 The Welsh Government is party to international agreements to reduce carbon emissions and control climate change, most notably those arising from the 2016 Paris Accord.
- 1.2 The “NHS Wales Decarbonisation Strategic Delivery Plan” was published in March 2021, setting interim targets (from a 2018/19 base) of a 16% reduction by 2025 and a 34% reduction by 2030.
- 1.3 In October 2021 the Welsh Government set out its second carbon budget, Net Zero Wales, which confirmed:

“Our ambition is for the public sector to be collectively net zero by 2030”.

Welsh Government, October 2021

- 1.4 NHS Wales is also required to comply with the Well-being of Future Generations (Wales) Act 2015. It requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities, and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

2. Background

- 2.1 In accordance with the “NHS Wales Decarbonisation Strategic Delivery Plan”, Health Boards, Trusts and Special Health Authorities were required to develop their own Decarbonisation Action Plans (DAP), demonstrating how NHS Wales organisations would implement the Strategic Delivery Plan initiatives. The DAP’s were submitted to Welsh Government in March 2022.
- 2.2 A peer review of DAP strategies was held on 12 July 2022 led by Welsh Government and attended by all NHS Wales organisations. The general conclusions across all plans were:
 - the targets detailed within the plans showed low aspirations;
 - there were concerns associated with their successful delivery, primarily due to resource availability (financial and physical); and
 - there were a small number of issues associated with their compilation/format.
- 2.3 Specific feedback was also provided to each organisation by Welsh Government.
- 2.4 Also in July 2022, Audit Wales issued their review of Public Sector Readiness for Net Zero Carbon by 2030 (fieldwork conducted between November 2021 and January 2022). The review included an assessment of NHS Wales organisations and concluded that:

“There is clear uncertainty about whether the public sector will meet its 2030 collective ambition. Our work identifies significant, common barriers to progress that public bodies must collectively address to meet the ambition of a net zero public sector by 2030. And while public bodies are demonstrating commitment to carbon reduction, they must now significantly ramp up their activities, increase collaboration and place decarbonisation at the heart of their day-to-day operations and decisions”.

Audit Wales, July 2022

- 2.5 In September 2022, Health bodies will be required to make two separate submissions to Welsh Government, the first of these being quantitative (i.e., showing progress against the baseline CO₂ figures set in 2019) and the second qualitative, being a report detailing progress against the DAP.

3. Approach

- 3.1 Audits were planned to be undertaken simultaneously across NHS Wales to provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change as outlined above. Reviews were not scheduled at Public Health Wales or Health Education and Improvement Wales for 2022/23.
- 3.2 Risks to be considered included:
- Regulatory/legislative risk through not achieving mandated reductions in carbon emissions;
 - Reputational risk by failing to meet emission targets.
 - Failing key stakeholders by not reducing carbon emissions which have a detrimental effect on health, and thereby, not meeting the requirements of the Well-being of Future Generations (Wales) Act (2015).
- 3.3 Having reviewed all DAPs, supporting information for most NHS Wales bodies, and fully concluding the fieldwork at five of 11 audits, it was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees.
- 3.4 Accordingly, the decision was taken to affirm common themes within this report, to provide an overview of the overarching position across NHS Wales. An action plan of common themes is provided at **Appendix A**.

4. Summary Observations

4.1 While there are variations between the NHS Wales bodies, broadly each is at an early stage of implementation. The following were common themes observed across those reviewed:

Governance

- Governance arrangements at a strategic level were generally good with senior leadership demonstrated.
- Recruiting to additional operational posts has proven difficult – with the limited appointments to date coming from the existing public sector staff pool. These appointments are key to being able to implement the agreed strategies (see **Management Action 1**).

Localised strategy

- All NHS Wales organisations supplied their Decarbonisation Action Plan (DAP) by 31 March 2022 detailing their response to the NHS Wales Decarbonisation Strategic Delivery Plan and the 46 associated initiatives.
- WG provided positive feedback to each organisation on their submissions but concluded overall that there were concerns associated with their successful delivery (primarily due to the availability of financial and physical resource), together with low aspirational targets detailed within the plans.
- Few of the strategies had been costed, and none had associated funding strategies – particularly noting that ring-fenced central funding for 2021/22 was £16m with no provision made in 2022/23 (see **Management Actions 2 & 3**).
- In each instance, the decarbonisation strategies were clearly part of corporate planning and included/reflected within the respective Integrated Medium-Term Plans (IMTPs).

Monitoring & reporting

- Organisations were ISO 14001 accredited ensuring that appropriate Environment Management Systems were in place to manage their environmental performance.
- Each NHS Wales organisation's performance will be assessed against baseline data prepared by the Carbon Trust. Issues have been identified with the baseline data and the disaggregation of the data for reporting purposes. Each organisation should seek assurance on the accuracy of the baseline data (see **Management Action 4**).
- Each NHS Wales organisation should ensure that appropriate engagement is established with NWSSP Procurement Services as a significant contributor to the carbon reductions outlined within respective DAPs and formalise arrangements as appropriate (see **Management Action 5**).

- Each organisation had met its obligations for national reporting to date.
- Internal reporting to date had understandably been limited, with the level of reporting increasing after Welsh Government's review of the DAPs.
- There was therefore a need to fully roll-out the structures to support appropriate monitoring and reporting within the NHS Wales organisations reviewed (see **Management Action 6**).
- It is important that the profile of decarbonisation is increased to reflect the challenge faced, for example general Terms of Reference are reviewed to reflect decarbonisation commitments, and decarbonisation is set as a standard agenda at all appropriate Executive meetings (see **Management Action 7**).
- Potential collaboration should be considered on an All-Wales basis, particularly in relation to consultancy advice and training resource (see **Management Actions 8 & 9**).

Project delivery

- The Welsh Government Estates Funding Advisory Board (EFAB) oversaw the allocation and delivery of the £16m decarbonisation funding for 2021/22 with each NHS Wales organisation successfully securing funding.
- In each instance, adequate records were retained to support the expenditure and the achievement of the original objectives; Post Project Completion Reports were produced and submitted to WG for all funded schemes.
- No ring-fenced WG capital funding was made available for 2022/23. WG offered up to £60k of revenue funding for schemes, however several NHS Wales organisations' bids could not be supported due to them being considered capital bids (see **Management Action 10**).
- NHS Wales Organisations were also self-funding initiatives from their discretionary programme. It is important that the cost benefit of these schemes is also subject to challenge and scrutiny for inclusion within the overall data (see **Management Action 11**).

5. Conclusion

- 5.1 In conclusion, whilst some progress has been observed, this has been restricted by the availability of financial and staff resource. The recommendations made aim to aid management in driving forward the strategies, whilst also highlighting some of the competing pressures/ risks.
- 5.2 It is recommended that an audit is scheduled for early 2023/24 with the proposed scope to include governance, strategy progress and implementation.
- 5.3 Additionally, as part of 2023/24 Internal Audit planning update, discussions will be held with management on the appropriateness of other areas within the decarbonisation programme including, for example:

- Procurement and supply chains.
- Application of “Best practice Pharmaceutical waste practice”.
- Transport.
- Fleet and business travel.
- Staff, patient, and visitor travel.
- Catering; and
- People and workforce e.g., training, policies, and working arrangements.

Appendix A: Common Management Action Plan

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
MA 1	Appropriate strategies should be developed to ensure that recruitment and retention issues experienced to date do not impact significantly on the achievement of the DAPs.	<p>Agree.</p> <p>The decarb portfolio is currently being managed within existing roles – CTM do not have a specific role for this agenda. The portfolio is being managed across planning, estates and facilities, communications and engagement, public health, and procurement, with oversight and SRO status conferred to the Director of Strategy and Transformation. We have funding from WG for one day a week admin support until 31/3/23. Due to the financial situation facing CTM it is unlikely that any further recruitment to support this portfolio will be possible in the near future, unless external funding was identified. An attempt was made to create a shared role with a Local Authority, but they were unable to commit.</p>	Executive Director of Strategy & Transformation/ongoing
MA 2	DAPs should be fully costed to fully determine the total funding required.	<p>Agree.</p> <p>As projects within the DAP are considered for implementation, they are costed to understand the financial impact. CTMUHB needs to work with partners to achieve this, as not all projects are for the HB to deliver. The costing in some areas is complex as it is not always clear how to cost the work. This work would benefit from a dedicated person(s) due to the complexity, but as set out above, additional recruitment is unlikely. This may have an impact on the full costing of the DAP.</p>	Head of Finance/ongoing

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
MA 3	DAPs should be supported by funding strategies e.g., differentiating between local/ national funding, revenue, or capital funding etc.	<p>Agree.</p> <p>As above. CTMUHB is aware of accessing national funds where possible to support the delivery of the DAP in conjunction with our partners. However, due to the financial situation of the HB, it is likely there will be some challenging conversations moving forward in regard to what can/can't be delivered in the short – medium term.</p>	Head of Finance/ongoing
MA 4	NHS Wales Organisation's baselines should be adequately scrutinised and challenged, as errors and overreporting has been identified in a few examples to date.	<p>Agree.</p> <p>CTMUHB wrote to WG on the 9/9/22 outlining our concerns regarding this. To date, we have yet to receive a response.</p> <p>CTMUHB would also like to raise the difference in carbon emission reporting between EFPMS annual utilities emissions (via a form they use within NWSSP/estates) and the carbon emission template which has different formulas for WG reporting. Therefore, we are reporting two different figures regarding building emission calculations and would appreciate a national position on this.</p>	Deputy Director of Strategy & Partnerships to follow up with (WG) by March 2023
MA 5	As a major contributor to the achievement of the targeted reductions appropriate engagement will be established with NWSSP	<p>Agree.</p> <p>CTMUHB have invited the Head of Sustainability and Net Zero Management (NWSSP) to our environmental sustainability</p>	Deputy Director of Strategy & Partnerships/in progress

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
	Procurement Services (and formalised as appropriate).	board to provide national input/ oversight re procurement chain	
MA 6	Proposed management/accountability structures should be fully implemented as intended within the DAPs.	Agree. The decarbonisation agenda is managed through our newly established environmental sustainability board. This reports into the CTM Transformation Board which has oversight of the entire transformation portfolio and is chaired by the CEO of the HB.	Executive Director of Strategy & Transformation and Deputy Director of Strategy & Partnerships/in progress
MA 7	Where decarbonisation falls within the existing environmental remit of committees/ meetings, it is important that an appropriate profile is set. Terms of Reference and agendas should be reviewed to ensure that sufficient focus is provided.	Agree. This agenda is being reported into a board sub-committee – the Population Health and Partnerships committee and their TOR and reporting mechanisms reflect this.	Executive Director of Strategy & Transformation and Deputy Director of Strategy & Partnerships/complete
MA 8	Potential collaboration and common utilisation of decarbonisation resource should be considered on an All-Wales basis, particularly in relation to	Agree. CTMUHB are happy to collaborate on an all-Wales basis. Through the HSCCE programme funding allocation, our WOD team have developed an e-learning resource package which is soon to be launched on ESR. This has been led by Learning &	Learning & Organisational Development Manager/in progress

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
	consultancy advice and training resource.	Organisational Development Manager and the product has been offered to all UHBs in Wales. As set out above we attempted a local partnership but were unsuccessful. Alignment of national messaging would help with this.	
MA 9	In accordance with the NHS Wales Decarbonisation Strategic Delivery Plan, HEIW/ collaborative training should be commissioned on an All-Wales basis to provide both common and tailored decarbonisation training.	Agree. CTMUHB are represented on the HEIW group which is specifically looking at decarb training.	Learning & Organisational Development Manager/In progress
MA10	Given the scarcity of funding, it is important that bids for funding are appropriately considered prior to submission.	Agree. Noted and will be actioned as appropriate.	Head of Finance/in progress
MA11	The same rigour and monitoring should be applied to internally commissioned/ funded initiatives to ensure the outcomes are adequately recorded/reported.	Agree. Due to the focus on delivering high quality service developments and CTMUHB current financial position, all new initiatives are subject to high levels of rigour and scrutiny. iCTM are exploring the addition of decarbonisation	Head of Finance & Head of PMO- in progress

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		measures/impact within the HBs business case template to try to improve how the decarb impact is captured.	



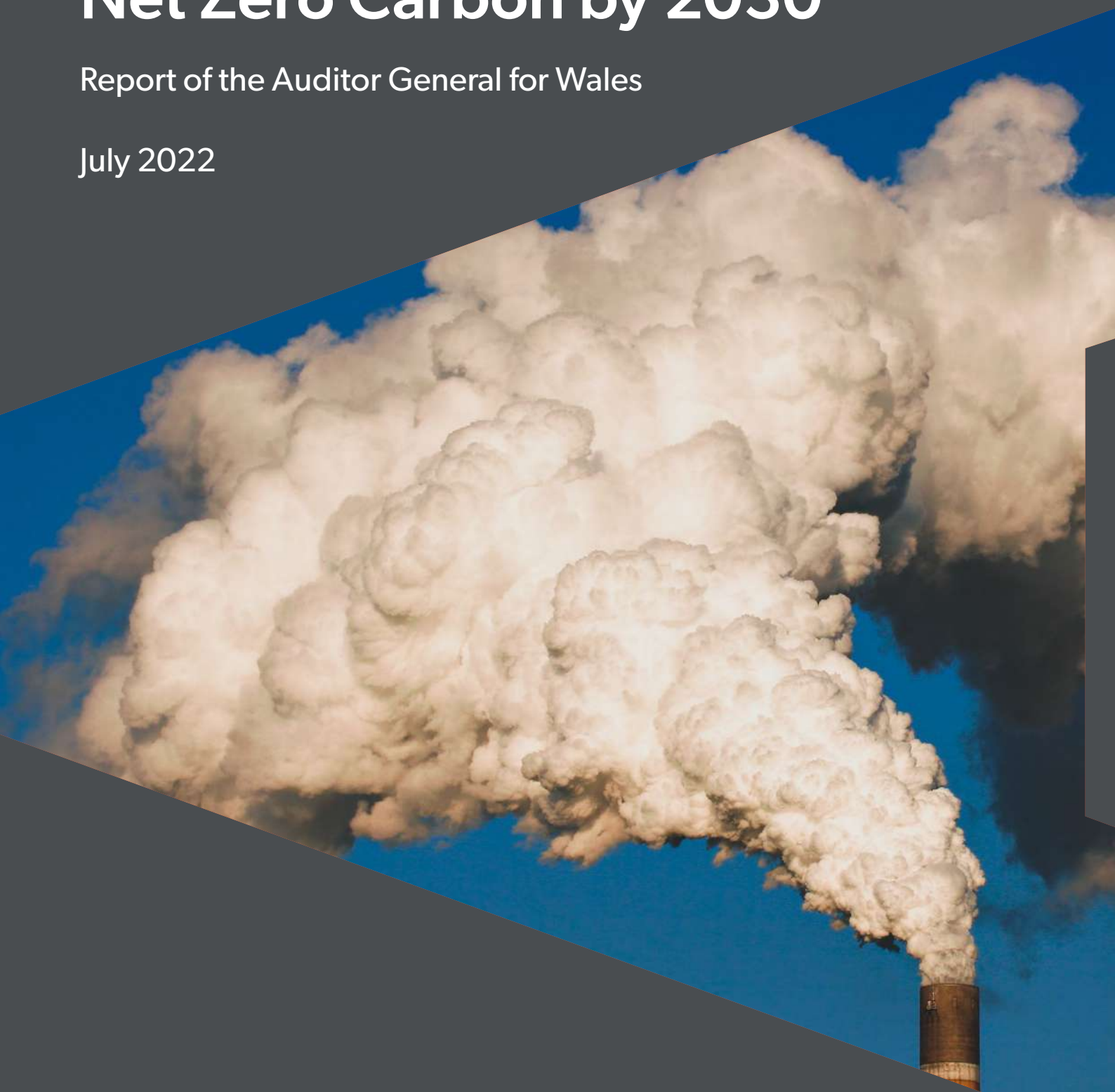
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Public Sector Readiness for Net Zero Carbon by 2030

Report of the Auditor General for Wales

July 2022



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Exhibit 2 of this report was amended on 9 August 2022 to correct a minor error.

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Detailed report

Background

- 1 Climate change is one of the world's defining challenges and it requires immediate action from everyone. A landmark [report](#) by the United Nations in August 2021 said that human activity is changing our climate in unprecedented ways and that drastic reductions in carbon emissions are necessary.
- 2 The latest climate projections for Wales show an increased chance of milder, wetter winters and hotter, drier summers, rising sea levels and an increase in the frequency and intensity of extreme weather events. The implications are clearly stark.
- 3 A crucial way to mitigate the impacts of climate change is to reduce carbon emissions. In March 2021, following advice from the Climate Change Committee¹ in December 2020, the Welsh Government set new [targets](#) for a 63% carbon reduction by 2030, an 89% reduction by 2040, and a 100% reduction by 2050². In addition, the Welsh Government set out a more challenging collective ambition for the Welsh public sector³ to achieve net zero carbon by 2030 (the 2030 collective ambition).
- 4 In June 2021, the Welsh Government published its [Programme for Government 2021-2026](#) which puts tackling the climate and nature emergencies at the heart of the new government. The Programme for Government also makes a series of commitments to embed a response to climate change in everything the Welsh Government does.

1 The Climate Change Committee (CCC) is an independent, statutory body established under the Climate Change Act 2008. Its role is to advise the UK governments on emissions targets and to report on progress made in reducing greenhouse gas emissions and preparing for and adapting to the impacts of climate change.

2 Net zero does not mean eliminating greenhouse gas emissions but balancing the greenhouse gas emissions with the amount of gases being removed from the atmosphere.

3 The Welsh Government's definition of the 'public sector' in this case covers 65 bodies as set out in Appendix 2 of the [Welsh Government, Public sector net zero data: baseline and recommendations, June 2022](#).

- 5 The Welsh Government has also published Net zero carbon status by 2030: A route map for decarbonisation across the Welsh public sector (the public sector route map) to support the Welsh public sector in achieving the 2030 collective ambition. Alongside the public sector route map, the Welsh Government published the net zero reporting guide and associated spreadsheet to allow the public sector to capture and report emissions on a consistent basis.
- 6 The Auditor General has committed to carrying out a long-term programme of work on climate change. Our first piece of work is a baseline review that asks: '**How is the public sector preparing to achieve the Welsh Government's collective ambition for a net zero public sector by 2030?**'. To inform the baseline review, 48 public bodies, including the Welsh Government, completed a call for evidence. **Appendix 1** explains our audit approach and methods.
- 7 We are publishing two reports to share our findings:
 - **this key findings report:** this report targets senior leaders and those with scrutiny roles in public bodies, with the aim of inspiring them to increase the pace of their work on achieving the 2030 collective ambition. We have included questions at the end of each section of this report for organisations to reflect on. While these questions are not exhaustive, they provide important pointers for organisations to consider.
 - **evidence report – to follow:** a report that will provide more detailed findings and data from the call for evidence and our wider work.

Overall conclusion

- 8 There is clear uncertainty about whether the public sector will meet its 2030 collective ambition. Our work identifies significant, common barriers to progress that public bodies must collectively address to meet the ambition of a net zero public sector by 2030. And while public bodies are demonstrating commitment to carbon reduction, they must now significantly ramp up their activities, increase collaboration and place decarbonisation at the heart of their day-to-day operations and decisions. Organisations need to be bold and innovative and share experiences of their successes and failures. The Auditor General will not criticise organisations for taking well-managed risks to address this unprecedented challenge.
- 9 We have set out five calls for action for organisations to tackle the common barriers to decarbonisation in the public sector. These are:



- 1 Strengthen your leadership and demonstrate your collective responsibility through effective collaboration



- 2 Clarify your strategic direction and increase your pace of implementation



- 3 Get to grips with the finances you need



- 4 Know your skills gaps and increase your capacity



- 5 Improve data quality and monitoring to support your decision making

- 10 We are not making specific recommendations given the high-level nature of our review. However, we encourage public bodies to consider the messages in this report, and through their internal governance structures, set out publicly how they intend to respond to the calls for action.

Calls for action



Strengthen your leadership and demonstrate your collective responsibility through effective collaboration

- 11 The Welsh Government showed leadership when it declared a climate emergency in 2019. Many of the other public bodies have followed suit, for example, 18 out of 22 Welsh councils have now declared a climate emergency.
- 12 The Welsh Government also demonstrated leadership when it set the 2030 collective ambition and in May 2021 when it established a new Ministerial portfolio for climate change. A related change to the Welsh Government's organisational structure came into effect from 1 April 2022.
- 13 We have found considerable activity by public bodies, supporting the move towards decarbonisation. So, public bodies are clearly taking this agenda seriously.
- 14 Despite this, they must do more because there is considerable uncertainty (and clear doubt from some organisations) about whether the 2030 collective ambition will be met. In the NHS, we found uncertainty that even a 34% reduction in emissions would be achieved across that sector⁴. Bodies told us about significant barriers to progress in decarbonising, such as difficulties in translating strategy into action, uncertainty about finances, a lack of skills and capacity, and issues with decarbonisation data. These matters are discussed throughout this report.
- 15 Now is the time for bold leadership. Public bodies must reduce carbon emissions from their estates, from their services, and from the goods and services they procure. On top of that, they must adopt a wider leadership role in championing the decarbonisation agenda in all sectors within the communities they serve to work towards a 'just transition'⁵.
- 16 Public bodies will need to demonstrate stronger collective leadership because collaboration between organisations will be critical to achieving the 2030 collective ambition. Some respondents told us that a wholesale change of thinking is required, with a more co-ordinated and joined-up approach across the public sector.

4 The NHS Wales Decarbonisation Strategic Delivery Plan sets out 46 initiatives that are estimated to reduce carbon emissions by 34% by 2030.

5 A 'just transition' means taking action on climate change and greening the economy in a way that is as fair and inclusive as possible to everyone concerned. Policy 1 in [Net Zero Wales Carbon Budget 2 \(2021-2025\)](#) sets out the Welsh Government's views on a just transition.

- 17 Several cross-organisational panels and programme boards already exist to collaborate on climate issues including decarbonisation. And while public bodies expressed largely positive views about the way they are collaborating, there was also recognition that these efforts need to be ramped up. There is a collective responsibility on the public sector to make existing structures work. Public bodies also need to consider what additional collaboration is needed within sectors and across the public sector.
- 18 Senior leaders must do more to demonstrate they fully grasp the urgency and scale of the challenge and clearly identify this as a top priority for their organisation if they are to achieve their ambitions. Decarbonisation (and wider climate risks) must be at the core of day-to-day business decisions and operations. This agenda must be integrated into all services and operations, so that decarbonisation is delivered alongside other outcomes.
- 19 The frameworks provided by the Well-being of Future Generations (Wales) Act 2015 (including public services boards and the setting of well-being objectives) can be used to help organisations decarbonise. Application of the sustainable development principle in key areas such as procurement, workforce planning and finance will also help delivery of the decarbonisation agenda.
- 20 Those charged with governance and scrutiny roles in individual organisations need to support the direction of travel while at the same time challenging whether enough is being done.

Questions that senior leaders and those who scrutinise them may want to ask

- Are we treating the climate crisis and the need to decarbonise as a real 'emergency'?
- Can we demonstrate that decarbonisation is at the core of day-to-day business decisions and operations?
- Is the urgency and scale of the challenge well communicated by senior leaders and understood throughout our organisation?
- Do we have specific and effective scrutiny and governance arrangements for managing the journey to net zero?
- Do we understand the main barriers to progress and how well are we collaborating to overcome them?

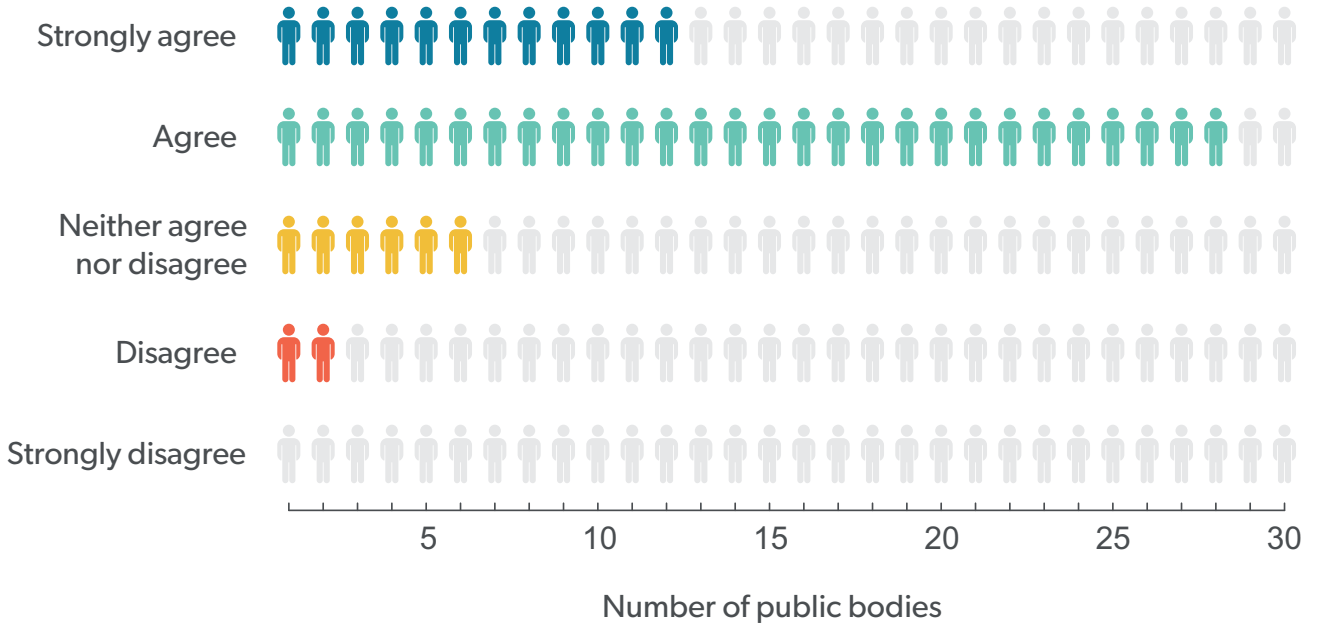




Clarify your strategic direction and increase your pace of implementation

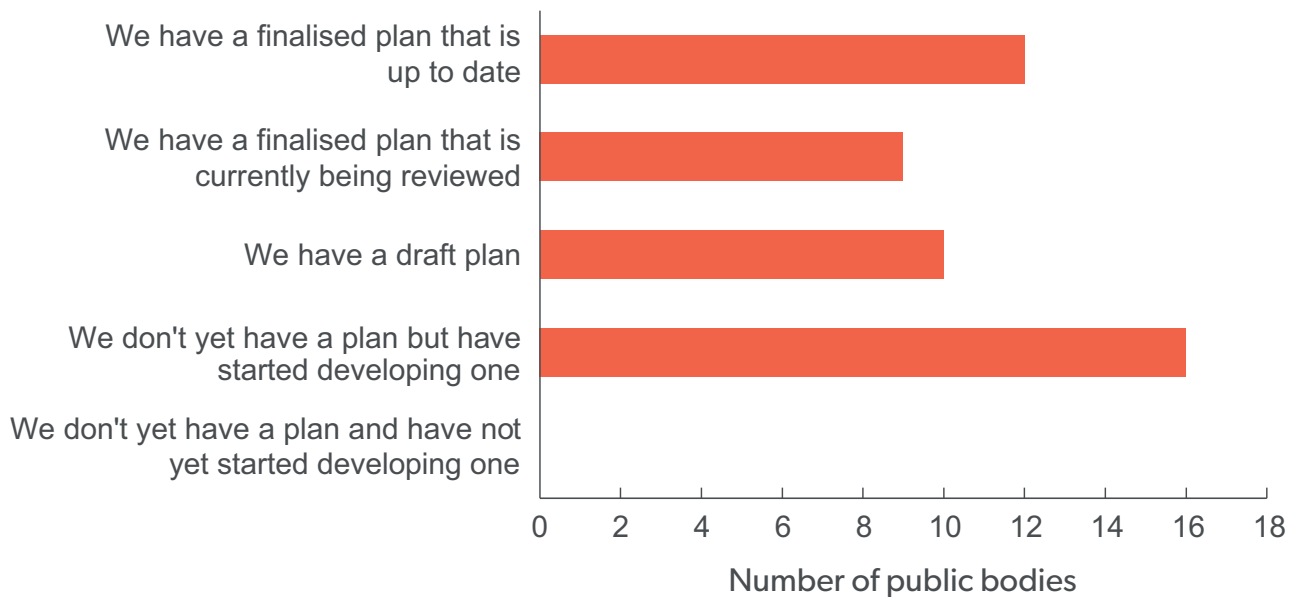
- 21 To deliver the 2030 collective ambition, it is essential that Wales has clear, joined-up, integrated strategies across the public sector. The action plans resulting from those strategies will also have to be implemented at pace.
- 22 In response to our call for evidence, public bodies were generally positive about the strategic direction set out by the Welsh Government and that it had been communicated well through the [public sector route map \(Appendix 3\)](#). In response to our question about the extent to which they were using the public sector route map, most public bodies said they were using it, to varying degrees, and only five said they were not.
- 23 Despite generally positive views about the national strategic direction, public bodies want more help to translate the strategy into action. Several organisations told us that while the public sector route map provides a high-level template, they need more clarity, support and guidance on how to decarbonise.
- 24 The Welsh Government told us that it deliberately designed the public sector route map to be a high-level framework to assist public bodies in developing local solutions based on individual circumstances, rather than a one-size-fits-all approach. The Welsh Government is providing other forms of central assistance on decarbonisation, including support through the [Welsh Government Energy Service](#), grant funding for various programmes and funding of the Welsh Local Government Association [transition and recovery support programme](#).
- 25 Some sector-specific guidance is available to support public bodies to translate the vision into action. For the NHS, the Carbon Trust and the NHS Wales Shared Services Partnership have set out more detailed actions in the [NHS Decarbonisation Strategic Delivery Plan](#). In local government, the Welsh Local Government Association is developing more tailored support and guidance for councils.
- 26 Overall, our work has shown that public bodies are at very different stages in setting out their action plans for decarbonisation. While **Exhibit 1** shows most public bodies feel they have set a clear strategic direction, **Exhibit 2** shows that just over a third of organisations did not have a decarbonisation plan at the time of our call for evidence. All organisations had at least started to develop their plan, and under Welsh Government policy they have until April 2023 to develop one.

Exhibit 1: public bodies' responses to the statement, 'Our organisation has set a clear strategic direction to support the achievement of the 2030 carbon reduction targets'



Source: Audit Wales call for evidence

Exhibit 2: status of public bodies' action plans



Note: One public body did not respond to this question.

Source: Audit Wales call for evidence

- 27 The public sector route map sets out milestones for 2021-22, during which the Welsh Government expects the public sector to be 'moving up a gear'. The Welsh Government considers there has been good progress and the public sector is picking up the pace. However, the Welsh Government recognises there is still significant work to be done and to date, the public sector has not fully achieved the 'moving up a gear' milestones.

Questions that senior leaders and those who scrutinise them may want to ask

- Have we set out a clear strategic approach and action plan for decarbonisation? If not, why not?
- Have we given due consideration to recommendations from the Future Generations Commissioner on decarbonisation, including those within the Future Generations Report 2020⁶?
- Are we involving our staff, stakeholders and citizens in the development and delivery of our strategic approach?
- Have we collaborated with others to develop our overall approach?
- How will our approach to decarbonisation help us deliver against other strategic objectives (including well-being objectives) as well as meeting the 2030 collective ambition?
- Do our other corporate strategies, policies and operations reflect the strategic approach we have set out for decarbonisation?
- Does our action plan set out clear milestones that align with the 2030 collective ambition and is it being implemented at sufficient pace?



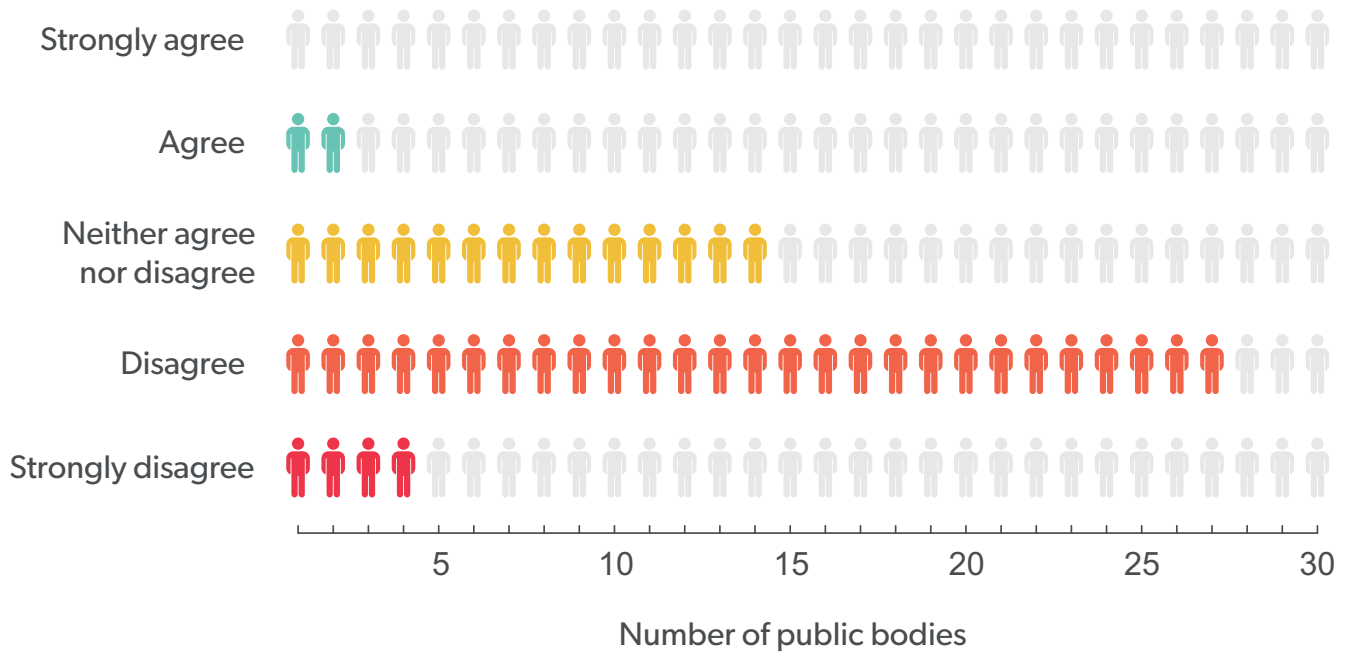
6 [The Future Generations Commissioner for Wales, Future Generations Report 2020, May 2020.](#)



Get to grips with the finances you need

- 28 Public bodies need to plan their finances in such a way that they can deliver their decarbonisation strategies and action plans. This will require long-term planning because decarbonisation will need investment for many years. It will also require immediate expenditure because if the 2030 collective ambition is to be met, urgent action is essential.
- 29 Public bodies recognised that significant investment in decarbonisation will be required, particularly for upfront infrastructure costs. But they were uncertain about where the funding for this investment would come from. The Welsh Government is providing funding to public bodies in various ways, but it has said it cannot fund everything. Public bodies will therefore need to think carefully about how they can use their existing funding in different ways, explore potential additional funding opportunities and consider how they might share costs with partner organisations.
- 30 Overall, public bodies told us that finances are a significant barrier to achieving the 2030 collective ambition. This is because of uncertainty in relation to the long-term additional funding they will have available to them, and about difficulties in getting to grips with the costs of decarbonising. **Exhibit 3** shows that most public bodies have not fully assessed the financial implications of the 2030 collective ambition. In some cases, this is because they have not yet set out a clear set of actions and activities to achieve net zero.

Exhibit 3: public bodies' responses to the statement, 'Our organisation has fully assessed the financial implications of meeting the 2030 carbon reduction targets'



Note: One public body did not respond to this question.

Source: Audit Wales call for evidence

Questions that senior leaders and those who scrutinise them may want to ask

- Do we know what we are currently spending on activities to help meet the 2030 collective ambition?
- Do we know how much we would need to spend to help achieve the 2030 collective ambition?
- How are we deciding how much to spend on decarbonisation?
- If we have not yet assessed the financial implications of the 2030 collective ambition, do we understand why we have been unable to?
- What are we doing to collaborate with others, to understand the financial implications, and to share costs?
- Do our budgets and expenditure reflect the need to reduce carbon emissions urgently?
- Are we setting out a good level of detail in our financial statements in relation to decarbonisation spending?
(See [our blog](#) on this matter).





Know your skills gaps and increase your capacity

- 31 Within public bodies it is everyone's responsibility to take action towards the 2030 collective ambition. Delivering that ambition will require public bodies to have staff in place with some specialist expertise. Our work found enthusiasm to deliver, but we also found widespread capacity issues and skills gaps. Skills gaps in relation to decarbonisation are not unique and are symptomatic of a wider challenge across the public sector. For example, in our [Picture of Public Services 2021](#) report, we highlight that staffing numbers have fallen and skills deficits have emerged.
- 32 Public bodies told us their resources are stretched in delivering their core services, and they are lacking specialist skills in carbon reduction and in monitoring carbon emissions. In addition, the complex nature of the field means that bodies are competing for limited expertise and knowledge.
- 33 Public bodies need to understand the staff capacity and skills they have in place through robust workforce planning. Training will play a crucial role in ensuring staff understand their decarbonisation responsibilities and are best equipped to deal with the task at hand. There is also an opportunity to share the knowledge, expertise and capacity that exists within the public sector as well as the private and third sectors.

Questions that senior leaders and those who scrutinise them may want to ask

- Do we know what skills are needed, both now and in the future, to ensure we can deliver against the 2030 collective ambition?
- Do we have a plan in place to deal with any identified skills and capacity gaps through training, recruitment or working with peers and stakeholders to share resources and expertise?





Improve data quality and monitoring to support your decision making

- 34 Public bodies need to understand where their emissions are coming from so they can check if they are making progress. We found that data issues are a major barrier to having a shared understanding of the problem and to taking strategic decisions about the solutions.
- 35 Carbon emissions monitoring and reporting is a complex and rapidly developing area worldwide. The Welsh Government has published a common reporting methodology for public bodies to report their emissions through the [Welsh Public Sector Net Zero Reporting Guide](#) and the net zero reporting spreadsheet. In doing so, the Welsh Government is trying new ways of improving emissions data. Welsh public bodies responded by putting new arrangements in place and by submitting their first set of annual data in October 2021.
- 36 The Welsh Government commissioned independent consultants, to review the first submission of emissions data from public bodies and in June 2022, the Welsh Government published the consultancy report in full. The report⁷ provides the first estimate of the full range of emissions by the public sector in delivering services for the people of Wales. The report states that the figures include significant uncertainty, particularly in relation to supply chain emissions, and that the data has not been thoroughly audited. The figures suggest emissions across Wales for the public sector reduced by 5% between 2019-20 and 2020-21.
- 37 In response to our call for evidence, public bodies recognised the usefulness of having a common reporting methodology. However, some responses pointed to concerns over some calculation methods, particularly regarding supply chain and land use, and called for further clarity of definitions to ensure consistent interpretation and reporting. Some responses also noted that existing systems were not able to capture the required data, and had to be updated, or new systems had to be put into place. This was often time consuming and resource intensive. NHS bodies also raised concerns about duplication with existing reporting arrangements on carbon emissions.

7 [See Footnote 3.](#)

- 38 It is important to get the data right because this information will underpin decision making and monitoring of progress for decades to come. However, we acknowledge this is the first year of the new arrangements to report a complex issue and the Welsh Government is committed to developing the guidance further to address the issues identified in the consultancy report (**paragraph 36**) and to reflect wider feedback. The Welsh Government published revised [reporting guidance](#) in July 2022. We also acknowledge that while there are concerns about supply chain data, the requirement to report this data reinforces the findings from previous studies that show the importance of reducing emissions from procurement and the supply chain⁸.

Questions that senior leaders and those who scrutinise them may want to ask

- Are we playing our part in building a system that will provide consistent, accurate, high-quality data on carbon emissions across the public sector to support transparency and scrutiny?
- Do we know what the existing data is telling us and what further data do we need to support decision making?
- Based on our understanding of our own data, do we have plans in place to take appropriate action?
- How can we improve our understanding of emissions resulting from our supply chain and relevant third parties?



⁸ [Welsh Government, A route map for decarbonisation across the Welsh public sector \(Appendix A\), May 2021.](#)



Appendices

- 1 Audit approach and methods**
- 2 Legislative and policy framework underpinning decarbonisation**
- 3 The public sector route map and reporting guide**

1 Audit approach and methods

In November 2021, we issued a call for evidence to 48 public bodies, asking questions about their baseline position in achieving the 2030 collective ambition. Most public bodies responded in the period December 2021 to January 2022. We sent the call for evidence to the bodies covered by the [Well-being of Future Generations \(Wales\) Act 2015](#) at the time. This included all principal councils, fire and rescue authorities, national park authorities, health boards and NHS trusts, and the larger Welsh Government sponsored bodies.

We also sent the call for evidence to the Welsh Ambulance Services NHS Trust, Digital Health and Care Wales, and Health Education and Improvement Wales to ensure we had a more complete picture across the NHS. We also sent the call for evidence to NHS Wales Shared Services Partnership (NWSSP), which is an independent mutual organisation, owned and directed by NHS Wales, that delivers a range of services for and on behalf of NHS Wales. NWSSP is hosted by and operates under the legal framework of Velindre University NHS Trust, which is itself covered by the Well-being of Future Generations (Wales) Act 2015.

We received responses from all bodies that were sent the call for evidence, although in a small number of instances not all questions were answered. Where questions were not answered by all public bodies, this is set out in a note to each relevant graph.

To inform our work, we held discussions with relevant stakeholders including the Welsh Government, the Office of the Future Generations Commissioner for Wales, representatives of NHS Wales and the Welsh Local Government Association. We also reviewed key documents, including policies and guidance, and other relevant information provided to us by the Welsh Government and other stakeholders.

We did not undertake a detailed review at each of the public bodies. While we have largely relied on what they reported through their call for evidence responses and any supporting documentation, we have also sought to triangulate our findings through discussions with stakeholders and evidence from our wider document and data review. We also shared and discussed our emerging findings at a [public webinar](#) held in May 2022. 109 people from outside Audit Wales attended the webinar, representing a range of public, private and third sector organisations.

As stated earlier in this report, the Auditor General for Wales has committed to a long-term programme of work on climate change. We have already reported on the decarbonisation efforts of [fire and rescue authorities](#), we have begun to review council decarbonisation action plans and we are preparing a report on flood risk management. Following a recent consultation on our future work programme, we are considering our next steps in relation to auditing actions to decarbonise and to adapt to the changes already happening to our climate.

2 Legislative and policy framework underpinning decarbonisation

The graphic below sets out the key legislation, policies and guidance related to decarbonisation and climate change that apply across the Welsh public sector. We refer to sector-specific legislation and policies in the main body of this report where relevant.



April 2016

The Well-being of Future Generations (Wales) Act 2015 came into force and required public bodies covered by the Act to act in accordance with the sustainable development principle. The five ways of working set out in the Act aim to help bodies work together better, avoid repeating past mistakes and tackle long-term challenges.

March 2019

The Welsh Government published the first statutory Low Carbon Delivery Plan, Prosperity for All: A Low Carbon Wales (LCDP1).

November 2019

The Welsh Government published Prosperity for All: A Climate Conscious Wales, its most recent climate adaptation plan.



March 2016

The Environment (Wales) Act 2016 came into force and placed a duty on Welsh Ministers to set targets for reducing greenhouse gas emissions and to set carbon budgets.

July 2017

The Welsh Government set an ambition of achieving a carbon neutral public sector by 2030.

April 2019

The Welsh Government made a Climate Emergency Declaration.



March 2021

Following advice from the Climate Change Committee in December 2020, the Welsh Government set new legal targets for a 63% carbon reduction by 2030, 89% by 2040, and 100% by 2050.

May 2021

The Welsh Government published the Welsh public sector net zero reporting guide and the net zero carbon reporting spreadsheet. **Appendix 3** provides further detail.



June 2021

The Welsh Government published its Programme for Government 2021-2026 which puts tackling the climate and nature emergencies at the heart of the new government and makes a series of commitments to embed climate change in a number of ways.

July 2021

The Welsh Government published Net zero carbon status by 2030: A route map for decarbonisation across the Welsh public sector. **Appendix 3** provides further detail.

October 2021

The Welsh Government published Net Zero Wales Carbon Budget 2 (2021 to 2025). This sets out specific policies for the public sector, including a target for decarbonisation plans to be in place by March 2023, targets relating to buildings, vehicles and procurement, and development of a new health and social care decarbonisation plan.



July 2022

The Welsh Government published updated versions of the Welsh public sector net zero reporting guide and the net zero carbon reporting spreadsheet.

3 The public sector route map and reporting guide

To support the public sector to achieve net zero, the Welsh Government published its [public sector route map](#) in July 2021. The route map sets out four priority areas for action: buildings, mobility and transport, procurement, and land use. It also sets out key milestones for the public sector to achieve, which are:



2021-
2022

Moving up a gear: Where understanding the context and what needs to be done is vital, and where action needs to accelerate.



2022-
2026

Well on our way: Where there is an expectation that low carbon is becoming the norm and the public sector is definitely on the way to net zero.



2026-
2030

Achieving our goal: Where choosing zero carbon has become routine, culturally embedded, and self-regulating.

In May 2021, the Welsh Government published the [Welsh Public Sector Net Zero Carbon Reporting Guide](#). The aim of the guide is to develop a universal set of instructions for use by public bodies to assist in meeting the 2030 collective ambition, in particular to:

- **Baseline:** To understand the current situation and quantify organisational emissions and removals for a consistently drawn boundary. And to quantify the likely emission gap to carbon neutral operations by 2030.
- **Identify mitigation potential:** An assessment to identify significant sources of emissions enabling organisations and the public sector to prioritise action needed to move to carbon neutral operations by 2030.
- **Monitor progress:** A need to gather, collate and analyse data to assess whether organisations are on track to achieving their goal of carbon neutrality by 2030.

Alongside the guide, the Welsh Government published the [Net zero carbon reporting spreadsheet](#) for use by public bodies to capture and report their emissions data in a consistent way. The Welsh Government asked public bodies to submit the first data by October 2021 for the 2020-21 financial year. The second submission is required by September 2022 for the 2021-22 financial year.

The guide states that public bodies should report actions to reduce emissions and move to carbon neutral operations by 2030, but the format and narrative of that reporting are not prescribed. The guide does suggest it could be in the form of an annual report on progress against a published action plan or a separate document. It also suggests that management information used in collating an emissions report will provide a good basis for the narrative report. As part of our work, we have not reviewed any narrative reports produced by public bodies, although **paragraphs 34-38** of this report comment on the challenges relating to the carbon emissions data and reporting. Following feedback from public bodies and a review of the first year's data submissions, the Welsh Government published revised reporting guidance in July 2022.



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POPULATION HEALTH & PARTNERSHIPS COMMITTEE- FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Request made by DoST via email	Additional Item	CTM Public Service Board Wellbeing Consultation Plan	Director of Strategy & Transformation	1 February 2023
Request made at Agenda Planning Meeting January 23.	Additional Item	CTM/Bridgend Public Service Board Proposed New Model	Director of Strategy & Transformation	1 February 2023
Request made via email from DoCG	Additional Item	De-Carbonisation Audit	Director of Strategy & Transformation	1 February 2023
Request made at Agenda Planning Meeting January 23.	Additional Item	Cancer Inequalities within CTM	Director of Public Health	1 February 2023
Request made by DoCG via email	Deferred from November 2022 meeting.	University Health Board Designation Status	Director of Public Health	1 February 2023
Request made at Agenda Planning Meeting January 23	Additional item	Anchor Institution Steering Group Highlight Report	Director of Public Health	1 February 2023
Request made at Agenda Planning Meeting January 23	Deferred from February 23 meeting.	Director of Public Health Annual Report 2021-22	Director of Public Health	3 May 2023

Added to Annual Cycle of Business 2023-24	New Agenda Item	University Health Board Status Progress Report	Director of Public Health	3 May 2023
Request made at Agenda Planning Meeting January 23	Additional Item	Director of Public Health Annual Report 2022-23	Director of Public health	7 November 2023
Added to Annual Cycle of Business 2023-24	New Agenda Item	University Health Board Status Progress Report	Director of Public Health	7 November 2023

Completed Activity from the Forward Work Programme

Request received via email from DoCG.	Additional Item	Audit Wales Final Report - Transformation Leadership Programme Board Baseline Governance Review	Director of Corporate Governance	2 November 2022 - Completed
Request received via email from DoCG	Additional Item	Audit Wales Final Report - Public Sector Readiness for Net Zero Carbon by 2030	Director of Corporate Governance	2 November 2022 - Completed
Added at Agenda Planning Meeting October 22	Additional Item	Post Payment Verification Annual Report (Primary Care Element)	Director of Finance & Procurement	2 November 2022 - Completed
Added at the Agenda Planning meeting for	Additional Item	Revised Committee Terms of Reference	Director of Corporate Governance	2 November 2022 - Completed

November 22 meeting.				
Added at the Agenda Planning Meeting for November 22 meeting.	Additional Item	Resilient Families Service - Evaluation of Stage 2	Director of Strategy & Transformation	2 November 2022 – Completed
Requested at agenda planning meeting for July 22 meeting.	Additional Item	Cancer Research Strategy for Wales	Director of Public Health	26 July 2022 – Completed
Action from May 2022 meeting for a detailed report to be received at July 2022 meeting	Additional Item	Population Health Management and Population Health Profiles for Accelerated GP Clusters and Local Authority Area	Director of Primary Care & mental Health	26 July 2022 – Completed
Added at Agenda Planning Meeting for July 22 meeting.	Additional Item	A Community Centred Approach to Health and Wellbeing for Cwm Taf Morgannwg University Health Board	Director of Strategy & Transformation	26 July 2022 – Completed
Added at Agenda Planning Meeting for July 22 meeting.	Additional Item	Market Stability Report	Director of Strategy & Transformation	26 July 2022 – Completed
Added at agenda	Additional item	Whole System Approach to Healthy Weights Across CTMUHB	Director of Public Health	26 July 2022 – Completed

planning meeting for July 2022				
Action arising from November 21 meeting.	Deferred from February 22 Meeting.	CTM Test, Trace, Protect Transitional Report Including Vaccinations and Testing	Director of Public Health	4 May 2022 - Completed
Requested at Agenda Planning Meeting for May 22 meeting.	Additional Item	Primary Care Strategic Area Development - Accelerated Cluster Development	Director of Primary, Community & Mental Health	4 May 2022 - Completed
Requested at Agenda Planning Meeting for May 22 meeting.	Additional Item	Learning Disabilities Joint Commissioning Group	Director of Primary, Community & Mental Health	4 May 2022 - Completed
Requested at Agenda Planning Meeting for May 22 meeting.	Additional Item	Parc Prison Healthcare Provision	Director of Primary, Community & Mental Health	4 May 2022 - Completed
Requested at Agenda Planning Meeting for May 22 meeting.	Additional Item	CTM Decarbonisation (Green) Strategy - Presentation	Director of Strategy & Transformation	4 May 2022 - Completed