

# Strategic Development Committee Meeting

Thu 03 July 2025, 09:30 - 12:30

## Agenda

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### 09:30 - 09:35 1. PRELIMINARY MATTERS

5 min

*Kath Palmer, Chair of the Committee*

#### 1.1. Welcome and Introductions

*Kath Palmer, Chair of the Committee*

#### 1.2. Apologies for Absence

*Kath Palmer, Chair of the Committee*

#### 1.3. Declarations of Interest

*Kath Palmer, Chair of the Committee*

### 09:35 - 09:35 2. CONSENT AGENDA BUSINESS

0 min

*Kath Palmer, Chair of the Committee*

The Committee Chair will ask if there are any items from the Consent Agenda (Section 8) that Committee Members wish to bring forward to the main agenda for discussion

### 09:35 - 09:35 3. COMMITTEE GOVERNANCE ARRANGEMENTS

0 min

#### 3.1. Action Log

*Discussion Kath Palmer, Chair of the Committee*

 3.1. Action Log Strategic Development Committee - Draft for July 25.xlsx (6 pages)

#### 3.2. Matters Arising note Captured on the Action Log

*Discussion Kath Palmer, Chair of the Committee*

### 09:35 - 09:40 4. STRATEGIC RISK MANAGEMENT

5 min

#### 4.1. Board Assurance Framework Report - Strategic Risks

*Discussion Cally Hamblyn, Assistant Director of Governance & Risk*

 4.1 Board Assurance Framework Update - SDC 3.7.2025.pdf (6 pages)

### 09:40 - 10:50 5. OUR MODELS OF CARE / SERVICE TRANSFORMATION

70 min

#### 5.1. Mental Health Transformation Programme

*Discussion Gethin Hughes, Chief Operating Officer & Clare Williams, Service Director Mental Health and Learning Disabilities*

 5.1. SDC Mental Health Transformation Programme.pdf (6 pages)

## **5.2. Enhanced Community Care Service Update - To follow**

*Discussion Sarah Bradley Service Director for Primary Care and Community & Lucie Owen Nurse Director of Primary Care and Community*

 5.2. Enhanced Community Care Service Update July 3rd 2025 SDC updated.pdf (12 pages)

## **5.3. Acute Clinical Services Programme - Case for Change**

*Discussion Claire Thompson, Executive Director of Strategy & Transformation / Dr Atif Ali, Acute Clinical Services Plan Programme Director*

 5.3a ACSP Case for change SDC 3 July 2025.pdf (4 pages)

 5.3b CTM ACSP Case for Change V1.3 (Updated Draft).pdf (6 pages)

## **5.4. Regional Partnership Agreement for Services and Support for Older People, People Living with Frailty and Their Carers**

*Discussion Claire Thompson, Executive Director of Strategy & Transformation / Vicki Oxley, Deputy Director of Strategy and Partnerships*

 5.4a CTM Regional Partnership Agreement SDC 3 July 2025.pdf (9 pages)

 5.4b Appendix 1 ICCS RPA version 100625.pdf (49 pages)

## **5.5. Maesteg Community Hospital Development**

*Discussion Claire Thompson, Director of Strategy and Transformation / Dale Stolzenberg, Assistant Director of Transformation*

 5.5 Maesteg Hospital Update SDC 3 July 2025.pdf (13 pages)

## **5.6. Llantrisant Health Park Business Case - Verbal Update**

*Discussion Gethin Hughes, Chief Operating Officer & Vicki Oxley Deputy Director of Strategy & Partnerships*

10:50 - 11:55  
65 min

# **6. OUR POPULATION / WORKING WITH OTHERS**

## **6.1. Regional Partnership Update 2024 / 25**

*Discussion Claire Thompson Director of Strategy and Transformation / Sarah Mills, Head of Regional Commissioning Unit*

 6.1 RPB Update SDC 3 July 2025.pdf (8 pages)

## **6.2. Creating Health Highlight Report**

*Discussion Philip Daniels, Executive Director of Public Health*

 6.2 Creating Health Highlight Report SDC 3 July 2025.pdf (14 pages)

## **6.3. Health Protection System Update**

*Discussion Philip Daniels, Executive Director of Public Health*

 6.3 Health Protection System Update SDC 3 July 2025.pdf (5 pages)

## **6.4. CTM Area Planning Board - Highlight Report**

*Discussion Philip Daniels, Executive Director of Public Health*

 6.4a APB Highlight Report SDC 3 July 2025 - Cover Paper.pdf (4 pages)

 6.4b App 1 - CTM APB Highlight Report SDC 3 July 2025.pdf (5 pages)

## 6.5. CTM Public Service Board Update

*Discussion Philip Daniels, Executive Director of Public Health*

📄 6.5 PSB update report SDC 3 July 2025.pdf (5 pages)

## 6.6. Strategic Equality Plan 2024-2025

*Discussion Hywel Daniel, Executive Director for People*

📄 6.6a Strategic Equality Plan SDC 3 July 2025.pdf (4 pages)

📄 6.6b. Strategic Equality Plan SDC 3rd July 2025.pdf (22 pages)

11:55 - 12:25  
30 min

## 7. OUR COMMITMENT TO SUSTAINING OUR FUTURE

### 7.1. Financial Position Update

*Discussion Sally May, Director of finance*

📄 7.1. SDC Financial Position Update.pdf (4 pages)

### 7.2. People Plan Implementation - Verbal Update

*Discussion Hywel Daniel, Executive Director for People / Hayleigh Jones, Deputy Director for People*

This will be a brief update on implementation as the People Plan was only launched on Monday 23 June 2025.

### 7.3. Digital & Data Strategy Progress & Plan

*Discussion Stuart Morris, Director of Digital*

📄 7.3 Digital Strategy Progress Plan SDC 3 July 2025.pdf (20 pages)

12:25 - 12:30  
5 min

## 8. CONSENT AGENDA

### 8.1. FOR APPROVAL

#### 8.1.1. Unconfirmed Minutes of the Extra Ordinary Meeting held 13th March 2025

*For Approval Kath Palmer, Chair of the Committee*

📄 8.1.1. Unconfirmed Minutes SDC 13.03.2025 (Extra Ordinary Committee Meeting) GW.pdf (5 pages)

#### 8.1.2. Unconfirmed Minutes of the Meeting held on 3 April 2025

*For Approval Kath Palmer, Chair of the Committee*

📄 8.1.2. Unconfirmed Minutes SDC 03 April 2025 (v3).pdf (10 pages)

#### 8.1.3. Unconfirmed In-Committee Minutes of the Meeting held on 3 April 2025

*Kath Palmer, Chair of the Committee*

📄 8.1.3. Unconfirmed Minutes CLOSED SESSION SDC 03 April 2025 v3.pdf (2 pages)

### 8.2. FOR NOTING

#### 8.2.1. Committee Annual Cycle of Business 2025

*Information Cally Hamblyn, Assistant Director of Governance & Risk*

📄 8.2.1a Annual Cycle of Business SDC 3 July 2025.pdf (3 pages)

📄 8.2.1b CTMUHB SDC Cycle of Business -Updated 09.04.2025.pdf (4 pages)

## 8.2.2. Committee Forward Work Plan

*Information* Cally Hamblyn, Assistant Director of Governance & Risk

 8.2.2. Forward Work Plan - SDC July 25.pdf (2 pages)

## 12:30 - 12:30 9. CLOSE OUT BUSINESS

0 min

### 9.1. Any other business

*Kath Palmer, Chair of the Committee*

### 9.2. Committee Highlight Report to Board

*Discussion* Cally Hamblyn, Assistant Director of Governance & Risk

### 9.3. Meeting Feedback

*Discussion* Kath Palmer, Chair of the Committee

- Is there anything we should do more or less of?
- Have we managed our time and allowed open and balanced discussion?
- Have we considered our values and acted in a way that supports embedding our values across CTM?
- Have we maintained a Strategic Focus?
- Have we received sufficient assurance from a range of sources?
- Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

## 12:30 - 12:30 10. PRIVATE / CLOSED SESSION BUSINESS

0 min

*Kath Palmer, Chair of the Committee*

## 12:30 - 12:30 11. DATE AND TIME OF NEXT MEETING

0 min

*Kath Palmer, Chair of the Committee*

1ST OCTOBER 2025 13:00PM

**OPEN ACTIONS: Strategic Development Committee Action Log (as at 24.6.2025)**

**Name of Meeting: Strategic Development Committee**

**Committee Chair: Kath Palmer**

<b>Date of meeting the action originated from</b>	<b>Minute Item reference</b>	<b>Minute Reference Page Number</b>	<b>Item Title / Summary</b>	<b>Nature of Action</b>	<b>Lead Officer</b>	<b>Lead Executive</b>	<b>Timescale for action to be completed</b>	<b>Status of Action</b>	<b>Narrative Progress Update</b>
Strategic Development Committee 3 April 2025	7.5 Annual Review of the WBFGA	Page 9	Annual Review of the Well Being of Future Generations Act (WBFGA) and Objectives	It was recommended that an additional objective for the WBFGA concerning the Welsh Language be presented for approval at the May Board Meeting.	Executive Director of Public Health	Executive Director of Public Health	jul-25	Propose to Close	The additional objective was approved at the May Public Board Meeting.
Strategic Development Committee 3 April 2025	7.4 Digital and Data Strategy	Page 9	Digital and Data Strategy	Digital challenges identified to be captured within the Digital Risk on the Board Assurance Framework. Discussion between Assistant Director of Governance & Risk and Director of Digital.	Assistant Director of Governance & Risk	Director of Digital	jul-25	Propose to Close	The May iteration of the Board Assurance Framework has been updated in terms of the Strategic Risk to capture the challenges discussed at the meeting in April 2025.
Strategic Development Committee 3 April 2025	7.1 Staff Survey & People Plan	Page 7	Staff Survey	The People Plan was presented with confirmation that it would be submitted to the Board at the end of May 2025 and to follow would be publicised across CTM in June 2025. Ensure the item is on the Board agenda for May 2025	Deputy Director for People	Hywel Daniel, Executive Director for people	jun-25	Propose to Close	The People Plan was approved at the May Public Board Meeting.
Strategic Development Committee Meeting 3 April 2025	6.4 Area Planning Board Update	Page 6	Area Planning Board Update	The Executive Director of Public Health will review and correct inaccuracies in the cover report and resubmit it after the meeting and ensure future reports were suitable for the lay reader, particularly in regard to the use of acronyms	Executive Director of Public Health	Executive Director of Public Health	Immediate	Propose to Close	The task was completed after the Committee Meeting, and the new bundle was subsequently re-uploaded to the Website and Admincontrol.

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Population Health & Partnerships Committee Meeting - May 2023	02/23/11	Page 7	Primary Care Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes, Chief Operating Officer	Chief Operating Officer	No timeframes have been identified on a National level as yet.	Open - Ongoing	Leads within CTM are working collaboratively with BCUHB on the procurement for a mental health solution. Following which they can then explore the possibilities for a community system although the national Connecting Care business case is still the primary mechanism for implementing a community system across Wales. No timescale has been identified as this sits with a national group. CTM will continue to engage and update once this is clear.

**CLOSED ACTIONS: Strategic Development Committee Action Log**

**Name of Meeting: Strategic Development Committee**  
**Committee Chair: Kath Palmer**

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Strategic Development Committee 16 January 2025	6.6 - Health Protection Strategic Update	Page 9	Vaccination Programme	Explore the availability of data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	apr-25	Proposed to close.	An update was received outside of the meeting and has been circulated to Members. It is proposed to close this action.  The Executive Director of Public Health updated the Committee, stating he would discuss with the vice chair upon her return.
Strategic Development Committee 16 January 2025	6.2 - RPB Update	Page 7	Format of future updates.	Future reports to provide a breakdown of the £22m allocation to teams and when available the priorities of the RPB and how these dovetail CTMUHB Plans.	Linda Prosser, Executive Director of Strategy & Transformation	Linda Prosser, Executive Director of Strategy & Transformation	apr-25	Propose to Close	COMPLETED AT APRIL 2025 COMMITTEE MEETING
People & Culture Committee April 2024  Revisited at the Strategic Development Committee - 16 January 2025	5.2 Strategic Equality Plan  Action Log	Pages 3 & 4  Page 2	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Hannah Williams, Assistant of OD and Wellbeing	Executive Director for People	apr-25	Propose to Close	At the Committee meeting on the 16.1.2025 - C. Donoghue sought clarity on the current status of the gender pay gap investigation as the position was not clear from the narrative within the Action Log. H. Daniel agreed to review the action with the team outside of the meeting and revert to the Committee with an update.  <b>UPDATE:</b> April 2025, an update was received outside of the meeting and circulated to Members via Email. Propose to close
Strategic Development Committee 16 January 2025	7.3 - Digital and Data Strategy / Strategic Digital Transformation Programmes	Page 11	Digital Delivery Road Map and Funding Allocations	Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Stuart Morris, Director of Digital	Stuart Morris, Director of Digital	Added to forward Work Plan	Closed at SDC 03.04.2025	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	6.5 - Healthy Travel Charter	Page 9	Future Updates	Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to SDC Cycle of Business for January as the annual update.	Closed at SDC 03.04.2025	Propose to close from action log as captured Cycle of Business.

Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Future Updates	Forward work plan to note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to forward Work Plan	Closed at SDC 03.04.2025	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	5.1 - ACSP	Page 3	ACSP to a Board Development Session	Governance Team to add the Acute Services Clinical Plan to the Forward Work Plan for a future Board Development Session.	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)  Director of Corporate Governance (BD Topic Planning)	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)  Director of Corporate Governance (BD Topic Planning)	Added to Board Development topic list	Closed at SDC 03.04.2025	Propose to close from action log as captured in Board Development Programme topic List.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Stuart Morris, Director of Digital	Director of Digital	jan-25	Closed at SDC 03.04.2025	Patient Centred Contact requirement included in IMTP submission for 2025/2026
Digital and Data Committee meeting August 2024	3.2 Spotlight Topic	Pages 3-4	Spotlight Topic: Progress on Digital and Data Programmes	Research and conduct a comprehensive analysis of figures around the Digital Maternity Programme.	Director of Digital / Assistant Director for Digital Transformation F11:G11	Director of Digital	jan-25	Closed at SDC 16.1.2025	National Digital Maternity Programme suspended. Health Board to proceed with local procurement.
Digital and Data agenda planning session 15 July 2024	N/A	N/A	Spotlight Topic: Digital from a Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	jan-25	Closed at SDC 16.1.2025	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Director of Digital	Director of Digital	jan-25	Closed at SDC 16.1.2025	Patient Centred Contact requirement included in IMTP submission for 2025/2026

People & Culture Committee April 2024	5.2 Strategic Equality Plan	Pages 3 & 4	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Assistant of OD and Wellbeing	Assistant of OD and Wellbeing	jan-25	Closed at SDC 16.1.2025	<ul style="list-style-type: none"> <li>Data analysis showed that the pay gap is (as the original report speculated) due to proportionally more women in lower banded clinical and non-management roles, and more part-time workers. We are in discussions currently about how to best support colleagues (including their development and readiness) this will form part of the OD, L&amp;D and Inclusion workplans during 2025/26</li> <li>In terms of awards: the main awards are being incorporated into the pay scale (no longer as an award, including the same incremental payment points for part-time staff). Therefore, this will not impact the gender pay gap data in future.</li> <li>Clinical Excellence Awards (CEAs) and the new National Clinical Impact Awards are for consultants and are allocated within England and Wales, and sifted twice at a National level. CTM does not have power of awarding these and only receives 1-2 of these awards per year. The low awarding rate means this will have little impact on the gender pay gap. As this is a national award, CTM do not hold data on the number of applicants or their success rates, but it has been speculated with the Staff Network teams that there is more work to be done at CTM to encourage and support applications.</li> </ul>
Population Health & Partnerships Committee Meeting 1 August 2024	5.1 Population Health Management	Page 3	Population Health Management Programme Update	To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Propose to close - received as part of the Primary Care Strategic Update at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting 1 August 2024	5.2 Health Protection System	Page 3	Health Protection System	To bring a further update on staff vaccinations back to the Committee to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Proposed to close - received as part of the Health Protection Report at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting - November 2023	5.1 Active Travel Charter	Pages 3 & 4	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Director of Public Health	Executive Director of Strategy & Transformation	jan-25	Closed at SDC 16.1.2025	The implementation plan is going to the SDC January 2025 Committee and will be going to EMB at the end of January.
Population Health & Partnerships Committee Meeting - May 2023	02/23/11	Page 7	Primary Care Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Chief Operating Officer	Chief Operating Officer	jan-25	Closed at SDC 16.1.2025	In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.
Population Health & Partnerships Committee - November 2024	5,1	Page 4	Director of Public Health Annual Report - Diabetes	To check if the outcome of the Board to Board session had been circulated to all Independent Members	Head of Corporate Governance & Board Business	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Propose to close - the outputs from the Board to Board meeting held on 27 June have been shared with Board Members.
Population Health & Partnerships Committee - May 2023	7.2 Regional Partnership Board Further Faster Pathway Update	Page 7	Regional Partnership Board Further Faster Pathway update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	jan-25	Closed at SDC 16.1.2025	Propose to close - received at the November 2024 PHP committee meeting

Strategic Development Committee 16 January 2025	3.1 Action Log - Vaccination Programme	Page 2	Vaccination Programme	Lessons Learnt and future approach to be shared with the Committee	Philip Daniels, Executive Director of Public Health  Hywel Daniel, Executive Director For People	Philip Daniels, Executive Director of Public Health  Hywel Daniel, Executive Director For People	Added to forward Work Plan	Closed at SDC January 2025	Now added to forward work programme
Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Circulation of Public Health reference material.	Circulate to the Committee the Public Health Wales prioritising prevention documents.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Complete		P Daniels circulated via email outside of the Committee meeting.



**Agenda Item**

4.1

**STRATEGIC DEVELOPMENT COMMITTEE**

**BOARD ASSURANCE FRAMEWORK UPDATE**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Board Development Session	15 May 2025	Risk updates agreed for July iteration.
Public Board Meeting	31 July 2025	<i>Pending Approval</i>

<b>Acronyms / Glossary of Terms</b>	
BAF	Board Assurance Framework



## 1. Situation / Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

## 2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
- the four strategic goals of the Health Board;
  - assurance reporting that supports a streamlined and effective committee and reporting structure;
  - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
  - international best practice; and
  - the management of board meetings and agendas to be focused equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

## 3. Key Risks / Matters for Escalation

- 3.1 Following discussion at the January 2025 Public Board meeting a Board Development Session was held on the 15 May 2025 which focussed on the following areas:
- Strategic Risks Discussion (Review of the current strategic risks escalated to the Board Assurance Framework)
  - Setting the Risk Appetite for the next 12 months.
  - Review of the Risk Escalation Threshold.
  - Annual Review of the Risk Management Strategy
- 3.2 The actions that arose from the Board Development Session are summarised below:
- 3.3 **Board Assurance Framework**
- Removal of Strategic Risk 7 – 'Culture, Values and Behaviours' with the agreement that it is captured within a re-worked version of Strategic Risk 3 'Sufficient Workforce to deliver the activity and quality ambitions of the organisation'
  - Reframe Strategic Risk 4 'Community and Partner Engagement' to capture service change and development risks.



- Four new Strategic Risks:
  - Strategic Risk 6 – Ability to maintain a safe and fit for purpose estate infrastructure.
  - Strategic Risk 9 – Failure to plan and manage revenue within the resource limits set by Welsh Government.
  - Strategic Risk 10 – Ability to develop a fit for the future estate to reflect our future clinical service model.
  - Strategic Risk 11 – Delivery of an Integrated Care Model
- General comments from the session on existing risks have also been shared with Strategic Risk leads to incorporate into their review of the risks for the July iteration of the Board Assurance Framework Report.

3.3 The Board Assurance Framework report is in the process of being updated for the July Board and therefore is not available in its entirety for this Committee, however, the revised list of Strategic Risks is captured at Appendix 1 for noting.

3.4 **Risk Management Strategy** - The purpose of the strategy is to provide guidance to all staff on the management of strategic and operational risks and the Board Assurance Framework within the organisation. Following the detailed review at the Board Development Session on the 15 May 2025, the following changes were made:

- **Risk Appetite Statement**
  - To avoid confusion the “Assets and Estates” risk was updated to include just one appetite which is “Open”.
  - The ‘Technological advances” risk was updated to capture research and innovation in its descriptor.
- **Risk Domain Scoring Matrix** - There were no changes proposed in this year’s review to the matrix or risk score escalation threshold of a risk score of 15 and above.

3.5 The updated Risk Management Strategy was approved by the Board at its meeting on the 29 May 2025 and is available here: [Health Board Policies and Procedures - Cwm Taf Morgannwg University Health Board](#)

#### 4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well
	A Healthier Wales



<p><b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a></p>	<p>If more than one applies please list below:</p>
<p><b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b></p>	<p>Leadership If more than one applies please list below: Culture and Valuing People, Data to knowledge, Learning, Improving and Research, Whole- system Perspective</p>
<p><b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b></p>	<p>Effective If more than one applies please list below: Efficient, Equitable, Person Centred, Timely, Safe</p>
<p><b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b></p>	<p>No - Not Applicable If more than one applies please list below:</p>

Impact Assessment		
<p><b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/> Outcome:</p>	<p>No: <input type="checkbox"/> If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.</p>
<p><b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/> Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>No: <input checked="" type="checkbox"/> If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>Yes (Include further detail below) See detail captured for each risk</p>	
<p><b>Enw da / Reputational</b></p>	<p>Yes (Include further detail below) See detail captured for each risk</p>	
<p><b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b></p>	<p>Yes (Include further detail below) See detail captured for each risk</p>	



## 5. Recommendation


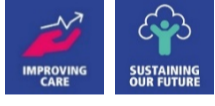



5.1 The Committee is asked to:

- **NOTE** the updates captured in section 3 that are being progressed for the July iteration of the Board Assurance Framework Report.
- **NOTE** the changes made to the Risk Management Strategy as outlined in Section 3.

## 6 Next Steps

6.1 The updated Board Assurance Framework Report will be received by the Board at its meeting on the 31 July 2025.

## Appendix 1 – Board Assurance Framework – Strategic Risk Dashboard

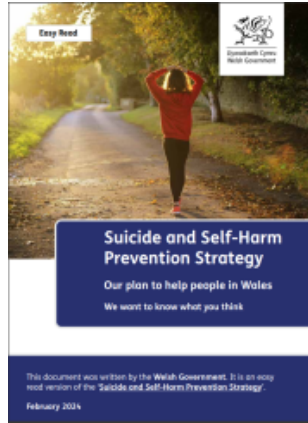
Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future 	<b>a) Enough capacity to meet emergency and elective demand</b>  <b>b) Enough capacity to meet emergency demand</b>	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future 	<b>Ability to deliver improvements which transform care and enhance outcomes</b>	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People 	<b>Enough workforce to deliver the activity and quality ambitions of the organisation</b> (Including Culture, Values and Behaviours)	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future 	<b>Effective Community and Partner Engagement in service changes and developments</b>	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future 	<b>Delivery of a digital and information infrastructure to support organisational transformation</b>	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future 	<b>Ability to maintain a safe and fit for purpose estate infrastructure</b>	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  <a href="#">Click Here for Risk 7</a>	<b>Fulfilling our Environmental and Social Duties and ambitions</b>	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 8</a>	<b>Prevention and early Intervention to support Healthy Life Expectancy</b>	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  <a href="#">Click Here for Risk 9</a>	<b>Failure to plan and manage revenue resources within the Resource limits set by WG</b>	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 10</a>	<b>Ability to develop a fit for the future estate to reflect our future clinical service model</b>	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 11</a>	<b>Delivery of an Integrated Care Model</b>	Chief Operating Officer	Strategic Development Committee

5.1	03/07/25	Strategic Development Committee	Mental Health Transformation Programme
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable
Prepared By:	Clare Williams, Service Director MH&LD
Presented By:	Clare Williams, Service Director MH&LD
Approving Executive Sponsor:	Gethin Hughes, COO
Report Purpose	For Discussion
Engagement undertaken to date:	

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	A detailed assessment will be undertaken as the strategic direction is developed into a detailed plan.
Related Health and Care Standard	All
Equality and Welsh Language	A detailed assessment will be undertaken as the strategic direction is developed into a detailed plan.
Are there any Legal Implications /Impact.	A detailed assessment will be undertaken as the strategic direction is developed into a detailed plan.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	A detailed assessment will be undertaken as the strategic direction is developed into a detailed plan.
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

# National Strategic Direction



## Vision for Mental Health Services

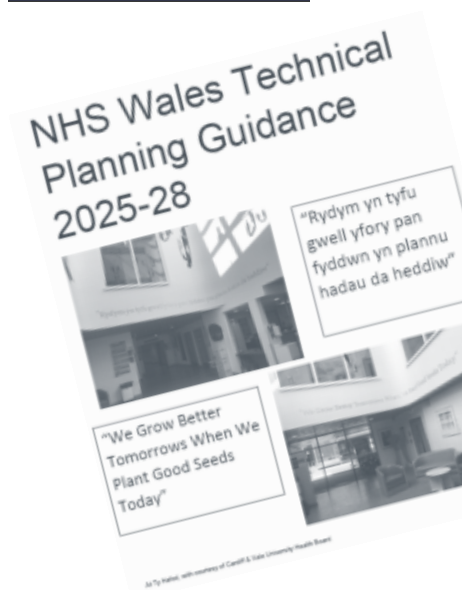
- **Seamless mental health services – person centred, needs led and guided to the right support first time, without delay**
- Integrated health and social care
- Part of a connected system
- High quality equitable access, experience and outcomes.

## Cabinet Secretary Strategic Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- **Mental health access**
- Women's health

For both adults and CAMHS – to be reported against separately)

- 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
- 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

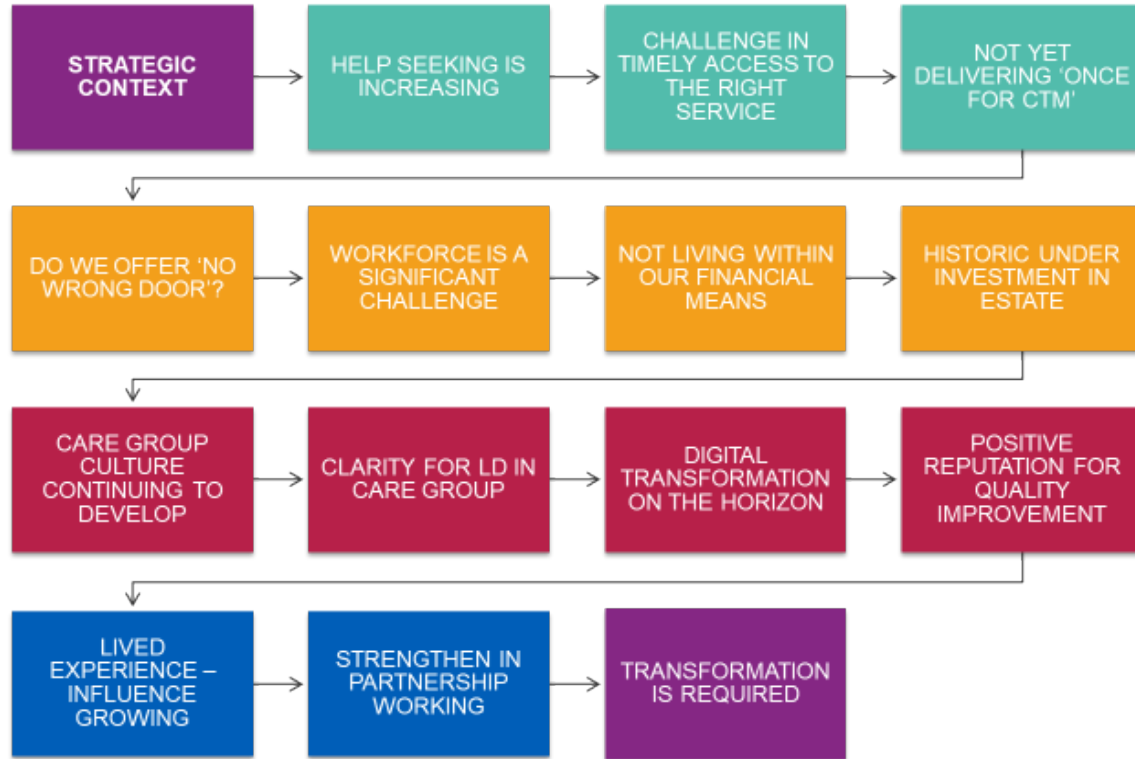


**Strategic Programme  
For Mental Health**

# Health Board Strategic Direction



# MH&LD Care Group Context

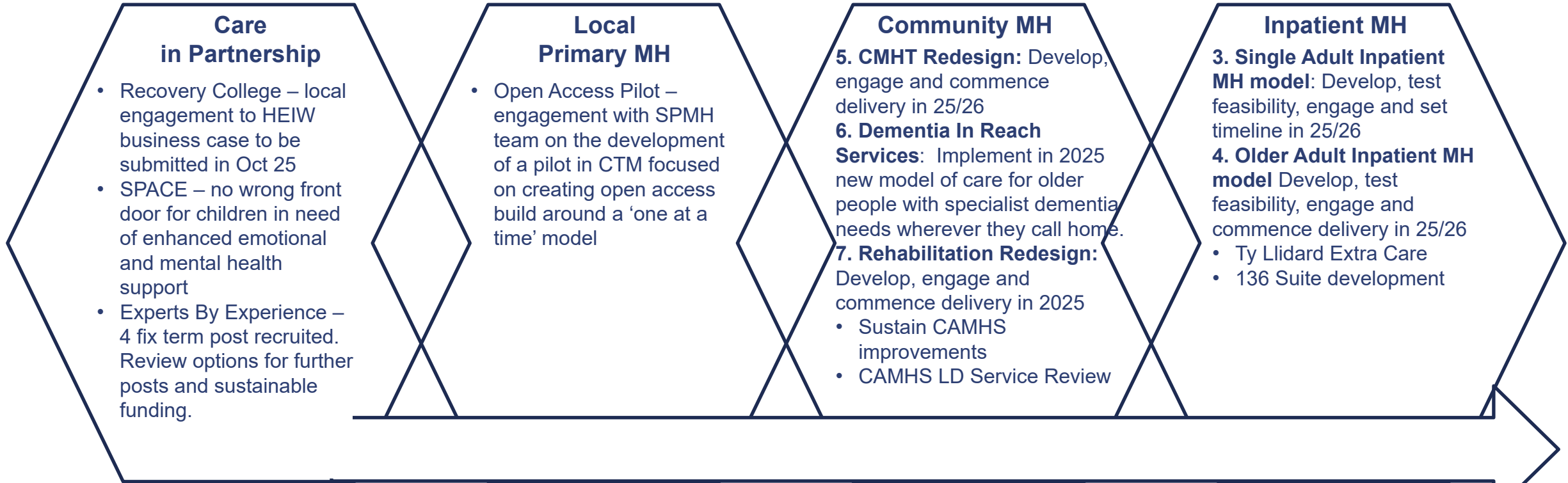


ID	Description	Risk Area	Risk Score
3337	Lack of Single Electronic Patient Record in Mental Health Services	Safety & Wellbeing Patients/ Staff/ Public	Over 15
4691	New Mental Health Unit	Safety & Wellbeing Patients/ Staff/ Public	Over 15
4973	Medical Cover in Adult Mental Health	Safety & Wellbeing Patients/ Staff/ Public	Over 15

# The Programme of Transformation

## Seamless Mental Health Services

Person centred, needs lead and guided to the right support first time without delay.



**2. Workforce Sustainability:** recruitment and retention in Nursing and Psychology staff having a positive effect; medical recruitment, retention and diversification -- overseas recruitment to train consultants, Physicians Associates, Advance Nurse Practitioner

**1. Single Electronic Patient Record:** procurement underway, contract award Autumn 25, full implementation ambition Spring 2027



**Recommendation:**

**The Board or Committee are asked to:**

- Note the Mental Health & LD strategic direction
- Consider and discuss the direction of the programme of transformation for mental health services in CTM



**(5.2)**      **July 3<sup>rd</sup> 2025**      **Strategic Development Committee)**      **Enhanced Community Care Service Update**

FOI Status:	Open (Public)
If closed please indicate reason:	NA
Prepared By:	Julia Wilkinson – Directorate Manager Community
Presented By:	Sarah Bradley Service Director for Primary Care and Community & Lucie Owen Nurse Director of Primary Care and Community
Approving Executive Sponsor:	Gethin Hughes- Chief Operating Officer
Report Purpose	For Noting
Engagement undertaken to date:	Extensive engagement with staff side through Local Partnership Forum (corporate and care group), with Local Authorities, with other Care Group Leadership Teams and with services leads for areas impacted by changes. With GP PCC transformation leads.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Quality and Patient Experience
Related Health and Care Standard	Leadership & Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No – the programme and model has previously been ratified and assessed; the information is for update on progression only.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The additional funding is £3m and is identified through the remodelling across acute and community services.
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



Transformation Programme

# Hospital @ Home



# Development of Hospital @ Home

- There are a range of separate community teams in CTM, meaning that provision is fragmented and difficult to navigate, with significant variation and patient outcomes across the CTM area.
- This can often result in delays to discharge and in-appropriate hospital admission.
- All community health teams delivering intermediate care in CTM are therefore being integrated into one service named **Hospital@Home**.
- Hospital@Home will enhance pathways of community care in line with national standards and guidance.
- There will be one consistent service delivered at a local level comprising of 185.32 WTE, made up of 73.12 existing WTEs and 112.2 WTE new members of staff.
- Teams in scope for change are @Home, the Community Health and Wellbeing Team and Your Medication@Home and the Acute Clinical Team.

# Delivery Process

## Phase 1: Discharge

### Discharge

Jan – August

Focus on additional care capacity in current services.

Recruitment of care staff.

Co-ordinated through the discharge hub.

Links with discharge team and focus on improving process for P1 discharges.

Support within 2 hrs for PoCD patients waiting D2RA Pathway 1 or LT PoC.

## Phase 2: Early Discharge

### Early Discharge

Sept - Nov

Patients who need ongoing clinical oversight but not in an acute hospital.

Organisational Change Process and registrant oversight.

## Phase 3: Admission Avoidance

### Admission Avoidance

Nov →

Merging of clinical navigation and discharge hub to create SPOA.

2 hr response for hospital@home service (including falls)

Clinical oversight and treatment of patients who can be safely managed in the community as well as step up to community hospitals.

# Key Deliverables

Objective	Update	Comments
Delivery of additional care hours	<ul style="list-style-type: none"> <li>• <b>47 HCAs</b> recruited to date.</li> <li>• Training and on-boarding in process.</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of applicants out of area and requiring a visa.</li> <li>• High attrition rate of those invited to interview and offered a position.</li> </ul>
	<ul style="list-style-type: none"> <li>• Additional care hours in Marie Curie secured.</li> <li>• 4 additional WTE recruited.</li> <li>• Current staff offered overtime whilst recruitment progresses.</li> </ul>	<ul style="list-style-type: none"> <li>• Delays for fast tracks being seen in acute for assessment process.</li> </ul>
	<ul style="list-style-type: none"> <li>• Increased commissioning with independent sector</li> </ul>	<ul style="list-style-type: none"> <li>• Revised commissioning arrangements in RCT has seen number needing 'bridging' care significant drop.</li> </ul>
Improved Discharge Process	<ul style="list-style-type: none"> <li>• Revised EToC (Transfer of care Proportionate Assessment)</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation over 27/06/25</li> </ul>
	<ul style="list-style-type: none"> <li>• Additional capacity in discharge hub to reduce queries with EToC</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced waits for queries with reduction in days lost for PoC from 41 days average in Jan to 22 days Average Jun.</li> </ul>

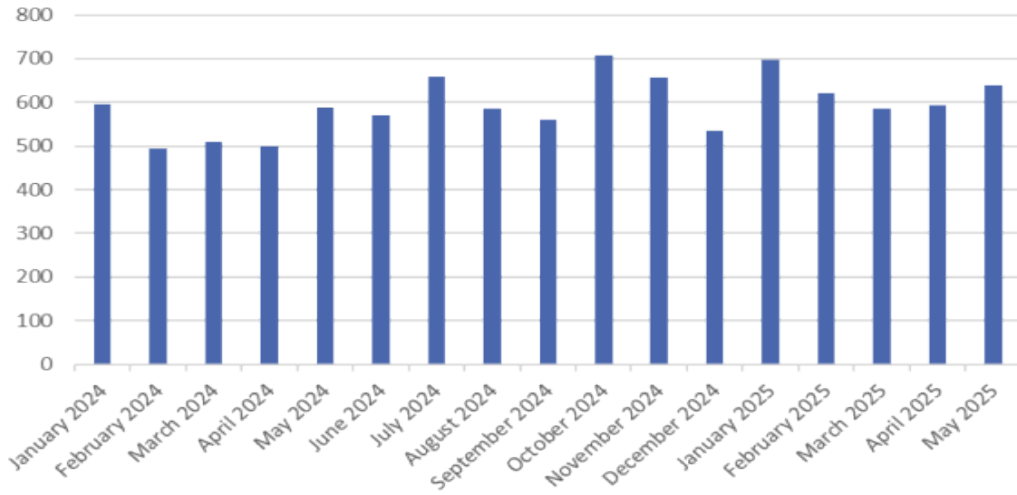
Objective	Update	Comments
	<ul style="list-style-type: none"> <li>Recruited 2.6 WTE DLN for PEO LC with Marie Curie.</li> </ul>	<ul style="list-style-type: none"> <li>On-boarding in process – in post August</li> </ul>
	<ul style="list-style-type: none"> <li>Development of revised discharge service model.</li> </ul>	<ul style="list-style-type: none"> <li>Current workstream had been paused but now included in acute frailty at the front door and Integrated Discharge Board work</li> </ul>
	<ul style="list-style-type: none"> <li>Reduction of assessment delays so that H@H is able to ‘bridge’</li> </ul>	<ul style="list-style-type: none"> <li>Development of in-reach model.</li> <li>Revised assessment process.</li> </ul>
<p>Clinical governance of service to take high acuity patients and avoid admission.</p>	<ul style="list-style-type: none"> <li>Hospital@Home Operational group completed OCP document.</li> <li>Consultation due to commence 07/07/25</li> </ul>	<ul style="list-style-type: none"> <li>New staff on trac – to go out with OCP</li> </ul>
<p>Operational Model</p>	<ul style="list-style-type: none"> <li>Phase 1 completed</li> </ul>	

# Outcomes to Date

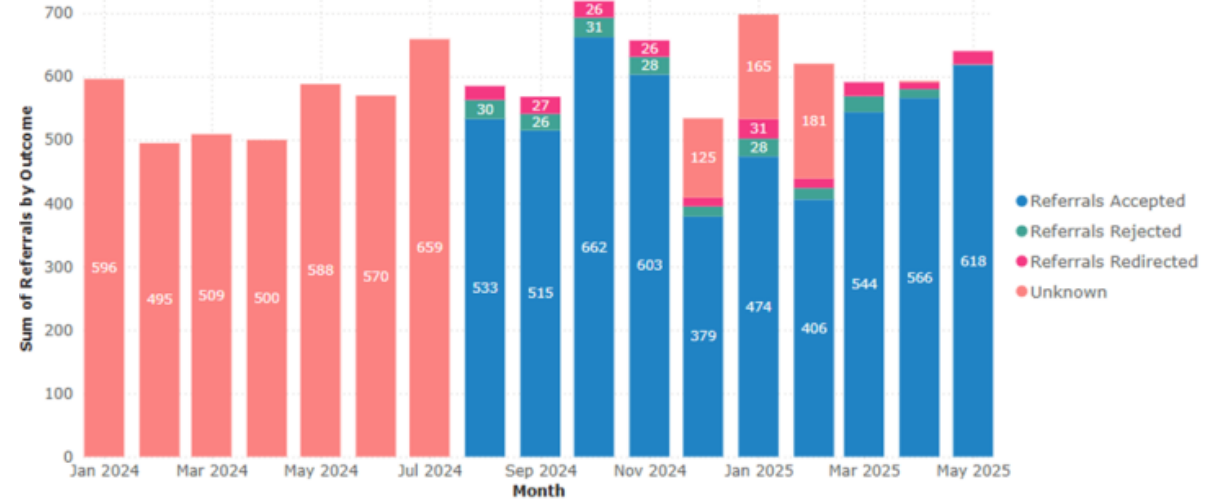
- Reduction in discharge waits for Pathway 1 (care at home) by 76% since October 2024.
- Reduction in days delayed for P1 as EToC being processed in a more timely manner.
- Increased activity in ECC level 3 and 4 reported service sin CTM with upwards trend.
- Increased activity in Marie Curie for number of patients and care contacts.
- Small increase in activity in @Home and ACT services – with services more focused on planned rather than intermediate care

# ECC Level 3 and 4 Activity Data: Nationally Reported

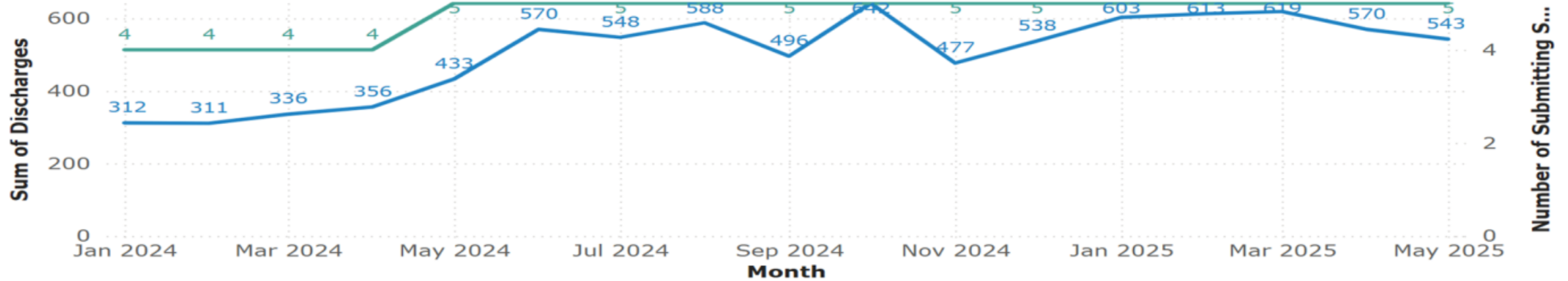
Sum of Referrals to ECC



Referral Outcome - CTMUHB



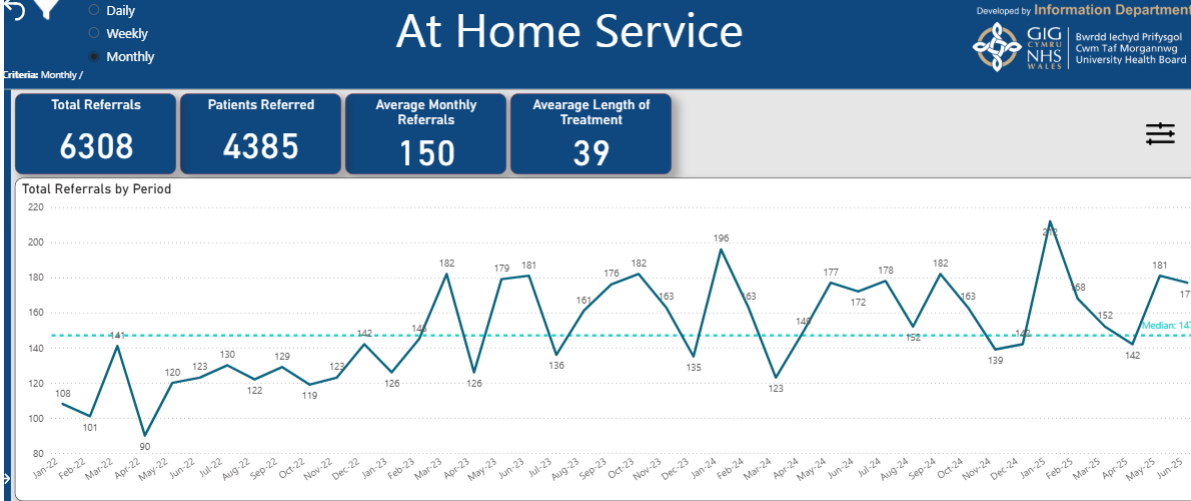
Sum of Discharges (Blue line) Number of Submitting Services (Green line)



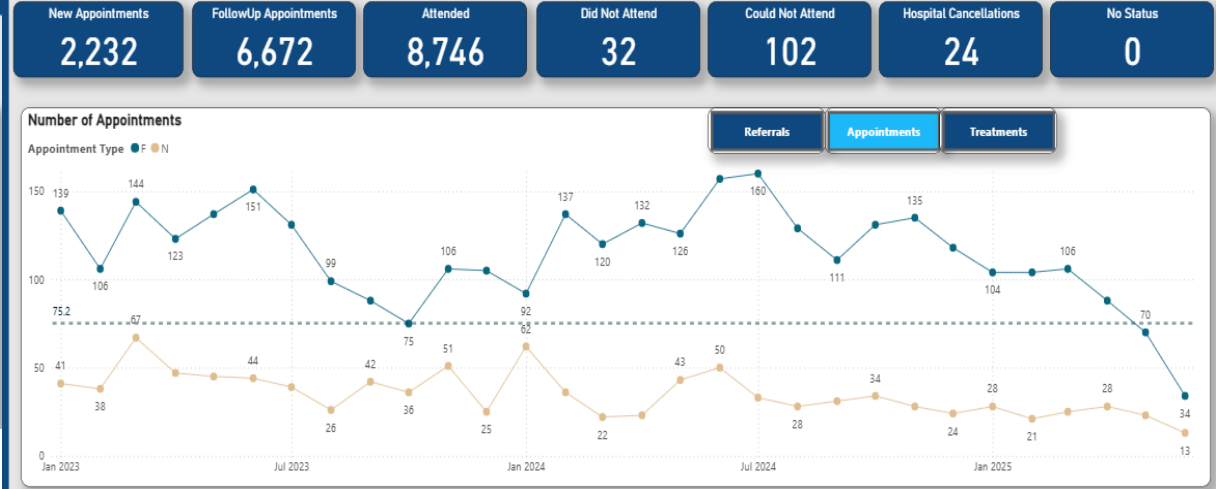
# Current ECC Service Provision (separated)

## At Home Service

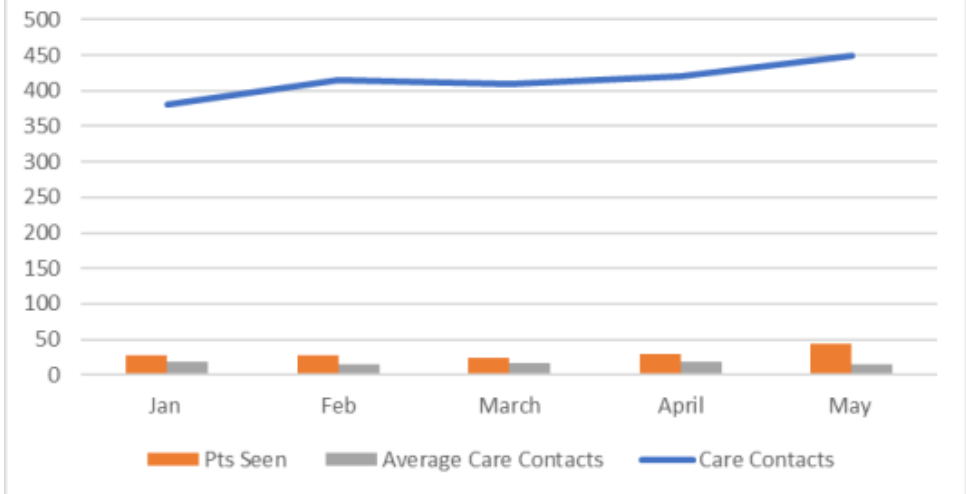
Developed by Information Department  
GIG CYMRU NHS WALES  
Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



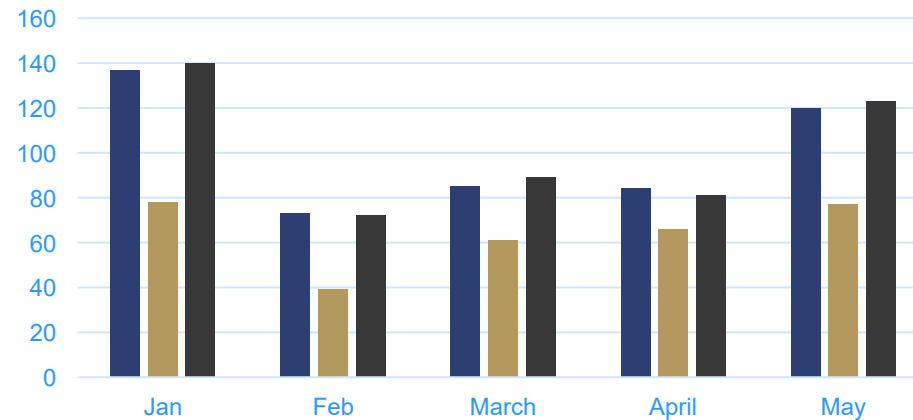
## Your Meds@Home



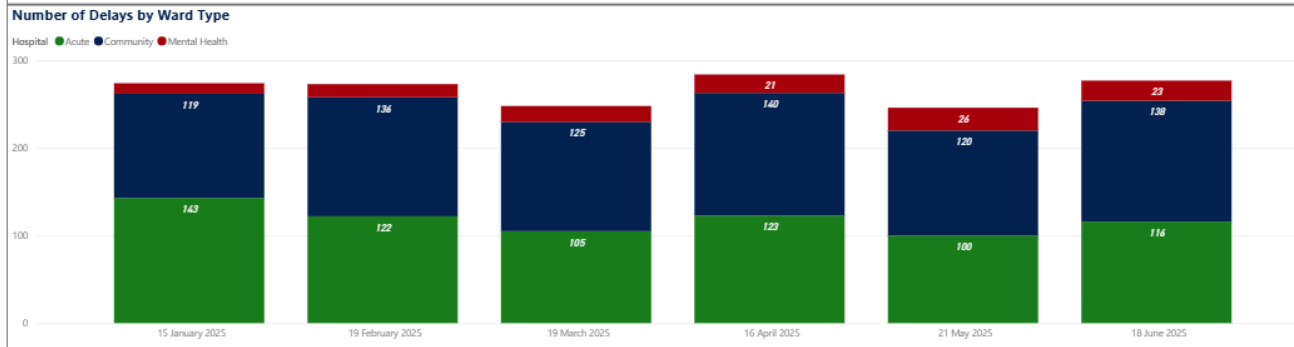
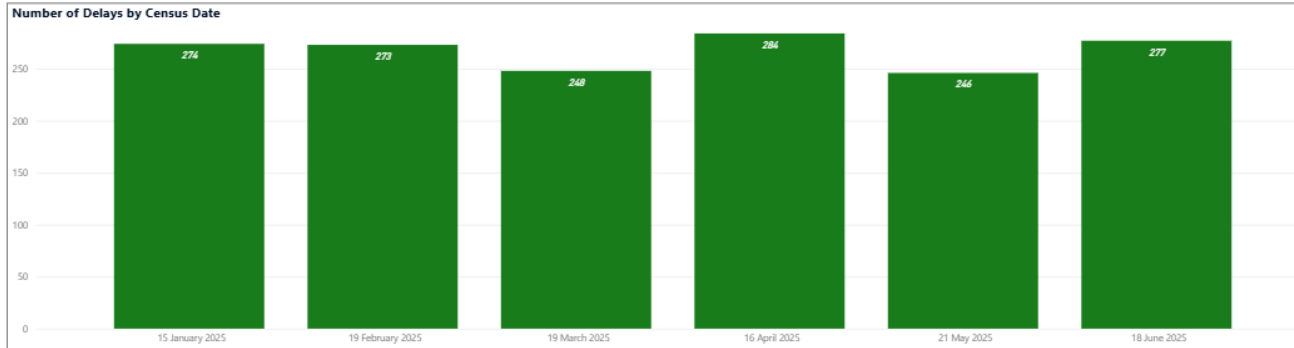
## Marie Curie Activity



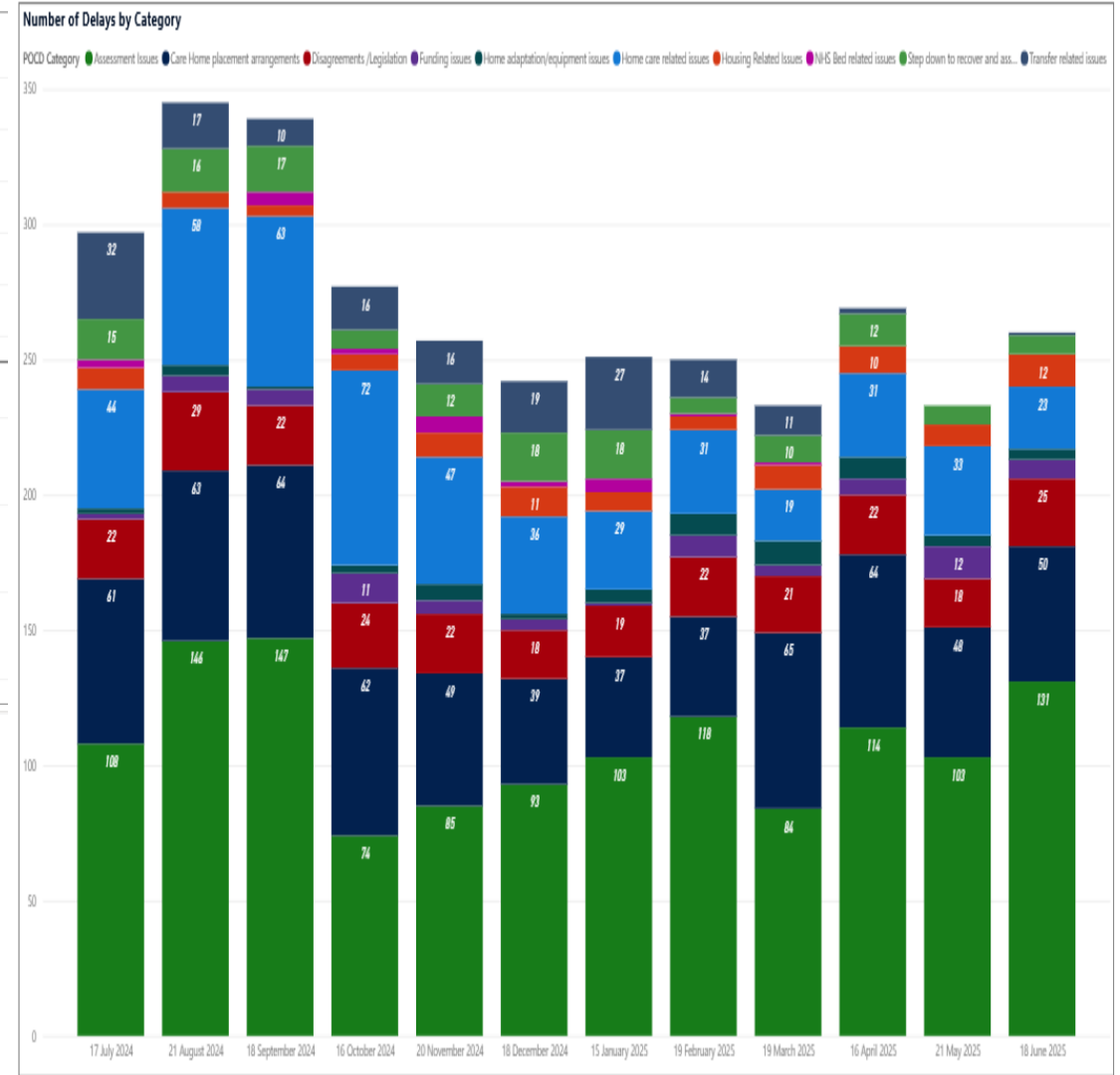
## CHWBT Activity



# Pathway of Care Delays



Delays for Care at Home



# Priorities

- **Organisational Change:** the service cannot deliver at scale or to the right cohort of patients until OCP is completed. Anticipated timeline for completion is August.
- **Data:** all current services are on different reporting systems with some using Excel spreadsheets. Hospital@Home will records activity on WPAS and record patients on EWB – a preferred system would be Community EMIS to link with Primary Care.
- **Discharge Model:** Highest proportion of patients waiting to be discharged are waiting for assessment nor for a package of care. In June 24 pts were waiting for care at home in CTM: 12 in acute and 12 in community but **134** were waiting for an assessment. Hospital@Home staff will be realigned to the new discharge service so that they can in-reach to complete a proportionate assessment.



Recommendation:

The Committee are asked to NOTE this update.



**Agenda Item**

5.3

**Strategic Development Committee**

**CTM ACSP Case for Change**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Atif Ali, Acute Clinical Services Plan Programme Director
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Atif Ali, Acute Clinical Services Plan Programme Director
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	FOR NOTING
---	------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Executive Management Board	27/05/2025	Approved

<b>Acronyms / Glossary of Terms</b>	



**1. Situation /Background**

- 1.1 Cwm Taf Morgannwg University Health Board (CTM UHB) is at a pivotal point in its transformation journey. While significant work is already underway to improve the quality of care, there is a shared commitment to look ahead anticipating and preparing for the future health needs of our population.
- 1.2 The Case for Change has highlighted that the current focus on acute-only services within the Acute Care Services Programme (ACSP) is too limited. As a result, the scope will now expand to encompass a broader range of key clinical services, ensuring they are better aligned to meet the evolving needs of the CTM population. This includes delivering care that is safe, sustainable, and equitable across all our communities.
- 1.3 This shift reinforces the need for a systematic review of major services, in partnership with clinical and managerial staff, to explore and co-develop future models of care.

**2. Specific Matters for Consideration**

- 2.1 The Committee is asked to consider the updated scope of the Acute Clinical Services Plan (ACSP), which now includes both acute and non-acute key clinical services. The Plan proposes a phased transformation approach that prioritises sustainability, safety, and equity, informed by operational input, population health needs, and lessons learned from recent service challenges.
- 2.2 Members are also asked to note the plan to review key specialties (diabetes, respiratory, and cardiology), with the intention to develop new models of care, and to present a consolidated strategic clinical service plan to the CTM Board in July 2025.

**3. Key Risks / Matters for Escalation**

- 3.1 No specific risk to highlight at this stage.

**4. Assessment**

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below: Improving care
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Growing well,



<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Efficient
	If more than one applies please list below: effective
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not applicable
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not applicable
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	



**Effaith Adnoddau**  
*(Pobl /Ariannol) /*  
**Resource Impact**  
*(People / Financial)*

There is no direct impact on resources as a result of the activity outlined in this report.

**5. Recommendation**

- 5.1 To **NOTE** the expanded scope and emerging direction of the Acute Clinical Services Plan and support the development of the consolidated change plan due in July 2025. The Committee is also invited to advise on any specific areas requiring further clarity, assurance, or refinement ahead of that submission.

**6. Next Steps**

- 6.1 Finalise and get approval from CTM board for the Strategic Clinical Service Plan.
- 6.2 Communicate and share the plan with key stakeholders.

# Acute Clinical Service Plan - A Case for Change

## Shaping the Future of Care Together

### Update Summary – For Committee Members (June 2025)

This paper was initially presented to the Executive Management Board on 27<sup>th</sup> May 2025 for review and discussion. The Board was asked to consider whether the scope of the Acute Clinical Services Plan (ACSP) – with its focus on acute services – was enough to address the system-wide challenges facing health and care services. Specifically, the discussion centred around:

- Whether the scope was appropriate?
- The fundamental question we are trying to answer?
- What the intended future state (“what good looks like”) should be?

Following Board discussion, it was agreed that:

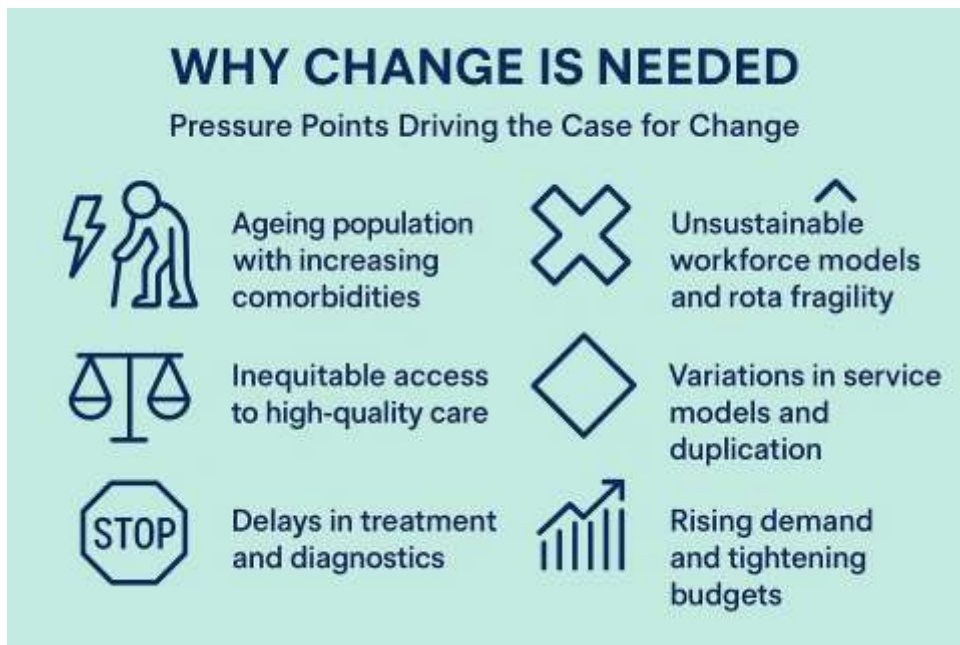
- The plan should be expanded to cover both acute and non-acute key clinical services
- All short- and long-term service changes should be clearly identified
- Lessons learned from the ongoing service changes driven by the current Princess of Wales Hospital (POW) roof situation should be used to inform future planning

## 1. Introduction:

CTM University Health Board (UHB) is at a crucial point in its journey of transformation. While important work is already underway to improve the quality of care, there is a shared commitment to look ahead understanding and responding to the future health needs of our population. The goal is clear: to deliver care that is safe, sustainable, and fair for everyone in our communities.

We know that health and care needs are changing, and that our people are feeling the pressure. But alongside these challenges, we also see opportunity—through advances in clinical practice, technology, and more joined-up models of care. This change isn't about criticising current services. It's about recognising where the system needs support and coming together to shape something better—something that works for patients, families, and staff alike.

## 2. Why Change is Needed:



### 2.1 Strategic Drivers:

**Clinical Safety & Standards:** In some areas, existing service models are stretched, making it difficult to consistently meet national clinical standards, such as for critical care, surgical emergencies, and specialist rotas.

**Non-integrated models of care:** Many services are split across sites creating inefficiencies and poor patient flow.

**Population health needs:** Including the rising burden of long-term conditions, health inequalities, and the growing complexity of patient needs across CTM.

**Demographic trends:** Such as ageing, deprivation, and rural-urban variation, which influence service design and access

**Variable outcomes:** Cancer, maternity, and emergency care show performance disparities and safety risks.

**Workforce Sustainability:** Many teams face challenges with recruitment and retention. High reliance on temporary staffing creates uncertainty and impacts continuity of care and team morale.

**Infrastructure Pressures:** Ageing estates and limited specialist facilities in certain areas restrict the way care can be delivered and modernised.

**Equity and Access:** There are variations in patient experience, outcomes, and access across sites—impacting our most vulnerable populations the most.

**Financial Pressures:** Short-term cost containment risks undermining long-term service resilience and transformation.

## 2.2 Emerging Risks if nothing changes:



## 2.3 Our Population Deserve Better Care:

### Exploring and Implementing Good Practices across the system:

**Cancer pathways:** By strengthening early diagnosis and streamlining referrals, we can deliver faster, more effective cancer care. Investing in timely access to diagnostics and adopting best-practice pathways will help more people receive the right treatment at the right time.

**Older people and chronic disease patients:** There is great potential to reduce avoidable hospitalisations through proactive care. Integrated community models, anticipatory care planning, and virtual wards will help people remain healthier, more independent, and supported closer to home.

**Maternity, paediatrics and neonatal services:** By rebalancing service delivery with workforce capacity and local needs, we can ensure safer, more equitable care for women, babies, and families. A refreshed model will strengthen resilience while improving access and outcomes.

**Urgent and emergency care:** Improving the consistency and coordination of urgent care across sites will reduce waiting times and enhance the patient journey. Co-located services and enhanced emergency response capacity will support faster, more effective care for those in need.

## 2.4 Population Priorities:



## 2.5 What We've Heard, and Where It Leads Us:

Following a listening exercise with over 50 leaders from across primary, community, and partner organisations, several themes have emerged:

1. ***The status quo is not sustainable*** – Services are under pressure and feel fragmented for both staff and patients.
2. ***Great practice already exists*** – There are many local innovations we must learn from and build upon.
3. ***Clarity and shared ambition are needed*** – "Integration" and "transformation" must be clearly defined with practical meaning.
4. ***Co-production is essential*** – Meaningful public and stakeholder involvement must underpin design and decision-making.
5. ***Outcomes matter more than process uniformity*** – Let localities shape how to meet needs while working to shared goals.
6. ***Governance must enable, not obstruct*** – Clearer roles, authority, and transparency are essential for decision-making.
7. ***Sustainable transformation requires long-term investment*** – Short-term budgets must not limit long-term improvement.
8. ***People need time and space to lead change*** – Protected time and support are required to nurture innovation and trust.

### 3. Proposed Direction of Travel:

**A clinically led, evidence-based, and community-informed transformation journey is required.**

To respond to these priorities, the next phase will include:

**Strategic Aim Definition:** Clearly articulate the long-term vision for clinical and care services in CTM (the “exam question”).

**Service Area Prioritisation:** Focus initially on key priority areas within surgery, medicine, mental health, frailty, and women’s and children’s services.

**Population Health Approach:** Use data and public health intelligence to shape care around need, not legacy structures.

**Co-Design of Future Models:** With clinicians, the public, and partners—including acute, primary care, local authorities, and the third sector.

**Public and Stakeholder Engagement Plan:** A structured, inclusive engagement programme to be developed to understand and incorporate the needs, expectations, and aspirations of patients, carers, the public, staff, and community partners.

**Agreed Core Outcomes:** Identify a clear set of outcomes to drive consistency and enable local flexibility in delivery.

**Governance and Decision-Making Clarity:** Refresh and streamline CTM governance to enhance transparency, speed, and trust.

**Financial Planning for Transformation:** Develop a medium- to long-term financial strategy aligned to population health priorities.

**Protected Time and Innovation Culture:** Create space for teams to lead, experiment, and embed change safely—with visible executive sponsorship and feedback loops.

**Communication and Narrative:** Build a compelling and shared story about why this change is needed and what it will achieve.

#### 3.1 Transformation Levels:



#### **4. Conclusion: A System Reimagined, Together**

The need for transformation is not in doubt—it has been voiced clearly and repeatedly by staff, partners, and patients. But this is not a story of deficit—it is a story of potential.

CTM's future health system must be defined by safety, equity, and community trust. By bringing people together across services, sectors, and settings, and by aligning resources behind a common purpose, we can build a system that delivers for everyone—now and into the future.



**Agenda Item**

5.4

**Strategic Development Committee**

**Regional Partnership Agreement for Services and Support for Older People, People Living with Frailty and Their Carers**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
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<b>Pwrpas yr Adroddiad / Report Purpose</b>	Endorse for Board Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
CTMUHB main board has received ICCS program updates	28/11/24, 26/9/24, 28/3/24.	Board approved Regional MoU



Update on proposed RPA presented to Strategic Development Committee	16/1/25	Noted
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<b>Acronyms / Glossary of Terms</b>	
CBC	County Borough Council
CRT	Community Resource Team
CTM	Cwm Taf Morgannwg
ICCS	Integrated Community Care System
JPB	Joint Partnership Board
MoU	Memorandum of Understanding
RIF	Regional Integration Fund
RPA	Regional Partnership Agreement
RPB	Regional Partnership Board
UHB	University Health Board



## 1. Situation /Background

- 1.1 At its meeting on 16 January 2025 the Strategic Development Committee received a report on the development of a Regional Partnership Agreement (RPA) to support the delivery of seamless services for older people, people living with frailty and their carers through an Integrated Community Care System (ICCS). A commitment to develop the RPA was contained within a Memorandum of Understanding (MOU) between CTMUHB and Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils which was approved by CTMUHB in November 2024.
- 1.2 The components of the CTM ICCS are described in figure 1 below. For older people and people living with frailty, continuity and coordination of care is vital. With an increasing number of people aged over 65 and aged over 85 living with multiple long-term conditions, the ICCS will bring together health and social care to deliver new community pathways developed on a 'once for Cwm Taf Morgannwg' basis. This is both essential to patient outcomes, and ongoing financial sustainability.
- 1.3 Meeting people's needs in the community, securing more healthy days at home, can reduce pressure on secondary care and long-term social care provision. We know that people are not always supported in the right part of the health and care system. This creates 'failure demand', where resources are not used to best effect and better outcomes for people aren't Always achieved.
- 1.4 Whilst the Regional Partnership Board (RPB) has led the development of the ICCS, it does not provide the legal framework necessary for statutory organisations to create a fully integrated model over time.

Figure 1: Cwm Taf Morgannwg ICCS Target Model



1.5 Development of the ICCS is ongoing and short-term delivery milestones are as follows:

- For the RCT and Merthyr Tydfil areas the initial focus is on ‘aligning’ current community-based health and social care teams and creating a pathway between the Navigation Hub and local authority Single Point of Access. In aiming to deliver this in Autumn 2025, the ICCS program is working with patient-facing/ direct care-giving staff to develop shared understanding, improve processes and increase teamwork to create a team around the person.
- Bridgend is at a different stage, and the next step here is further developing the existing integrated model. To support this a demand and capacity tool is being developed based initially on the Bridgend integrated teams, to support the development of the model. The intention is to scale this as a regional approach.
- A Prevention Pathway is also being scoped. Aims and practical actions are being refined with a view to bringing this to regional boards during the next cycle of meetings.

1.6 The intention is to accomplish the above from Autumn 2025 as a ‘Phase 1’ of the ICCS program. These are the first steps to take with a view to establishing a fully integrated model consistently across the region in ‘Phase 2’ for completion in Spring 2027.



- 1.7 The RPA is a binding framework which will enable further progress towards the ICCS target model. Attached as **Appendix 1**, it has been produced co-productively by the statutory partners, with detailed input by senior managers and legal lead officers.
- 1.8 The intention is for the Agreement to be approved by each partner in July 2025. The RPA, in its first iteration:
- cements shared aims for older people and people living with frailty and doing this in a way that is quantified and will be used for joint accountability;
  - refreshes some existing delivery frameworks whilst progress is made towards the ICCS target model in the phases described above; and
  - provides for additional options such as matrix management posts and pooled resources which can be taken in future at the appropriate moment.
- 1.9 The RPA has been developed under Section 33 of the National Health Services (Wales) Act 2006 and Part 9 of the Social Services and Wellbeing (Wales) Act 2014. The 'Heads of Terms' section at the start of the Agreement articulates its aims and objectives, the broad range of functions covered, risk sharing arrangements including safeguards for partners, governance and monitoring arrangements and performance and outcome measures (included in Appendix 1 to the Agreement), alongside general provisions relating to indemnity and insurance, information sharing, variance and dispute resolution.
- 1.10 Schedules to the Agreement set out details of each of the services to be led and managed through the Section 33 mechanism including service description; annual delivery plans; financial profile (including Regional Integration Fund (RIF) and core funding); budget setting and risk management arrangements; delivery objectives; local governance; and specific performance measures.
- 1.11 Initially, the sole Service governed through the RPA framework will be the Bridgend Community Resource Team (CRT), which has operated under an existing Section 33 Agreement. At each annual review of the RPA, consideration will be given to adding additional integrated Services which form part of the ICCS pathways, for example community resource teams in the other county localities and a new regional discharge model superseding the current Stay Well at Home Service operating under a Part 9 Agreement in Merthyr Tydfil and Rhondda Cynon Taf. The RPA also provides scope for addition in the future of Services serving other population groups.
- 1.12 Robust governance will be established to see overall delivery of the RPA. This will link into the RPB at regional level and, locally, into statutory partners and Joint Partnership Boards (JPBs) which will drive delivery of Services within local authority footprints.



## 2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	EIA screening has been undertaken. An Equality Assessment is not required as the Regional Partnership Agreement in of itself does not change the shape of community services nor access to them. Impact assessment will be undertaken on future service changes that may be initiated by this high-level agreement.
Informal Consultation with interested parties	Ongoing consultation with statutory partners via the Regional Partnership Board and Regional Partnership Leadership Team between September 2024 and June 2025
Formal Consultation	N/A
Committee – For approval	Strategic Development Committee - 3 July 2025 CTMUHB Board - 31 July 2025 Cabinets of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf CBCs – July 2025

2.2 The RPA is consistent with relevant legislation, as detailed within the Agreement.

2.3 Statutory partners have been regularly engaged in its development.

## 3. Key Risks / Matters for Escalation

3.1 Key risks and mitigations have been identified throughout the development of the RPA and reflected within the draft under consideration. Specific risks and mitigations are listed below.

- **Risk that system pressures create organisational-centric focus.** To mitigate this there is clear ownership of the program through the Partnership Leadership Team and wider regional structures. The regions’ successful application for support for partnership development though the Health Foundation Q network is supporting a reflective approach.



- **Risk that changes to local delivery structures create disruption.** This includes in the context of the recent and forthcoming Organisational Change Processes. To mitigate this a staged approach is being taken, and there is close involvement of CTMUHB senior staff in the ICCS program's work.
- **Inherent challenge in coordinating work in a complex environment.** Balancing the need for quick results with sufficient engagement will be key.
- **Risk that operational pressures impact on delivery timelines.** The involvement of frontline delivery staff and managers will be crucial in developing effective community pathways, but their time is particularly pressured. This is being managed through a Commissioning Group of senior managers which meets monthly with the ICCS program team.
- **Risk that concerns about cross-subsidising other organisations could lead to a partner/partners not fully signing up to the RPA.** Appropriate safeguards are built into the Heads of Terms and service schedules to prevent this happening.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: Improving our Care Sustaining our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Ageing Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A Resilient Wales A More Equal Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</b>	Effective
	If more than one applies please list below Efficient Equitable



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred Timely Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is being undertaken in the development of new community pathways.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): NEUTRAL  Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: This is being undertaken in the development of new community pathways.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below) The RPA is a legal framework. It has been developed through sharing versions of the document with legal leads from the four partners including from NHS Shared Services on behalf of CTMUHB who has signed on the version before Committee.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) This is intended to be positive. The Welsh Government has commented favourably on these developments, including at a recent regional meeting with the Cabinet Secretary.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) The intention is to use resources more effectively, reducing 'failure demand'.	

## 5. Recommendation

### 5.1 That the Committee:

- Notes the progress made in development of the RPA since January and the matters for consideration outlined in 2.1 – 2.8;

- Agrees to the submission of the RPA to the Board for approval on 31 July 2025 and notes the intention to seek similar approval from the three local authorities within the same timescale, and in advance of commencement of the Agreement in the Autumn of 2025.

## **6. Next Steps**

- 6.1 Submission of the RPA to CTMUHB for approval on 31 July 2025.

DATED \_\_\_\_\_

**BRIDGEND COUNTY BOROUGH COUNCIL**

**and**

**MERTHYR TYDFIL COUNTY BOROUGH COUNCIL**

**and**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**and**

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

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**REGIONAL PARTNERSHIP AGREEMENT**

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**for**

**THE PROVISION OF INTEGRATED HEALTH AND SOCIAL CARE SUPPORT FOR  
OLDER PEOPLE AND PEOPLE LIVING WITH FRAILTY AND THEIR CARERS IN THE  
CWM TAF MORGANNWG REGION**

Clause heading and number	Page number
1 <u>DEFINITIONS AND INTERPRETATIONS</u> .....	5
2. <u>TERM</u> .....	8
3. <u>AIMS AND OBJECTIVES</u> .....	8
4. <u>FINANCIAL CONTRIBUTIONS</u> .....	10
5. <u>NHS FUNCTIONS AND COUNCIL HEALTH RELATED FUNCTIONS</u> .....	10
6. <u>THE SERVICES</u> .....	10
7. <u>ARRANGEMENT OF SERVICES</u> .....	12
8. <u>FINANCIAL PERFORMANCE AND RISK SHARING ARRANGEMENTS</u> .....	13
9. <u>REVIEW</u> .....	14
11. <u>TERMINATION</u> .....	15
12. <u>EFFECTS OF TERMINATION</u> .....	16
13. <u>SCRUTINY</u> .....	16
14. <u>EXTERNAL INSPECTION AND MONITORING</u> .....	17
15. <u>INDEMNITY AND INSURANCE</u> .....	18
16. <u>VARIATION</u> .....	21
17. <u>CONFIDENTIALITY AND DATA PROTECTION</u> .....	21
18. <u>FREEDOM OF INFORMATION</u> .....	22
19. <u>DISPUTE RESOLUTION</u> .....	22
20. <u>EXCLUSION OF PARTNERSHIP AND AGENCY</u> .....	24
21. <u>ASSIGNMENT AND SUB AGREEMENTS</u> .....	24
22. <u>THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999</u> .....	24
23. <u>PREVENTION OF CORRUPTION / QUALITY CONTROL</u> .....	24
24. <u>COMPLAINTS</u> .....	24
25. <u>NOTICES</u> .....	25
26. <u>ADDITION OR REMOVAL OF SERVICES</u> .....	25
27. <u>GENERAL PRINCIPLES</u> .....	26
28. <u>FORCE MAJEURE</u> .....	26
29. <u>SEVERABILITY</u> .....	26
30. <u>WAIVER</u> .....	27
31. <u>GOVERNING LAW</u> .....	27
32. <u>DEVELOPMENT OF THE AGREEMENT</u> .....	27
APPENDIX 1: PERFORMANCE MEASUREMENT FRAMEWORK .....	30
SCHEDULE 1.1: BRIDGEND COMMUNITY RESOURCE TEAM - HOST PARTNER, AIMS AND OUTCOMES & ACCESS TO SERVICE.....	33
SCHEDULE 1.2: THE LOCAL HEALTH BOARD'S FUNCTIONS AND THE LOCAL AUTHORITY FUNCTIONS .....	39
SCHEDULE 1.3: RESOURCES - FINANCE & BUDGET SETTING.....	40
SCHEDULE 1.4: GOVERNANCE - APPROVALS, OVERSIGHT & PERFORMANCE .....	44

SCHEDULE 1.5: FINANCIAL AND PERFORMANCE REPORTING.....48

**THIS AGREEMENT** is made the  
**BETWEEN**

- (1) **BRIDGEND COUNTY BOROUGH COUNCIL** of Civic Offices, Angel Street, Bridgend CF31 4WB, (“Bridgend”),
- (2) **MERTHYR TYDFIL COUNTY BOROUGH COUNCIL** of Civic Centre, Castle Street, Merthyr Tydfil CF47 8AN (“Merthyr Tydfil”),
- (3) **RHONDDA CYNON TAFF COUNTY BOROUGH COUNCIL** of 2 Llys Cadwyn, Taff Street, Pontypridd, CF374TH (“RCT”) (together “the Councils”) and
- (4) **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD** of Ynysmeurig House Navigation Park Abercynon CF45 4SN (the “UHB”).

(collectively referred to as “the Partners”).

**WHEREAS:**

- A This Agreement covers arrangements to plan and arrange provision for adult and older people’s services and is made pursuant to the powers conferred to the parties by Section 33 of the NHS (Wales) Act 2006 (the ‘2006 Act’) and Part 9 of the Social Services and Well-being (Wales) Act 2014 (the “SSWBA”) (together hereinafter referred to as the ‘Acts’) and the Regulations.
- B This Agreement provides for the establishment and management of integrated arrangements and, where specified allocated or Pooled Funding arrangements between the UHB and the Councils where one Partner will from time to time be the Host Partner for a Service.
- C For the purpose of the implementation of the Partnership Arrangements under this Agreement:
  - 1) The UHB has agreed that the Councils may, in conjunction with exercising their Local Authority Functions, exercise the UHB Functions in relation to the Services and;
  - 2) The Councils have agreed that the UHB may, in conjunction with exercising its Local Health Board Functions, exercise the Councils’ Local Authority Functions in relation to the Services.
- D Where the UHB and the Councils arrange Services pursuant to this Agreement they shall be set out according to the Schedules and the terms herein.
- E The Partners shall carry out consultation on the proposals for any Service with those persons, user groups, staff and statutory and non-statutory providers, who appear to them to be affected by the arrangement.
- F The Partners have agreed to enter into this Agreement to fulfil the requirements of the Acts, the Regulations and Guidance and to record their respective rights and obligations under the Partnership Arrangements and the

terms on which the Partnership Arrangements will be exercised and the Service will be delivered.

- G The Partners wish to improve the effectiveness of the Services and support delivered by them through the Partnership Arrangement.
- H It is intended that this Agreement be varied and supplemented as necessary, through the inclusion of additional Schedules as the Partnership Arrangements develop over time.

## **1 DEFINITIONS AND INTERPRETATIONS**

- 1.1 It is agreed that in this Agreement, except where the context otherwise requires, the following expressions shall have the meanings respectively ascribed to them:

“Acts”	Means the National Health Service (Wales) Act 2006 and the Social Services and Well-being (Wales) Act 2014 (SSWBWA).
“2000 Regulations”	Means the Local Authorities Partnership Arrangements (Wales) Regulations 2000 S.I. No. 2993 (W 193) as amended, varied or replaced from time to time.
“Agreement”	Means this Regional Partnership Agreement and any variation of it from time to time agreed between the Partners.
“Allocated Funds”	Means the joint fund or joint funds of monies allocated by the Partners from time to time being shared contributions/budgets from the Partners for the purpose of securing the Services in the Localities pursuant to this Agreement.
“Allocated Funds Manager”	Means the person determined from time to time under Clause 7.7 and who has been identified in the particular Schedules for a Service included in this Agreement.
“Authorised Officers”	Means the persons notified in writing from time to time by each of the Partners to the other from time to time as authorised to act on behalf of that Partner in that capacity (which person shall until further notice be for the Council its Head of Paid Service and for the UHB its Chief Executive).
“Budget”	Means the budget for a Service as set out in or ascertained in accordance with the relevant Schedule.
“Commencement Date”	Means 1 October 2025.
“Data Protection Legislation”	Shall include but not limited to: “Data Protection Legislation” all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a party.
“Directions”	Means such statutory directions in respect of Services as the Partners must follow.

“Eligibility Criteria Threshold”	Means the four criteria as derived from the Welsh Government’s Guidance on “Fair Access to Care” as set out in “Creating a Unified and Fair System for Assessing and Managing Care”, April 2002 and these being critical, substantial, moderate and low.
“Financial Year”	Means the financial year from 1st April in any year to 31st March in the following calendar year.
“Functions”	Means the Health Board Functions and the Local Authority Functions which may be carried out (in whole or part) by a Partner for any Service approved by the Partners and which are reproduced in Schedules to this Agreement.
“Guidance”	Means the statutory guidance issued by the Welsh Government;
“Host Partner”	Means the Partner responsible for any Allocated Funds within a Service included in this Agreement.
“Integrated Leadership Board”	The partnership board that reports into the Cwm Taf Morgannwg Regional Partnership, responsible for ensuring completion actions agreed at the Regional Partnership.
“Joint Partnership Board”	A group of Health Board, Local Authority and Third Sector executive officers that provides oversight of integrated services in each County area.
“Law”	Means:  (a) any Act of Parliament, Act or Measure of the Welsh Ministers or any other statute, proclamation, order, regulation, legislation (whether primary or subordinate) or other law which applies to the performance of this Agreement or to the provision of the Services;  (b) any applicable judgment of a relevant court of law which is a binding precedent,  in each case in force from time to time in Wales.
“Locality”	An area co-terminus with County Borough Council boundaries.
“Local Authority Functions”	Means:  those functions set out in either regulation 5 of the 2000 Regulations or Schedule 1 of the SSWBA Regulations which may be carried out (in whole or part) by the Partners for any Services and which are reproduced in the applicable Schedule for ease of reference.
“Local Health Board Functions”	Means those functions set out in either regulation 5 of the 2000 Regulations or Schedule 1 of the SSWBA Regulations which may be carried out (in whole or part) by the Partners for any Services and which are reproduced in the applicable Schedule for ease of reference.
“Operational Management Board”	A board of local authority and health board executives which report into a Joint Partnership Board, responsible for driving the operational delivery of integrated Services in the relevant locality.
“Partner(s)”	Means the Councils and the UHB, and the term “Partner” shall mean any of them;
“Partnership Agreements”	means the arrangements as set out in this Agreement concerning the planning, or arranging of Services as detailed in the Schedules

	and in accordance with the Acts, Regulations and Guidance and any Service;
“Pooled Fund”	Means a fund established and maintained by a local authority or a Local Health Board, out of which the payments may be made towards the expenditure incurred for the purpose of, or in connection with, partnership arrangements.
“Regional Partnership Board”	Means a statutory board set up under Part 9 of the SSWBWA in each local health board area to bring together partnership bodies and other stakeholders to plan and deliver integrated health and social care, promoting better well-being.
“Regulations”	Means the 2000 Regulations and the SSWBA Regulations;
“SSWBWA Regulations”	means the Partnership Arrangements (Wales) Regulations 2015 S.I. No. 1989 (W.299) as amended, varied or replaced from time to time;
“Revised Annual Plan”	Means an annual statement of agreed intentions referred to in Clause 32.2 and individual Schedules;
“Schedule(s)”	Means a schedule attached to this Agreement;
“Service(s)”	Means the Services which are to be made available to Service Users as described in the Schedules and whose costs are to be met from the Pooled or Allocated Fund or in respect of which the Partners have agreed to make expenditure;
“Service Users”	Means the people who receive the Services to be arranged by the Partners;
“Term”	Means the period from the Commencement Date until termination in accordance with the terms of this Agreement.

- 1.2 Save to the extent that the context or the express provisions of this Agreement otherwise require:
- 1.2.1 Obligations undertaken or to be undertaken by more than a single person shall be made and undertaken jointly and severally;
- 1.2.2 Words importing any gender include any other gender and words in the singular include the plural and words in the plural include the singular;
- 1.2.3 References to statutory provisions shall be construed as references to those provisions as respectively amended or re-enacted (whether before or after the Commencement Date) from time to time;
- 1.2.4 Headings and the Index are inserted for convenience only and shall be ignored in interpreting or in the construction of this Agreement;
- 1.2.5 References in this Agreement to any Clause or Sub-Clause Paragraph or Schedule without further designation shall be construed as a reference to the Clause or Sub-Clause of or Schedule to this Agreement so numbered;
- 1.2.6 Any obligation on any of the Partners shall be a direct obligation or an obligation to procure as the context requires;

- 1.2.7 Any reference to “indemnity” or “indemnify” or other similar expressions shall mean that a Partner indemnifies, shall indemnify and keep indemnified and hold harmless the other Partners;
- 1.2.8 Any reference to a person shall be deemed to include any permitted transferee or assignee of such person and any successor to that person or any person which has taken over the functions or responsibilities of that person but without derogation from any liability of any original Partner to this Agreement; and
- 1.2.9 This Agreement and its Schedules should be read as a whole, but in the event of any inconsistency the Schedules shall have precedence.

## 2. **TERM**

- 2.1 This Agreement shall commence on the Commencement Date and shall be ongoing, subject to annual reviews and earlier termination as provided below.
- 2.2 The Agreement may be terminated in accordance with the provisions of Clause 11.

## 3. **AIMS AND OBJECTIVES**

- 3.1 Effective health and social care and support for older people, people living with frailty and their carers requires coordination of care and integration of Services shaped around the needs of those people. The Social Services and Wellbeing (Wales) Act requires local authorities to exercise their social services functions with a view to ensuring the integration of care and support provision and health-related provision where they consider that this would:
- 3.1.2 Promote the wellbeing of children within their area, adults within their area who have needs for care and support and carers within their area with need for support
- 3.1.2 Contribute to the prevention or delay of the development by children or adults within their area of needs for care and support or the development by carers within their area of needs for support, or
- 3.1.3 Improve the quality of care and support for children and adults, and of support for carers, provided in their area (including the outcomes that are achieved from such provision)
- 3.2 The Partners have committed to progress the integration of Services across the population groups for which they have responsibility for providing Care and Support. As part of this, they have committed to the development of an Integrated Community Care System (ICCS), which will be delivered by inter-agency, multi-disciplinary teams operating in Localities across the region.
- 3.3 In entering into this Agreement, Partners share the following overarching aims and objectives **in relation to the ICCS**:

- 3.3.1 Maintaining the independence of our population and delivering care in the most effective way.
- 3.3.2 To facilitate a staged approach to the integration of Services through:
- Creating a regional model of integrated community pathways, where each Locality works to implement the regional optimal model.
  - Integrated commissioning arrangements facilitating a joint approach to the planning, procurement, monitoring and review and ongoing improvement of Services.
  - Integration over time, of management and other posts within an integrated team structure.
  - Alignment of respective partners' budgets through allocated funds, with scope over time for full risk-sharing through establishment of Pooled Funds.
- 3.3.3 Move towards a joint commissioning approach for when we draw on the same providers and/or there a dependency in one partner on another partner achieving a sufficiency of provision. This will be facilitated through a greater understanding of capacity in and demand for our community services.
- 3.3.4 To develop continuous service improvement which will includes joint risk management and workforce learning and development.
- 3.4 The anticipated impact of this Agreement is improved outcomes for Service Users and their carers, and the wider population through effective urgent response and prevention support.
- 3.5 Agreed outcomes and performance measures will be used to measure impact of the overall Regional Partnership Agreement. An initial suite of measures has been identified, and these are included in **Appendix 1**. These will be reviewed and refined over time and amended with the agreement of Partners via the Integrated Leadership Board. Measures in Appendix 1 are designed mainly to assess the impact of the Agreement overall. Performance measures for individual Services are set out in the Schedules to this Agreement.
- 3.6 Independent evaluation on the impact of this Agreement and the extent to which it has facilitated integrated working across the partners will be undertaken at intervals set by the Integrated Leadership Board.
- 3.7 Targets may be set for any Service and these will be set out in the Schedule for that Service. They will be reviewed on an annual basis.
- 3.8 This iteration of this Agreement sets out arrangements for the delivery of the ICCS. **Provision is available for future expansion of the Agreement to include additional Services delivered for other population groups, as required and agreed by Partners. In such an event, the substantive**

**provisions within the Agreement will apply, although these will be subject to review and any adjustments made to ensure they reflect specific arrangements for those additional Services.**

#### **4. FINANCIAL CONTRIBUTIONS**

- 4.1 The Budget for each Financial Year together with the mechanism for calculating subsequent Budgets and Budget contributions to an Allocated or Pooled fund, including how increases to contributions should be agreed, is set out in relevant Schedules.
- 4.2 No provision of this Agreement shall preclude the Partners by mutual agreement making additional contributions of non-recurring monies to the Allocated or Pooled Funds for a Service from time to time. Any such additional contributions of non-recurring monies shall be explicitly recorded in minutes of the overseeing board and recorded in the budget statement for a Service as a separate item.

#### **5. NHS FUNCTIONS AND COUNCIL HEALTH RELATED FUNCTIONS**

- 5.1 The Local Health Board Functions and the Local Authority Functions which may be carried out (in whole or part) by a Partner from time to time according to any Services are set out in each Schedule.

#### **6. THE SERVICES**

- 6.1 The Partners subscribe to the ICCS, which is based on two care pathways, each inextricably linked but with a clear focus, ring-fenced resources and defined objectives. These are:
- 6.1.1 **Urgent Community Response Pathway:** Urgent, unscheduled, intensive community care delivered by multi-disciplinary teams on a time-limited basis and providing enhanced levels of support at times of deterioration, changeability, when an intensive period of recovery or rehabilitation is needed, or during transitions of care. This can be provided at home or in care settings.
- 6.1.2 **Prevention Pathway:** Establishing pro-active care and enabling older people and people living with frailty to maintain independence and spend more healthy days at home. Multi-disciplinary teams will provide preventative care and facilitate wider collaboration across sectors to meet the needs of individuals and communities.
- 6.2 The model also includes the intention to further develop an **integrated central navigation hub** providing a comprehensive triage service, receiving referrals from health and care professionals and Local Authority Single Points of Access and facilitating access to appropriate services within the Urgent Community Response pathway.

Figure 1: The Cwm Taf Morgannwg ICCS for older people and people living with frailty



- 6.3 The scope of this Agreement is the provision and management of Services within the pathways described above. These Pathways are at different stages of development, therefore whilst Figure 1 describes the overall model, the Services directed by this Agreement are only those set out in Schedules.
- 6.4 As we undertake this service change as partner Statutory Organisations, with wider partners in the Regional Partnership and through a co-productive approach with our staff, Trades Unions, Llais and our population, the intention is to undertake an annual update of Schedules to facilitate this.
- 6.5 The Services shall be arranged by the members of the regional Integrated Leadership Board, in liaison with local Joint Partnership Boards in each Locality and in accordance with the provisions of the included Services and the relevant Schedules.
- 6.6 The Partners will ensure that the national eligibility criteria as set out in the SSWBWA are fully implemented and that the Eligibility Criteria Thresholds as agreed by the relevant Council are consistently applied.
- 6.7 The Eligibility Criteria Threshold for the provision of specific Services will operate according to the relevant Schedule.

## **7. ARRANGEMENT OF SERVICES**

- 7.1 For each Service referred to in a Schedule to this Agreement, Partners may choose to create an Allocated Fund or a Pooled Fund. This will be determined through agreement in Partners' own organisational governance processes and put into practice through creating and agreeing through the Integrated Leadership Board a Schedule that specifies this and updating this Agreement. Each Partner will identify budgets within its organisation, which together will form such Funds.
- 7.2 For any Service one of the Councils or the UHB shall be the Host Partner. Governance arrangements will be established in accordance with the Schedules to carry out specified functions.
- 7.3 An Allocated/ Pooled Funds Manager shall be responsible for the management of the Allocated/ Pooled Funds for a Service. The Allocated Funds Manager may have accountability across the region or within a Locality, as agreed by the Partners and set out in the relevant Schedule.
- 7.4 An Allocated/ Pooled Funds Manager shall be approved by the Partners who are not the Host Partner for a Service (such approval not to be unreasonably withheld) and affirmed in the role via agreed governance at the outset of a Service.
- 7.5 The internal regulations of the Host Partner shall apply to the management of the Allocated/ Pooled Funds under this Agreement, insofar as the funding is held and defrayed by the Host Partner.
- 7.6 The Allocated / Pooled Funds Manager shall be responsible for authorising payments from the Allocated/ Pooled Funds in accordance with the Service description and the aims and objectives, as set out in Schedules to this Agreement provided that the Partners shall be responsible for payments under regular day to day provision of the Service supplied directly through their own employees and/or contractors.
- 7.7 The Allocated/ Pooled Funds Manager shall be responsible for managing the Allocated / Pooled Funds and forecasting and reporting to the relevant Joint Partnership Board (via any local operational board as appropriate) and its operational upon the targets and information in accordance with and any further targets or performance measures that may be set by the Joint Partnership Board from time to time.
- 7.8 The Allocated / Pooled Funds Manager shall report to the Authorised Officers. The Council's Authorised Officer shall in turn ensure reporting on the same to the officer of the Council responsible for the administration of their financial affairs under Section 151 of the Local Government Act 1972. The UHBs Authorised Officer/ Partnership Lead will do similarly.
- 7.9 Each Partner shall comply with all Law and Guidance relating to the provision of the Services or any part thereof.

## **8. FINANCIAL PERFORMANCE AND RISK SHARING ARRANGEMENTS**

- 8.1 The Allocated / Pooled Funds are to be used solely to achieve the aims and objectives of a Service set out in the relevant Schedule and according to the arrangements for spend and performance set out within the Schedule.
- 8.2 The Allocated / Pooled Funds Manager for Services within this Agreement shall submit information monthly and report every three months in summary form via agreed governance, on spend and the performance information specified within the relevant Schedule. Reports will be prepared at Locality or regional level, as specified within the relevant Schedule. The Partners agree to provide all necessary information to the Pooled / Allocated Funds Manager in time for the reporting requirements to be met.
- 8.3 The Partners shall ensure:
- 8.3.1 The Allocated/ Pooled Funds are used efficiently to deliver agreed outcomes.
- 8.3.2 The expenditure and income within the Allocated / Pooled Funds remain within budget, and that any exceptions to this are reported to the relevant Joint Partnership Board (via any local operational board as appropriate) in a timely manner.
- 8.3.3 A high level of probity in financial management arrangements.
- 8.3.4 Resources allocated to Allocated Funds are adequately protected.
- 8.4 The Partners shall take mitigating action as appropriate to ensure expenditure remains within the limit of an Allocated / Pooled Fund and no Partner shall act unreasonably to expose the other to undue financial risk.
- 8.5 The monthly reports of the Allocated / Pooled Funds Manager to be submitted to the Joint Partnership Board shall include monthly financial performance reports detailing performance against agreed funding. The report will include a variance analysis for the period and expected forecast outturn and where required, an explanatory note setting out actions being taken to tackle areas where there is a projected underspend or overspend against agreed budgets. Annual statements of spending and performance against the Allocated /Pooled Funds will also be provided in line with any statutory timescales required by either the UHB or the Council.
- 8.6 The Allocated / Pooled Funds Manager shall maintain and provide in addition to information provided under Clause 8.2 above when requested by either of the members of the Joint Partnership Board at the expense of that Partner such information as shall be appropriate to describe the cost of arranged Services for so long as any part thereof is being provided to Service Users notwithstanding any notice of termination in accordance with Clause 11.

- 8.7 The governance arrangements shall be as set out in the Schedule for a Service.
- 8.8 Approval for all other reasonable administrative expenses incurred by the Allocated / Pooled Funds outside of the budget in-year must be approved in writing in advance of spend and will require the agreement of the Partners before being accepted as an allowable charge to the particular Allocated / Pooled Fund for a Service.

## **9. REVIEW**

- 9.1 The Partners, through the Integrated Leadership Board shall review the operation of this Regional Partnership Agreement and Services delivered though it annually by 1st July of every year.
- 9.2 Reviews of this Agreement shall be conducted in good faith and in accordance with the governance arrangements set out in Clause 32.
- 9.3 The Partners shall review the operation of this Agreement on the coming into force (or anticipation of the coming into force) of any legislation or guidance affecting the terms of this Agreement so as to ensure that the terms of this Agreement comply with such legislation or guidance.

## **10. FINANCIAL PLANNING AND BUDGET SETTING PROCESS**

- 10.1 In respect of Allocated / Pooled funding arrangements set out in Schedules to this Agreement, the Partners will prepare planning assumptions of inflation allowances for pay and non-pay expenditure and income together with proposed variations to the expenditure budget in respect of for example:
- 10.1.1 Growth and demographic changes;
  - 10.1.2 Service enhancements and reductions;
  - 10.1.3 Required efficiency/quality improvements;
  - 10.1.4 Cost pressures/increases in demand; and expected changes in Service delivery costs;
  - 10.1.5 National initiatives.
- 10.2 These will be considered in the context of the overall budget of the Councils and the UHB as applicable. A demand and capacity model for ICCS, which is currently being developed, will support such considerations.
- 10.3 The budget for a Service and which is to be agreed by the Partners will take into account effects on other budgets and the financial resources of the Partners.
- 10.4 Where the Partners do not agree an annual Budget by the time of the commencement of a new Financial Year they shall remain liable to contribute the same budget as was identified as their contribution in the previous Financial Year (together with any inflation on salaries including increments

and pay settlements) until such time as an annual review in accordance Clause 9 or termination in accordance with Clause 11 takes effect.

- 10.5 As part of the annual Budget setting process, the Partners shall seek appropriate advice in respect of the factors outlined in Clauses 10.1 and 10.3 above.

## **11. TERMINATION**

- 11.1 If the UHB or any of the Councils fail to meet any of their respective obligations under this Agreement, any other Partner may by written notice request the Partner in default to take such reasonable action to rectify such failure within 60 days of the date of the notice.
- 11.2 Should the Partner in default fail to rectify such failure within such time-scale, the other Partner may give a minimum of three months written notice to terminate the Agreement.
- 11.3 Any Partner shall be entitled to terminate this Agreement immediately by notice to the other Partners, if any other Partner, its employees or agents either offer, give or agree to give to anyone any inducement or reward or confers any other benefit in respect of this or any other Agreement (even if that Partner is unaware of any such action) or otherwise commits an offence under the Bribery Act 2010 or Section 117(2) of the Local Government Act 1972.
- 11.4 Any Partner is entitled to terminate this Agreement forthwith by written notice to the other Partners if an event of force majeure pursuant to Clause 28 persists for more than 3 months.
- 11.5 Any Partner is entitled to terminate this Agreement by giving not less than twelve months written notice to the other Partners with such notice to end at the end of a Financial Year.
- 11.6 The Partners may mutually agree that this Agreement is terminated on an agreed date.
- 11.7 Any termination of this Agreement under this Clause shall be without prejudice to any continuing obligations of the Partners under Clause 12.
- 11.8 Any addition or removal of a Service provided pursuant to this Agreement shall be dealt with in accordance with Clause 32.

## **12. EFFECTS OF TERMINATION**

- 12.1 Notwithstanding any notice of termination in accordance with Clause 11:
- 12.1.1 The Partners shall continue to be liable to arrange the Service within a Schedule in accordance with this Agreement until the actual date of termination;
- 12.1.2 The Partners shall remain liable to operate the Allocated/ Pooled Fund for a Service in accordance with this Agreement so far as is necessary to ensure fulfilment of the obligations in Sub-Clause 12.1.1;
- 12.1.3 For the avoidance of doubt the Partners shall remain liable to contribute that proportion of the cost of a Service which comprises its contribution until the termination takes effect;
- 12.1.4 In the event the Partners have jointly agreed to procure a contract with a provider for the provision of any part of the Services and one Partner has agreed to make a contribution to the other in respect of the costs of that contract the contributing Partner shall continue to pay such contribution while that contract subsists; and
- 12.1.5 The Partners shall cooperate together to ensure that any Service User who has started to receive a Service under this Agreement continues to receive an appropriate Service whilst the Partners make arrangements to revert to separate service provision.
- 12.2 Assets purchased from the Allocated / Pooled Funds will be disposed of by the Partners for the purposes of meeting any of the costs of winding up the Service or where this is not practicable such goods will be shared proportionately between the Partners in the percentage of their contributions to the Allocated Funds.
- 12.4 In the event that this Agreement is terminated the Partners agree to cooperate to ensure an orderly wind up of their joint activities as set out in this Agreement so as to minimise disruption to all Service Users carers and staff and comply with individual rights as set out in their contract of employment.
- 12.5 The operation of this Clause 12 together with Clauses 14 to 19 shall survive the termination or expiry of this Agreement.

## **13. SCRUTINY**

- 13.1 Collective scrutiny of this Agreement and the Services within it will be undertaken by the Integrated Leadership Board. Arrangements for the Integrated Leadership Board, as a sub-group of the Regional Partnership, are set out in its Terms of Reference which are agreed by the Regional Partnership.
- 13.2 Scrutiny of Services within Localities as specified in the Schedules, will be provided by Statutory Organisations. At regional level, as set out in figure 2 below, this will be supported by the Regional Partnership Board and

Integrated Leadership Board, and within Localities by the relevant Joint Partnership Board and any operational boards as appropriate. Details of local arrangements are provided within the relevant Schedules.

Figure 2: Governance chart



13.3 The Partners will make senior officers available to attend each other's committees and boards with responsibility for the development of policy and the scrutiny of decisions taken in relation to the Services.

#### 14. **EXTERNAL INSPECTION AND MONITORING**

14.1 The Partners shall:

14.1.1 Comply with any statutory inspection requirements in relation to Services and will liaise as required with the Care Inspectorate Wales

(CIW) and Healthcare Inspectorate Wales (HIW) and/or other relevant regulatory bodies.

14.1.2 Provide appropriate access and information to any external body empowered by statute to inspect or monitor the Partners' discharge of the Services.

14.1.3 Work together to ensure that recommendations made to the Partners pursuant to its delivery agreements with the Welsh Government or any other administrative procedure which replaces it are implemented.

## **15. INDEMNITY AND INSURANCE**

15.1 The Partners acknowledge and agree that, at all times during the term of this Agreement:

15.1.1 The UHB will remain a member of the Welsh Risk Pooling Scheme and applies NHS indemnity to its activities which are covered by this agreement; and

15.1.2 The UHB will remain a member of the Welsh Risk Pooling Scheme and applies NHS Indemnity to its activities which are covered by this agreement.

15.2 The Councils undertakes that during the term of this Agreement and for a period of 12 years thereafter, they shall either self-insure or maintain in force, with a reputable insurance company including but not limited to employers liability, public liability and other liabilities to third parties in an amount not less than ten million pounds (£10,000,000) per claim arising from a single event or series of related events in a single calendar year.

15.3 Each Partner shall notify the others if any policy is (or will be) cancelled or its terms are (or will be) subject to any material change.

15.4 A Partner shall upon request from the other Partner from time to time:

15.4.1 Provide evidence that the insurance arrangements required by clause 15.1 and 15.12 are fully paid up and in force;

15.4.2 Allow the requesting Partner to inspect its insurance policies; and

15.4.3 Provide the requesting Partner with copies of the full policy document.

15.5 Nothing in this Agreement shall exclude or restrict the liability of a Partner:

15.5.1 For any damage to property real or personal including (but not limited to) any infringement of third party patents copyrights and registered designs;

15.5.2 For any personal injury including injury resulting in death;

- 15.5.3 For any fraudulent or dishonest act of any of its officers, employees or contractors;
- 15.5.4 For any breach of the obligations under Clause 17 or any related statutory provision or arising out of or in connection with a Service.
- 15.6 In relation to any other type of claim not excluded by the operation of Clause 15.5, each Partner (“the Indemnifying Partner”) shall indemnify the other Partners, their officers, employees and agents against any damage, cost liability, loss, claim or proceedings whatsoever arising in respect of the Indemnifying Partner’s acts or omissions. Where the Indemnifying Partner has only contributed partially to the cause of any damage, cost, liability, loss, claim or proceedings, it shall only be liable to indemnify the other Partner for such proportion of the total costs of such damage, cost, liability, loss, claim or proceedings as its contribution to the cause bears to the total damage, cost, liability, claim or proceedings. Where the Partners are unable to agree any such apportionment, the Disputes Procedure in Clause 19 shall apply.
- 15.7 The indemnity under Clause 15.6 shall not apply to any such claim or proceeding:

- 15.7.1 unless, as soon as reasonably practicable following receipt of notice of such claim or proceeding, the Partner in receipt of a claim shall have notified the other Partner in writing of it, and shall, upon any of the latter's request and at the latter's cost, have permitted the former to have full care and control of the claim or proceeding, using legal representation approved by the latter Partner, such approval not to be unreasonably withheld; or
- 15.7.2 if the Partner in receipt of the claim or proceeding, its employees or agents shall have made any admission in respect of such claim or proceeding or taken any action related to such claim or proceeding prejudicial to the defence of it without the written consent of the other Partner (such consent not to be unreasonably withheld or delayed), provided that this condition shall not be treated as breached by any statement properly made by the Partner in receipt of the claim, its employees or agents in connection with the operation of its internal complaints procedures, accident reporting procedures or disciplinary procedures or where such statement is required by law.
- 15.8 Each Partner shall keep the other Partner and their legal advisers fully informed of the progress of any such claim or proceeding, will consult fully with the other Partner on the nature of any defence to be advanced and will not settle any such claim or proceeding without the written approval of the other Partner affected (such approval not to be unreasonably withheld).
- 15.9 Without prejudice to the provisions of Clause 15.7, the Partners will use their reasonable endeavours to inform each other promptly of any circumstances reasonably thought likely to give rise to any such claim or proceedings of which they are directly aware and shall keep each other reasonably informed of developments in relation to any such claim or proceeding even where they decide not to make a claim under this indemnity.
- 15.10 The Partners shall each give to the other such help as may reasonably be required for the efficient conduct and prompt handling of any claim or proceeding.
- 15.11 The Partners shall ensure that they maintain policies of insurance (or in the case of the UHB, equivalent arrangements through the scheme operated by Welsh Risk Pool) to cover the matters referred to in Clauses 15.5 and 15.6 including but not limited to employers liability, public liability and other liabilities to third parties.
- 15.12 The Partners will maintain the insurances set out in Clause 15.1 and 15.11 for a period of 12 years following any termination or expiry of the Agreement.

**16. VARIATION**

- 16.1 No variation to this Agreement shall be effective unless it is in writing and executed by the Partners using the same formalities as this Agreement.

**17. CONFIDENTIALITY AND DATA PROTECTION**

- 17.1 The Partners shall comply and have adequate measures in place to ensure its compliance at all times with the provisions and obligations of the Data Protection Legislation. This shall include but is not limited to:

17.1.1 Partners shall not use Personal Data and Sensitive Personal Data (as defined in the Data Protection Legislation) or any part thereof for any purposes whatsoever other than for the purpose of performing the Services;

17.1.2 Partners shall keep and dispose of all Personal Data and Sensitive Personal Data in a safe and secure manner; and

17.1.3 Partners shall retain all Personal Data and Sensitive Personal Data for only as long as is necessary for performing the Services.

- 17.2 Partners shall immediately inform each other in the event of any breaches or suspected breaches of the provisions of the Data Protection Legislation in relation to information obtained in the course of performing the Services.

- 17.3 Each Partner shall:

17.3.1 treat as confidential and provide appropriate safeguards for all or any information which belongs to and has been supplied by and designated as confidential by the other Partners howsoever or in whatsoever manner such information is conveyed or stored, including information which relates to the business, affairs, assets, goods or services or operations of the other Partners ("Confidential Information"); and

17.3.2 not disclose any Confidential Information to any other person without the prior written consent of the Partners, except to such person and to such extent as may be necessary for the performance of the Services or as required by law.

- 17.4 The Partners shall take all necessary precautions to ensure that all Confidential Information obtained from other Partners under or in connection with the Services:

17.4.1 is given only to such of the staff engaged in connection with the performance of the Services as is strictly necessary for the performance of the Services and only to the extent necessary for performance of the Services;

17.4.2 is treated as confidential and not disclosed (without prior approval) or used by any staff otherwise than for the purposes of the Services.

17.5 The Partners agree that information relating to the provision of Services as defined in this Agreement may also be shared with the Welsh Government, Welsh NHS bodies and Audit Wales where this is necessary for them to meet their obligations as defined by statute, regulation or contractual commitment.

17.6 The obligations of confidentiality in this Clause 17 shall not extend to any matter which a Partner can show:

17.6.1 is in, or has become part of, the public domain other than as a result of a breach of the obligations of confidentiality under this Agreement; or

17.6.2 is required to be disclosed under any applicable law, or by order of a court or governmental body or authority of competent jurisdiction.

## **18. FREEDOM OF INFORMATION**

18.1 The Partners agree they will each co-operate with one another to enable any Partner receiving a request for information under the Freedom of Information Act 2000 or Environmental Information Regulations 2004 to respond to that request promptly and within the statutory timescales. This co-operation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners or parties as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.

## **19. DISPUTE RESOLUTION**

19.1 Prior to any dispute difference or disagreement being referred to mediation pursuant to the remaining provisions of this Clause 19 the Partners shall seek to resolve the matter as follows:

19.1.1 in the first instance the issue shall be considered by Chief Officers with delegated responsibility for the Services;

19.1.2 if the aforementioned Chief Officers are unable to resolve the matter within 30 working days then the issue shall be referred to the Head of Paid Service of the Council and the Chief Executive Officer of the UHB ('the Heads of Paid Service');

19.1.3 if the Heads of Paid Service are not able to resolve the matter within a further thirty (30) working days the provisions of paragraph(s) 19.2 and 19.3 shall take effect.

19.2 In the event of the Heads of Paid Service not being able to resolve the matter shall be dealt with by the following mediation procedure:

- 19.2.1 for the purpose of this paragraph 19.2 a dispute shall be deemed to arise when one Partner serves on the other a notice in writing stating the nature of the dispute;
  - 19.2.2 every dispute notified under this paragraph 19.2 shall first be referred to mediation in accordance with the mediation procedures of the Alternative Dispute Resolution Group London;
  - 19.2.3 the mediator shall be agreed upon by the Partners and failing such agreement within fifteen (15) working days of one Partner requesting the appointment of a mediator and proposing a name then the mediator shall be appointed by the Director of the Welsh Government for the time being with responsibilities for the oversight of the Services;
  - 19.2.4 unless agreed otherwise the Partners shall bear their own costs of the mediation and share equally the costs of the mediator;
  - 19.2.5 the use of mediation will not be construed under the doctrines of laches waiver or estoppel to affect adversely the rights of any Partner and in particular any Partner may seek a preliminary injunction or other judicial relief at any time if in its judgment such action is necessary to avoid irreparable damage.
- 19.3 In the event of the Partners failing to reach agreement following mediation the following procedure shall be followed:
- 19.3.1 in the event of the Partners failing to reach agreement on their dispute or difference following mediation pursuant to paragraph 19.2 one Partner may serve on any other a notice in writing stating the nature of the matters still in dispute;
  - 19.3.2 the dispute or difference shall then be referred to the arbitration of a sole arbitrator to be appointed in accordance with Section 16(3) of the Arbitration Act 1996 (“the Arbitration Act”);
  - 19.3.3 in the event of failure of the Partners to make the appointment pursuant to Section 16(3) of the Arbitration Act the appointment shall be by the President (or if the President be unwilling, unable or unavailable) the Vice President for the time being of the Law Society;
  - 19.3.4 the arbitration will be regarded as commenced for the purposes set out in Section 14(1) of the Arbitration Act when one Partner sends to the other written notice in accordance with the Arbitration Act;
  - 19.3.5 the arbitration shall be conducted in accordance with the Rules of the Chartered Institute of Arbitrator(s) or any amendment or modification thereof being in force at the date of commencement of the arbitration.
- 19.4 This dispute resolution procedure cannot be used in relation to any dispute relating to the setting of the Budget or any revision of this Agreement.

**20. EXCLUSION OF PARTNERSHIP AND AGENCY**

- 20.1 The Partners expressly agree that nothing in this Agreement in any way creates a legal partnership between them.
- 20.2 No Partner nor any of its employees or agents will in any circumstances hold itself out to be the servant or agent of the other Partners, except where expressly permitted by this Agreement.

**21. ASSIGNMENT AND SUB AGREEMENTS**

- 21.1 A Partner shall not assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, except where expressly permitted by the Agreement.
- 21.2 A Partner shall be entitled to assign novate or otherwise transfer its rights and obligations pursuant to this Agreement to a statutory successor. This Agreement shall be binding on and shall endure to the benefit of the UHB and the Councils and their respective successors and permitted transferees and assignees.

**22. THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999**

- 22.1 The Contracts (Rights of Third Parties) Act 1999 is hereby excluded.
- 22.2 No variation to this Agreement and no supplemental or ancillary agreement to this Agreement shall create any such rights unless expressly so stated in any such agreement by the parties to this Agreement. This does not affect any right or remedy of a third party, which exists or is available apart from the Contracts (Rights of Third Parties) Act 1999.

**23. PREVENTION OF CORRUPTION / QUALITY CONTROL**

- 23.1 The Partners shall have mutual policies and procedures to ensure that relevant controls, assurance, probity and professional standards are met.

**24. COMPLAINTS**

- 24.1 The Partners shall ensure that any complaints received about the Service shall be dealt with promptly and in accordance with their adopted complaints procedures. For the avoidance of doubt where a Partner is acting as the Host Partner for a Service in this Agreement, where a complaint is received about the Service the complaints procedure of the Host Partner shall be used to deal with the complaint.
- 24.2 Where applicable any complaints which have not been resolved under the above sub clause shall be dealt with under any appropriate statutory complaints procedure which applies to that class of complaint.

## **25. NOTICES**

25.1 All notices under this Agreement shall only be validly given if given in writing, addressed as follows:-

25.1.1 if to the UHB, addressed to its Chief Executive as above; or

25.1.2 if to the Councils, addressed to its Chief Executives as above.

25.2 Any notices required to be given under this Agreement must be in writing and may be served by personal delivery, post (special or recorded delivery or first class post) or email at the address set out at the beginning of this Agreement or at such other address as each party may give to the other for the purpose of service of notices under this Agreement. Notices shall be deemed to be served at the time such an email is received or when the notice is handed to or left at the address of the party to be served (in the case of personal delivery) or the day (not being a Saturday, Sunday or public holiday) next following the day of posting (in the case of notices served by post).

25.3 To prove service of any notice, it shall be sufficient to show in the case of a notice delivered by hand that the same was duly addressed and delivered by hand and in the case of a notice served by post that the same was duly addressed prepaid and posted special or recorded delivery or by first class post.

## **26. ADDITION OR REMOVAL OF SERVICES**

26.1 As noted in Clause 3, the approach to integration will be incremental. This Agreement will be further refined and developed to reflect the ongoing implementation of the ICCS. An implementation programme has been established setting out milestones for the development of the ICCS and this will include actions to:

- Add Services that will be delivered in an integrated way across the ICCS pathways;
- Revise existing Schedules to achieve consistency and alignment;
- Ensure continuous improvement as referenced in 3.2;
- Review and refine the outcomes and performance measurement framework.

26.2 The Agreement will also be reviewed and adjusted as necessary to cover Services for other population groups.

26.3 The Partners may by mutual consent add further Services to this Agreement or remove Services from it.

26.4 The Services shall be added or removed by such amendment to the Schedules and the body of this Agreement as the Partners may agree which may include separate description of Services, Allocated/ Pooled Funds and management arrangements.

26.5 Any amendments to this Agreement shall be in accordance with the provisions of clause 16.

## **27. GENERAL PRINCIPLES**

27.1 In relation to the Services, the Partners shall:

27.1.1 Treat each other with respect and an equality of esteem;

27.1.2 Be open with information about the performance and financial status of each;

27.1.3 Provide early information and notice about relevant problems; and

27.1.4 Co-operate with each other to agree joint protocols and any variance in such protocols as may be required from time to time.

## **28. FORCE MAJEURE**

28.1 In this Agreement "force majeure" shall mean any cause preventing any Partner from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Partner so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, fire, flood or storm.

28.2 If any Partner is prevented or delayed in the performance of any or all of its obligations under this Agreement by force majeure, that Partner shall forthwith serve notice in writing on the other Partner or Partners specifying the nature and extent of the circumstances giving rise to force majeure and shall, subject to service of such notice (and to Clause 28.4), have no liability in respect of the performance of such of its obligations as are prevented by the force majeure events during the continuation of such events.

28.3 The Partner affected by force majeure shall use all reasonable endeavors to bring the force majeure event to a close or to find a solution by which the Agreement may be performed, despite the continuance of the force majeure event.

28.4 If any Partner is prevented from performance of any or all of its obligations for a continuous period in excess of three months the other Partners may terminate this Agreement forthwith by written notice, in which case none of the Partners shall have any liability to the other except that rights and liabilities which accrued prior to such termination shall continue to subsist.

## **29. SEVERABILITY**

29.1 If at any time any part of this Agreement (including any one or more of the clauses of this Agreement or any sub-clause or paragraph or any part of one or more of these clauses) is held to be or becomes void or otherwise unenforceable for any reason under any applicable law, the same shall be deemed omitted from this Agreement and the validity and/or enforceability of

the remaining provisions of this Agreement shall not in any way be affected or impaired as a result of that omission.

**30. WAIVER**

- 30.1 The rights and remedies of any Partner in respect of this Agreement shall not be diminished, waived or extinguished by the granting of any indulgence, forbearance or extension of time granted by such Partner to the other nor by failure of, or delay by the said Partner in ascertaining or exercising of any such rights or remedies. The waiver by any Partner of any breach of this Agreement shall not prevent the subsequent enforcement of any subsequent breach of that provision and shall not be deemed to be a waiver of any subsequent breach of that or any other provision.

**31. GOVERNING LAW**

- 31.1 This Agreement shall be considered as a contract made in England and Wales and shall be subject to the laws of England and Wales as they apply in Wales.
- 31.2 Subject to the provisions of any jointly agreed dispute resolution procedure, all the Partners agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceeding or dispute in connection with this Agreement and irrevocably submit to the jurisdiction of those courts.

**32. DEVELOPMENT OF THE AGREEMENT**

- 32.1 Annual plans will set out development activity for the coming year and annual reports will be prepared for the Regional Partnership Board outlining progress against planned activity.

**IN WITNESS** whereof the Partners have executed this Agreement as a Deed the day and year first before written.

Executed as a deed by affixing the

**COMMON SEAL** of

**THE CWM TAF MORGANNWG  
UNIVERSITY HEALTH BOARD**

In the presence of:

Signed (Authorised Officer):

Name/Position:

Executed as a deed by affixing the

**COMMON SEAL** of

**BRIDGEND COUNTY BOROUGH COUNCIL**

In the presence of:

Signed (Authorised Officer):

Name/Position:

Executed as a deed by affixing the

**COMMON SEAL** of

**MERTHYR TYDFIL COUNTY BOROUGH COUNCIL**

In the presence of:

Mayor:

Signed (Authorised Officer):

Name/Position:

Executed as a deed by affixing the

**COMMON SEAL** of

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

In the presence of:

Mayor:

Signed (Authorised Officer):

Name/Position:

## APPENDIX 1: OUTCOMES AND PERFORMANCE MEASUREMENT FRAMEWORK

This framework provides a basis for understanding the impact of the ICCS. Where specific measures in the framework are under development, these are noted. This framework will evolve over time and will be updated formally through the Integrated Leadership Board.

### Category 1 - Population Wellbeing Outcomes

*'Measures that describe the aggregate effect of our Integrated Health and Community Care System on our population'*

- Healthy Days at Home. This is population health outcome measure of time spent outside of institutional health and care settings. Whilst the measure is being developed it will be necessary to rely on proxy measures. The following are suggested: length of stay in hospitals, length of stay in care placements, long term placement commissioned hours relative to population size.
- 'What matters to me'. We are exploring whether data collected about people's self-reported experience of health and social care can be aggregated to provide a picture of whether needs are regularly being met.

### Category 2 – System Shift

*'Measures that describe the extent to which we are rebalancing the system, meeting needs closer to home and reducing failure demand in acute healthcare and long-term social care provision.'*

These are described in the environments in which treatment and care is provided. Specifically the community, care homes (which are part of the community but are drawn out here because of their distinctiveness) and acute and community hospitals.

Community environment	Care home environment	Hospital environment
Number and percentage of people with an integrated assessment [input]	% >75yo with Future Care plan in place [input]	Reductions in >75yo conveyed and admitted [output]
Number of urgent care contacts in Primary Care [input]	% care home conveyance without input from Clinical navigation hub – reduce to zero [output]	Reduction in LOS in hospital >75yo [output]
Clinical Navigation Hub demand and response data [input and output]	Conveyances and admissions from Care homes – reduce [output]	LoS in acute hospital less than 1 day >75yo (SDEC) [output]
Count of IAA integrated urgent response calls [input]	Percentage of deaths within 48 hours following an admission from a care home [output]	Reduction in Pathway of Care Delays > 75 y. o. [output]

Intermediate care team referrals and waiting times [input]		Readmission rates at 7 days and 28 days following discharge [output]
Unplanned community nursing demand [input]		Deconditioning measures e.g. care tariff / via Optimise [output]
Hold or reduce the level of long-term social care packages [output]		
Volume of commissioned care following a hospital stay – hold or reduce [output]		
Actual place of death compared to preferred place of death [output]		

### Tier 3 – Service Performance

*‘A selection of performance metrics for specific services in and around our optimal community model’.*

Measures will be selected for each Service within this Agreement and these will be set out in relevant Schedules.

- Percentage of GP practices that have achieved all standards set out in the National Access Standards
- IAA provision
- LOS in intermediate care team (urgent response team and long-term team) [output]
- Level of dependency pre- vs. post- involvement of intermediate team (6 weeks and 12 week)
- District nursing referrals and waiting times [input]
- Older people’s mental health measures
- Number and waits per 100k population for
  - adult social care assessment
  - reablement
  - other therapies
  - domiciliary care
  - residential care
  - NHS Continuing Healthcare
- Telecare provision
  - Average annual falls per area
  - % falls where an ambulance was called with a response service in place
  - % falls where an ambulance was called without a response service in place

- Proportion of mobile response team (MRT) responses in less than 1 hour
- Median length of stay in hospital with a fall and long lie

#### **Tier 4 – Feedback from our population and our staff**

*'A range of measures that describe how people experience different areas of service provision. Also how staff in community roles feel about their work – research shows job satisfaction correlates with service quality.'*

- PROMS and PREMS. Family/ carer reported outcomes.
- Social care quality/ 'what matters' measures via the national performance framework/ local surveys of everyone with a care plan
- Survey of each person that has received intermediate care
- Staff wellbeing and job satisfaction from organisations' people surveys
- Staff sickness rates in intermediate care teams
- Staff turnover in intermediate care teams.

## **SCHEDULE 1.1: BRIDGEND COMMUNITY RESOURCE TEAM - HOST PARTNER, AIMS AND OUTCOMES & ACCESS TO SERVICE**

### **1. INTRODUCTION**

Services aims and outcomes for the Service at commencement of this Agreement are as set out here with details of the Host Partner.

**HOST PARTNER: Bridgend County Borough Council**

**PARTNERS: Bridgend County Borough Council, Cwm Taf Morgannwg University Health Board**

### **2. AIMS**

- 2.1 The overarching strategic aim of this Agreement is to ensure coordinated arrangements for the integrated provision of high quality, cost effective intermediate care services which meet local health and social care needs. Together we aim to:
- achieve the highest quality of seamless care with people using our services being at the heart of service planning, commissioning and delivery via an Allocated / Pooled Fund;
  - increase the operational efficiency of the Services and ensure sustainability;
  - optimise the mix of service provision skills across health and social care and develop more rewarding jobs and careers for staff;
  - support greater and more coordinated engagement with the third sector and carers;
  - enhance creativity and problem solving within the various multidisciplinary services with quicker decision making.
- 2.2 Partners BCBC and CTMUHB will co-design and deliver Services that meet the current and future needs of people in Bridgend. Through this Agreement partners seek to maximise outcomes by delivering integrated provision from allocated funds. This builds on a longstanding arrangement predating a boundary change for the University Health Board in 2019.
- 2.3 The background to this Service lies in the Western Bay documents: August 2013 “*Joint Commitment - Delivering Improved Community Services*”, January 2014’s “*Transforming care through investment in the intermediate tier – 3-year business case*” and the “*Statement of Intent on Integration*” from July 2014.
- 2.4 Whilst the Services described here are longstanding, the approach to develop a strengthened intermediate care tier is ever more relevant and important. It fits with the vision of Wales’ 10-year health and social care plan ‘A Healthier

Wales' and complementary policy in 'Further Faster: Developing Community Care Capacity' and the Six Goals for Urgent and Emergency Care.

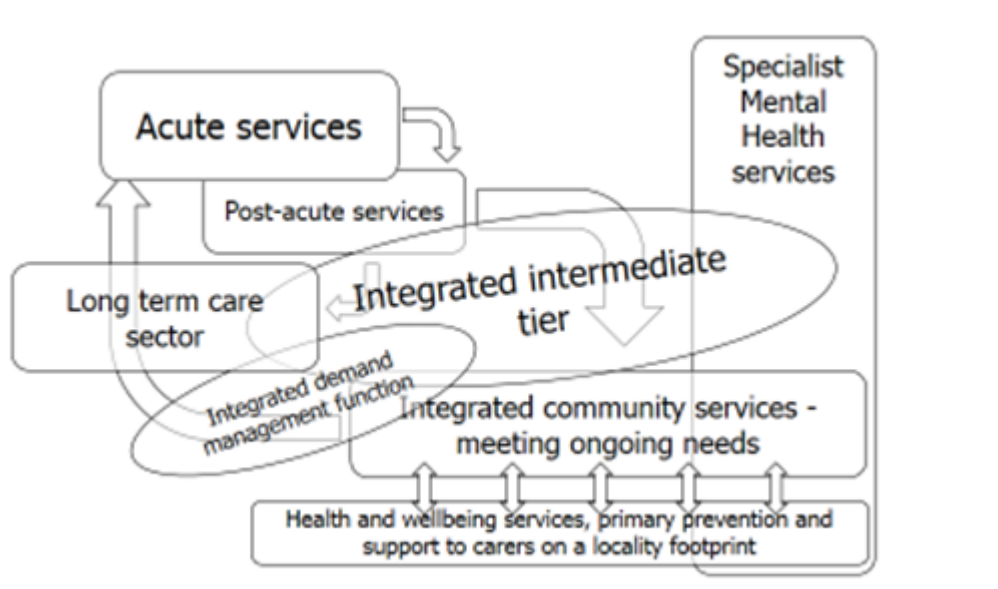
- 2.5 As a regional partnership we are developing a new demand and capacity model which will be used to update the analysis upon which the original Business Case was built. This will influence the future shape of the Service and equivalent teams in other parts of the Cwm Taf Morgannwg region as we develop regional care pathways.

### **3. SERVICE DELIVERY OBJECTIVES**

- 3.1 The Allocated / Pooled Fund will support a seamless range of Services that reflect the needs of the local population, in line with the agreed policies and the Services commissioned by the Partners. Within the defined scope it will fund the care for the residents of the Locality who present with health and social care issues by ensuring that the right care is provided at the right time, in the right place and at the optimum cost.
- 3.2 Early assessment will be delivered through an appropriate single process to assess the needs of Service Users. Where possible, interventions will be provided to people in their home for people who meet the prevailing eligibility criteria. The preference will be for time limited interventions, with publicly funded longer-term support (outside the scope of these Intermediate Care services) only where necessary.
- 3.3 Intermediate care services will be planned and delivered according to a single model across providers so that the clinical and social care needs of the Service User are met in the most effective way.
- 3.4 The Partners will ensure that the access pathway into specialist services is made easier for people with intermediate care needs including referral pathways to allied services and those provided by the Third Sector. This will include a rapid mobile response to respond to Telecare activations. This will complement other community-based services that assist timely discharge from hospital.
- 3.5 The arrangements will allow more effective service planning as the traditional barriers between health and social care definition and funding can be overcome by the Allocated / Pooled Funds and a single management structure. This will make the most efficient and effective use of public service and Third Sector resources together with carers in the community.
- 3.6 The integrated care operational manager shall maintain an awareness and knowledge of the Council and Health Board's policies and procedures so far as they relate to the Service and ensure that the Service complies.
- 3.7 An effective Community Resource Team will have the following positive knock-on effects in other parts of our health and care system:
- reduced unscheduled hospital admissions through enhanced rapid response and more focus on reablement;

- reduced occupancy of hospital beds by residents of the Locality utilised for post-acute recuperation or step up;
- reduced number of placements in residential and nursing homes because more people are supported to remain living at home;
- reduced need for ongoing domiciliary care packages through increased reablement and right-sizing care (regular objective reviews of needs and eligibility); and
- reduced hours of support that were provided at commencement of enabling intervention when leaving short-term enabling services intervention.

Schedule 1.5 provides detailed performance measures for the Community Resource Team.



#### 4. SERVICE IMPROVEMENT OBJECTIVES

##### 4.1 Strengthening our intermediate care model will mean:

- Enhancement of access and the speed of referral by further streamlining processes and improving the subsequent end-to-end pathways, reducing wait times, ensuring timely access to support.
- Delivering more integrated and collaborative approaches to intermediate care ensuring the benefits are delivered as planned to patients, individuals and each organisation.
- Development of the support processes and improvement of efficiency by reducing duplication, improving business processes and reducing administration effort.
- Optimisation of the skills mix across health, social care, third sector and carer provision and development of a cost-effective working pattern make best use of the expanded intermediate tier.

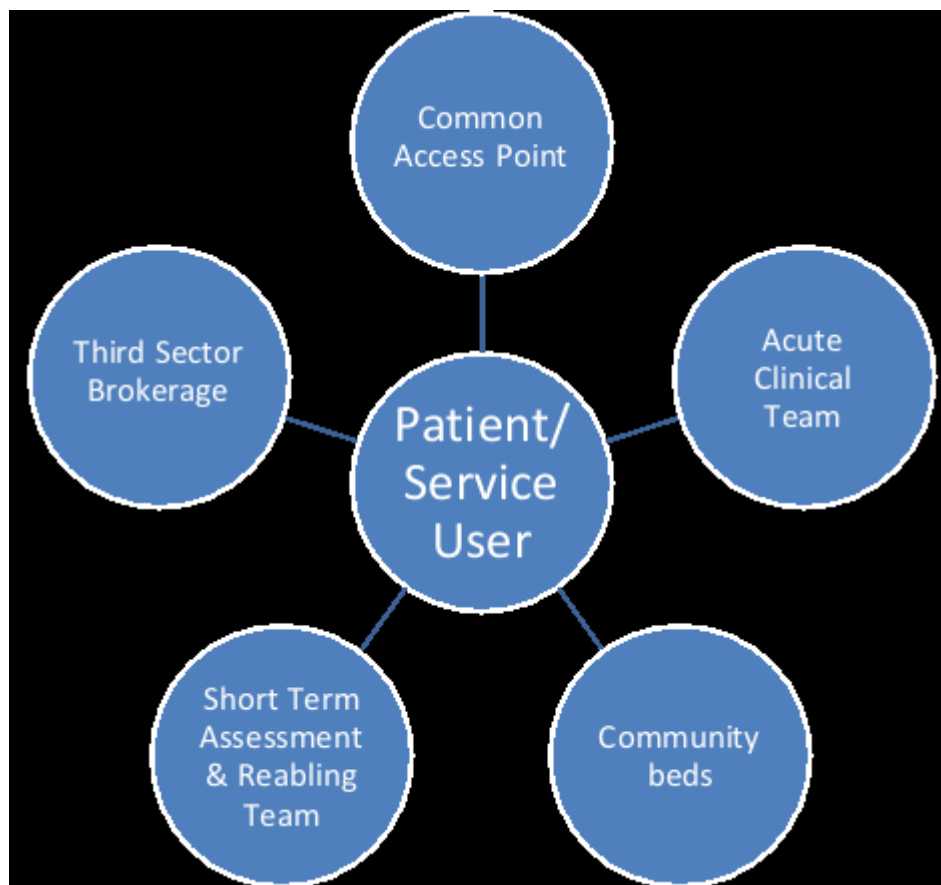
- Workforce development and enhancing job satisfaction and career options by addressing the traditional barriers to inter-disciplinary working and staff progression.
- Monitoring the effectiveness of intermediate care programs, gathering data on patient outcomes, and using this information to continuously improve service delivery.
- The development of a 'customer feedback' mechanism that records and acts on individual and carer comments and a 'stakeholder feedback' mechanism to capture ideas from referrers, Health and social care staff and the Third sector.
- Development of an audit plan to evidence quality in relation to interventions and record keeping.
- Maximising the impact of the Budget by improving the resourcing processes, enhancing cross-organisation team working, reducing operational duplication/administration and sharing equipment and facilities.

## 5. SERVICE PERFORMANCE MEASUREMENT

- 5.1 A set of measures will be adopted to monitor, report and improve the Service. They will be produced monthly to demonstrate the extent to which the Partnership's objectives are being delivered.
- 5.2 Measures are included in Schedule 1.5.

## 6. SCOPE OF SERVICES

- 6.1 The scope encompasses a range of intermediate care services, specifically those which deliver improved local performance by allowing more flexible use of intermediate tier resources between Partners including:
- Interventions that provide an alternative to a hospital bed;
  - Interventions that support timely safe discharge from hospital;
  - Interventions that reduce or avoid the need for an ongoing domiciliary care package;
  - Interventions that reduce the need for long term residential care;
  - Interventions that reduce the need for long term nursing care or continuing health care;
  - Interventions that optimise independent living or improve carer's ability to manage;
  - Services and facilities that manage access to the above such as the Early Intervention Prevention Hub.



The Allocated / Pooled Funds will cover the full costs of this provision, as detailed in Schedule 1.3.

6.2 The functions and services included within the scope of the Service are to be:

Function	Services included (as at the Commencement Date)
Front door to social care	Early intervention prevention hub (EIPH)
Rapid Response	Acute Clinical Team
Home and bed based Reablement	Short Term Assessment and Reabling team

## 7. ELIGIBILITY

7.1 The recipients of the Service are to be:

- adults of 18 years of age or over
- who are normally resident within the Locality whether at home or in a residential setting

- with a clinical or social care issue that threatens their physical health or independence
- who require an Intermediate Care Service that is funded by the Health Board or the Council (regardless of who provides it).

7.2 This does not include:

- Acute hospital care;
- Funding for long term residential care home placements;
- Continuing Health Care, apart from some assessments in the community;
- Mental Health or Learning Disability Services, although these patients may also have needs that are within the defined scope of Intermediate Care;
- Palliative care, although some physical care to support District Nursing Services may be included, Care provided by the Community Networks, the scope of which varies across the Cwm Taf region.

7.3 The Eligibility Criteria Threshold for Services will be as per the prevailing policies of the organisation that has statutory responsibility for that provision. Any changes to the Eligibility Criteria threshold may result in changes to the funding requirements and this should be taken into account during the planning.

7.4 Access to Services is available from a number of locations and across a number of channels and will develop over time.

## **SCHEDULE 1.2: THE LOCAL HEALTH BOARD'S FUNCTIONS AND THE LOCAL AUTHORITY FUNCTIONS**

### **THE LOCAL HEALTH BOARD FUNCTIONS**

#### Functions:

- Section 117 of the Mental Health Act 1983 (after care)
- Section 82 of the National Health Service Act 2006 (cooperation between NHS bodies and local authorities)
- Section 1 of the National Health Service (Wales) Act 2006 (duty to promote health service)
- Sections 2 and 3 of the National Health Service (Wales) Act 2006 (powers to provide health services), including rehabilitation services and services intended to avoid admission to hospital but excluding surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments and emergency ambulance services
- Section 10(1), (2), (3), (4) and (5) of the National Health Service (Wales) Act 2006 (arrangements with other bodies)
- Section 38(6) of the National Health Service (Wales) Act 2006 (duty to make available services provided by a person employed in the health service to enable local authorities to discharge functions)
- Section 14A of the Social Services and Well-being (Wales) Act 2014 (plans following assessments of needs under section 14)

### **THE LOCAL AUTHORITY FUNCTIONS**

#### Functions:

- 1 Social Services functions contained in Schedule 2 to the Act, except—
  - (a) the functions in Part 5 of the Act (charging),
  - (b) section 144 of the Act (Directors of Social Services),
  - (c) sections 1 and 2 of the Adoption Act 1976,
  - (d) sections 114 and 115 of the Mental Health Act 1983,
  - (e) Parts VII to X and section 86 of the Children Act 1989
  
- 2 The functions under section 7 of the Disabled Persons (Services, Consultation and Representation) Act 1986

## **SCHEDULE 1.3: RESOURCES - FINANCE & BUDGET SETTING**

### **1. Introduction**

- 1.1 This Schedule outlines the governance for budget setting and budget management for Allocated / Pooled Fund resources.
- 1.2 This Schedule provides details of the budgets, goods and services to be made available by the Partners for a Service.

### **2. Budget process**

- 2.1 The initial budget planning assumptions of each Partner shall be shared by the Partner's financial leads and the Allocated/ Pooled Funds Manager shall ensure that any matters relating to the Allocated/ Pooled Funds for a particular Service that might have a material effect on planned expenditure or income are identified and reported to the Joint Partnership Board which shall be no later than 31 December prior to the commencement of any Financial Year provide the Partners a proposed budget for that Financial Year.
- 2.2 By 31 January before the commencement of each Financial Year the Council and the Health Board shall advise each other of their anticipated budgeted expenditure in respect of that Financial Year. In the event that the amount of the anticipated budget alters during any formal budget approval process, then the one party shall advise the other party of that change without delay.
- 2.4 By 31 March before the commencement of each Financial Year the Council and the Health Board shall advise each other of their agreed budgeted expenditure contribution to the Allocated/ Pooled Fund the following Financial Year.
- 2.5 The Budget as approved by the Partners will be presented by the Allocated/ Pooled Funds Manager to the relevant Joint Partnership Board (via any local operational board as appropriate) in each Financial Year for the Budget to be received by the Joint Partnership Board.

### **3. Financial Performance and Risk Sharing Arrangements**

- 3.1 The Host Partner for the operation of the Service shall appoint an Allocated / Pooled Funds Manager (and there may be a separate Allocated Funds Manager for each Service) with responsibility for the integrated management of the Allocated / Pooled Funds, subject to the governance arrangements set out in Schedule 1.4.
- 3.2 The Budget is to be used solely to achieve the aims and outcomes set out in Schedule 1.1, and the performance framework as appended. An Annual Plan for a Service should be provided to describe this.
- 3.3 Each Partner will provide data to the Allocated / Pooled Funds Manager by the following 20<sup>th</sup> of each month to enable the Allocated Funds Manager to

submit reports to the relevant Joint Partnership Board (via any local operational board as appropriate) on a quarterly basis on the financial information and spend as referred to as Schedule 1.3 and performance information needed for effective governance of the Service as specified at Schedule 4.

- 3.4 Reports will be provided to the Joint Partnership Board more frequently as and if required.
- 3.5 Information is to be reported separately in respect of Allocated / Pooled Funds for each Service. The Partners agree to provide all necessary information to the Allocated Funds Manager in time for the reporting requirements to be met.
- 3.6 The Allocated / Pooled Funds Manager shall ensure that action is taken to manage any projected under or overspends from the budgets relating to the fund, reporting on the variances and the actions taken or proposed to the Joint Partnership Board.
- 3.7 If at any time during the Financial Year there is a projected under or overspend on the Funds Manager will prepare an action plan for presentation to and agreement of the Joint Partnership Board in order to manage the variance, for the particular Service as quickly as possible.
- 3.8 The Joint Partnership Board will consider any action plan where required and amend if appropriate or agree additional actions to be taken to manage the variance.
- 3.9 The Funds Manager will provide monthly progress reports to the Joint Partnership Board on implementation of any action plan, until such time that the under or overspend has been dealt with to the satisfaction of the Joint Partnership Board keeping it informed at all times.

#### **4. Construction of Budget and Basis of Contributions**

- 4.1 For the avoidance of doubt, any personal contributions payable by Service Users towards any Council services will continue to be collected by the Council, and not form part of the Allocated/ Pooled Funds.

#### **5. Resources Available and in Support of the Partnership Outside of Allocated / Pooled Funds**

- 5.1 Each Partner shall provide resources outside of the Allocated Funds, unless otherwise agreed by the relevant Joint Partnership Board (via any local operational board as appropriate), for those activities deemed necessary to enable this Agreement to be discharged. These include, but are not limited to the following services:-
  - Personnel;
  - Contracts and management functions;
  - Operations functions;

- IT functions;
  - Finance functions; and
  - Property functions.
- 5.2 Where additional work in support of the Service outside of Allocated Funds is at the request of a Partner to the other Partners, a charge can be raised by mutual agreement of the Partners where this constitutes an additional expense for the requesting Partner.
- 6. Accommodation Arrangements for Services**
- 6.1 The Partners shall continue to provide or make available the premises (or suitable alternatives) that they provided or made available for the purposes of the Service before the Commencement Date, with the same level of support services and facilities management.
- 7. Commissioning and Procurement Arrangements**
- 7.1 The Partners agree that:
- 7.1.1 The Financial, Procurement and Contract Procedure Rules of the Council will apply to all procurement activity undertaken by the Council;
  - 7.1.2 The Standing Orders and Standing Financial Instructions of the Health Board will apply to all procurement activity undertaken by the Health Board;
  - 7.1.3 Procurement activity will only be undertaken from the Allocated/ Pooled Funds in accordance with commissioning plans approved by the relevant Joint Partnership Board (via any local operational board as appropriate).
- 8. Hosting and Administration of the Allocated Funds**
- 8.1 The Allocated/ Pooled Funds Manager shall ensure that the Fund is maintained to national and professional standards and that the payment of suppliers' invoices complies with their payment terms, ensuring that no late payment charges are incurred by the Partners.
- 8.2 The Funds Manager shall be responsible for ensuring that appropriate financial systems are operational and in place for the Allocated/ Pooled Funds in order to provide the necessary control and production of financial information.
- 9. Information Requirements**
- 9.1 The Allocated / Pooled Funds Manager shall ensure that all financial and other information required by the Partners in relation to compiling performance

statistics, statutory and other returns is made available by any agreed deadlines.

- 9.2 The Allocated / Pooled Funds Manager shall ensure that all financial and other information required to measure performance against the Services, as set out in Schedule 4, is made available by any agreed deadlines.
- 9.3 The Allocated / Pooled Funds Manager shall establish arrangements for making available all financial and other information necessary to assist the Partnership.

## **10. VAT**

- 10.1 The VAT regime will operate in accordance with partnership structure (a) as referred to in the joint guidance issued by the Department of Health and HM Customs and Excise.

## **11. Capital**

- 11.1 The Allocated Fund shall not normally be applied towards capital expenditure. If a need arises for the transfer of any agreed capital funds between the Partners then, unless the Partners agree otherwise, the Partners shall use the grant making powers under Section 194 or Section 34 of the Act.

## **SCHEDULE 1.4: GOVERNANCE - APPROVALS, OVERSIGHT & PERFORMANCE**

### **1. Introduction**

- 1.1 The Partners have agreed the governance arrangements set out in this Schedule in furtherance of the aims and objectives as described in Clause 3 and Schedule 1.1 of the Agreement.
- 1.2 It is the intention of the Partners to review the governance arrangements as a part of the Annual Review process set out below and as at Clause 9 of the Agreement.
- 1.3 Any variation to the Agreement shall be effected through the mechanism of Clause 16 of the Agreement.
- 1.4 The arrangements set out in this Schedule shall apply until such time as the Partners agree otherwise.
- 1.5 Any changes to the approved Service must be confirmed by the Bridgend Joint Partnership Board.

### **2. The Bridgend Joint Partnership Board**

- 2.1 Ultimately, responsibility for the provision of statutory services resides with the relevant Partner (i.e. BCUHB or CTMUHB). For the functioning of this Agreement, the Bridgend Joint Partnership Board (“the JPB”) is collectively responsible for the effective delivery of Services and outcomes described in Schedule 1.1, 1.2 and 1.3.
- 2.2 Services may only be added to this Schedule under Clause 26 through the agreement of the Council and the Health Board.
- 2.3 Services may be removed from this Schedule under Clause 26 through the agreement of the Council and the Health Board and as to be confirmed at the JPB.
- 2.4 The JPB shall:
  - Set the annual priorities for the Bridgend Community Resource Team
  - receive all reports required under the Schedule 1.1 and agree actions or refer proposals for action back to the Partners for approval as the case may be;

- review annually the operation of the Bridgend Community Resource Team in the context of the developing Cwm Taf Morgannwg Integrated Community Care System;
- review as necessary and confirm the Service's Standard Operating Procedure and undertake any risk assessment and agree actions and recommendations arising following the review;
- establish an Operational Management Board, which will meet monthly with the Allocated/ Funds manager to assess delivery. A lead member from each statutory organisation should be nominated, and they or a deputy must attend each Operational Management Board meeting. Additional membership shall be determined by the JPB.
- consult further and agree actions where appropriate on any plan and progress on priorities as necessary to ensuring suitable consultation and Equality Impact Assessments are undertaken for any major changes to Services arising from the Annual Plans for commissioning.

### **3. Operational Management Board**

- 3.1 An Operational Management Board for the Service will assist the JPB in its activities through oversight of the operational management of the Community Resource Team.
- 3.2 The Operational Management Board will meet at a least 10 times per annum.
- 3.3 The membership of the Operational Management Board shall be agreed by the JPB upon admittance to the Partnership Arrangements and the JPB shall confirm the name of the officers comprising as a minimum:
- The Partnership Lead Officer from the Host Partner for any established Service
  - The Allocated / Pooled Fund Manager from the Host partner for the Service
  - Other members comprising
    - One non-host partner officer
    - One Finance officer (Council)
    - One Finance officer (Health Board).
- 3.4 The role of the Operational Management Board will be to receive such information as is necessary and as outlined in the Service reporting framework and to assist the Allocated Pooled / Funds Manager in the review, and development of the Annual Plan (based on the aims and objectives at

Schedule 1.1) and any other actions deemed necessary or helpful to effective arrangements for of the Services from time to time.

#### 4. The Allocated/ Pooled Funds Manager

- 4.1 The Allocated / Pooled Funds Manager may delegate the day-to-day management of funds and objectives in accordance with the Host Partner Procedure Rules, Financial Regulations and such other applicable Service of Delegation.

#### 5. Information Planning and Reports

- 5.1 The Allocated / Pooled Funds Manager shall supply the Operational Management Board on a monthly basis the financial and activity information as referred to as Schedule 1.3 on Resources and as set out at Schedule 1.4 as the activity reporting framework.
- 5.2 The Funds Manager shall supply quarterly to the JPB meetings a summary report of performance and matters for its attention.
- 5.3 The Funds Manager will develop targets based on the performance measures in Schedule 1.4 to be agreed by the JPB from time to time and in any event by 30<sup>th</sup> July each year following a strategic and financial review to be led by the Operational Management Board.
- 5.4 Preparation of the Revised Annual Plan for Financial Years after the initial Financial year of the Term will be according to the following process in each Financial Year:
- **October to December:** The Allocated / Pooled Fund Manager will prepare a draft Revised Annual Plan. This will incorporate any proposed changes and will be in the form of a revised Schedule 1 of Service Aims and Outcomes, a draft Budget and any necessary revision of the Financial and Activity Reporting Framework content for JPB.

The JPB will consider the draft Revised Annual Plan.

- **By 31<sup>st</sup> January:** The Funds Manager will submit to the JPB the draft Budget and a Final Draft Annual Plan for confirmation of their recommendation to the Partners for the next Financial Year
- **By 1<sup>st</sup> May:** The Funds Manager shall report to the JPB on the performance of the Service against any aims objectives or performance measures which relate to the Service together with the general effect of

the Service and in particular its effect on Service Users and the financial position of the Partners

**6. Post-termination**

- 6.1 The JPB shall continue to operate in accordance with this Schedule following any termination of this Agreement under Clause 11 of this Agreement insofar as is necessary to manage the effects of termination as at Clause 12 including any winding up arrangements.

## SCHEDULE 1.5: FINANCIAL AND PERFORMANCE REPORTING

### Bridgend Intermediate Care Service

	PERFORMANCE AREA	KEY DELIVERABLES	HOW MEASURED	FREQUENCY
1	Finance	Expenditure in line with profiled budget	Budget reports – reviewed at monthly Operational Management Board meetings	Monthly

A quarterly summary will also be submitted to the JPB along with necessary reports including progress on Objectives as set out at Schedule 1 and the following Service performance data.

### SERVICE ACTIVITY

	Measure
1	Number of adults with a care and support plan who received services during the year.
2a	Admission source of Community for Urgent Community Response clients seen in the period. (ACT) (7 day service from 07/10/2017)
2b	Admission source of Hospital for Urgent Community Response clients seen in the period. (ACT) (7 day service from 07/10/2017)
2a&b	Total of Admission Source of Community and Admission Source of Hospital for Urgent Community Response Clients (Total of Measure 3a & b) (7 day service from 07/10/2017)
3a	Hospital bed days saved by rapid response caseload during the month 65+ (IV Community)
3b	Hospital bed days saved by rapid response during the month 65+ (IV Hospital)
4	Hospital bed days saved by rapid response (Starters from community excluding IV)
5	Discharge destination of Community for Urgent Community Response clients seen in the period. (ACT)

	<b>Measure</b>
6	Discharge destination of Hospital/ Residential for Urgent Community Response clients seen in the period. (ACT)
7	Number of Unscheduled care medical admissions for people aged 65+.
	Rate (per 1000) unscheduled care medical admissions for residents aged 65+.
8	Number of hospital acute bed days occupied by Bridgend resident patients aged 65+ who were originally admitted as an unscheduled care medical admission
9	Number of hospital post-acute bed days occupied by Bridgend resident patients aged 65+ who were originally admitted as an unscheduled care medical admission
10	28 day unplanned care readmission rates for residents aged 65+
11	Number of people discharged from Hospital via Reablement
<b>NEW</b>	Number of people supported in the community by Reablement (NEW STARTERS)
12	Number of clients who were admitted to bed-based reablement and have returned home.
13	Number of homecare starts. (65+)
14	Average hours of home care per service user per week. (Please note from 2020/21 this figure excludes Short Breaks and Extra Care)
15	Telequip Starters
16	Telequip Leavers
17	Number of referrals to CRT (65+)



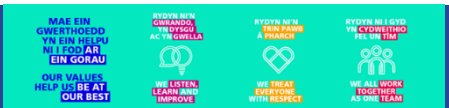
<b>5.5 Maesteg Community Hospital Development</b>	<b>03 July 2025</b>	<b>Strategic Development Committee</b>	<b>An update on the delivery of a health and wellbeing centre for the Llynfi Valley</b>
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**Report Details:**

FOI Status:	Public
If closed please indicate reason:	N/A
Prepared By:	Dale Stolzenberg, Assistant Director of Transformation
Presented By:	Dale Stolzenberg, Assistant Director of Transformation
Approving Executive Sponsor:	Claire Thompson, Executive Director of Strategy & Transformation
Report Purpose	For Noting
Engagement undertaken to date:	Ongoing activity

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	N/A
Related Health and Care Standard	N/A
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No. To be conducted as part of SOC/OBC progress
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. Detail to be provided at a later stage
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health



Helpwch ni i lywio dyfodol iechyd a gofal ym Maesteg  
Help us shape the future of health and care in Maesteg



#DyfodolLachMaesteg  
#HealthyFuturesMaesteg

# An Update on the Delivery of a Health & Wellbeing Centre for the Llynfi Valley

*3 July 2025*



#HealthyFuturesMaesteg



### Current challenges to improving health in the Llynfi Valley:

- Access to information on services available across all providers
- Access to groups and advice to help avoid social isolation
- Long-waiting lists for health services
- Availability and cost of transport to and from Princess of Wales Hospital, Bridgend
- Parking at Princess of Wales Hospital, Bridgend
- Lack of transport to Maesteg Community Hospital
- Parking at Maesteg Community Hospital
- Difficulties in accessing timely GP appointments
- Lack of community transport in the Llynfi Valley
- Poor housing in the community
- Lack of local employment

### Returning beds to Maesteg Community Hospital:

- Opportunity for a new-bed facility on the site for EMI nursing, step up/step down, reablement, respite, rehab and palliative care
- Long-term care for dementia patients

### Create a community space:

- Community Café on-site for all to use, including a space for peer groups to meet (dementia café, neurocafe etc.)

### Improving use of local assets:

- Improve the use of Maesteg Welfare Park for health and wider services
- Funding junior park run
- Outdoor yoga, Pilates and mindfulness classes

### Embedded multi-disciplinary teams at Maesteg Community Hospital:

- Increasing local authority services at the Hospital, including co-location of the Bridgend North Integrated Network
- Drug and Alcohol Services
- Mental Health Teams
- Third Sector involvement, such as Age Connect Morgannwg
- Services to improve healthier eating and nutrition, including cooking classes
- Utilise local Employability Scheme
- Citizens Advice and other advice charities

### Redevelopment of Maesteg Community Hospital:

- Modernise but be sensitive to the original features, such as the external façade, tiles in reception and external clock
- Improve wheelchair access
- Create a main entrance and reception
- Change the name of the Hospital, but will always be known locally as the 'Hospital'

### Improving wider Llynfi Valley health and care Services:

- Information Hub for local health and wellbeing services with a town centre location
- Better offer to help prevent illnesses
- Improved access to Dementia Groups etc.
- Better coordination of health and care services locally
- Broaden access to men's groups, such as Men's Sheds, to improve men's health and reduce isolation
- More 'Be Happy' activities – dance classes etc.
- Warm Hubs

### Future services at Maesteg Community Hospital (building upon current services) to create a Hub and Spoke Model:

- Minor Injury and Illness Unit with improved X-Ray services
- Urgent Primary Care Services
- Children and Families Centre
- Women's Health Hub
- Anti-Natal and Post-Natal Clinics
- Sexual Health Clinic
- Weight Management Services
- Day Centre / Hospital
- Physiotherapy
- Phlebotomy Services
- Increased outpatient clinics
- Remote / Virtual Appointments (preventing need to travel)
- Improved local diagnostic services
- Mobile Testing: CT and MRI Scanning
- Additional Mental Health Services
- Broader range of clinics for diabetes etc.
- Preventative Services, such as frailty / fall clinics
- Better use of technology to support patients in the community
- Better local support for those with Learning Difficulties
- Community Dental Services
- Services addressing chronic diseases

### Decarbonising Maesteg Community Hospital:

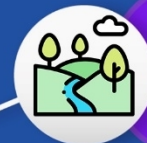
- Solar panels
- Solar cladding
- Ground Source Heat Pumps
- EV Chargers
- Community garden



# Top 5 health and care priorities for the Llynfi Valley



Develop an excellent healthcare facility



Use green technologies in local healthcare facilities



Improve wider Llynfi Valley healthcare services



Make better use of community spaces and buildings



Tackle wider community challenges, including poor transport links



# Planned Services

Based on the latest information, the Centre is planned to be approximately 2,700-3,000M<sup>2</sup>

Services included within the proposed Llynfi Valley Health and Wellbeing Centre designed to meet current and future need:

- provision of primary care
- Urgent Care Centre for minor injuries and illnesses
- a strengthened Outpatient Department with a wider range of specialties
- integrated health and local authority teams and a range of third sector services
  - *including those delivered by Bridgend College, Citizens Advice, Awen Trust and Mental Health Matters Wales*



# Return of Llynfi Ward?

We will not be returning in-patient beds to Maesteg due to:

- Shift in Welsh Government direction to provide more care at home, rather than in hospital care for rehabilitation and reablement patients:
  - In-community care is often the safest and most effective health service provision for older people, and includes rapid discharge and safe alternatives to hospital admission, such as 'Hospital at Home'
  - This essentially takes the hospital to the patient through a multidisciplinary team, including doctors, nurses, a physiotherapist and occupational therapist and other professionals
- Very high costs of building a new ward and providing the significant space needed to deliver necessary supporting services, such as therapies spaces and catering requirements [requires 1,500M<sup>2</sup> – equivalent to 2 GP Practices and an Urgent Care Centre]



# Costs of Redeveloping Existing Hospital

Option Title	Out-turn Cost
Redevelopment of existing 3,100 square metres (no new services)	£44m
<b>Maesteg Health and Wellbeing Centre with Urgent Care (Preferred Option)</b>	<b>£48m</b>
Maesteg Health and Wellbeing Centre with Rehab/Re-ablement	£75.271m
Maesteg Health and Wellbeing Centre with Rehab/Re-ablement and Urgent Care	£81.348m

Overall development of existing site costs 60% more than available budget (£30M)



# Site-Specific Challenges

Kier have identified **multi-million pounds worth of site-specific capital cost challenges** at Maesteg Community Hospital, which creates additional overall costs, including:

- Constrained site boundaries
- retaining and repairing the building façade
- dealing with asbestos
- the necessary demolition of certain parts of the site
- costs in hosting existing on-site services, such as Bron-Y-Garn Surgery, at other locations
- addressing car parking challenges (and existing covenant on green space next to the Hospital)



# Considered Options at Existing Site

Reviewed range of alternative options to redevelop existing site

These include:

- Less new build, more refurb
- Phasing build (do minimum and more development when more funding available)
- Build to available budget without impacting services
- Modular development

All these options remain significantly above budget or negatively impact on services



# Potential New Site

- As required by the business case process, CTM UHB and BCBC have identified an alternative site for consideration near Ewenny Road, which is close to Maesteg Town Centre
- Kier Construction have actively considered the viability of the potential new site, which has strong public transport links, to see whether we can deliver almost everything identified by the community for the expected available budget in a purpose-built, modern facility
- More RIBA Stage 1 work required over Summer and early Autumn 2025, but initial feedback suggests it is worthwhile continuing to assess the Ewenny Road site
  - *as well as looking again at the Maesteg Hospital site with any new cost-saving opportunities identified that could be applicable to the existing site*
- Extensive internal and stakeholder engagement held in early May 2025 informing everyone of the potential move to a new site, with further extensive engagement planned through this Summer



# Plan for Existing Site

- If the potential new site is viable and within budget, we will actively engage partners, including Bridgend County Borough Council, Awen Trust and local Llynfi Valley groups regarding the future of the existing site
- We do not underestimate the high-regard in which Maesteg Community Hospital and its founders are held by the community and whatever the decision, we will work with partners to preserve the history of this important building, including the recognisable façade
- For example, we are in discussions with Bridgend County Borough Council about a potential Article 4 Direction that could restrict permitted development rights at Maesteg Hospital to protect the special character of the site, which would help preserve the hospital façade
- However, we must also look to the future to deliver the modern, integrated services the community needs today and for the decades ahead
- We do not want the important heritage of the building to be a barrier to the provision of better, safer and more accessible health care services that the people of the Llynfi Valley want and deserve



# Timeline & Next Steps

- In summary, a redevelopment of Maesteg Community Hospital is likely not affordable, and we do not wish to miss out on tens of millions of pounds of investment in the health and wellbeing of the Llynfi Valley
- Initial feedback from Kier Construction suggests it is worthwhile continuing to assess the Ewenny Road site
  - *as well as looking again at the Maesteg Hospital site with any new cost-saving opportunities identified that could be applicable to the existing site*
- Further internal and stakeholder engagement activity planned over the Summer and early Autumn 2025 to consider feedback around a potential move to a new site
- Aim is to complete initial business cases for submission by end of March 2026
- We must stress that no decision has been taken, but we wanted to be open about the current situation so there are no surprises for our staff and communities



**Recommendation:**

**For noting only**

**The Committee are asked to:**

*Note the latest update regarding the ongoing assessment of options to deliver a health and wellbeing centre in the Llynfi Valley*



**Agenda Item**

6.1

**Strategic Development Committee**

**Regional Partnership Board (RPB) Update 2024/25**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Sarah Mills, Head of Regional Commissioning Unit
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sarah Mills, Head of Regional Commissioning Unit
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
RPB	Regional Partnership Board
RIF	Regional Integration Fund
SSWA	Social services and Well-being Act 2014
HCF	Housing with Care Capital Funding
IRCF	Integration and Re-balancing Care
DFG	Disability Facilities Grant



## 1. Situation / Background

- 1.1 Across Wales Regional Partnership Boards were established under Part 9 of the Social Services and Wellbeing Act (2014) requiring local authorities and health boards to secure a strategic planning partnership to support the integration of services for a range of priorities groups.
- 1.2 The Board brings together partners from health, social care, education, housing, third sector and the private sector as well as carers and citizen representatives.
- 1.3 These partners work together strategically to develop approaches that will create better health, social care and wellbeing services with a clear focus on co-production and engagement to influence strategic plans and population assessment of need.
- 1.4 The information noted below provides a summary of the capital and revenue programme delivered under the RPB for 2024/25.

## 2. Specific Matters for Consideration

- 2.1 This report provides an overview of the Regional Integration Fund (RIF) end-of-year financial and performance position for 2024/25 and partnership capital programmes.
- 2.2 Cwm Taf Morgannwg receives an annual Regional Integration Fund (RIF) allocation of **£22,292,742**. This allocation has remained static since the fund's inception in 2022/23, with no subsequent uplifts. The budget supports a wide range of ongoing and new initiatives focused on driving integration and delivering sustainable improvements in health and social care across the region.
- 2.3 The full annual allocation was utilised, with any underspends redirected towards existing projects at year-end, including a blanket 5% increase for all third-sector providers.
- 2.4 RIF is currently funding more than 50 individual projects across the region from a variety of partners including the health board, x3 local authorities and the third sector. These projects are grouped into 13 overarching programme reports, categorised by thematic areas. Each programme profile delivers a concise summary of delivery progress, activities undertaken, resulting outcomes and recommendations for future funding decisions and programme direction. This new reporting process ensures a clear and organised presentation of regional initiatives.
- 2.5 RIF supports the development of 6 models of care;
  - Community based care – prevention and community coordination.
  - Community based care – complex care closer to home.



- Promoting good emotional health and well-being.
- Supporting families to stay together safely, and therapeutic support for care experienced children.
- Home from hospital services.
- Accommodation based solutions

2.6 There is a national reporting framework for RIF. Summary of the key measures for 2024/25 is shown below.

<b>National Measures</b>	
Number of individuals accessing projects	<b>23,077</b>
No of people receiving Early Help Support	<b>7,070</b>
No of People receiving IAA	<b>5,530</b>
No of people receiving Specialist Intervention	<b>5,378</b>
No of people receiving Intensive Support	<b>5,082</b>
<b>Performance Measures</b>	
Number of Conveyances to Hospital avoided	<b>13,720</b>
Number of people supported to move back home, with support if required (within 48hrs of being declared fit)	<b>2,528</b>
Number of people supported to live independently (in their own homes)	<b>5,767</b>
Number of admissions (to hospital) avoided (via Front Door Service)	<b>1,116</b>

2.7 Within CTM we have developed and utilised a four-page profile template that captures and presents key information at a programme level, ensuring that essential details are communicated concisely and clearly.

2.8 These profile reports amalgamate all of our individual projects into 12 programme-level summaries. Each summary focuses on the following key areas:

- **Expenditure:** Financial overview for each programme.
- **Outputs:** Quantitative measures of the programme's activities and achievements.
- **Outcomes:** The statistical results and impact of the programme's activities.



- **Qualitative impact:** Narrative descriptions highlighting the 'story of change' effects of the programme.
- **Recommendations:** Suggested actions and improvements based on the programme's performance.

2.8 The profiles are designed to streamline reporting, making it easier for partners to review and understand the key aspects of each programme. This approach enhances the clarity and utility of the information available.

2.9 The table below lists the programme level profiles and the individual projects that have contributed to their development. Some programme numbers are missing due to projects ending or being merged into other programmes. Copies of the 2-page profiles have been embedded under each of the programmes listed in the table.

Programme	Projects
PR001 - Supporting families to stay together *	Supporting change and systemic practice
	Choice Project
	MAGU project
	BRI Baby in mind
	Parent Infant Relationship
PR002 - Promoting good emotional health and wellbeing *	Emotional wellbeing resilience support
	Children's integrated pathway
	MAPPS
	Emotional wellbeing preventive therapeutic support
PR005 - Community support *	Community connectors (Bridgend)
	Community development hubs (RCT))
	Community connectors (RCT)
	Community connectors (MT)
PR006 – Dementia Action Plan *	Dementia Community Capacity Grant
	Specialist Dementia Intervention Team
	Occupational Therapy Memory Assessment
	Dementia Integrated Day Service
	Dementia Link Service
	Wellbeing Service - Contribution to Dementia Link Svc
	Dementia Connector
	MAS Nurse practitioner pilot
	Dementia Hwb Bridgend
	Dementia Services & Pathway Review
	SALT Dementia Support
	Feet First

	Community Dementia Prevention Programme
PR007 – Home adaptations and aids *	Care and Repair - Rapid Response Team
	Care and Repair - Dementia First Casework
	Health Casework Officers (Cwm Taf Care & Repair)
PR008 – Hospital discharge *	Community Services Partnership
	Hospital Discharge Workers Patient Flow
	Hospital Discharge Team
	Trusted Assessors
PR010 – Regional reablement *	Reablement programme – MT
	Reablement programme – RCT
	Reablement programme – UHB
PR012 – Stay well at home *	SW@H - Hospital Based Teams
	SW@H - Support at Home Service
	SW@H - Health at Home (CTUHB element)
	SW@H - Supporting Medication at Home
PR014 – Unpaid carers *	Carers Centre - Integrated Support
	Connecting Carers - CWMPAS
	Merthyr CAB - Unpaid Carers Hospital Discharge
	Marie Curie - Unpaid Carers Hospital Discharge
	Carers Coordinator - Unpaid Carers Hospital Discharge
PR016 – Assistive technology *	Assistive technology
PR017 – Stay well in your community (x3) *	Care Health & Wellbeing Team
	Ambition 1
	Ambition 2
	Wellbeing Coordinators

\*All documents are available in the 'supporting documents' folder provided on Admincontrol\*

2.10 A summary of capital investment overseen by the RPB is provided below.

2.11 Introduced in April 2022, the new Housing with Care Capital Funding (HCF) and Integration and Re-balancing Care Funding (IRCF), are seen by Welsh Government as enablers to support the development of regional Capital pipeline programmes for investment.



2.12 The Housing with Care (HCF) programme has very specific criteria for large scale Objective 1 and 2 schemes that focus on accommodation where tenancies exist, e.g. for older people and people with learning difficulties (Obj 1), along with residential homes type facilities for children with complex needs, plus other similar schemes (Obj 2).

2.13 In addition to this there is a minor projects Objective 3 programme, that can support small capital works, adaptations and assistive technology that cost up to £100,000 per scheme.

2.14 Below is the end of the year FY 24/25 budget position.

HCF Capital Objective	HCF Fund Commitments
Objective 1 & 2 large scale scheme Commitments	<b>£7,422,124.28</b>
Object 3 Minor Projects	<b>£867,950.97 + £300,000</b> (additional DFG)
Separate DFG Allocation	<b>£436,450</b>
<b>Total HCF Commitments</b>	<b>£9,026,525.25</b>
<b>Slippage</b>	<b>£2,475.25</b>

2.15 Priorities 2024/2025 include taking forward the regional 10-year Capital Strategy for Cwm Taf Morgannwg and Integrated Health and Social Care Hubs Strategy 2024-29.

2.16 Since 2022/23 the capital programme enabled the creation of **101** new beds developed:

- 60 beds at Extra Care Scheme at Pontypridd
- 5 Hospital Discharge Scheme & Step-down accommodation.
- 26 beds developed for children’s residential care homes.
- 10 beds for Care leavers/care experienced children and young people aged 16+ yrs.

2.17 The Integration and Re-balancing Care (IRCF) programme focusses on Welsh Government’s ambitions to develop 50 integrated health and social care hubs across Wales and to support the move towards not-for-profit models of accommodation, re-balancing of the residential care home sector and children’s residential homes. This programme requires large scale capital projects to submit business cases to Welsh Government through a bidding process.



- 2.18 The region has secured three significant investment programmes under IRCF;
- Re-development of Maesteg Community Hospital into an integrated Health and Wellbeing Hub with £1M funding awarded to support the development of a Strategic Outline Business Case and joint Outline Business Case. Scheme initially identified as requiring circa £15M to re-develop the former Maesteg Hospital, but following appointment of specialist Supply Chain Partners, the scheme costs have increased to £48M against an anticipated budget of £30M (due to a number of factors, including site constraints, façade retention etc.). Options under review with Supply Chain Partners and wider stakeholders to determine how to best deliver requirement within anticipated funding envelope.
  - Sunnyside Health and Wellbeing Centre (Bridgend) awarded £17.1M
  - Bronllwyn Care Home – funding now agreed by Minister for £7.6M to re-develop former Bronllwyn Care Home as specialist care accommodation for adults in older age with learning disability.

### 3. Key Risks / Matters for Escalation

- 3.1 The Regional Integration Fund (RIF) is halfway through the 5-year funding cycle. Discussions are being had at Welsh Government level to help shape future programme beyond 2027.
- 3.2 Community pathways model will require reconfiguration of existing RIF portfolio. The risks will need to be managed as to implication for core budgets if there are any changes to the level of funding.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Ageing Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</b>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b>	Whole-systems Perspective



<i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Refine If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: No changes to programme delivered.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  No changes to programme delivered.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 That the Committee **NOTE** the work under the RPB for 2024/25.

## 6. Next Steps

6.1 Formal RPB annual report to be produced by 30<sup>th</sup> June 2025.



**Agenda Item**

6.2

**Strategic Development Committee**

**Creating Health Highlight Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Mike Dickie-Head of Change Hub/PMO Renee Moore- Project Manager Kate May- Assistant Director Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Creating Health Programme Board	25/06/2025	Approved

<b>Acronyms / Glossary of Terms</b>	
PHM	Population Health Management



## 1. Situation /Background

- 1.1 Creating Health one of the strategic pillars of the CTM 2030 strategy, focusing largely on prevention and population health with the following overarching aims;
- Increasing healthy life expectancy and reduce inequalities
  - Ensuring equal focus on mental and physical health
  - Building healthier communities
  - CTMUHB being a healthy organisation
- 1.2 The purpose of the Creating Health Programme is to provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation. The programme oversees the delivery of a number of defined workstreams (updates of which can be found in appendix 1) and provide specialist input into the programmes of contributing work delivered across the health board.
- 1.3 A delivery plan to support the work of the programme was developed through a series of engagement activities with stakeholders across the health board and approved by CTMUHB Board in January 2025. A suite of performance data to support this is under development.
- 1.4 The following objectives are included in the plan;
- Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
  - Become a population health organisation (modelling priority action areas on the [Ottawa Charter](#).)
  - Build Healthier Communities
  - Empower Systems leadership for Population Health Improvement
- 1.5 The purpose of this paper is to provide the SDC with a highlight report of the Creating Health Programme activities.

## 2. Specific Matters for Consideration

- 2.1 The Creating Health Delivery Plan was approved at CTMUHB board in January 2025.
- 2.2 Current highlights of the Creating Health programme can be found on the following page:



Programme Update

Title: Creating Health

Lead: Philip Daniels

Date: June 2025



**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES:** By bringing together Senior Leaders from across the different Care Groups, this group will work to cement CTMUHB as a Population Health organisation. We will centralise our understanding of the impact of different health issues upon our population and use this insight to drive forward the projects that are likely to have the biggest impact upon the strategic population health goals. This approach will help to optimise healthcare service contribution and influence those factors that that may act as barriers to progress

**OVERALL RAG**

STATUS UPDATE			KEY Sub Boards	Status Update	RAG
3 P's	<ul style="list-style-type: none"> <li>Over 5,700 patients were contacted between March and May 2025, with thousands signposted to services like GP pain reviews, mental health support, and lifestyle advice.</li> <li>Communication between the KITT and WISE teams has strengthened, leading to a notable increase in direct referrals and better patient support.</li> <li>A Band 5 nurse and a Band 4 GTAP have been deployed to help patients with long waits, focusing on rehabilitation and optimising care while waiting.</li> <li>The "Waiting Well" webpage launched in January 2025 has seen steady use, and demand for patient information booklets has exceeded expectations.</li> <li>The programme faces risks due to fixed-term funding ending in March 2026 and challenges in retaining staff, particularly within the KITT team</li> </ul>		AP & HPT	<ul style="list-style-type: none"> <li>Increased awareness of AF and its symptoms in the population.</li> <li>Improved identification of patients with persistent or paroxysmal AF</li> <li>Improved management of newly diagnosed AF patients</li> <li>Establish a VBHC Learning Collaborative for AF &amp; Hypertension</li> <li>Improved management of patients with existing HTN diagnosis. Improved detection + management of patients with undiagnosed HTN</li> </ul>	
			PHM	<ul style="list-style-type: none"> <li>Frailty identified as the strategic focus for PHM in 2025/26, with strong progress in South Cynon multimorbidity project.</li> <li>Data flows via SAIL continue but face limitations; SAIL development support ends October 2025.</li> <li>Information governance complexities are delaying projects and straining primary care capacity.</li> <li>National collaboration ongoing to define PHM frameworks and improve data infrastructure.</li> <li>Risks include lack of Wales-wide data architecture and potential disengagement if PHM needs aren't built into new service models.</li> </ul>	
Healthy Weight	<ul style="list-style-type: none"> <li>Demand for adult Level 3 weight management services far exceeds capacity (3,000+ waiting; 250 annual capacity); digital model and shared care pathways are being explored.</li> <li>Strategic risk from high obesity prevalence; a roadmap is being developed to coordinate efforts and raise awareness.</li> <li>CYP (Children and Young People) service faces budget and accommodation challenges; Pipyn programme shows strong uptake and ongoing evaluation.</li> <li>Whole System Approach progressing with regional food network and upcoming food environment event; Healthy Travel Charter adopted.</li> <li>Service evaluations underway; medication demand exceeds clinician capacity; financial analysis and future planning (e.g. L2 review, local food strategy) are in progress.</li> </ul>		Hep C	<ul style="list-style-type: none"> <li>HMP Parc achieved 94.9% Hep C testing uptake, surpassing WHO targets despite operational challenges. Delays in treatment start times identified; new pathways and pharmacy improvements underway.</li> <li>Probation testing found 8 active cases; some treated, others face barriers like no fixed address. Awareness boosted through peer programmes, poster campaigns, and World Hepatitis Day planning.</li> <li>Key risks include lack of dedicated funding and difficulty reaching high-risk groups for testing and treatment.</li> </ul>	
			Social Prescribin g	<ul style="list-style-type: none"> <li>Local monitoring is ongoing using baseline activity data, governance structures, and reporting processes while awaiting national performance measures from Welsh Government.</li> <li>No additional funding has been provided, raising concerns about sustaining SP Link Worker roles beyond March 2026.</li> <li>The SP Stakeholder group will now meet twice a year instead of quarterly, with the next meeting scheduled for August 2025.</li> <li>National work is progressing on a core data set and a competency framework to bring consistency to SP delivery across Wales.</li> <li>Local partnerships are aligning referral pathways, addressing GDPR requirements, and exploring tools like PREMS and PROMS to measure outcomes.</li> </ul>	
Reducing Smoking Prevalence	<ul style="list-style-type: none"> <li>CTM has the highest smoking rates in Wales, with current service capacity falling short of what's needed to meet the 2030 smoke-free target.</li> <li>5.9% of adult smokers in CTM made a quit attempt via NHS services in 2024/25, exceeding the 5% annual target.</li> <li>Efforts are underway to expand service reach through community presence, workplace engagement, and pilot sessions in Merthyr.</li> <li>Smoking cessation is being integrated into mental health, maternity, and hospital care pathways, with ongoing evaluation and improvements.</li> <li>Training for school nurses and youth workers is complete, vaping resources are being distributed, and a stakeholder event is being planned to support the 2030 goal.</li> </ul>		Behaviour al Science	<ul style="list-style-type: none"> <li>15 MECC-focused training sessions planned for Q1, with 192 individuals projected to complete training.</li> <li>Behavioural science support provided to 9 projects, exceeding the quarterly target of 6.</li> <li>New training packages in development, including a Communication Skills alternative to MECC Level 2.</li> <li>Interactive training resources and MECC Padlets updated to improve engagement and relevance.</li> <li>Case study repository planned for SharePoint launch by September; discussions ongoing with Comms team.</li> </ul>	



### 3. Key Risks / Matters for Escalation

- 3.1 The Committee are asked to note the highlight slide.
- 3.2 The availability of resources will limit the delivery of Creating Health activities across the health board and remains the most significant strategic risk for the programme.
- 3.3 Securing resources to deliver these prevention activities provides an opportunity to improve the health of the residents of CTM and longer term slow down the demand for acute services as a result.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	Starting, growing, living, aging, dying well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	Relates to all goals of the WBFGA
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:



<b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>		Not required- internal update
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required- internal update
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The SDC are asked to **NOTE** the highlights outlined in section 3 of this report.

## 6. Next Steps

6.1 Continued delivery of activities under creating health and ongoing reporting to SDC.



## Appendix 1 – Creating Health Workstream Updates



Project/Programme Update Title: Pro-Active Waiting: 3Ps Policy Implementation

Date: June 2025



### SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in in the number of people waiting for review and/or start of their treatment. Now an urgent need to deliver on the long term ambition to move away from passive term waiting list to a proactive preparation list that will provide effective and timely information and communication with patient regarding their care pathway, provide holistic, person-centred support to those waiting in terms of maximising their health and well-being, provide support for better self management whilst waiting, support people prepare for surgery.

### OVERALL RAG



### STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update
<b>Governance</b>	<ul style="list-style-type: none"> <li>On 28<sup>th</sup> January 2025 a Welsh Government site visit took place at PCH which overall was positive in terms of implementation of the 3Ps programme within CTM</li> <li>3Ps Delivery Plan for 2025/26 submitted to WG on 31<sup>st</sup> January 2025 – Project Plan, priorities, outlining areas for spend.</li> </ul>
<b>WG Reporting</b>	<ul style="list-style-type: none"> <li>New reporting template issued by Welsh Government from October 2024. The purpose of this pro forma is to provide a monthly report relating to the 3Ps Waiting Well single point of contact service activity, to capture high level data and outcomes (slide 2).</li> <li>This quantitative data monitor the progress of the service roll-out and inform the development of the patient level dataset</li> <li>Further work ongoing with DHSW to transfer from a manual to an automatic report.</li> </ul>
<b>Single Point of Contact (SPOC)</b>	<ul style="list-style-type: none"> <li>Training plan implemented for all staff in post which includes MECC level 2 training. National mop up SPOC training sessions scheduled in June 2025, CTM staff booked on</li> <li>Stage 1 patients being contacted as priority areas, reviewed and identified by RTT waiting times. (Dermatology &amp; ENT)</li> <li>Stage 4 patients - KITT support offer being explored with stage 4 patients across op teams</li> <li>Further develop communication and process between the e clinical escalation nurse and KITT required. Band 5 preassessment nurse contacting patient’s with “stopped clocks” on waiting lists to see how we can progress them through pathway/optimize while waiting. Spreadsheet kept of all patients contacted.</li> <li>Development of Waiting Well Landing Page – launched in January 2025. (See usage figures on separate slide)</li> <li>Additional Keeping Me Well booklets to be ordered due to high numbers of patients requesting them.</li> <li>CTM VBHC Team will provide - SPOC training for use of the PROMPTLY system and use of a team manual for implementation, collecting responses, analysing and reporting. Still awaiting WG roll-out considering the use of a local PREM.</li> </ul>
<b>Update from Workstreams</b>	<ul style="list-style-type: none"> <li><b>Partnership Working</b> - Referral pathway developed and implemented to facilitate supported access and information on local community services and activities</li> <li><b>Communication</b> – Comms &amp; Engagement plan developed. Improved communication between KITT and WISE with an increase in referrals to WISE direct from KITT</li> <li><b>Pre-habilitation</b> - Band 4 GTAP (Generic Therapies Assistant Practitioner) now in post to enabling prehabilitation service to open out to high risk non-cancer colorectal patients; referral rates are low. Service going through change in structure due to staffing changes however this remains a priority.</li> <li><b>Pre-assessment</b> – Deployed B5 nurse funded by 3Ps contacting patients with ‘stopped clocks’ on waiting lists to see how they can be optimised / progressed through pathway whilst waiting.</li> <li><b>Benefits realisation</b> 2 workshops undertaken January and April 2025; relevant benefit measures matrix agreed with aim to develop a data dashboard.</li> <li><b>Webpage:</b> Keeping Me Well website still being considered by Therapies.</li> <li>Further work required to improve the amount of patients taking up the offer of signposting.</li> </ul>

### KEY METRICS:

- SPOC Aggregate report
- PROMS / PREMS when in place
- Data dashboard / Benefit realisation under development

### RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Fixed Term Funding	WG funding ceased March 2026 HB to consider future funding of service	Red
Access to funding	Recruitment and spend within timescales – this is fixed term 2 year funding 2025/26. Continuation of funding after 2025/26 will have a sustainability impact on continuation of the service.	Red
Retention of staff (KITT TEAM)	External candidates to the NHS, impact on training and induction, high turnover of staff due to the fixed term nature of the funding.	Red

**ESCALATIONS/ DECISIONS TO BOARD: None at present**



**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

Healthy weight long-term strategic challenge for health board. Road map in development

Capacity issues across all pillars (Whole Systems Approach, Healthy weight organisation, Weight management). 25/26 funding for CYP weight management and Pipyn expected as part of IMTP.

Future priorities include regional governance and action plan for WSA, adult L3 refresh, L2 review, CYP service implementation, ?bump start review? local food strategy

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
Whole System Approach	First regional food network meeting established under PSB Regional food environment event September 2025	Green
Healthy weight Org	Bid for evidence review on workplace wellbeing interventions submitted Business case for commissioning of CTMUHB food strategy in development Healthy travel charter adopted by Board	Green
Adult Level 2	Sufficient capacity to meet demand for this service. Review to be undertaken 25/26	Green
Adult Level 3	>3000 waiting for L3 service, Capacity is 250 annually. Self-referral model developed Semaglutide being prescribed for the highest clinical risk patients, medication budget insufficient, awaiting decision re: budget for increased capacity. Work planned to test waiting list interventions. Considering commissioning digital model using underspend.	Orange
CYP/PIPYN	<b>CYP</b> – business case close to final approvals, risk of budget being cut below minimum viable product. Staged implementation plan. Accommodation not yet identified <b>Pipyn</b> <ul style="list-style-type: none"> <li>Merthyr funding confirmed until end 25/26</li> <li>Rhondda and Taff Ely programmes running with 82% uptake of places</li> <li>Systems component developing with v. well attended workshops</li> <li>CEDAR evaluation of Merthyr PIPYN ongoing</li> </ul>	Orange
Early Years	<ul style="list-style-type: none"> <li>Bump Start evaluation commenced</li> <li>Developing/linking in to programmes of work across Midwifery, HV, SN</li> <li>Developing whole school approach to healthy weight component of healthy schools programme</li> </ul>	Orange
Wider work	<ul style="list-style-type: none"> <li>Financial analysis of healthy weight impact on CTMUHB interim report received.</li> </ul>	Green

**KEY METRICS:**

- Wt Mgmt Minimum data set to be collected and reported to WG
- Service Evaluation for Pipyn and Adult service underway
- RTT – Demand exceeding capacity

**RISKS/ ISSUES:**

*Use corporate RAG rating for risks*

Risks/Issues	Description & Mitigation	RAG
Strategic risk	High obesity prevalence having current and future impact on health board activity and expenditure. Current strategies likely at insufficient scale to stem rising rates of obesity. Road map to healthy weight being developed to bring structure, co-ordination and raise awareness of current challenges. Risk being developed for corporate risk register.	Red
L3 capacity issues Waiting list and complaints increasing	Risk reduced to 12 from 20 (risk ID 5462) as per instruction of care group director. Service capacity increased to 250/year (from 100). Chairs objective to increase capacity by 10%. = 275 Referral rate >100/month. Demand for medication more than clinician capacity. The pathway being developed for a shared care model following bariatric surgery between L4/L3 services will impact on capacity and training/skills needed by L2/L3 service staff.	Red
Accommodation	Lack of suitable accommodation for adult and prospective CYP service.	Orange
CYP service	Risk of budget to service being cut below minimum viable product. Lack of service currently sits under risk ID RISK ID: 5579	Orange



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



Cysylltu.  
Trawsnewid.  
Meithrin.

Connect.  
Transform.  
Motivate.

## Programme: Reducing smoking prevalence

Date: June 2025

### AIM

Achieve an annual reduction in adult smoking prevalence, towards 5% by 2030

### OVERALL RAG



### STATUS UPDATE, ACTIONS TAKEN:

Workstream	Status Update	RAG
Build capacity, quality & awareness of smoking cessation delivery across CTM	<ul style="list-style-type: none"> <li>Achieved 5% treated smokers target – 5.9% (2024/25)</li> <li>Regular timetable of presence at specific community venues to build up recognition of the service. Pilot f2f sessions in Merthyr Community Hub from September. HMQ attendance at groups &amp; events</li> <li>List of potential workplaces to approach being collated</li> <li>Comms plan developed</li> <li>Scoping organisations to link with to gather insight on why some smokers are not using HMQ.</li> </ul>	Green
Support Mental Health Division to integrate smoking cessation into care pathways	<ul style="list-style-type: none"> <li>Links currently being explored</li> </ul>	Green
Implement maternity smoking pathway & quality HMQ for Baby service	<ul style="list-style-type: none"> <li>Service delivery, monitoring of data and service improvements ongoing</li> <li>Enabling NRT prescribing in antenatal clinic – awaiting sign off of 'homely remedies' policy</li> <li>Planning for project to increase referrals from maternity wards</li> </ul>	Green
Evaluation and continuous improvement of HMQ in Hospital model	<ul style="list-style-type: none"> <li>HMQ embedded in script, leaflets &amp; training for 3Ps team</li> <li>Mapping of pre-op / pre-admission pathways underway</li> <li>Think Quit - Supporting test of intervention – feedback loop</li> </ul>	Green
Develop Health Board tobacco plan for achieving smoke-free by 2030	<ul style="list-style-type: none"> <li>Planning underway</li> </ul>	Green
Prevent children & young people from taking up smoking and vaping	<ul style="list-style-type: none"> <li>Evaluation of training to School Nurses &amp; Youth Workers complete</li> <li>Dissemination of vaping resources to schools &amp; youth settings underway</li> </ul>	Green
Develop wider partner support for achieving smoke-free by 2030 ambition	<ul style="list-style-type: none"> <li>Planning for stakeholder event underway</li> </ul>	Green

### KEY METRICS:

	Target	Current period	Previous period
Adult smoking prevalence in CTM (%)	5% by 2030	14% (2022/23)	15.6% (2021/22)
Adult smokers who make a quit attempt via NHS stop smoking services in CTM (%)*	5% annually	5.9% (2024/25)	5.65% (2023/24)
Adult smokers who are CO validated as quit at 4 weeks*	40% annually	9.6% CO validated 50% CO & self-report combined (2024/25)	50% self-reported (2023/24)

\*NHS Wales Performance measures 2025/26

### ISSUES AND RISKS:

Issues	Description	Mitigation	RAG
Capacity to deliver smoking cessation services doesn't match anticipated need	<p>Smoking prevalence in CTM is highest in Wales. 4% of hospital admissions and 11.2% of all deaths in the CTM area were due to smoking (aged over 35, 2020-22).</p> <p>Modelling indicates there is currently not enough service capacity to fully implement the HMQ Hospital model, or achieve the reduction in smoking prevalence to 5% by 2030.</p>	<p>Work to maximise capacity &amp; quality in all existing services</p> <p>Scope alternative delivery methods / partners to increase capacity</p> <p>Develop case for further investment</p>	Yellow



**SUMMARY STATEMENT** –To reduce the burden and mortality related to stroke in our population through minimising modifiable risk factors for people with AF and Hypertension. Collaborative bid with Hywel Dda and Swansea Bay.

**CURRENT POSITION** – Service set up and working as a Primary Care initiative, to actively case find in community hubs and established third sector groups to detect unknown Atrial Fibrillation and Hypertension. And raise awareness through education provided in group and 1-1 settings.

**FUTURE PRIORITIES** – To further embed the service out in the community. Create robust pathways with early detection and prevention at the forefront.

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
1	Increased awareness of AF and its symptoms in the population.	Green
2	Improved identification of patients with persistent or paroxysmal AF	Green
3	Improved management of newly diagnosed AF patients	Amber
4	Establish a VBHC Learning Collaborative for AF & Hypertension	Amber
5	Improved management of patients with existing HTN diagnosis	Amber
6	Improved detection + management of patients with undiagnosed HTN	Amber

**KEY METRICS:**

Total Screened	-15,014
Total Educated	-7,553
Total AF Detected	-75
Total Htn Detected	-841
Total Medication Initiated	-306
Total Medically Optimised	-111
Total received 1-1 Clinical Intervention	-1,195
Total Referred to GP/A&E	-155
Total Referred to Lifestyle Advice	-1095
Strokes Avoided	-TBD

**ESCALATIONS/ DECISIONS TO BOARD:**

Risks/Issues	Description & Mitigation	RAG
WISE Service Review/OCP being undertaken	Primary Care SMT have Appointed a working group to undertake options appraisal - Ongoing	Green
Staff	New PM required and designated CD	Amber
Stop a stroke module for Audit Plus still under development with DHCW – initial timescale provided as January 2024.	PHW & KP waiting on update regarding dashboard from DHCW. Further Update- Audit plus will no longer be accessible once GMS and PC move over to EMIS. No update on replacement option yet.	Red

Use corporate RAG rating for risks





Programme: Utilise Population Health Management data/ principles across Health Board

June 2025

**AIM**

Improves population health by data-driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population. 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 and proportionate universalism to reduce health inequalities.

**OVERALL RAG**



**STATUS UPDATE, ACTIONS TAKEN:**

Workstream	Status Update	RAG
Intelligence	<ul style="list-style-type: none"> <li>Infrastructure                             <ul style="list-style-type: none"> <li>Data continues to flow into GP practices via SAIL as the most viable option, albeit with notable limitations. Point of note – SAIL cannot guarantee developmental capacity from Oct 25, limiting improvement opportunities</li> <li>Cambridge multimorbidity score implemented and in validation/testing phase</li> <li>Early scoping of direct data flows from the managed GP practice for PHM</li> </ul> </li> </ul>	Green
Implementation	<ul style="list-style-type: none"> <li>PHM strategic plan to focus on frailty – to work closely with primary and community team and colleagues as well as urgent care pathway work.</li> <li>Very good progress on current delivery of South Cynon multimorbidity project</li> <li>IG discussions towards three further project proposals ongoing – causing delays to delivery. One project ready to go but DHCW now decline final review.</li> <li>Population Health pathway development continued as part of ICCS programme</li> </ul>	Orange
Innovation	<ul style="list-style-type: none"> <li>PHM steering group met Feb 2025 and agreed 2025/6 strategic focus to be frailty</li> <li>Collaboration with other health boards continuing. ABUHB are progressing with IG paperwork for direct data transfer from GP systems to HB for managed practices. BCUHB have progressed a business case for a funded PHM resource.</li> <li>CTMUHB response to letter from Chris Brown highlighted considerations on 'segmentation tool' request of NHS Exec. Meetings held with NHS Exec and WG to clarify expectation and input learning from CTM experience.</li> <li>National PHM subgroup re-established to drive nationally agreed definitions and frameworks</li> </ul>	Green

**KEY METRICS:**

Not applicable at this stage

**ISSUES AND RISKS:**

Risks/Issues	Description & Mitigation	RAG
Infrastructure	Lack of current Wales-wide data architecture solution, local solutions with limitations, including current lack of data flows into secondary care;	Orange
Risk to data flows due to end of support for Audit+ and INPS (Vision) software support	Data processing in SAIL reliant on primary care data flows, and may disrupt quarterly data flows until DHCW national solution in place. Use of older GP data some mitigation initially.	Red
Information governance and clinical governance issues for specific implementation projects	Current lack of Wales-wide data architecture solutions has necessitated a local approach surrounded by tight IG restrictions. Satisfying complex information and clinical governance requirements has been extremely resource intensive for HB and primary care staff and has caused project delays and increased capacity burden in primary care leading to risk of disengagement. Potentially mitigated by exploration of service-level IG agreements	Orange
New services developed and implemented without addressing PHM requirements	Should new services (frailty is the focus but risk not limited to frailty) be developed in and around primary care in 2025/6, consideration as to requirements for PHM ought to be given. If not, there is risk that contractual arrangements will not provide for necessary IG and clinical governance to fully enable and adopt a PHM approach (and would still necessitate project-level DPIAs). Mitigate by early discussion and identification of needs.	Orange
SAIL unable to commit to development resource after Oct 2025	Due to resource issues, SAIL cannot include staff time for development over and above basic data flows. This will impact on our ability to develop the data and models. Mitigation options: apply again to SAIL closer to October and/or scope out delivery of development function within the HB – new vs existing health intelligence resource?	Orange

**ESCALATIONS/ DECISIONS TO BOARD:**

PHM approaches in frailty are dependent on information and clinical governance agreements in place. It is recommended that service design as part of new frailty model and enhanced community teams in primary care give early consideration to a PHM enabling approach as part of the discussion, taking into consideration feedback received to date.



**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy. Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service.

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	
Governance	<ul style="list-style-type: none"> <li>Executive Lead, Clinical Lead and Project Manager in place. Multi-agency / professional steering group established and meetings held monthly supported by Adulthood Strategy group planning team.</li> <li>A new 3 year delivery plan for 2024/25 was submitted by 30<sup>th</sup> May 2024. A project management approach has been implemented to ensure delivery and monitoring of the plan.</li> </ul>	Green
Testing - Probation	<ul style="list-style-type: none"> <li>Developed good partnership working with probation service and a successful business case for Health Protection funding to complete mass testing within probation services across our health board areas.</li> <li>28k allocation from Health Protection underspend, HiTTs undertaken in Merthyr and Pontypridd PDU's, testing in Bridgend still ongoing. 1 more round of testing planned at each site by end of July 2025. To date 8 active Hep C infections found. 2 patients recalled to prison and treated, a further 6 patients have not received treatment due to DNA and No fixed abode. Patients referred into Hepatology MDT where contact can be made with GP etc. Formal evaluation planned following completion of the programme.</li> </ul>	Green
Testing	<ul style="list-style-type: none"> <li>Maternity Workstream – 2 meetings held to date, aim is to determine a process of testing for high risk patients and a pathway for mother and child with positive results. Initial focus on determining a baseline position - what information is already available and commence work on developing a pathway</li> <li>Re-engagement programme completed across CTM. 287 names identified across 3 sites. Health protection slippage funds supported overtime for BBV Nurse / admin to progress phase 2.</li> <li>Task and Finish Group to specifically focus on increasing the uptake of Hep B vaccines set up in particular for prison staff, prisoners and for third sector staff.</li> <li>The Hepatitis B vaccination uptake rate in children reaching their first birthday in 23/24 has been consistently above 95% and CTMUHB consistently has the highest vaccination rates across Wales each quarter. However, Hepatitis B vaccination uptake in at risk populations still need improvement.</li> <li>Testing ongoing in substance misuse services, partners working to improve testing rates, data collection and processes and pathways for testing. Data presented does show an increase in testing during 2024/2025 across services. Work is still ongoing to ensure data completeness.</li> <li>World Liver Day 19<sup>th</sup> April 2025 Alcohol Care team who work closely with Hep Nurses have been promoted liver disease information more generally but also about the risks of hepatitis</li> <li>Comms plan focussing on activities for World Hepatitis Day July 2025 being developed</li> </ul>	Yellow
Treatment	<ul style="list-style-type: none"> <li>Mapping undertaken on time from diagnosis to start of treatment (HMP Parc and DGHS) which highlighted unacceptable delays - Task &amp; Finish groups meetings ongoing focussing on improvements in pharmacy, development of new pathway prioritising the prison and POW site which have the longest waits for treatment.</li> <li>Target for CTM is 135 people to receive treatment per annum – 47 hep C patient treated across CTM during 24/25.</li> </ul>	Green
Data Improvement	<ul style="list-style-type: none"> <li>Deep dive into prison population data is ongoing and will inform the wider programme of work such as treatment times, pharmacy processes and decisions around holding stock and the need for continued testing in probation</li> </ul>	Yellow

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	
KPI Substance	If KPI for SM are not achieved then there will be a lack of testing in this high risk group resulting in elevated levels of undetected Hep C Cases	Red
Treatment time pathway	Failure to improve treatment times then there is an increased risk of patient non-compliance and delayed patient treatment resulting in continued infection	Red
No funding stream for elimination strategy	Focus for implementation has been on doing more within existing resources.	Red

**KEY METRICS**

WHO progress to elimination targets:

**ESCALATIONS/ DECISIONS TO BOARD:**

None at present

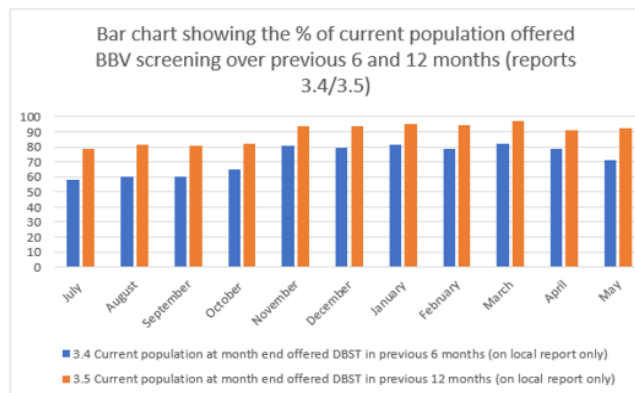
Use corporate RAG rating for risks



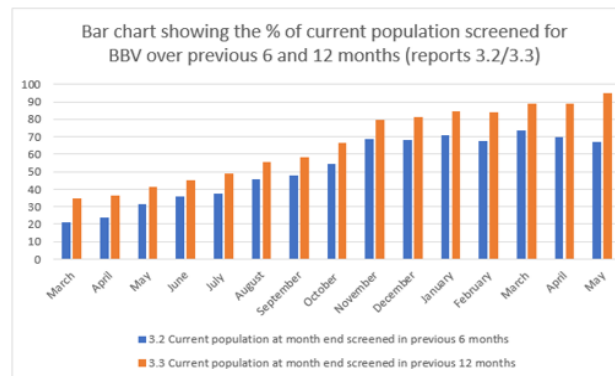
STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Working with Parc Prison	<ul style="list-style-type: none"> <li>The rate of Hep C testing has increased significantly in HMP Parc from 34% in March 2024 to 94.9% at the end of May 2025, with 92.7% of men in the prison having being offered a test within the last 12 months. Work continues to meet the targets of 90% receiving a test and 100% having being offered the test.</li> <li>Hep C deliverables within business case include continue to develop peer programme (11 peers trained to date, high turnover). 4-6 weeks supervision and training with peers and staff, run training within Young Peoples Unit (6 sessions held in Q1), peers working with men who decline Hep C tests, run a range of World Hepatitis Day events</li> <li>Deep dive into prison population length of stay activity data is ongoing which will drive priority areas of work e.g. treatment stock, treatment times, focus on 12 month reviews.</li> <li>Hepatitis B Task &amp; Finish Group established, G4RS have now accepted responsibility for vaccines of staff and are working with occupational health providers. This has been prioritised and discussed at Prison Partnership Board.</li> <li>Working with Public Health Team -MECC training offer opened to HMP Parc / Peers which will also meet the broader health agenda.</li> <li>HMP Parc improvement work to be presented at VBHC event in September 2025.</li> <li>Parc Prison taking forward work to expand and develop the Admissions Health Care Team, first prison in Wales to do so, which will include the testing on entry as well as duration of sentence – 2 additional posts have been recruited to, 1 commenced and 1 awaiting start date.</li> </ul>	Green

KEY METRICS -WHO progress to elimination targets:100% of prison population being offered a test, 90% of those being tested, 90% of those diagnosed being treated.



Uptake of testing from the whole population over previous 6 and 12 months



RAG rating for risks



**Context to topic area:** The concept of Social Prescribing (SP) is well evidenced as a means of tackling health inequalities and in supporting Community Centred Approaches (CCA) in improving population Health and Well-being. There are currently many different delivery models of SP across Wales. The current model across CTM involves a multi-agency referral to a link worker who works with people to understand their situation and goals via a 'what matters' conversation to co-produce a plan and help connect them to local sources of community based support typically provided by voluntary and community sector organisations. Link worker roles are varied and are typically provided by our third sector or primary care colleagues. Due to this lack of standardisation and consistency in the approach to social prescribing across Wales, Welsh Government launched a National Social Prescribing model framework for Wales (NFFSP) in December 2023. SP services across CTM are now required to align their delivery models to that of the NFFSP.

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
<b>CTM Social Prescribing (SP) Stakeholder group.</b>	<ul style="list-style-type: none"> <li>SP Stakeholder group meeting (May 2025) postponed.</li> <li>Next meeting arranged for 13<sup>th</sup> August. Meetings proposed to take place twice a year as opposed to quarterly going forward.</li> </ul>	Green
<b>NFFSP</b>	<ul style="list-style-type: none"> <li>Welsh Government have commissioned WSSPR to develop a national Core Data set for SP via group concept mapping. Working group developed.</li> <li>Mental Health Strategy has been published and shared with partners.</li> <li>Competency framework for SP practitioners continues to be developed nationally.</li> </ul>	Green
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>CVC Leads continue to work with 3Ps project to develop a single referral pathway / form for the KITT team. Currently exploring information governance / GDPR policy for sharing of information.</li> <li>VBHC team to scope the potential to use PREMS and PROMS for SP services.</li> <li>Links made with HWHW team to explore pathways for support and a Whole System Approach (WSA).</li> <li>Deep dive presentation on SP has been requested via the creating health board. CVC leads to nominate a spokesperson to present.</li> </ul>	Green

**KEY METRICS:**

National Key Performance and Outcome Measures to demonstrate successful implementation of SP services regionally are to be developed and shared by the Welsh Government in due course. In the meantime local key metrics will include:

- A baseline of current SP activity within CTM as per WG request 9/4/24.
- Confirmed governance and reporting structure for the work of the SP Stakeholder group into the RPB.
- Timely project returns to the champion and WG as per requests.
- Local monitoring and reporting measures for those services delivering SP services.

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
<b>Resource:</b> No further funding or resource to be provided by WG to accompany expectations to implement the NFFSP locally.	<ul style="list-style-type: none"> <li>To ensure continued resourcing for SP Link Worker roles past March 2026.</li> <li>To align partnership resources to ensure continued development and sustainability of community assets in response to local need.</li> <li>Need for a robust and sustainable third sector.</li> </ul>	Red

**ESCALATIONS/ DECISIONS TO BOARD:** Information presented above for information purposes only at present.

Use corporate RAG rating for risks



Cysylltu.  
Trawsnewid.  
Meithrin.

Connect.  
Transform.  
Motivate.

Project/Programme Update Title: Behavioural Science

Date: June 2025

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES:**

As of April 2025, the Public Health team has allocated capacity and resource to support the routine application of behavioural science within CTM UHB, and this will be supported by the provision of specialist expertise, and capability and capacity building. The scope of this programme has recently been confirmed, and staff are now working towards developing the necessary resources and networks.

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
Training development	<ul style="list-style-type: none"> <li>Wider behavioural science training package offer has been mapped out, with a number of training programmes to be developed.</li> <li>During Q1, a MECC refresher session has been developed, and work has begun to develop a Communication Skills package, which will offer an alternative to the Level 2 MECC training.</li> <li>Discussions have been held with colleagues in Pharmacy, Sexual Health, and ICTM re bespoke training sessions for their teams, and initial overview sessions provided to iCoP, ICTM and Children and Young People colleagues.</li> </ul>	Green
Resource development	<ul style="list-style-type: none"> <li>As part of the ongoing development of the MECC training offer, interactive activities have been further developed to enhance the online training offer.</li> <li>The MECC Padlets have been updated to reflect new signposting/key messaging information during Q1.</li> </ul>	Green
Training delivery	<ul style="list-style-type: none"> <li>As per the metrics update, MECC training remains in high demand, and delivery is being undertaken.</li> <li>Introductory behavioural science training sessions have been held during Q1, with further bespoke sessions being developed as a result.</li> </ul>	Green
Embedding and evaluation	<ul style="list-style-type: none"> <li>As per standard practice within MECC, the planning and implementation process continues to accompany each training session.</li> <li>Discussions being held with the national PHW Behavioural Science Unit re a common evaluation framework.</li> </ul>	Green
Application	<ul style="list-style-type: none"> <li>As per the metrics, the team has supported a number of discrete pieces of work/teams with applied behavioural science, including reviewing letters/communication resources, and participating in specific working groups as requested to offer behavioural science expertise.</li> </ul>	Green
Communication and engagement	<ul style="list-style-type: none"> <li>Discussions are ongoing with the Comms and Engagement team re launching the case study repository via SharePoint. We continue to work towards September.</li> </ul>	Green

**KEY METRICS:**

- Twelve training sessions undertaken quarterly, with a minimum of 6 MECC based (Refresher/Level 2/Communication Skills):** As of 06/06/25, 5 sessions had been delivered, with a further 10 planned for Q1, totalling 15 sessions (all MECC based bar 1)
- Ninety individuals to undertake training every quarter (including the Level 1 MECC e-learning):** As of 06/06/25, 71 individuals undertaken training, with a further 121 booked on upcoming 12 sessions, totalling a projected 192 for Q1
- Behavioural science application support provided to 6 projects/areas of work each quarter (ad hoc/applied):** As of 17/06/25, support provided to 9 distinct areas of work/projects
- Repository of behavioural science case studies to go live on CTM SharePoint by September 2025:** Discussions ongoing with Comms and Engagement Team

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
Limited specialist resource	<p>Limited specialist resource could impact on the number of training sessions delivered/number of requests that can be fulfilled in a timely manner.</p> <p>Mitigating action – request log established, and regular team meetings held to review requests v capacity of team.</p>	Green

**ESCALATIONS/ DECISIONS TO BOARD:**

None

*Use corporate RAG rating for risks*



**Agenda Item**

6.3

**Strategic Development Committee**

**Health Protection System Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Emmeline Watkins, Consultant in Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Health Protection Board	12/06/2025	

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
IP&C	Infection, Prevention & Control



## 1. Situation /Background

1.1 The bi-annual report summarising the Q3/Q4 delivery of the CTM Health Protection Strategic Plan and key areas of work has been shared with Welsh Government on 05/06/2025 and who noted the considerable progress that CTM had made in this area over the last 6 months.

## 2. Specific Matters for Consideration

2.1 Key successes in Q3/Q4 across the health protection system include:

- Allocated an additional £1.06m funding towards Health Protection for 25/26.
- Improved blood borne virus screening in HMP Prison Parc which has increased from 36% of men having been screened for bloodborne viruses in the previous 12 months in March 2024 to 90% in March 2025
- Fluenz uptake in 3 year olds in Merthyr Tydfil was high at 53.6% despite difficulties in resourcing the nursery settings program. There was also a successful Fluenz at weekends campaign in January saw over 2000 children and young people immunised
- Effective implementation of the Respiratory Syncytial Virus vaccine program, especially the maternal program.
- Establishment of an out of hours clinical rota to respond to immediate testing and vaccination requirements for Mpox, Avian influenza and measles.
- Effective collaborative working on High Consequence Infectious Diseases guidelines across many Health Board directorates
- Significant work has taken place with our care homes, to develop good working relationships both with Health Board Colleagues and local authority colleagues leading to improved infection, prevention and control and a more effective vaccine consent process.

2.2 The additional funding moves CTM closer towards parity of funding with other Health Boards based on population, though there is still a considerable gap. The agreed areas of additional investment focus on key gaps in the CTM Health Protection system. This includes: a more resilient health protection/vaccination permanent workforce increasing resilience and the ability to address inequalities through outreach; a coordinated community IP&C team with clear links to local authorities and improved investment and ways of working with our local authorities; increases investment and resilience in emergency planning and communications teams. Implementing and driving health protection outcomes from these key areas of investment is part of the core plan for 2025/26.

2.3 The national Health Protection Framework has been agreed. Successful national and local implementation of this framework will be core to effective outbreak and pandemic response. There are five national implementation workstreams: Sampling and testing, Social care and care homes, Medicines and deployment, Inequalities, Outcome measures. These workstreams will require input either directly or indirectly through Health Board peers and

will require involvement from care groups across the Health Board, especially primary care and testing to ensure successful implementation for the population of CTM.

- 2.4 Pandemic Planning will be a core part of the health protection and emergency planning workstream for 2025/26 with Health Board, regional and Local Resilience Forum aspects. Over the next few months more information will be shared about **Exercise Pegasus** a 4 nations pandemic exercise in the autumn. Locally the South Wales Local Resilience Forum have carried out an exercise in April 2025 in preparation for Exercise Pegasus. The health board had a small team to support this and the exercise went well and key learning will be shared and incorporated into pandemic planning. Any CTM plan will also incorporate the local learnings from Covid-19 which have been collated and be based on the national pandemic plan.
- 2.5 Lessons learned from last winter have been collated from wider partners including the Community Leaders Network and are informing the planning for winter 2025/26.

### 3. Key Risks / Matters for Escalation

- 3.1 National risks and challenges for health protection include the successful implementation of the Health Protection Framework which leads to some uncertainty in 2025/26; recruitment to specialist workforce especially Infection Prevention and Control and Environmental Health is difficult leading to delays in recruitment and a considerable program of change around the winter respiratory programme and childhood immunisation programmes.
- 3.2 Specific CTM risks and challenges for CTM include the lack of parity of funding for health protection which is impacting the resilience of delivery in many areas including vaccination, out of hours response, microbiology, inequalities and impacts sustainability of approaches with wider system partners including local authority and the voluntary sector.
- 3.3 As delivery of the Health Protection Framework and immunisations is across multiple care groups, there is the potential for duplicate reporting and gaps. This was identified in the vaccine audit and is being reviewed. It is proposed that, where beneficial, the Health Protection Board reviews key health protection outcomes across all care groups and partners. This will be developed in line with the national workstream on health protection outcomes.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:



<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Update for noting
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Update for noting
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Health Protection Legislation (Wales) 2010 Health Act 2006 Wales	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	There is a risk of reputational damage to the Health Board of lowering vaccination rates and failing to meet Welsh Government health protection requirements	
<b>Effaith Adnoddau</b>	Yes (Include further detail below)	



*(Pobl / Ariannol) /*  
**Resource Impact**  
*(People / Financial)*

Current recurrent funding has increased but remains below other health boards in Wales according to population.

## 5. Recommendation

- 5.1 The Committee are asked to note the contents of this paper, in particular the risks and escalations.

## 6. Next Steps

- 6.1 The Health Protection Coordination Group are implementing the new programmes of work and with progress reviewed by the Health Protection Board quarterly and by Welsh Government every six months.



**Agenda Item**

6.4

**Strategic Development Committee**

**Highlight Report from the Cwm Taf Morgannwg Area Planning Board**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sian Bunston, Area Planning Board Lead Officer (Substance Misuse), RCTBC Rob Green, Consultant in Public Health, CTMUHB
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Area Planning Board	06/05/2025	Noted

**Acronyms / Glossary of Terms**

APB	Area Planning Board
Buvidal	Long-acting opiate substitute therapy
CDAT	Community Drug and Alcohol Team
KPI	Key Performance Indicator
Tier 1/2/3/4	Levels of substance use services in Wales (preventative, non-clinical, clinical, inpatient detox/rehab respectively)
YPDAS	Young Persons Drug and Alcohol Service

## 1. Introduction

- 1.1 This report had been prepared to provide the Strategic Development Committee with details of the key issues considered by the Area Planning Board at its meeting on 6<sup>th</sup> of May.
- 1.2 Key highlights from the meeting are reported in section 3.

## 2. Purpose of this Meeting

- 2.1 The Cwm Taf Morgannwg Area Planning Board has responsibility for strategic planning and commissioning of services for the treatment and prevention of substance misuse across the Cwm Taf Morgannwg Region.

## 3. Highlight Report

<b>Inform</b>	<ul style="list-style-type: none"> <li>• Working to reduce harms from substance use is essential for improving the health of our residents, reducing health inequalities and reducing unplanned care demands.</li> <li>• Across CTMUHB there are around 4,500 admissions each year due to alcohol and a further 750 due to illicit drug use.</li> <li>• Services see around 1200 people a quarter, with support for alcohol use making up 50% of activity. Crack/cocaine, cannabis and heroine account for the majority of further activity.</li> <li>• CTMUHB will receive £6.2 million via the APB for substance use services in 2025/26. This includes:             <ul style="list-style-type: none"> <li>○ £4 million allocation ring-fenced for health boards (signed off by APB following agreement on utilisation plans)</li> <li>○ £2.2 million discretionary funding</li> </ul> </li> <li>• All funding is to be used solely for the purposes of reducing harms from substance use, as per Welsh Government.</li> <li>• The APB are looking to work more closely with CTMUHB substance use services to improve performance and accountability.</li> <li>• Tier 1 and 2 services, currently provided by Board are being recommissioned to commence at the start of 2026/27. There are significant interdependencies between CTMUHB Tier 3 adult and young people services and the Tier 1/2 service.</li> <li>• The concurrent recommission of services for people in the criminal justice system, and substance use services within</li> </ul>
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	<p>Parc Prison provide an opportunity for closer service integration across all Tiers in CTM. There is a long-term strategic aim for joint commissioning between the APB and Police and Crime Commissioner/HMPPS for a fully integrated service across all Tiers.</p> <ul style="list-style-type: none"> <li>• The APB is working with CTMUHB on a number of issues, including: <ul style="list-style-type: none"> <li>○ Performance against KPIs for Community Drug and Alcohol Teams (CDATs)</li> <li>○ High caseloads in CDATs</li> <li>○ Limited capacity in Young Persons Drug and Alcohol Service (YPDAS) (improving trend)</li> <li>○ Limited provision of primary care drug and alcohol services, causing bottlenecks in CDATs and contributing to high caseloads.</li> <li>○ High spend on Bupropion (this issue is being escalated through appropriate APB and CTMUHB structures, with financial cap proposed)</li> </ul> </li> </ul>
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• APB Highlight report slides</li> </ul>

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	Improving care
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	Substance use cuts across the lifecycle
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <i><a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</i>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i> ) / <b>Link to Domains of Quality</b>	Choose an item.
	All domains of quality are applicable



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a highlight report for an external partnership
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:  This is a highlight report for an external partnership
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

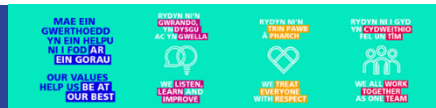
- 5.1 The Strategic Development Committee is asked to **NOTE** the highlights outlined in section 3 of this report.
- 5.2 The Strategic Development Committee is asked to continue to support developments in the substance use space, in recognition of the high burden of morbidity and mortality caused by substance use in CTM.



6.4b	3 July 2025	Strategic Development Committee	Area Planning Board Highlight Report
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Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	Not applicable
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sian Bunston Area Planning Board Lead Officer (Substance Misuse), RCTBC Rob Green Consultant in Public Health, CTMUHB
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health
Approving Executive Sponsor:	Philip Daniels, Executive Director of Public Health
Report Purpose	For Noting
Engagement undertaken to date:	This report had been prepared to provide the Strategic Development Committee with details of the key issues considered by the Area Planning Board at its meeting on 6 <sup>th</sup> of May.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Living Well- Substance use cuts across the life course
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No- Not applicable
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	None identified at this stage.
Link to Strategic Goals	Improving Care



**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

- Re-commissioning Process for 2026-31 underway.
- Working towards improved service integration across Tiers 1-3, Criminal Justice and Prison service for improved service user outcomes.
- Significant competing pressures on APB budget streams with savings to be found for 25/26.
- Work to improve commissioning for outcomes for APB budget streams apportioned to NHS services, in line with wider APB commissions.

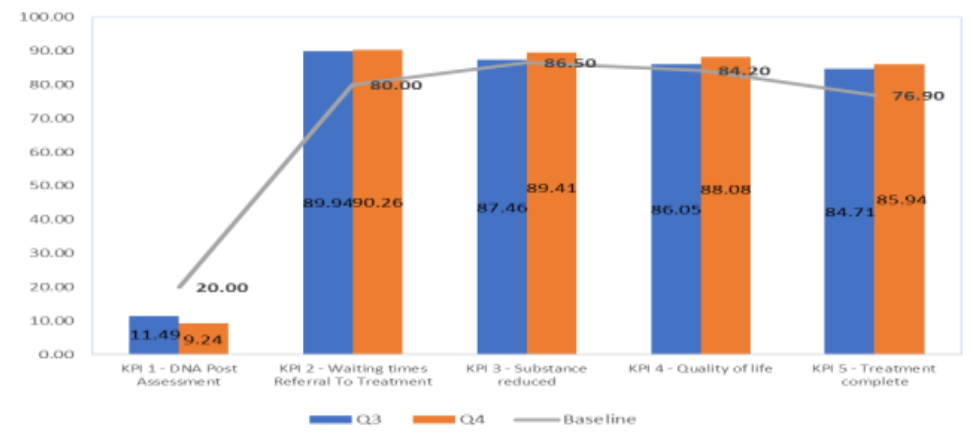
**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
Re-commissioning Update	Tier 1&2 services currently provided by Barod are to be recommissioned for the financial year 2026/27. The new service model has been informed through review of the current evidence base, policy and best practice, analysis of local data and consultation with partners and service users of substance use services in Cwm Taf Morgannwg.	
Service integration	The Criminal justice substance use service (Dyfodol) commissioned by the Police and Crime Commissioner and HMPPS, and the service at HMP Parc commissioned by CTMUHB are also to be recommissioned for 2026/27. The APB will work across all partners to develop better service integration between criminal justice components, Tier 1&2, and Tier 3 services provided by CTMUHB.	
Drug Related Deaths	13 reviewable incidents January – April (RCT 6, Bridgend 4, MT 3.) 7 deaths in service, 3 known to service in last 12 months. CTM second highest rate of DRDs in Wales (2023 figures) Currently no regional or national strategic approach to drug related deaths.	
Buvidal	Significant overspend on Buvidal in Tier 3 service (CTMUHB) with a cost pressure of £307,000 forecast for 2026/27. Paper due to next APB meeting to review freeze on new prescribing.	

**KEY METRICS: Qtr 4 - KPI Performance compared to the previous Qtr**



**RISKS/ ISSUES:**

Risk Issue	Description & Mitigation	RAG
Community Drug & Alcohol Team (CDAT) (Tier 3)	CDATs struggling to meet KPIs reasons include data capture, staff and admin capacity. High caseloads reported. (80+ Government recommendations of 40 to 50 per nurse.)	
Young Persons Drug and Alcohol Service	Staff capacity has been highlighted. 10 week waiting list. Continues to be raised with CTMUHB management.	
Primary Care Drug & Alcohol Service (PCDAS)	It has been reported that CDAT cannot transfer out of core services as there is a lack of PCDAS surgeries available and lack of interest of GPs to take on the service, which is having an impact on caseloads. 2 staff vacancies in PCDAS.	

**ESCALATIONS/ DECISIONS TO BOARD:**

Nil

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

- Overseeing and continuing to monitor the current contract activity for all projects.
- Reviewing Operational Practice
- Re-commissioning Process for 2026-31

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
Primary Care Drug & Alcohol Service	Lack of primary care engagement in PCDAS continues to cause bottlenecks and high case loads in specialist service.	Red
Care for people with co-occurring substance use and MH problems	Co-occurring action plan last updated 2021. Co-occurring sub-group due to be re-established by the Mental Health Deputy Head of Nursing.	Orange
Young Person Drug & Alcohol Service (YPDAS)	High waiting times improving since recent increase in staff capacity via staff bank. also noted on the APB risk register. Longer term mitigation plans from CAMHS due at next APB.	Orange
Tier 4 – Residential Rehab	Continued high demand in referrals coupled with rising costs of placements. Holding list now for 2025/26. Any new referrals are likely to receive rehabilitation placements in 2026/7.	Red
Alcohol Sub Group	A new APB Sub Group has been established that will report co-ordinate work to: *Welsh Government Alcohol Related Brain Damage (ARBD) Framework *Community Alcohol Care Team in conjunction the VBHC Alcohol Care Team. *CTM Tier 4 Residential Rehabilitation Framework and Detox. *Fibro scanning	Green



## Specific Matters for Consideration:

None identified.

## Key Risks / Matters for Escalation:

Please refer to slides 2 and 3.



## Recommendation

The Committee are asked to:

- The Strategic Development Committee is asked to **NOTE** the highlights outlined in this report.

## Next Steps

The Committee are asked to:

- The Strategic Development Committee is asked to continue to support developments in the substance use space, in recognition of the high burden of morbidity and mortality caused by substance use in CTM.



**Agenda Item**

6.5

**Strategic Development Committee**

**Public Service Board Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Hamond (CTM PSB)
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTM PSB	Cwm Taf Morgannwg Public Services Board



**1. Situation /Background**

- 1.1 The Cwm Taf Morgannwg Public Services Board brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas. Our purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working.
- 1.2 It published an assessment of well-being in 2022 that is available along with a series of summary reports and published the Well-being Plan for 2023-2028.
- 1.3 The previous Cwm Taf and Bridgend Public Services Boards came together in May 2023 to form the Cwm Taf Morgannwg Public Services Board.

**2. Specific Matters for Consideration**

- 2.1 The PSB appointed a new chair, Paul Mee, Chief Executive of Rhondda Cynon Taf County Borough Council in December 2024.
- 2.2 The highlight report for June 2025 (Appendix 1) details current activities against its wellbeing plan.

**3. Key Risks / Matters for Escalation**

- 3.1 None identified.

**4. Assessment**

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	Starting, growing, living, aging, dying well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Choose an item.
	The work of the PSB relates to all goals of the WBFGA
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:



<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Not Applicable	
	If more than one applies please list below:	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reuse	
	Refine, reduce, recycle, repurpose	

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required- external update
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required- external update
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Committee are asked to **NOTE** the update.

## 6. Next Steps

6.1 Continued engagement with the CTM PSB.



## Appendix 1 PSB Update Junee 2025

Workstream	Update	RAG
Climate Change Risk Assessment	The PSB has published the <a href="#">risk assessment</a> and held a workshop in the March meeting to explore the Leadership of climate risk. Next steps will be considered at PSB in July, including each PSB partner reporting with a 'position statement' and establishment of senior manager task groups on the priority areas to report back to Board. A webinar was held for 3 <sup>rd</sup> sector organisations led by RCT Climate Action Network on the findings of the risk assessment and to engage community groups in future work.	Green
Workforce Well-being Sub-board	The sub board is preparing information to connect staff with volunteering opportunities in green spaces. The Neurodivergence task group have produced an advice sheet for managers to be shared through the sub board members.	Green
Active Travel Charter	Partner organisations are getting the charter signed off through their internal mechanisms prior to a launch at the PSB in July.	Yellow
Young Voices Project	The second meeting of the Network is to be held on the 2 <sup>nd</sup> July at the University of South Wales. The focus will be on current topics important to the sector, and the Reverse Mentoring programme. The intention is to refresh the offer to young people through the wider network, with support from youth workers.	Yellow
PSB Development	Paul Mee, Chief Executive of RCTCBC was appointed as the new PSB Chair in January. A discussion paper on the forward work programme of the PSB will be brought to the 10 <sup>th</sup> July meeting, to review leadership, governance and accountability. SE Wales PSB Network have extended their membership to include the Cardiff Capital Region team to maintain a link on shared areas of work such as active travel, transportation and Poverty. Their future programme includes Community Safety Partnerships, Shaping Places for Well-being and Well-being Assessment.	Green
Data Dashboard and Website	The website is being refreshed to inform on the PSB workstreams, provide a workspace for task groups and hold the background information from the Climate change risk assessment and the data dashboard. The final dashboard has been completed and will be uploaded onto refreshed website. The data task group will meet with colleagues in Swansea and NPT PSBs to see the new dashboard.	Green
Sustainable Food sub board	Proposals for a sub board bringing together working across CTM and with Healthy Weight programme are being prepared for discussion at the PSB in July.	Green



Risks/Issues	Description & Mitigation	RAG
Maintaining momentum on all aspects of the young voices project through the academic year	Meeting set for late July at University of South Wales	Green
Secure leaders' commitment to action on climate adaptation.	The PSB meeting in July will review the findings of the workshop and agree next steps.	Green
Make better use of links through PSB members to other partnerships and network	A template to map members involvement in partnerships and networks is being sent to all PSB members.	Green
More formal terms of reference and action plans	Work continues to finalise the terms of reference and action plans for all sub boards and commit to having these in place for all new sub boards and task groups.	Yellow



**Agenda Item**

6.6

**Strategic Development Committee**

**Annual update: Strategic Equality Plan 2024-2025**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Alex Grand, Strategic Lead for Equality, Diversity and Inclusion
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Hywel Daniel, Executive Director for People
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Hywel Daniel, Executive Director for People

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Executive Leadership Group	26/06/2023	noted

<b>Acronyms / Glossary of Terms</b>	
SEP	Strategic Equality Plan
EDI	Equality, Diversity and Inclusion
CTMUHB	Cwm Taf Morgannwg University Health Board



IEN	Internationally Educated Nurses
LHP	Llantrisant Health Park
RGH	Royal Glamorgan Hospital
EWLIA	Equality and Welsh Language Impact Assessment
GPG	Gender Pay Gap
ESR	Electronic Staff Record
WRES	Workplace Race Equality Standard

### 1. Introduction

1.1 This report had been prepared to provide the Strategic Development Committee with a brief, annual update on the delivery of our SEP. Please note, the full Annual Equality Report for 2024-2025 is in draft and will be presented to the Executive Management Board in September prior to Operational Development Committee and finally Board for approval in November.

1.2 Key highlights from the update are noted in section 3.

### 2. Purpose

2.1 The purpose of the update is to provide Committee with an overview of key challenges and achievements and look briefly ahead to our priorities for this year.

### 3. Highlight Report

<b>Alert / Escalate</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• Key challenges (P4) and achievements/successes (P6) in 2024-2025 including data sets (P7)</li> <li>• New Governance, Delivery and Assurance framework has been developed to support the SEP and its oversight (P11-12)</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• Whilst we have had to focus on rebuilding foundations from which we can make positive difference to people and communities, colleagues across CTMUHB have continued to progress our SEP priorities (P6)</li> <li>• We have a robust delivery plan in place, including action owners and monthly/quarterly/annual reporting mechanisms (P11)</li> </ul>



<b>Inform</b>	<ul style="list-style-type: none"> <li>Key priorities for 2025-2026 (P9, 16-22)</li> </ul>
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Slide Pack SDC SEP Update</li> </ul>

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below: Inspiring People Improving Care Creating Health
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Growing Well Ageing Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A More Equal Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Culture and Valuing People
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Equitable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below:</p> <p>Discrete actions taken to deliver the SEP will be impact assessed as appropriate</p>
<p><b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below:</p> <p>Discrete actions taken to deliver the SEP will be impact assessed as appropriate</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>Yes (Include further detail below)</p> <p>Actions herein help fulfil Public Sector Equality Duty (PSED) requirements</p>	
<p><b>Enw da / Reputational</b></p>	<p>Yes (Include further detail below)</p> <p>Developing a more diverse and inclusive CTMUHB improves our organisational reputation, and helps achieve equality for staff and service users</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## 5. Recommendation

- 5.1 The Strategic Development Committee is asked to **NOTE** the highlights outlined in section 3 of this report and associated paper.



# Strategic Equality Plan Mid-Year Review

- Introduction and challenges
- Looking back
- Priorities 25-26
- Governance, assurance and delivery

- Our EDI priorities and plans are led by our SEP, the current iteration taking us from 2024-2028
- Whilst strategic leadership of EDI sits within the People directorate under Leadership and Culture, responsibility for progress and delivery is shared across CTMUHB.
- We have addressed the need to improve governance and how we assure our people, our communities and our leaders.

# 24-25 Key Challenges

- Statutory requirement for increased reporting
- Absence of a robust, shared and managed SEP delivery plan
- Specialist and leadership vacancies
- Gaps in governance and reporting structures (note legal requirements met)
- Working Group merged into learning forum - reduced focus on delivery and accountability

# SEP 2024-2028: core pillars


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

## Our Equality Outcomes - What we will do

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

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



IMPROVING CARE

### Services



INSPIRING PEOPLE

### People



CREATING HEALTH

### Community



SUSTAINING OUR FUTURE

### Infrastructure

# Achievements: 24-25

Services	People
<ul style="list-style-type: none"> <li>• Early impact assessment of the design of LHP</li> <li>• Pregnancy and Maternity service development of maternal health resources</li> <li>• Age-specific health research projects</li> </ul>	<ul style="list-style-type: none"> <li>• Improving IENs experience of and in CTMUHB</li> <li>• Increased membership of Staff Networks</li> <li>• Lateral moves scheme development</li> <li>• Wellbeing programmes developed for staff</li> </ul>
Community	Infrastructure
<ul style="list-style-type: none"> <li>• Digital inclusion in maternity services</li> <li>• Impact assessment of parking provision at RGH (leading to specific mitigations including pregnancy/maternity and people with disabilities)</li> <li>• Improved visibility across and active participation in NHS Wales and public sector EDI communities</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment to and expansion of key EDI roles</li> <li>• Diverse Cymru Cultural Competence accreditation achieved by four teams</li> <li>• Coordination of people and community engagement and communication activity</li> </ul>

28.44%

GPG (Mean) 2024  
(increase from 26.34%  
in 2023)

+11.4%

2024 improvement in  
positivity score  
concerning how  
fairly we are believed  
to act regarding career  
progression compared  
to 2023.

x 6

Increase in EWLIA  
support requests in  
May 2025 compared to  
the same period in  
2024.

56%

Percentage of staff  
who have completed  
newly mandated Anti-  
Racism training as of  
June 2025 (against an  
EOY target of 85%).

# Summarised Priority Actions 2025/2026 (further detail provided in Annex 1)

Being specific  
about our **longer-  
term SEP  
ambitions &  
goals**; the  
difference we're  
looking to make

Communication  
and Partnerships

Embedding  
impact  
assessments

Learning and  
education

Translation and  
Interpretation  
Services

Inclusive  
recruitment

Development for  
under-  
represented  
groups

# Revised approach to Governance, Assurance and Delivery

# Revised Governance and Assurance

	Body/Meeting	Key activity	Key output
Assurance	CTM Board	Assurance provided to Board by SDC with responsibility for approving Annual Equality Report each October	Published Annual Equality Report
	Strategic Development Committee	Annual SEP delivery update presented to SDC each July	Annual SEP delivery update
Governance and Delivery	<b>SEP Delivery Group – including Staff Networks</b> (replacing EDI Working Group)	Meets quarterly to review and reforecast SEP action plan	Quarterly summary report to Executive Director for People
	Responsible teams	Monthly activity reporting/updates into the Strategic Lead for EDI	Updated delivery plan monthly
	Task and Finish/Project Groups		
	Special interest group/learning forum/Staff networks	Knowledge sharing and development	None required

# Reporting Rhythm

	Q1	Q2	Q3	Q4
<b>Formal (assurance)</b>	-	SEP delivery assurance to SDC (July) Draft Annual Equality Report to EMB (August)	Annual Equality Report for Board approval (October)	-
<b>Informal (governance)</b>	SEP Delivery Group (supported by monthly delivery updates)  Delivery update to Exec Director for People	SEP Delivery Group (supported by monthly delivery updates)  Delivery update to Exec Director for People	SEP Delivery Group (supported by monthly delivery updates)  Delivery update to Exec Director for People	SEP Delivery Group (supported by monthly delivery updates)  Delivery update to Exec Director for People
<b>Statutory (PSED/other requirement)</b>	Provision of Workplace Race Equality Standard (WRES) data to WG	WRES report received (internal reporting TBA with Exec Director for People) WG Policy Assurance Framework SEP Update	Annual Equality Report (to be published ASAP after Board approval)	Gender Pay Gap report  WG Policy Assurance Framework SEP Update

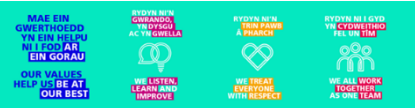


### Specific Matters for Consideration:

None

### Key Risks / Matters for Escalation:

None





## Recommendation

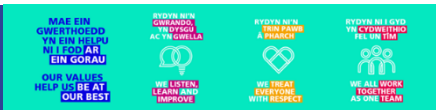
*The Committee are asked to:*

- Take assurance from the update that all that we have identified barriers to SEP delivery and are managing them appropriately
- Be assured that we have identified priority activity that will help us improve EDI outcomes over the course of the SEP

## Next Steps

*If assured, the Committee are asked to*

- Note the update (and receive each July herein) ahead of Board receiving the full Annual Equality Report in November



# Annex One: Priorities (additional detail)

# 1. Communication and partnerships

## AS IT STANDS

- Each team reaches out 'as and when'
- We try and reach the same communities repeatedly to engage on different subjects
- Lack of standard language

## WE WILL

- Create one communication and engagement plan
- Use 'easy read' language
- Share knowledge across local teams
- Partner with local charities and communities

## MEANING

- We are better equipped for consultations
- Asking questions once and reducing answer fatigue
- We improve partnership working across CTM
- We have clear relationships without single points of failure

## 2. Embed Equality and Welsh Language Impact Assessments (EWLIAs) as requirements

### AS IT STANDS

- The process has been reviewed and updated
- We are working with Policy and Compliance team on embedding process – too often we see ‘no impact’
- We’re gathering exemplars and case studies

### WE WILL

- Start with embedding EWLIAs as a requirement for all people policies and into the development of all projects and processes that impact our people
- Ensure advice and guidance is available

### MEANING

- Equality and Welsh impact informs decision making
- Better outcomes for staff and patients
- We improve how we deliver our PSED requirements

# 3. EDI learning and education

## AS IT STANDS

- *Core Inclusion* module in our Inspire programme
- Some resources on SharePoint
- Welsh Government feedback includes the need to build confidence and capability

## WE WILL

- Create an EDI special interest group
- Increase and improve available training sessions
- Develop further resources including capturing stories and encourage learning from each other

## MEANING

- EDI is more than one mandatory e-learning module
- We improve our confidence in asking questions and inspire curiosity
- Better knowledge means better quality EWLIA's

# 4. Improving how we use Wales Interpretation and Translation Service (WITS)

## AS IT STANDS

- WITS provides all non-Welsh translation and interpretation services
- Services include phone, digital calls, in-person appointments
- Guidance available through SharePoint
- 64% of d/Deaf people reported missing at least half of the information provided to them in their NHS appointments

## WE WILL

- Work with WITS to explore ideas to alter our ways of working
- Embed suggested actions from WITS
- Work with IT to explore improved equipment that makes auto-translation more accessible
- Develop better request and report processes

## MEANING

- We give our patients better access to language services
- We improve staff understanding of utilising WITS
- We should reduce our spend

# 5. Inclusive recruitment

## AS IT STANDS

- Small number of 'how to' TRAC videos available
- Help available "If you know where to ask"
- We aren't setting recruiting managers or candidates up for inclusive outcomes
- No monitoring process – recruitment is devolved

## WE WILL

- Develop accessible 'How To' Guides for resourcing
- Create our own training packages and guidance
- Explore the feasibility of monitoring and audit
- Understand available research and evidence on inclusive recruitment methods
- Pilot approaches

## MEANING

- We address highlighted areas on inequality and target specific concerns
- Hiring managers, and candidates, are set up for success
- We continuously improve how we recruit and select

# 6. Development for underrepresented groups

## AS IT STANDS

- Lateral Moves Scheme participation and expansion
- Gender Pay Gap (GPG) yearly reporting: 2% increase in last year
- Workforce Race Equality Standard (WRES) report showing unfavourable progression outcomes for Black, Asian and Minority Ethnic staff (also a concern for IENs)

## WE WILL

- Continue support for existing schemes
- Explore the possibility of mentoring / development scheme participation
- Improve how we share national schemes for professional development
- Improve how we record learning and development to ensure our WRES data is accurate
- Be better informed by evidence and research where it exists

## MEANING

- We have improved and increased support for progression and development
- Programmes and activities are, where possible, data-led
- We see better development outcomes for under-represented groups and, as a result, a more inclusive CTM

# Underpinned by: fit for purpose governance, accountability and assurance

## AS IT STANDS

- Incomplete recording of activities and outcomes: we do not capture or report on all the equality work being done
- Absence of responsible owners means we are unsure on who to hold to account and for what
- Lack of clear governance for Staff Networks

## WE WILL

- Finalise a robust SEP delivery plan with named accountable owners
- Continue progressing our revised governance and delivery routes
- Provide quarterly briefs to the Executive Director for People

## MEANING

- We understand the different we are trying to make – and improve the breadth of work we capture
- We have measurable progress
- We are all clear on aims and goals
- We can target areas of concern
- We effectively assure CTM's Board and leadership that we are delivering on our EDI commitments

# 2025-2026 Finance Position Update

As at Month 2

7.1	3 July 2025	Strategic Development Committee	Financial Position Update
-----	-------------	---------------------------------	---------------------------

**Report Details:**

FOI Status:	Open
If closed please indicate reason:	Not applicable
Prepared By:	Sally May, Executive Director of Finance
Presented By:	Sally May, Executive Director of Finance
Approving Executive Sponsor:	Sally May, Executive Director of Finance
Report Purpose	For Noting
Engagement undertaken to date:	Not applicable

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	See slide detail
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Not applicable
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – see detail on slide 3.
Link to Strategic Goals	Sustaining Our Future

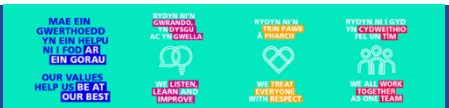
# Forecast Underlying Position



Underlying Position	Plan £m	Delegated Recurrent @ M2	Non Delegated Recurrent @ M2 £m	Total Recurrent @ M2 £m	Total Recurrent @ M1 £m	IMTP Recurrent £m
Initial Financial Plan	(1.7)	0.0	(1.7)	(1.7)	(1.7)	(1.7)
Savings Variances	0.0	6.9	4.8	11.7	12.7	0.0
Operational Variances	0.0	2.4	(2.4)	0.0	0.0	0.0
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.1	(6.9)	(4.8)	(11.7)	(12.7)	0.0
<b>Grand Total</b>	<b>(1.7)</b>	<b>2.4</b>	<b>(4.1)</b>	<b>(1.7)</b>	<b>(1.7)</b>	<b>(1.7)</b>

**Key Points:**

- The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26.
- The latest savings returns have indicated recurrent savings of £18.6m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £11.7m. At M2 we are anticipating this shortfall will be met by year end through £11.7m of further mitigating actions.
- As at M2 we are continuing to report a forecast underlying surplus at the end of 2025/26 of £1.7m. This is consistent with the IMTP submitted on the 31st of March 2025 and will be reviewed at the end of Q1.





## Recommendation

The Committee are asked to **NOTE** this update.

## Next Steps

None identified



**Agenda Item 7.3**      **3 July 2025**      **Strategic Development Committee**      **Digital & Data Strategy Progress & Plan**

**Report Details:**

Freedom of Information Status:	Public
If closed, please indicate reason:	N/A
Prepared By:	Stuart Morris, Director of Digital
Presented By:	Stuart Morris, Director of Digital
Approving Executive Sponsor:	Stuart Morris, Director of Digital
Report Purpose:	Please Select:  For Discussion
Engagement undertaken to date:	Executive Management Board Welsh Government JET

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	N/A
Related Health and Care Standard:	Governance, Leadership & Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening:</i>	No – not required for this strategic update
Are there any Legal Implications /Impact:	No
Are there any resource (capital/Revenue/Workforce Implications / Impact:	Yes – Considerations as part of IMTP Submission
Link to Strategic Goals:	Sustaining Our Future Inspiring People Improving Care Creating Health



# Digital & Data National Priorities





## Digital & Data – Ministerial Priorities

The four *'strategic'* priorities are:

- National Target Architecture (NTA)
- Electronic Health Record (EHR)
- National Data Resource (NDR)
- Cyber Security & Resilience (CSR)

The four *'delivery'* priorities are:

- NHS Wales App
- Digital Maternity Rollout
- Connecting Care
- ePrescribing in Secondary Care

Underpinned By:

- Landing Existing Programmes, e.g. LIMS & RISP
- Progressing other potential National Solutions, e.g. Eye Care, Critical Care



# Digital & Data Work Plan





## Digital & Data – Key Elements of Work Plan

- Strategic Delivery Plan ... aligned to CTM 2030
- Skills & Capabilities to Deliver Safe & Secure Services
- Delivering the Upgrades to our Infrastructure
- A Focus on our Foundations & Improving Reliability
- Mitigating the Cyber Threat
- Safely delivering Local & National Programmes
- Balancing Risk, Cost & Impact

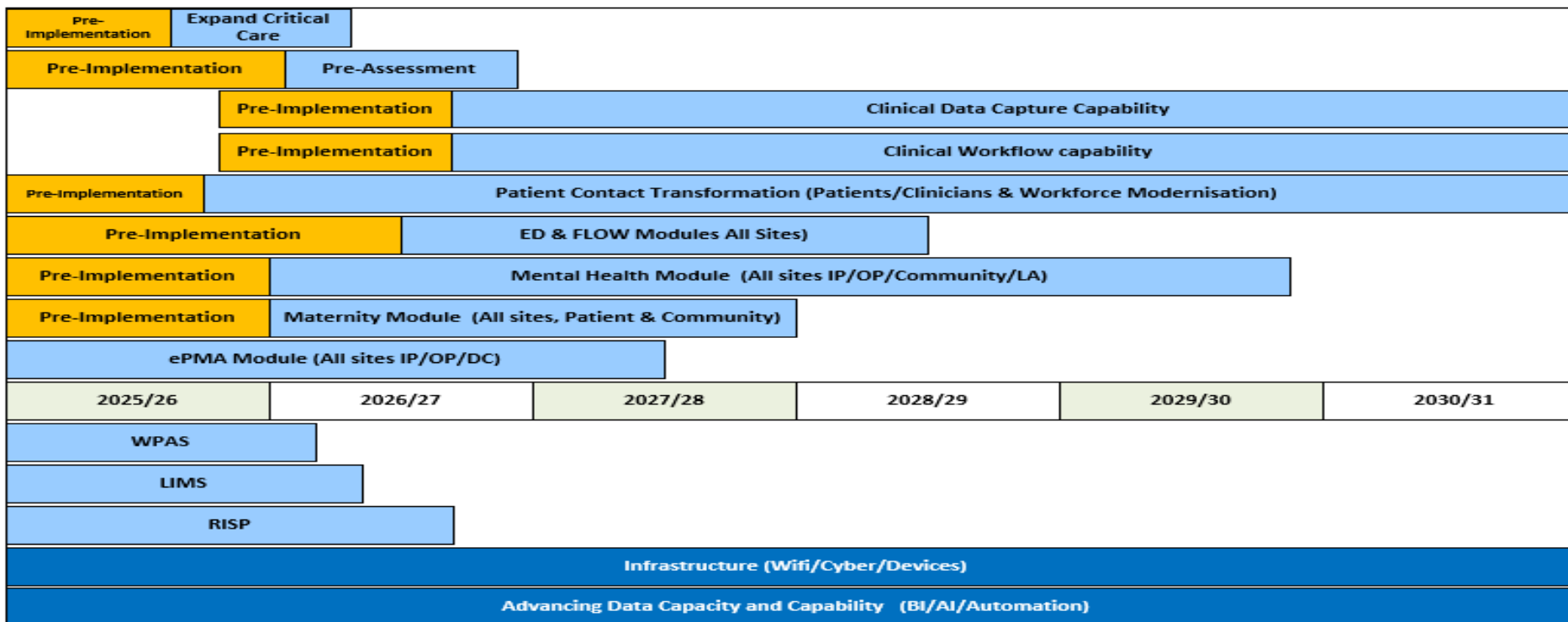
- Narrative & EPR Strategy (Local & Regional)
- Sharing data across Care & Organisational Boundaries
- Core System Alignment
- Implementation of ePrescribing for Secondary Care
- Foundational Systems - Laboratory System & Radiology
- Maximising the Digital & Data tools we have today
- Development of a Patient Centred Contact Programme



## Digital & Data – Immediate Roadmap

**Pre-Implementation** (Securing Funding/Recruit Resource/Procurement, Programme Governance)

**Implementation** (System Configuration, Integration, Testing, Training, Early Adopter, Rollout, Transition to BAU)





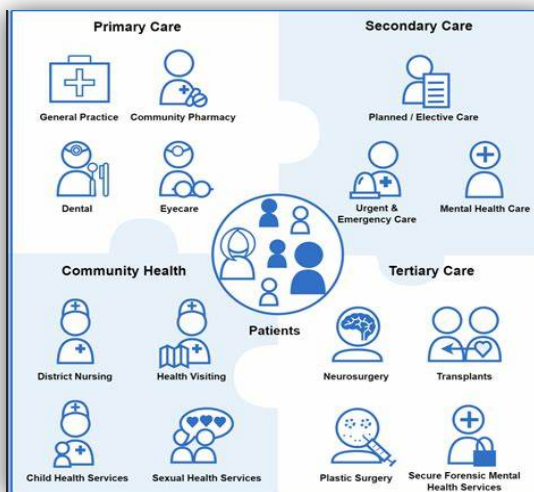


## Digital & Data – Patient Centred Contact

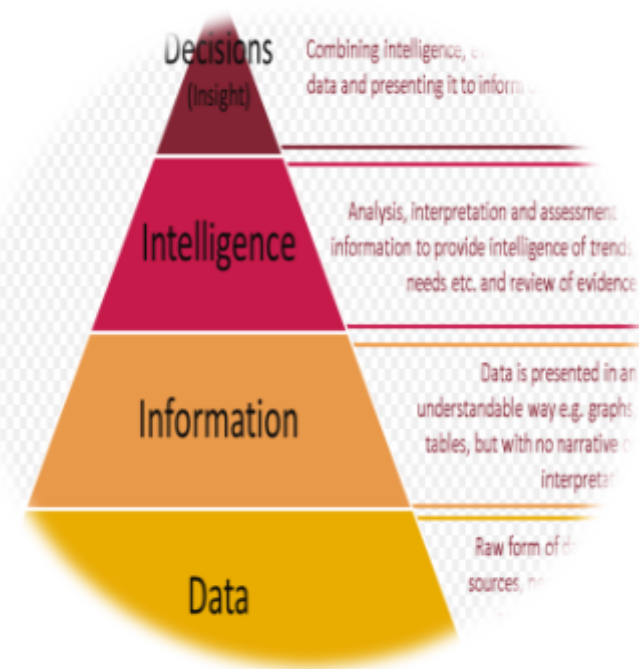
Informed & digitally enabled patients



Accurate & accessible standards based multi-disciplinary records and clinical workflow.  
Lean, effective & safe communication exchange between health & social care professionals



Evidence Based Service Redesign utilising Data, Information & Insight





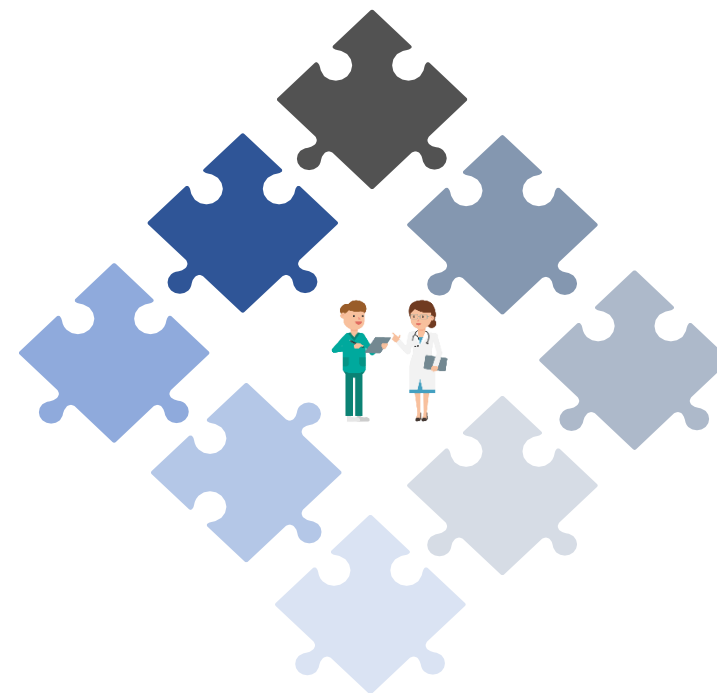
# Digital & Data Thinking Ahead





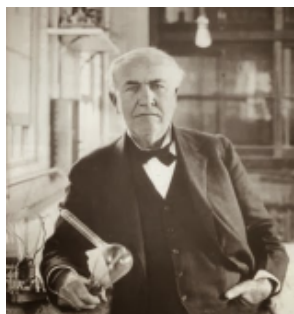
## Digital & Data – Thinking Ahead

- Resourcing & Capacity
- Role of Procuring, Building & Using Technology
- Managing the Politics – Local v Regional v National
- How do we align Priorities
- Building Intelligence into our Plans & Decision Making
- Developing a truly Patient / Community Centred Experience of Healthcare
- Ensuring Safe & Sustainable Services





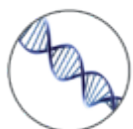
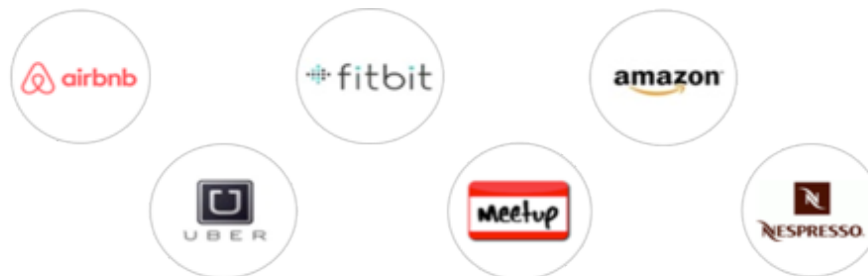
## Digital & Data – Thinking Ahead



**JUST AS ELECTRICITY TRANSFORMED ALMOST EVERYTHING 100 YEARS AGO, TODAY I ACTUALLY HAVE A HARD TIME THINKING OF AN INDUSTRY THAT I DON'T THINK AI (ARTIFICIAL INTELLIGENCE) WILL TRANSFORM IN THE NEXT SEVERAL YEARS. -ANDREW NG**

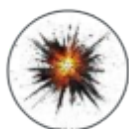


## Digital & Data – Thinking Ahead



### Precision Medicine

Medical decision, practices, products tailored to the individual



### Colossal Clash

Clinical and consumer health solutions are on-track to collide



### Owning the Journey

Offering products and services along end-to-end patient journey



### Care Anywhere

New care delivery models are offering care beyond traditional settings



### Patient to Consumer

Increased consumer role in healthcare; demand similar experiences from other industries



### New Models of Care

Emerging models aim to improve outcomes and decrease costs



### New Entrants

Non-traditional companies and start-ups are entering healthcare



### Data Explosion

Data liberation due to digital technologies and government initiatives



### Sensing Technology

New tools and technologies that enable next generation diagnostics



### Business Models

New models are being tested that serve up connected and smart services





## Digital & Data – Shift in Topology of Healthcare

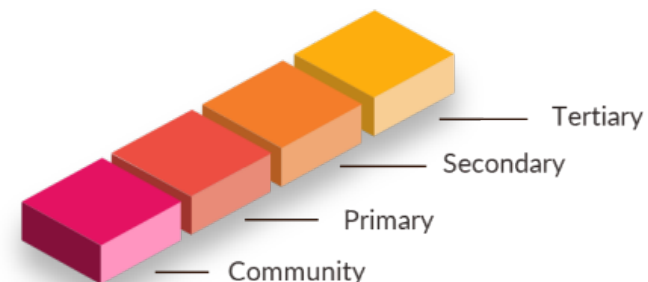
### MAKING THE CASE FOR CHANGE

- Health is consuming more and more of our wealth
- Productivity across the sector is stubbornly fixed or declining
- Supply factors are under huge pressure with demand drivers largely unchecked
- Health asset deployment is not progressing, eroding productivity
- The workforce is critically depleted with little likelihood of improving within a decade without radical reform – global migration, global repatriation and massive global expansion
- Components of today's care delivery model are obsolete
- Science and technology are driving new therapeutics and opening new disease and treatment solutions that need to be met
- Consumers are looking for something different and health globally seems unable or unwilling to systematically deliver it
- Policy and regulation, whilst necessary is undermining the right decision making

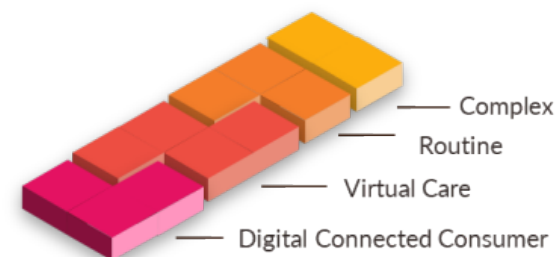


The systems of healthcare delivery have changed

### Shift from functional healthcare...



### ... to technology enabled pathway



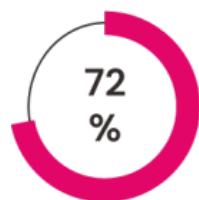


## Digital & Data – Expectations for Healthcare

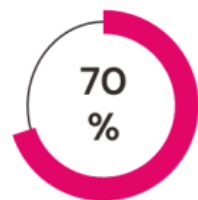
**What drives health system performance? For consumers globally, there are three factors:**

- Ease of using health care services
- Access to care
- Improving health of the community

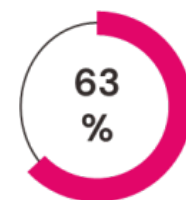
Q: To what extent do you believe the following will likely occur in the health industry in the next 10 years?



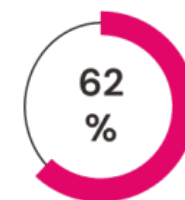
Hospital-in-the-home will be an alternative to in-patient care



Digital technologies monitor patients at home



Virtual hospitals will deliver basic medical care remotely



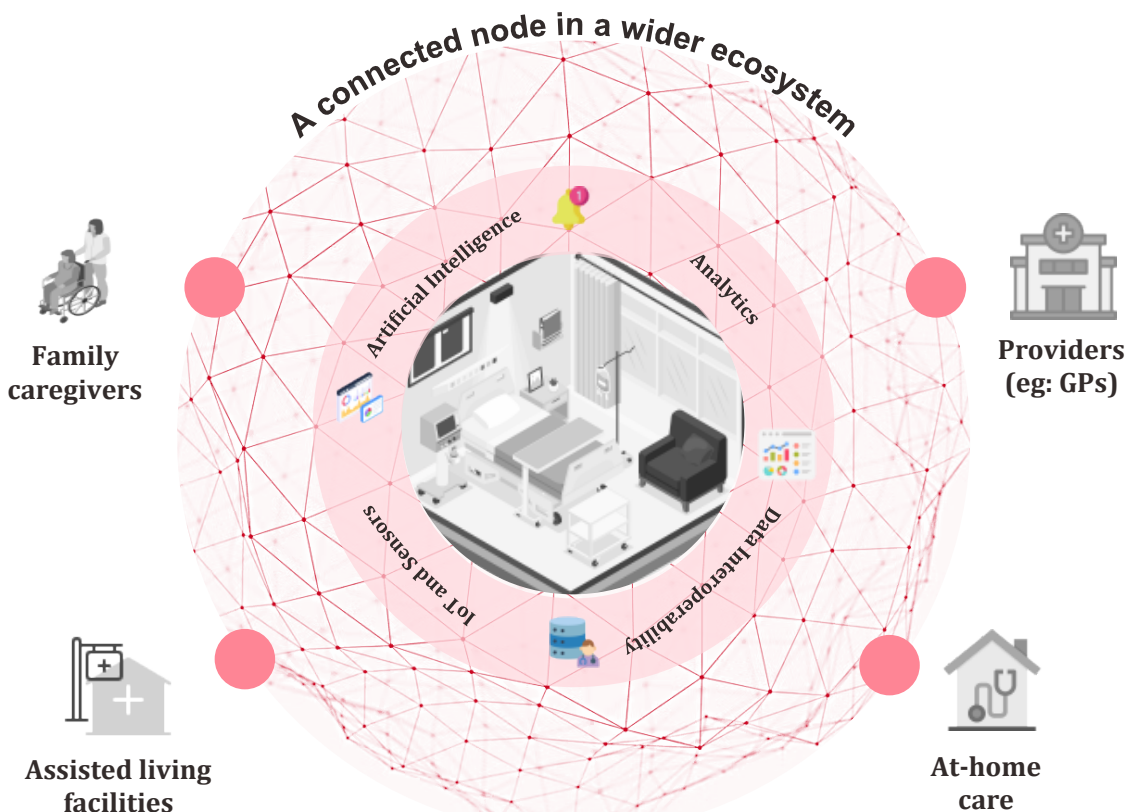
Precision medicine will become part of primary care

Ireland - 64%	Ireland - 63%	Ireland - 59%	Ireland 54%
Canada - 70%	Canada - 70%	Canada - 66%	Canada - 61%
England - 72%	England - 68%	England - 65%	England - 60%

Rating: Top three (5-7) ratings on a seven-point scale, where 7 is "Strongly Agree." Consumers (n) = 1,001  
Source: EY Global Consumer Health Survey 2023 - [www.ey.com/en\\_gl/insights/health/ey-consumer-health-survey-2023](http://www.ey.com/en_gl/insights/health/ey-consumer-health-survey-2023)



## Digital & Data – In-Patient Spaces in the Future



The inpatient room is the smallest unit of care delivery, also, the most powerful in shaping connected, continuous care

*The smartest room in a hospital is not one filled with machines, it is one designed to listen, learn, and link to care beyond its walls.*

*The question is no longer how we care in the room, but how the room helps us care everywhere else...*



## Digital & Data – In-Patient Rooms Can Connect Care

Inpatient rooms are becoming digitally activated environments, hubs that collect, process, and transmit critical data



### HOSPITAL EHR AND COMMAND CENTRE

The room becomes a live data source, feeding the broader system for flow management, escalation, and population health

*One room, many decisions*

### AI AND ANALYTICS

Real-time data from the bedside fuels predictive insights, clinical decision support, and early-warning systems

*From Reactive to prevention*

### SMART PATIENT ENGAGEMENT

The room becomes an interactive care hub, empowering patients through tailored education, feedback, and real-time communication

*Informed and active recovery*

### VIRTUAL CARE

Bedside connectivity facilitates specialist input and family engagement, both within and beyond hospital walls

*Breaking the boundaries of geography*

### REMOTE PATIENT MONITORING

Continuous sensing of vitals and mobility enables earlier discharge and virtual follow-up

*Hospital-grade visibility at home*



## Digital & Data – Virtual Care – is no longer a luxury

How can we build virtual care infrastructure that not only meets today's needs but anticipates future demands?

What partnerships and collaborations can amplify our impact, allowing virtual care to evolve into a scalable solution?



What innovative funding models can help virtual care reach critical scale, ensuring accessibility and affordability for all populations?

How can we accelerate the integration of virtual care with traditional pathways to create seamless, holistic patient journeys?



## Some Final Thoughts ...

- Focus on quality, safety & harm avoidance
- Rationalised & Standardised Processes & Technology Across the Health Board
- Designed for Regional (National) Interoperability
- Requirement for long term investment / partnerships
- Digitise / remove existing active paper records from core service provision
- Focus: Cash-Releasing, Value (Efficiency), Societal (Healthier Population), Quality Benefits
- Major investment in service transformation, usability, training & adoption



**STARTING  
 WELL**



**GROWING  
 WELL**



**LIVING  
 WELL**



**AGEING  
 WELL**



**DYING  
 WELL**

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



**CREATING  
 HEALTH**



**Our Strategic  
 Goals**



**IMPROVING  
 CARE**

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

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



**SUSTAINING  
 OUR FUTURE**



**INSPIRING  
 PEOPLE**

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



**GIG  
 CYMRU  
 NHS  
 WALES**

Bwrdd Iechyd Prifysgol  
 Cwm Taf Morgannwg  
 University Health Board



### Specific Matters for Consideration:

None

### Key Risks / Matters for Escalation:

None

### Recommendation

The Committee are requested to **NOTE** the contents of the slides

### Next Steps

Further development of Strategic Delivery Plan for Digital & Data

## Unapproved Minutes of the Extra Ordinary Strategic Development Committee

<b>Date and Time of Meeting</b>	Thursday 13 March 2025 13:30-15:00pm
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Dilys Jouvenat	Independent Member (Committee Chair)
	Jonathan Morgan	Chair
	Rachel Rowlands	Independent Member
	Hayley Proctor	Independent Member
<b>In Attendance</b>	Paul Mears	Chief Executive
	Greg Dix	Executive Director of Nursing, Midwifery & Patient Care
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of AHPs and Health Science
	Linda Prosser	Executive Director of Strategy & Transformation
	Philip Daniels	Executive Director, Public Health
	Sally May	Executive Director of finance
	Stuart Morris	Director of Digital
	Victoria Oxley	Deputy director of strategy and partnerships
	Hayleigh Jones	Deputy Director for People
	Melanie Barker	Deputy Director of Allied Health Professions and Health Science (In part)
	Elle Beadle	Assistant Director of Transformation, Strategy and Operational Planning (In Part)
	Adam Christian	National Clinical Lead (In Part)
	Caity Thomas	National Programme Lead (In Part)
	Gareth Watts	Director of Corporate Governance & Board Secretary
	Emma Walters	Head of Corporate Governance
	Kathrine Davies	Corporate Governance Manager
Tyler Lewis	Corporate Governance Officer (Committee Secretary)	



<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form was also noted. Members consented to the the meeting being recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.
1.2	<b>Apologies for Absence</b>
	Apologies were received from: <ul style="list-style-type: none"> <li>• Carolyn Donoghue, Independent Member (University)</li> <li>• Kath Palmer, Vice Chair</li> </ul>
1.3	<b>Declarations of Interest</b>
	There were no interests declared.
<b>2.</b>	<b>OUR COMMITMENT TO SUSTAINING OUR FUTURE</b>
2.1	<b>Draft Integrated Medium-Term Plan</b>
	L. Prosser and E. Beadle presented the current update on the Integrated Medium-Term Plan (IMTP), highlighting the progress made in the narrative plan and enabling actions. Members noted that the IMTP narrative plan and enabling actions assurance document were in draft form and will be finalised for board consideration.
	P. Mears discussed the financial elements of the IMTP, noting the feedback from Welsh Government and the challenge to improve the financial position. Members noted that the team was working on increasing efficiency aspirations and savings targets to achieve a balanced plan.
	S. May outlined the savings targets and risks, including the need for significant savings and the potential impact of Princess of Wales Hospital roof repair costs. Members noted that the plan included various savings schemes and a review of cost pressures.
	In response to a query raised by H. Proctor in relation to having sight of the ongoing schemes, S. May detailed the savings targets and investment plans, highlighting the risks and the need for further work to finalise the schemes.
	J. Morgan noted that the discussion had shifted from £10 million to £5.3 million and asked for clarification on what this meant. S. May explained that consideration was being given to phasing about £8 million, with £3 million still to reduce, as part of the ask from Welsh Government colleagues. P. Mears acknowledged the need to deliver financial savings in the coming year and mentioned that phasing throughout the year could spread the cost.



	<p>S. May shared the investment spreadsheet with Members. P. Mears discussed the significant costs associated with diabetes and the need for oversight on prescribing. S. May noted that the cost of prescribing would be a significant sum and had been identified as a risk in the plan.</p> <p>In response to a question raised by D. Jouvenat regarding savings S. May advised that there were still savings gaps and that the overall plan would not improve at this point in time.</p> <p>J. Morgan outlined the key risks and emphasised the importance of having a balanced plan by March 2025-2026 while investing in key areas of delivery.</p> <p>P. Mears highlighted the need to describe the plan to the organisation and reiterated the need to deliver savings and efficiencies to bridge the £3 million gap. S. May mentioned that the plan, as it stands might exclude the cost of the POW roof and Vanguard unit. P. Mears outlined that there would be need to have further conversations with Welsh Government to discuss the risks.</p> <p>H. Daniel explained the approach to coordinating the savings program for the next year and advised re-submissions from care groups were expected by the end of the following week, with details from the corporate areas due in by the end of the month.</p>
Action:	Present a version of the IMTP narrative plan and enabling actions assurance document to the Board meeting on 27March.
Resolution:	The report was <b>NOTED</b>
2.2	<p><b>Subsidy Control</b></p> <p>G. Watts presented the report that informs the Committee on the Subsidy Control requirements set out by Welsh Government with respect to The Housing with Care Funding (HCF) Capital programme.</p> <p>G Watts explained the new subsidy control requirements introduced by the UK Government post-EU withdrawal and highlighted the importance of having appropriate governance around this which requires board approval.</p> <p>The committee noted the new requirements and endorsed the report for board approval.</p>
Resolution:	The report was <b>ENDORSED FOR BOARD APPROVAL</b>
2.3	<p><b>Digital Cellular Pathology Business Case</b></p> <p>M. Barker introduced the item and noted that programme leads A. Christian and C. Thomas would provide a brief presentation on the Business Case.</p> <p>A. Christian presented the national digital cellular pathology business case, emphasising the importance of modernising pathology services and the benefits of digitising the service.</p>



	<p>C. Thomas discussed the cost breakdown and the need for board approval to proceed with the procurement process.</p> <p>Further, A. Christian advised that it was hoped that procurement would commence in April 2025.</p> <p>G. Hughes commented that pathology services are currently behind the curve and highlighted the importance of this initiative as an enabler to transform how pathology services are delivered. G Hughes noted the high costs of outsourcing pathology and endorsed the tools to repatriate services internally, further emphasising the urgency of moving forward with this initiative.</p> <p>Additionally, P. Mears agreed that the digital solution is crucial for the future positioning of pathology services and for attracting and retaining workforce within the service and advised he fully supported the initiative.</p>
Resolution:	The report was <b>ENDORSED FOR BOARD APPROVAL</b>
<b>3.</b>	<b>CONSENT AGENDA BUSINESS</b>
3.1	The Committee Chair reminded Members due to the extra-ordinary nature of the meeting being established there were no routine consent items for consideration.
<b>4.</b>	<b>CLOSE OUT BUSINESS</b>
4.1	<b>Committee Highlight Report to Board</b>
	<p>The Committee Chair noted that the Director of Corporate Governance &amp; Board Secretary had helpfully identified some potential areas for inclusion within the Committee Highlight Report which would be considered further outside the meeting.</p> <ul style="list-style-type: none"> <li>• Present a version of the IMTP narrative plan and enabling actions assurance document to the Board meeting in March.</li> <li>• Endorse Subsidy Control Requirements and progress it to the Board for approval at its March meeting</li> <li>• Endorse the digital cellular pathology business case and progress it to the board for approval at its March meeting</li> </ul>
4.2	<b>Meeting Feedback</b> The Committee Chair advised that she would be happy to receive meeting feedback outside this meeting.
<b>5.</b>	<b>PRIVATE / CLOSED IN- COMMITTEE</b>
	The Chair closed the session and suggested a short break prior to convening the closed session.
<b>6.</b>	<b>DATE AND TIME OF NEXT MEETING</b>

	<p>Date and Time of Next meeting:</p> <ul style="list-style-type: none"><li>• 3rd April 2025 at 1pm</li></ul>
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## Unapproved Minutes of the Strategic Development Committee

<b>Date and Time of Meeting</b>	Thursday 3 <sup>rd</sup> April 2025 13:00pm-15:45pm
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Dilys Jouvenat	Independent Member / Vice Chair of Committee
	Carolyn Donoghue	Independent Member
<b>In Attendance</b>	Linda Prosser	Executive Director of Strategy & Transformation
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Sally May	Executive Director of Finance
	Lauren Edwards	Executive Director of AHPs and Health Science
	Elle Mcneil	Head of Planning, Strategic and Operational Planning
	Victoria Oxley	Deputy director of strategy and partnerships
	Philip Daniels	Executive Director of Public Health
	Suzanne Rodgers	Assistant Director for Digital Transformation
	Dr Atif Ali	Acute Clinical Services Plan Programme Director
	Haileigh Jones	Deputy Director for People
	Cally Hamblyn	Assistant Director of Governance & Risk
	Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
<b>1.1</b>	<b>Welcome and Introductions</b>
	<p>The Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted.</p> <p>Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed</p>



	<p>once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.</p> <p>As this was L. Prosser’s final Committee meeting, the Chair extended their gratitude for her contributions and dedication to the Health Board.</p>
1.2	<p><b>Apologies for Absence</b></p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>• Kath Palmer, Vice Chair (Chair of the Committee)</li> <li>• Stuart Morris, Director of Digital</li> <li>• Rachel Rowlands, Independent Member</li> </ul>
1.3	<p><b>Declarations of Interest</b></p> <p>There were no interests declared.</p>
<b>2. CONSENT AGENDA BUSINESS</b>	
2.1	<p>The Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.</p> <p>No items were moved to the main agenda; all items on the consent agenda were approved and/or noted as required</p>
<b>3. COMMITTEE GOVERNANCE ARRANGEMENTS</b>	
3.1	<p><b>Action Log</b></p> <p>The chair asked the committee if they were in agreement with closing the actions listed in the action log. The committee consented to close these actions, and no additional issues were discussed.</p> <p>P. Daniels informed the committee that one of the actions would be discussed with the Vice Chair of the Board upon her return from leave.</p>
Resolution	The Action Log was <b>NOTED</b> .
Action	Closure of approved actions.
3.2	<p><b>Matters Arising Not Captured on the Action Log</b></p> <p>There were no matters arising.</p>
<b>4. STRATEGIC RISK MATTERS</b>	
4.1	<p><b>Board Assurance Framework – Strategic Risks</b></p> <p>C. Hamblyn presented the report as the latest iteration that was presented to the Board at their meeting on the 27 March 2025.</p> <p>Members were informed about the updates outlined in Section 3. C. Hamblyn highlighted that the Board Development Session scheduled for May 2025 would focus upon a review of the Strategic Risks and consider new risks in relation to the Integrated Care Model and Capital and Estates. review the risks and the risk Furthermore, she acknowledged the potential modifications to the Board</p>



	Assurance Framework following this Board Development Session in May which will be captured in the July iteration of the Board Assurance Framework.
Resolution:	The Board Assurance Framework was <b>NOTED</b> .
<b>5.</b>	<b>OUR MODELS OF CARE</b>
5.1	<b>Acute Clinical Services Plan (ACSP)</b>
	<p>A. Ali presented an update on the ACSP to the Committee focussing on the underpinning governance structure</p> <p>C. Donoghue thanked A. Ali for the clear presentation. She questioned how the seven core workstreams highlighted within the presentation, would function in a matrix structure, given that they span across clinical areas, and sought assurance that duplication would be avoided. A. Ali shared that the approach taken encompassed the entire patient pathway, ensuring a comprehensive understanding of the process and its implications.</p> <p>C. Donoghue queried whether the team had sufficient capacity and raised concerns about whether this could pose a risk to delivering outcomes or potentially become a risk in the future. A. Ali explained that the team had proactively addressed capacity concerns, ensuring that any emerging risks were logged in the risk register. He recommended the process allowed for regular reporting to the Board and, if necessary, escalation to the Executive Management Board for further review.</p> <p>L. Prosser stated that the principle discussed was to use existing systems and structures wherever possible, and this approach focused on using what was already in place to support the proposed strategies.</p> <p>G. Hughes noted the significance of addressing service-specific considerations, especially regarding emergency surgical pathways. He pointed out that these pathways impact various specialties, each contributing to the process. Furthermore, G. Hughes discussed the necessity of adopting a comprehensive understanding of the entirety of these interactions.</p>
Resolution:	The report was <b>NOTED</b> .
Action:	None identified.
5.2	<b>Spotlight on Strategy Groups Deep Dives</b>
5.2.1.	<p><b>Starting Well and Growing Well Strategy Group Update</b></p> <p>E Mcneil presented the presentation and drew attention to key highlights for Members attention.</p> <p>V Oxley commented that CTM was the first in Wales to consider incorporating the perspectives of babies and toddlers, along with other initiatives mentioned throughout the discussion.</p> <p>C. Donoghue commended the work undertaken in this area and emphasised the importance of spreading good practices. She suggested that a focused spotlight and an in-depth exploration of some key areas would be beneficial for further development.</p>

	<p>G. Hughes reflected on the discussion, acknowledging that while immediate changes in understanding may not always be clear, there remains a need to evaluate the impact of current initiatives. He emphasised the importance of evidence to show the effectiveness of actions taken, which would not only support funding efforts but also provide teams with confidence in the significance of their work. Additionally, he raised concerns about the increasing issue of children requiring dental clearance due to poor diet and suggested exploring opportunities for collaborative efforts. G. Hughes proposed bringing the strategy into alignment with these challenges and maximising joint working to address them moving forward.</p> <p>E. McNeil recognised the point and agreed to discuss it further with the Consultant in Public Health.</p> <p>L. Prosser recognised the importance of evidence and emphasised the need to combine support for evidence-based practices within the initiatives being pursued. She highlighted that this focus would be vital for shaping future work. Additionally, L. Prosser and her colleagues reflected on the pressures faced by the health board and noted the significance of considering how such evidence could help in securing resources for future projects.</p> <p>V. Oxley discussed the importance of evidence-based approaches and shared insights from regional work on similar initiatives. She highlighted the need to build a compelling business case to show the long-term implications and benefits of such efforts and explored ways to integrate these considerations into the current framework.</p> <p>P. Daniels reported, Public Health Wales had prepared an evidence review showing the benefits of early years investment. He noted that substantial efforts had been made in this area.</p>
Resolution:	The Committee <b>NOTED</b> the report and presentation.
Action:	None identified
5.2.2	<b>Building Healthier Communities</b>
	<p>L Prosser provided context for the collaborative work undertaken alongside various partners. She explained that the initiative aligned with the overarching goals of the Wellbeing of Future Generations Act and involved a detailed exploration of innovative approaches within communities.</p> <p>V. Oxley stated that they had collaborated with communities to explore different methods for promoting healthier and happier lives and understanding the needs of the communities we serve. Additionally, she referred to the participation of registered social landlords, including housing associations, as important stakeholders in these initiatives.</p> <p>D. Jouvenat noted the differences across communities and suggested considering the wellbeing sector, which likely already had communication channels in place. It was suggested that coordinators could be linked with these</p>



	<p>existing efforts for better integration. In response, V. Oxley expressed the importance of mapping individuals and organisations already active in the community.</p> <p>L. Prosser stressed the importance of involving third-sector organisations to understand their contributions within the system. Efforts were noted from those already in the community to support these initiatives.</p>
Resolution:	The report was <b>NOTED</b> .
Action:	None identified
<b>6. OUR POPULATION/WORKING WITH OTHERS</b>	
6.1	<b>Integrated Community Care System – Deferred to July Committee Meeting</b>
	It was agreed with the Chair prior to the meeting that this item would be deferred to the July Committee meeting.
Resolution:	Not applicable
Action:	This agenda item is captured in the Committee Forward Business Plan and will be added to the July agenda.
6.2	<b>Regional Partnership Board (RPB) Update</b>
	The Chair informed Members that this item will be addressed in the 'CLOSED' In Committee Session due to the inclusion of business-sensitive information in the update.
Resolution:	Not applicable
Action:	None identified
6.3	<b>Public Services Board Update</b>
	<p>P. Daniels presented the report, which provided an overview of the recent activities of the Cwm Taf Morgannwg Public Service Board (PSB) alongside updates on their progress.</p> <p>He advised that the report highlighted the appointment of a new chair of the PSB and noted advancements in climate change initiatives, which had found renewed purpose. He also discussed the Active Travel Charter, emphasising the improvement of food access in partnership with Bridgend. Additionally, progress on the dashboard was noted, as well as the renewal of the PSB's terms of reference.</p> <p>C. Donoghue sought assurance on the previous PSB's work, querying its impact and the milestones achieved. P. Daniels responded by referencing the Well-Being of Future Generations Act, explaining how the PSB's broad objectives were being measured for impact.</p>
Resolution:	The report was <b>NOTED</b> .
Action:	None identified.
6.4	<b>Area Planning Board Update</b>



	<p>P. Daniels presented the report that provided an update on the specific focus and strategic oversight of the work to develop CTM as a leading population health organisation.</p> <p>P. Daniels highlighted an error within the cover report and agreed to submit an amended report for the record.</p> <p>Additionally, P. Daniels presented the following significant highlights.</p> <ul style="list-style-type: none"> <li>• A rise in substance misuse deaths within the CTM area was highlighted as a significant concern.</li> <li>• Bouvedal, an opioid treatment, has shown promising effectiveness in supporting recovery efforts.</li> <li>• Concerns were raised regarding the inflated cost of Bouvedal and the sustainability of increased spending on this treatment.</li> <li>• The limited availability of rehabilitation provisions was noted, with little progress in reducing drug-related deaths.</li> <li>• Further evaluation of Bouvedal’s efficacy is needed, particularly in cases where individuals continue using other substances alongside the treatment.</li> </ul> <p>P. Daniels concluded by informing the Committee that there had been significant work underway in this area, emphasising the need for continued efforts to address the highlighted concerns.</p> <p>C. Donoghue expressed concern as to the use of acronyms within the report at Appendix 1 which made the report difficult to understand to the lay reader and requested that these are addressed for future reports. She also recognised the significant amount of remaining areas of activity identified within the report.</p> <p>In response, P. Daniel noted that there had been an assessment of services across health board. He reviewed the existing partnership arrangements and emphasised their usefulness in continuing the ongoing efforts in this area.</p> <p>C. Donoghue sought clarification regarding whether the report would be brought to all future committee meetings for discussion. P Daniels confirmed and agreed to this arrangement.</p>
Resolution:	The Committee <b>NOTED</b> the report.
Action:	The Executive Director of Public Health will review and correct inaccuracies in the cover report and resubmit it after the meeting and ensure future reports were suitable for the lay reader, particularly in regard to the use of acronyms
<b>7. OUR COMMITMENT TO SUSTAINING OUR FUTURE</b>	
7.1	<b>Staff Survey &amp; People Plan</b>
	<p><b>Staff Survey</b></p> <p>H. Daniel, along with H. Jones, provided a detailed presentation on the staff survey. They emphasised the importance of establishing the survey as a regular rhythm and included a comprehensive report for review.</p>



	<p>G. Hughes asked that Care groups share their actions with the people teams to ensure alignment with organisational priorities and foster collaborative efforts in addressing key feedback and enhancing overall staff engagement.</p> <p>D. Jouvenat stated that she had reviewed the full survey results, highlighting the findings and suggesting them for further reading by the attendees.</p> <p><b>People Plan</b></p> <p>H. Jones provided an update on the people plan, emphasising the importance of aligning actions with staff feedback and ensuring meaningful implementation. The update highlighted efforts such as co-developing the plan with staff input, conducting engagement sessions, and utilising pre-existing forums to assess their effectiveness.</p> <p>She advised that in recent weeks, staff walk-arounds and engagement sessions were conducted to gather insights. Systems like Digital and Workforce policies were reviewed to enhance accessibility, and a digital engagement diary was completed. Furthermore, she noted that feedback from various sources continued to inform the process.</p> <p>H. Jones continued by outlining the people plan, which included timelines, a focus on values, and clear deliverables for the People Directorate, ensuring that expectations were met. She confirmed that the plan was intended to be a dynamic document, adaptable to ongoing needs. It was announced that the People Plan would be shared in June 2025, following its submission to the Board at the end of May 2025.</p>
Resolution:	The Committee <b>NOTED</b> the report and <b>ENDORSED</b> the next steps
Action:	The People Plan was presented with confirmation that it would be submitted to the Board at the end of May 2025 and to follow would be publicised across CTM in June 2025.
7.2	<b>Financial Update – Verbal Update</b>
	<p>S. May provided the Committee with a verbal update advising that the Finance Directorate were currently reporting on the Month 12 position.</p> <p>S. May informed the Committee that, given the report had been sent to the recent Board Meeting there were no significant updates to provide at this time. She noted, however, that the Health Board had submitted the IMTP, which was based on balancing the exceptional costs associated with the Princess Wales of Wales Hospital.</p>
Resolution:	The Committee <b>NOTED</b> the verbal update.
Action:	None identified.
7.3	<b>Integrated Medium Term Plan Update</b>
	<p>L. Prosser presented a verbal update on the Integrated Medium-Term Plan (IMTP) and informed Members that the IMTP had been submitted on Monday, 31st March. She noted a challenge faced during submission as the Minimum Data Set (MDS) was not ready at that stage to submit with the plan, however,</p>



	<p>it was confirmed that the MDS followed on Wednesday 2<sup>nd</sup> April. She confirmed that an acknowledgment of receipt had been received from Welsh Government. A full response is now awaited</p> <p>The Chair thanked L Prosser for the update.</p>
Resolution:	The Committee <b>NOTED</b> the verbal update.
Action:	None Identified.
7.4	<p><b>Digital and Data Strategy / Strategic Digital Transformation Programmes</b></p>
	<p>S. Rodgers introduced the Digital and Data Strategy Roadmap and outlined plans for digital transformation, including e-prescribing, mental health solutions, and the Patient Contact Transformation Programme. Collaboration with Dr. Atif Ali was highlighted to align digital initiatives with clinical plans, alongside efforts to enhance workforce skills in cyber security and data analytics. She noted challenges with new solutions, emphasising interdependencies and the role of external partners like Digital Health Care Wales in delivering the roadmap.</p> <p>A. Ali shared insights on integrating digital solutions with the acute clinical plan, emphasising the role of AI-driven pathways. He highlighted the importance of establishing practical work streams and ensuring collaboration for future developments. Participants expressed satisfaction with the progress already being made in this area.</p> <p>H. Daniel discussed the ongoing strategic developments that focus on digital workforce enablement and skills within the digital agenda. S Rodgers mentioned the introduction of a new role, Head of Digital Business Change and Benefits, which is expected to be crucial for delivery efforts. She emphasised the importance of enabling staff through Electronic Prescribing and Medicines Administration (ePMA), with handheld devices provided to ward staff for prescribing and administering medicine as part of their daily operations.</p> <p>G. Hughes discussed the complexities involved in the rollout of ePMA, pointing out the risks associated with coordinating across individual organisations. He mentioned that the Committee recognised the benefits of implementing ePMA but also noted the difficulties posed by these complexities, particularly in collaboration with Digital Health and Care Wales (DHCW). Additionally, he highlighted concerns related to the patient-centric approach and the potential risks of adapting to organisational changes without fully tailoring solutions to meet the health board's needs effectively.</p> <p>L. Edwards agreed with the importance of onboarding digital innovations to transform services and increase capacity. She highlighted the need to address the cultural aspect to encourage clinicians to engage with the governance plan and retain their involvement. She queried how innovation could be managed safely within these frameworks.</p> <p>S. Rodgers acknowledged the challenges posed by keeping an outward perspective and effectively channelling efforts into digital and data initiatives.</p>



	<p>She emphasised the importance of implementing safeguards and proof-of-concept processes to ensure the viability of new opportunities.</p> <p>C. Donoghue raised the point on the escalation of challenges associated with delivering National Programmes that relied on external partners, such as DHCW, and queried where these risks would be highlighted and supported within governance frameworks.</p> <p>C. Hamblyn explained that risks were managed in two ways: programme risks were reported through a dedicated programme risk log, while organisational risks arising from the programmes would be considered for escalation to the Organisational Risk Register. C Hamblyn noted that programme risks were likely to be addressed via the programme assurance route, while wider risks as identified in this meeting could be captured within the Committee highlight report to Board if the Committee considers it appropriate for escalation</p> <p>G. Hughes emphasised the need for clarity in how the Strategic Development Committee and Operational Delivery Committee reviewed digital risks within the Board Assurance Framework (BAF), particularly how explicit the challenges related to DHCW were and their impact on strategic developments.</p> <p>C. Hamblyn confirmed that a meeting is scheduled with the Director of Digital for the following week to discuss how the challenges could be captured within the BAF framework.</p>
Resolution:	The Committee <b>NOTED</b> the presentation.
Action:	Digital challenges identified to be captured within the Digital Risk on the Board Assurance Framework.
7.5	<b>Annual Review of the Well Being of Future Generations Act (WBFGA) and Objectives</b>
	<p>L. Prosser emphasised the importance of aligning the WBFGA Objectives with the objectives of CTM 2030. She noted that whilst the current alignment is satisfactory overall, there is further improvement/refinement required which P Daniels updated the Committee upon as follows.</p> <p>P. Daniels provided an overview of the duty on public sector bodies to contribute to sustainable development in alignment with the seven well-being goals. He noted that a review had been conducted, with evidence presented in the accompanying paper. One goal related to the Welsh language was identified as not fully met. P. Daniels proposed adding an additional objective to integrate the Welsh language across all activities, highlighting its significance in care provision and the organisation's role as an anchor institution in Wales's aim to achieve one million Welsh speakers. He requested the Committee to endorse this new well-being objective.</p>
Resolution:	The Committee acknowledged the report and <b>ENDORSED</b> the additional well-being objective for approval at the May 2025 Board Meeting.
Action:	The Executive Director of Public Health will present the additional objective at the Board Meeting scheduled for May 2025 for approval.



<b>8.</b>	<b>CONSENT AGENDA</b>
<b>8.1</b>	<b>ITEMS FOR APPROVAL</b>
8.1.1	The Unconfirmed Minutes of the Strategic Development Committee meeting held on 16 <sup>th</sup> January 2025 were <b>APPROVED.</b>
<b>8.2</b>	<b>ITEMS FOR NOTING</b>
8.2.1	The Annual Cycle of Business was <b>NOTED</b>
8.2.2	The Committee Forward Work Plan was <b>NOTED.</b>
8.2.3	CTM2030 Strategy Groups Update was <b>NOTED.</b>
<b>9.</b>	<b>CLOSE OUT BUSINESS</b>
<b>9.1</b>	<b>Any Other Business</b>
	There was no other business to report on this occasion.
<b>9.2</b>	<b>Committee Highlight Report to Board</b>
	The Committee Chair noted that the Assistant Director of Governance & Risk had helpfully identified some potential areas for inclusion within the Committee Highlight Report which would be circulated for further consideration outside the meeting in readiness for submission to Board.
<b>9.3</b>	<b>Meeting Feedback</b>
	The Chair invited members to provide feedback in the meeting or outside if that was preferable.
<b>10.</b>	<b>PRIVATE / CLOSED SESSION BUSINESS</b>
	As indicated at 6.2 on the agenda there would be a short, closed session to discuss the Regional Integration Fund update which includes business sensitive matters.
<b>11.</b>	<b>Date and Time of Next meeting:</b> 3 <sup>RD</sup> July 2025 13:00pm



<b>Agenda Item</b>	<b>8.1.3</b>
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## Unapproved (CLOSED) In-Committee Minutes of the Strategic Development Committee

<b>Date and Time of Meeting</b>	Thursday 3 <sup>rd</sup> April 2025
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Dilys Jouvenat	Independent Member /Vice Chair of Committee
	Carolyn Donoghue	Independent Member
<b>In Attendance</b>	Linda Prosser	Executive Director of Strategy & Transformation
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Sally May	Executive Director of Finance
	Lauren Edwards	Executive Director of AHPs and Health Science
	Philip Daniels	Executive Director of Public Health
	Haileigh Jones	Deputy Director for People
	Cally Hamblyn	Assistant Director of Governance & Risk
	Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	The Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted.
1.2	<b>Apologies for Absence</b>
	Apologies were received from: <ul style="list-style-type: none"> <li>Kath Palmer, Vice Chair (Chair of the Committee)</li> <li>Stuart Morris, Director of Digital</li> <li>Rachel Rowlands, Independent Member</li> </ul>
1.3	<b>Declarations of Interest</b>
	There were no interests declared.



<b>2. MAIN AGENDA</b>	
2.1	<b>Regional Integrated Fund (RIF)</b> The Committee received an update from L Prosser on the funding allocation and application of the RIF and how the budget supports a wide range of ongoing and new initiatives focused on driving integration and delivering sustainable improvements in health and social care across the region.  Discussion followed on the areas of funding and the potential risks as a result of funding sustainability.
Resolution	The Committee <b>NOTED</b> the highlight report.
Action	None identified.
<b>3. ANY OTHER BUSINESS</b>	
3.1	There was no other business raised.
<b>4. DATE AND TIME OF NEXT MEETING;</b>	
4.1	3 <sup>RD</sup> July 2025 AT 13:00PM



**Agenda Item**

8.2.1.

**Strategic Development Committee**

**Committee Annual Cycle of Business 2025**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tyler Lewis, Corporate Governance Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation /Background

- 1.1 The Strategic Development Committee should, on an 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 January 2025 to 31 December 2025.

## 2. Specific Matters for Consideration

- 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

- 3.1 Please refer to **Appendix 1** – Strategic Development Committee Cycle of Business for further detail.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</b>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Safe
	If more than one applies please list below:
	No - Not Applicable



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	If more than one applies please list below:	
<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Committee are asked to **NOTE** the Annual Cycle of Business.

## 6. Next Steps

6.1 There are no next steps required.



### Strategic Development Committee – Annual Cycle of Committee Business

(1<sup>st</sup> January 2025 to the 31<sup>st</sup> December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Operational Delivery Committee meets at **least 4 times per annum**.

<b>Committee Chair:</b> Kath Palmer, Vice Chair	<b>Committee Vice Chair</b> Dilys Jouvenat, Independent Member (Third Sector)	<b>Executive Leads for Agenda Planning</b> • Linda Prosser, Executive Director of Strategy & Transformation
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#### CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Committee Governance Arrangements</b>																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R Except for the annual review in November	R Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				R 2026									X	R
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually	R 2026												X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Committee Governance Arrangements CONTD</b>																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				R 2026									X	R
<b>Strategic Risk Management</b>																
8. Board Assurance Framework Report	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			X	R
<b>Our Models of Care</b>																
9. CTM2030 –Strategy Group Updates	Executive Director of Strategy & Transformation	Twice per annum	R						R						R	X
10. Spotlights on Strategy Groups – Deep Dives	Executive Director of Strategy & Transformation	Twice per annum				R						R			X	R
11. Acute Clinical Service Plan Update	Executive Director of Strategy & Transformation	All regular meetings	R			R			R			R			X	R
12. Strategic Digital Transformation Programmes	Director of Digital	All regular meetings	R			R			R			R			X	R
13. Clinical Services Transformation Programmes	Chief Operating Officer		R Integrated Community Services (Including Primary Care) MH&LD			R UEC 6 Goals Frailty PIT			R Integrated Community Services (Inc Primary Care) MH & LD			R UEC 6 Goals Frailty PIT				
14. Building Healthier Communities together updates which will alternate between: <ul style="list-style-type: none"> <li>Green/decarbonisation initiatives</li> <li>Procurement</li> <li>Foundational Economy</li> <li>Circular Economy</li> <li>Anchor institution</li> <li>Welsh Language</li> <li>Employment</li> <li>Education</li> <li>Partnership development including the voluntary and community sector</li> <li>Housing</li> <li>CTMO (CTM Offer)</li> </ul>	Executive Director of Strategy & Transformation	All Regular Meetings	R			R			R			R			X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Our Population /Working With Others</b>																
15. Population Health Strategic Delivery Plan	Executive Director of Public Health	Twice Per annum	R						R						X	R
16. Regional Partnership Board Update	Executive Director of Strategy & Transformation (Supported by Sarah Mills)	All Regular Meetings	R			R			R			R			X Could be consent depending on report detail	R
17. Public Services Board Update	Executive Director of Public Health	All Regular Meetings	R			R			R			R			X Could be consent depending on report detail	R
18. Area Partnership Board Update	Executive Director of Public Health	All Regular Meetings	R			R			R			R				
19. Strategic Equality Plan	Executive Director of People	Annually							R						X	R
<b>Our Commitment to Sustaining Our Future</b>																
20. Financial Position Update (underlying position / longer term lens)	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
21. Estates strategic plans (aspects of the EFPMS report)	Executive Director of Finance	Annually							R							
22. People/Workforce Plans	Executive Director of People	All Regular Meetings	R			R			R			R			X	R
23. Digital & Data Strategy	Director of Digital	All Regular Meetings	R			R			R			R			X	R
24. Decarbonisation & Waste Reduction (Include annual report) – Presentations	Executive Director of Strategy & Transformation	Twice Per annum				R				"Extra-ordinary Committee for the sign off of the Annual Carbon emissions"		R			X	R
25. University Health Board Designation	Executive Director of Nursing / Deputy CEO	Annually				Deferred						R			X	R
26. IMTP (including Sign Off	Executive Director of Strategy & Transformation	All regular meetings (excluding July)	R		Extra-ordinary Committee for the sign off the IMTP	R						R			X	R

27. Annual Review of the WBFGA Statement and Objectives	Executive Director of Strategy & Transformation	Annually	Deferred to April												X	
<b>Items of Business</b>	<b>Executive Lead / Or External Representative</b>	<b>Reporting Frequency</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Consent Agenda</b>	<b>Main Agenda</b>
<b>Our Commitment to Sustaining Our Future</b>																
28. Healthy Travel Plan – Annual Update	Executive Director of Public Health	Annually													X	



### Strategic Development Committee – Non-Routine Committee Business Forward Plan

(1<sup>st</sup> January 2025 to the 31<sup>st</sup> December 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
September 2024	Planning Performance & Finance Committee	Requested via Email	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Propose to Close as captured on July 2025 agenda.	This item was deferred from the April 2025 Committee Meeting – included a 3rd July 2025 meeting at agenda item 5.5.
January 2025	Strategic Development Committee	Requested at Committee Meeting	Creating Health Strategic Delivery Plan	To note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops.	Director of Public Health	Director of Public Health	Propose to Close as captured on July 2025 agenda.	This item was deferred from the previous meetings and will be addressed at the meeting being held on 3 <sup>rd</sup> July 2025 at agenda item 6.2.
March 2025	Strategic Development Report	Requested via Email	Integrated Community Care System Plan	Defer report from April Committee to July 2025 Committee	Executive Director of Strategy & Transformation & Integrated Services Director, CTM Regional Partnership Board	Executive Director of Strategy & Transformation & Integrated Services Director, CTM Regional Partnership Board	Consider readiness at the October agenda planning session	This item was initially scheduled for the April 2025 agenda. However, it was requested to defer the item as it will soon be presented to ELG. Confirmed that an update is scheduled for the Executive Management Board on the 30 <sup>th</sup> June so will follow at a later Committee.
June 2025	SDC Agenda Item & Planning	Requested via email	Estates Strategic Plans	Defer this item as the plan needs to follow the Acute Clinical Services Plan. Unfortunately, the Acute Clinical Services Plan is not yet at a stage where we can base the estate's consequences on it.	Executive Director of finance	Executive Director of finance	Consider readiness at the October agenda planning session	Deferred from July as discussions with Welsh Government are ongoing. Added as a possible item for the October 2025 meeting.
June 2025	SDC Agenda Item & Planning	Requested via email	Healthy Weight Road Map	Defer the item from the July 3 <sup>rd</sup> SDC meeting to the October SDC meeting.	Executive Director of Public Health	Executive Director of Public Health	Consider readiness at the October agenda planning session	As this item requires approval from the Board in November 2025, timelines have been amended.

**COMPLETED ITEMS**

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
January 2025	On annual Cycle of Business	Committee	People / Workforce Plan - Verbal Update	Provide the Committee with an update on the People / Workforce Plans.	Director of People	Director of People	April 2025	A brief verbal update will be provided at the January 2025 Committee meeting, with a full report scheduled for presentation at the April Committee. This approach was agreed upon to allow sufficient time for a more comprehensive update on the People Plan at the next Committee. <b>Completed</b>
January 2025	Strategic Development Committee	Requested at Committee Meeting	Digital and Data Strategy / Strategic Digital Transformation Programmes	to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Director of Digital	Director of Digital	April 2025	This item is currently on the agenda for the April 2025 Committee Meeting - <b>Completed</b>
November 2024	Population Health & Partnership Committee Meeting	Committee Meeting	Active Travel Charter - Implementation Plan	To bring the Implementation Plan back to a future meeting of the Committee.	Director of Public Health	Director of Public Health	16 January 2025	Received at January 2025 meeting - <b>Completed</b>
July 2024	Digital and Data Committee Agenda Planning Session	Committee Chair	Spotlight Topic: Digital from the Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	Agreed to Close at SDC Committee 3 <sup>rd</sup> April 2025	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme. <b>Completed.</b>