Strategic Development Committee

Creating Health Delivery Plan Mid-Year Report

Eitem yr Agenda / Agenda Item	7.3
Dyddiad y Cyfarfod / Date of Meeting:	10th November 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kate May- Assistant Director of Public Health
Cyflwynydd yr Adroddiad / Report Presenter:	Philip Daniels- Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	To note update and progress
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Creating Health If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Creating Health as a strategic pillar of CTM 2030, is aligned to the objectives in the IMTP

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This report is the first mid-year Creating Health Update for SDC following the implementation of the reporting arrangements agreed in April 2026.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The report includes an update against the key deliverables set out in the Creating Health Delivery Plan that was approved by SDC in April 2026. Significant positive progress against the milestones has been delivered. However, a small number of areas have not progressed as well as anticipated due to availability of resources. If sufficient resources are not made available for preventative intervention programmes such as those reporting to the Creating Health programme board, then delivery will be limited and the opportunity to improve population health outcomes including life expectancy and healthy life expectancy will be reduced.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Continue to receive updates as per agreed reporting arrangements- notably an annual report including population outcome measure review at the start of 2027.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	Note the content of the update Support the ongoing delivery and reporting of the Creating Health Programme

1. Background / Context

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
- Being a healthy organisation

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 will oversee the delivery of a number of defined workstreams and provide specialist input into the programmes of contributing work delivered across the health board.

1.2 A delivery plan was drafted to reflect these responsibilities and set out a mechanism for monitoring progress against these and approved by board late 2024.

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

1.3 This update is intended to provide an overview of the mid-year progress made in the Creating Health Programme as per agreed performance reporting.

2. Strategic Insights

2.1 The Creating health Delivery Plan was refreshed in April 2026.

2.2 Reporting arrangements were agreed that include;

- An annual report of progress against deliverables and a review of population health dataset (updated annually) received by Strategic Development Committee.
- Quarterly review by the Creating Health Programme Board, of deliverables against the Creating Health Milestone Tracker
- Bimonthly programme of Programme level reporting 'Deep dives' received at Creating Health Programme Board
- Half yearly update to Strategic Development Committee on progress against deliverables in the programme

2.3 Progress against the deliverables set out for 2026/27 is listed below:

Programme	2026/27 Deliverables	Creating Health Objective	Sept 2026 Position
AF and HPT	Develop plan to embed service into Primary care Services Produce model of redesigned WISE services	Objective 1 Objective 3	Plan and redesigned service is achieved and delivery ongoing
	Ongoing delivery of outreach offer Increased case finding and long-term condition prevention		Increased case finding is ongoing, including additional development of 'staff health check' underway with Occupational Health support and next phase to be agreed with people services
National Hepatitis Elimination Programme	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 1 Objective 3	The blood borne virus (BBV) offer of testing has been above 97% for 15 consecutive months and screening has been above 90% for 15 months with a slight dip of 88.4% in June 2026 and a return back up to 90% in August 2026
	Implement a sustainable service for testing across the three probation offices within CTM.		A business case has been submitted to Welsh Government in September to support a Disease of Elimination approach. A decision is awaited.
	Continue to improve testing rates and ultimately treatment rates.		In 2025 61% of service users received a test within 30 days of assessment exceeding the WG target of 50%. Further work to be undertaken for repeat testing, to validate testing activity recorded within data systems, to reduce variation in testing across sites. A detailed audit undertaken to understand the pathway from Hep C diagnosis to treatment completion and post treatment follow up is driving service improvement work getting patients into treatment is a significant challenge

	Scope pilot for Diseases of elimination approach		A business case has been submitted to Welsh Government in April 2026 to support a disease of elimination (DoE) approach. CTM now implementing a Fast Track CTM+ DoE approach. Multiagency, professional workshop held September 2026 all partners agreed and have set priority areas for work and collaboration. Draft plan produced and governance structures and new group memberships currently being agreed.
Behavioural Science	Twelve training sessions undertaken quarterly	Objective 1 Objective 2 Objective 3 Objective 4	During the period 01/04 – 20/08, 5 sessions were scheduled and delivered including staff from School Family Liaison Officers, Corporate Services and Foundation Doctors, Behavioural Insight Circles training for staff from Treorchy Schools Cluster and MECC training for Student Health Visitors
	Ninety individuals to undertake training every quarter		During the period, 01/04 – 20/08, 66 individuals trained (not including level 1 e-learning).
	Support implementation of behaviourally informed approaches in clinical pathways across the different care groups in the Health Board.		During the period 01/04 – 20/08, support provided to 16 distinct areas of work/projects.
	Embed impact evaluation of behavioural science application to inform and strengthen ongoing practice and support model of delivery.		Evaluation form now live, and plans to strengthen collation of evaluation data/case studies during Q3.
	Integrate academic research and key findings/ recommendations into evidence-based intervention development		Health Psychology based academic research ongoing within the team to support the integration of key findings/recommendations into evidence-based intervention development. Furthermore, 2 evidence reviews underway exploring evidence-based

			interventions to increase breast and cervical screening uptake (post-partum period) nearing completion with intervention planning to begin in Q3.
PHM	Review implementation models in CTM in short/med term	Objective 1 Objective 2 Objective 3 Objective 4	The draft CTM PHM Strategic Delivery Plan 2026–2031 has been developed. A review of all PHM projects delivered between 2021 and 2026 was undertaken with findings informing the proposed short- and medium-term operating model.
	Increased case finding for existing services.		Following support and guidance from the team, Taff Ely Frailty Team are now using PHM as a means to case find patients for their existing service. Recent support from the team on information governance and integration of quarterly portal updates into a service provision has meant that the Taff Ely Frailty Service have successfully integrated PHM as a proactive means of case finding
	Increased proactive identification of patients for preventative interventions and services.		An interim process evaluation report was prepared and presented to the Bridgend West Cluster meeting on the 23*rd of* September for the COPD project where 139 patients were successfully contacted. Final report is being written with a final draft due to be completed by the 23*rd* of October for sign off. PHM projects that are under development include; • Taff Ely Cluster Lifestyle Project • Bridgend West IQVIA Childhood Asthma project • Chronic Conditions Team for housebound, non-engaged, difficult to reach patients (Rhondda, Taff Ely)

	Development and implementation of PHM infrastructure using CTM shared care record (phase 1 is pilot in managed practice)		A draft project initiation document and technical work plan were developed for using the CTM Shared Care Record for PHM. The planned Q2 milestone to establish the initial data flow and move into technical implementation was not achieved. Progress was constrained by unresolved information-governance requirements, including finalisation of the Data Protection Impact Assessment and controller arrangements, development of separate governance documentation for the Clinical Data Repository, and agreement on patient communications and opt-out processes. This work is ongoing
Healthy Weight Programmes	Introduction of obesity tier 2 and 3 for children	Objective 1 Objective 2 Objective 3 Objective 4	No progress against this milestone due to lack of funding
	Sign off of Healthy Weight roadmap		The Healthy Weight roadmap was signed off by Board formally in July
	Roll out of PIPYN CTM wide		Pipyn now operating across all three local authority areas
	Ongoing measuring impact and learning of PHW nine steps for CTM		This is now embedded into programme activity
	Develop regional Food Partnership action Plan		Food Environment Regional Joint Action Plan developed as part of the PSB Food Resilience Sub Board
	Develop and implement operational measures for HW		Measures to be agreed at November Healthy Weight Steering Group

	Build capacity, quality & awareness of smoking cessation delivery across CTM	Objective 1 Objective 2 Objective 3	HMQ service improvement plan in place with quarterly data review. The team have a schedule of attendance at community events to promote the service. Continuing timetabled attendance at community venues and workplaces to deliver support
	Develop the Health Board's role in achieving smoke-free by 2030 target		Paper presented at Improving Care Board with agreement for each Care Group to develop a tobacco action plan alongside Public Health Team. Attendance at Planned Care & Unscheduled Care SMTs, with Primary Care & Community scheduled. Smoke-free sites: Evaluation of smoke-free loud speakers on 3 x main hospital sites has been completed and will be presented to Smoke-free Environment Group
Reduction in Harms from tobacco and nicotine	Tackle inequities in smoking prevalence, including developing an understanding of barriers for priority groups		Report completed on insights into smoking and quitting behaviour among groups with higher smoking prevalence, including focus groups with CTM residents. Recommendations agreed and are being turned into an action plan to take forward. A discussion paper on a proposed place-based approach to engaging and supporting smokers is being developed. Planning stages of a communication addressing some common knowledge gaps and misconceptions. Vacancies in the tobacco team has impacted the progress in this area.
	Implement maternity smoking pathway & quality HMQ for Baby service		HMQ for Baby service continues to be delivered - adaptation of service following launch of Badgernet. Pathway being developed for HMQB service with BLOOM team (social complexity service). Work underway to understand and address drop in CO readings at booking and throughout pregnancy
	Develop wider partner support for achieving		

	smoke-free by 2030 target Prevent children & young people from taking up smoking and vaping		Stakeholder communications plan being implemented including newsletters in Q1 and Q2 and a recorded online spotlight session on 8th September. All information available on a Padlet, with stakeholders encouraged to support us by promoting HMQ using provided resources. Stakeholder network being promoted. Currently awaiting PHW to launch national vaping support pathway and guide for supporting young people in order to make our local response. Prevention with 16 - 25 years age group - Completed insight gathering survey at freshers fairs on tobacco and nicotine product awareness and use and requirements for further information. Currently analysing and this will inform questioning in further focus groups
	Delivery of the CTM 5-year diabetes strategic plan. Support diabetes remission service implementation/evaluation Support equitable roll out of the AWDPP	Objective 1 Objective 2 Objective 3	Delivery of the CTM 5-year Diabetes Strategic Plan continues through established programme governance arrangements, with oversight from the Programme and Operational Boards. Workstreams are progressing delivery against agreed priorities, with discussions ongoing regarding future governance arrangements Diabetes remission work remains under consideration. Complexity associated with delivery models has been identified and further exploratory work to develop this service is planned for 2027, linked to wider value based healthcare discussions and service development opportunities aligned with the CBIDS model. Delivery of the AWDPP has now been incorporated within the WISE service. Ongoing work focuses on supporting equitable access and uptake, ensuring prevention support reaches those at greatest risk of developing Type 2 diabetes

	Explore enhanced diabetes case-finding		Following a 2 year RGH pilot, diabetes case-finding in line with NICE guidelines is being implemented within pre-op clinics across CTMUHB. Further work relating to the optimisation of primary care hypertension reviews is being explored.
	Co-produce an intervention to pilot with the intention of delaying/reducing risk of development of T2DM in women with GDM		Evidence review completed and a proposed approach developed. Qualitative engagement with women and key stakeholders is commencing to inform co-production of a future intervention aimed at reducing progression to Type 2 diabetes following gestational diabetes
	Support preconception work in RCT		Evidence review and assessment completed to inform discussions on strengthening preconception care for women living with diabetes. Work has identified opportunities to embed preconception advice across routine diabetes care and improve awareness amongst professionals and service users. A wider CTMUHB preconception health needs assessment is planned – to be completed by March 2027
	Support diabetic eye screening equity work		Initial mapping of diabetic eye screening provision against potential areas of need has been completed. Further work is required with partners to better understand inequalities and identify opportunities to improve equitable access and uptake.
	Explore opportunities to support transition for people living with T1DM from CYP to adult services.		Ongoing engagement with paediatric and adult diabetes services to better understand current transition arrangements and identify opportunities to strengthen support for young people moving into adult services. Work to pilot an arts therapy intervention for this patient group is being scoped

	Review and support Structured diabetes education work		Mixed-methods review of Structured Diabetes Education is ongoing. Quantitative analysis, stakeholder engagement and qualitative interviews are underway to understand barriers, enablers and opportunities to improve referral, uptake and completion rates.
	Support increased uptake of 8 care process		Continued support provided to primary care to improve completion of the 8 care processes. This includes improvement resources, data review, workforce support and evaluation of a recent behavioural science-informed urine invitation letter pilot in 11 CTM GP surgeries. Further work is planned to include piloting a behavioural science-informed diabetes annual review letter, and insight work with people living with diabetes to understand their views of diabetes annual reviews and the 8 care processes
	Support implementation of the new CTM T2DM pathway		A CTM Type 2 Diabetes diagnosis and management Pathway is in development. Once signed off work will focus on supporting awareness, engagement and rollout across relevant primary care services
	Support implementation of recommendations for staff living with diabetes		Work continues with People Directorate colleagues to implement recommendations arising from staff engagement activity, including improved signposting, education, awareness and access to support for staff living with diabetes
Mental Health and Well-being	Develop an implementation plan of recommendations from the CTM MH and WB needs assessment by the end of March	Objective 1 Objective 2 Objective 3	The CTM Mental Health & Wellbeing HNA has been completed and is now informing the next phase of implementation planning. Work during Q2 has focused on translating the HNA findings into a manageable set of whole-system priorities, with an emphasis on prevention and early intervention, wider

			determinants, community wellbeing and social connection, reducing inequalities, lived experience and improved intelligence/evaluation. Partner engagement is underway to map existing activity, gaps and opportunities. A local implementation-plan framework is being developed, initially aligned to Visions 1 and 2 of the national Mental Health & Wellbeing Strategy. Governance arrangements across the Regional Partnership, PSB and CTM Mental Health & Wellbeing Strategic Group will be clarified during Q3, with a year-one delivery plan, including owners, milestones and measures, to be developed by the end of March 2027
	Develop a clear workplan to support the local implementation of the two national strategies: National Mental health and wellbeing strategy and National Suicide Prevention and Self-Harm Strategy		The Public Mental Health workplan has been developed around local implementation of both national strategies, with prevention, inequalities and the wider determinants embedded across the programme. For suicide prevention and self-harm, regional multi-agency governance is in place through the strategic steering group and work is progressing to develop a focused local delivery plan aligned to the national strategy. Priorities include strengthening governance and reporting arrangements, re-establishing lived -experience/ engagement and suicide-review mechanisms, reviewing local intelligence to identify priority populations and inequalities, and agreeing a manageable set of local actions. This work will continue through Q3/Q4 alongside the HNA implementation planning, with the aim of having agreed delivery arrangements and plans in place by the end of March 2027.
Social Prescribing	Establish a strategic view of local community development needs.	Objective 1 Objective 2 Objective 3 Objective 4	Vacancies have prevented this element of work from progressing at the current time

	Continue to Develop "Healthy Partnership"		Community resilience hubs, neighbourhood networks and integrated referral pathways support residents through coordinated community-based services. The social prescribing stakeholder group continues to meet twice yearly to review opportunities and coordinate activity
Income Maximisation	Evaluation pension credit/warmer homes work Review income type and population options for targeting 26/27 Support HB in Wales with roll out of warmer homes project	Objective 1 Objective 2 Objective 3 Objective 4	Evaluation of 25/26 complete and report to summarise under development Prospective model agreed, target population under discussion Scripts and SOPs shared with 3 health boards and with PHW. Presentations delivered at two other health boards to support local roll out
Maternity Population Health	Development of Maternity Population health strategy Sign off for CTM Maternity Population Health Strategy Development of measurable objectives Development of Social Complexities Team Healthy weight pathway evaluation and shared learning	Objective 1 Objective 2 Objective 3	Interim plan drafted with associated metrics developed to support this. Full strategy to be published strategy Spring 2027. The BLOOM (Social complexities) team launched in May 2026 in Bridgend LA. Consultation ongoing with RCT and Merthyr. An evaluation of the Healthy Weight pathway is ongoing. Interim changes have been made to the service following a service evaluation. Next steps are linked with national work on this in Wales.

Housing and Communities	Develop Health and Housing data linkage project Build place- based partnerships for wellbeing work		All Housing Associations (HA's) completed standard data transfer template. HA's provided with access to secure DHCW upload portal DPIA developed for assurance with HA's data governance policies Awaiting complete set of HA data for 1st analysis Oct/Nov. This will be presented back to Health & Housing Alliance 13/11/26 with a plan to convene data linkage sub-group Nov/Dec to progress work Work in two partnerships is ongoing; **Caerau, Maesteg Partnership** and **Penrhiwceiber Partnership.** Engagement and appreciative enquiry work are key in both partnerships. Lived experience reports will be developed later in the year and will feed into the PNA and WBA.
	Scope programme objectives focussed around key themes: - How we work - Who works with us - Finance and budget - Inequalities - Marmot - Sign off CTM Population Health Framework	Objective 1 Objective 2 Objective 3 Objective 4	Programmes and priorities drafted and currently under consultation with public health team Initial draft of population health strategic plan drafted and with PH team for comment Current draft shared with SDC October 2026 for early comment

2.3 The Annual review of the Population Health Outcome data set was last reported to Creating Health Programme Board in April 2026, and onwardly reported to SDC in June 2026. It has therefore not been included in this report. However, it should be noted that recently published data, shows that Healthy life expectancy in CTM has continued to worsen with the gap between most and least deprived widening

3. Risks and Opportunities

3.1 The delivery of Creating Health programme of work and other associated ambitions of CTMUHB to become a population health organisation aligned to the principles of Marmot, rely heavily on the availability of resources. If sufficient resources are not made available to enable this work, then associated deliverables may be at risk, affecting our ability to impact changes to the health of our population.

3.2 Work is in the early stages across CTMUHB to set out a model to cost the current budget spend on prevention. This will provide a meaningful baseline that will allow ongoing monitoring of prevention spend in future and provide an opportunity to inform decisions on resource allocation and comparison across Wales.

4. Compliance and Governance

4.1 This report forms the first mid-year Creating Health update for SDC in line with the reporting arrangements agreed in April 2026.

6. Conclusion

6.1 The committee are asked to note the update of progress and the intention for CTM to cost prevention spend.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 8 Prevention & Early Intervention If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable

Environmental Sustainability Impact (5Rs)	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	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	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Creating Health Programme Board	28/10/2026	

Acronyms / Glossary of Terms	
AF and HPT	Atrial Fibrillation and Hypertension
AWDPP	All Wales Diabetes Prevention Programme
BBV	Blood Borne Virus
CBIDS	Community-Based Integrated Diabetes Service
COPD	Chronic Obstructive Pulmonary Disease
CTMUHB	Cwm Taf Morgannwg University Health Board
HA	Housing Association
HMQ	Help Me Quit
HMQB	Help Me Quit for Baby
HMQH	Help Me Quit in Hospital
HNA	Health Needs Assessment
IMTP	Integrated Medium Term Plan
KITT	Keeping in Touch Team
MECC	Making Every Contact Count
PHM	Population Health Management
PHW	Public Health Wales
PIPYN	Pwysau Iach Plant yng Nghymru (Healthy Childrens Healthy Weight in Wales)
PNA	Population Needs Assessment
PSB	Public Services Board
PSRS	Population Segmentation and Risk Stratification
SPOC	Single Point of Contact
WBA	Wellbeing Assessment