

Population Health & Partnerships Committee

Tue 07 November 2023, 14:00 - 16:30

Virtual via Teams



Agenda

14:00 - 14:05 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introductions

Carolyn Donoghue, Chair

1.2. Apologies for Absence

Carolyn Donoghue, Chair

For Noting

1.3. Declarations of Interest

Carolyn Donoghue, Chair

For Noting

14:05 - 14:10 **2. CONSENT AGENDA** 5 min


Decision Carolyn Donoghue

The Chair will ask if there are any items from the consent agenda (**Part 8**) that Committee Members wish to bring forward to the Main agenda for discussion

14:10 - 14:30 **3. MAIN AGENDA** 20 min

3.1. PHP Committee Action Log

Discussion Carolyn Donoghue, Chair

 3.1 Action Log PHP Committee 7th November 2023.pdf (6 pages)

3.2. Matters Arising not Contained within the Action Log

Discussion Carolyn Donoghue, Chair

For Discussion/Noting

3.3. Shared Listening & Learning Story - Homeless Service

Discussion Tracy Evans, Clinical Nurse Specialist HVA & Hannah Emanuel, Clinical Nurse Specialist for Homelessness and Vulnerable Adult (General Health Nurse)

Presentation

 3.3 Shared Listening & Learning Story - Homeless Service 07 November 2023 v1.pdf (16 pages)

14:30 - 14:40 4. GOVERNANCE

10 min

4.1. Organisational Risk Register

Gareth Watts, Director of Governance/Board Secretary

For Discussion/Noting

 4.1a Organisational Risk Register - Sept -PHPC Nov 23.pdf (5 pages)

 4.1b App 1 - Master Organisational Risk Register -Final Draft September 2023 -PHPC.pdf (3 pages)


14:40 - 15:30 5. CREATING HEALTH

50 min

5.1. Active Travel Charter

Decision Philip Daniels, Director of Public Health

Endorse for Board Approval

 5.1 Active Travel Charter PHP Committee 7th November 2023.pdf (9 pages)

5.2. Creating Health Strategic Pillar

Decision Philip Daniels, Director of Public Health

 5.2 Creating Health Strategic Pillar PHP Committee 7th November 2023.pdf (7 pages)

5.3. Health Protection Service

Discussion Philip Daniels, Director of Public Health

 5.3 Health Protection Service PHP Committee 7th November 2023.pdf (7 pages)

15:30 - 15:40 6. IMPROVING CARE

10 min

6.1. Primary Care Strategic Update

Julie Denley, Deputy COO/Director of Primary, Community, MH & LD

For Discussion/Noting

 6.1 Primary Care Strategic Update PHP Committee 7th November 2023.pdf (11 pages)

15:40 - 16:15 7. SUSTAINING OUR FUTURE

35 min

7.1. CHOICE - Year 3 Service Report

Discussion Philip Daniels, Director of Public Health

 7.1 CHOICE 3 Year Service Report PHP Committee 7th November 2023.pdf (12 pages)

7.2. Regional Partnership Board Further Faster Pathway Update

Discussion Linda Prosser, Director of Strategy & Transformation

 7.2 Further Faster Pathway Development PHP Committee 7th November 2023.pdf (10 pages)

7.3. Building Healthier Communities Group Update

Discussion Linda Prosser, Director of Strategy & Transformation

 7.3 Building Healthier Communities PHP Committee 7 November 2023.pdf (4 pages)

7.4. Regional Partnership Board Annual Report

Information *Linda Prosser, Director of Strategy & Transformation*

 7.4 RPB Annual Plan Cover report PHP Committee 7th November 2023.pdf (4 pages)

 7.4a CTM RPB Annual Report 2022-23 PHP Committee 7th November 2023.pdf (36 pages)

7.5. Area Public Board & Public Service Board - Verbal Update

Information *Philip Daniels, Director of Public Health*

7.6. Green Scholars Programme

Linda Prosser, Director of Strategy & Transformation

For Discussion/Noting

 7.6 Green Scholar Programme Report PHP Committee 7th November 2023.pdf (13 pages)

16:15 - 16:20
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

for Noting

8.1.1. Unconfirmed Minutes of the Meeting held on 2nd August 2023

Decision *Carolyn Donoghue, Chair*

 8.1.1 Unconfirmed Minutes 2.8.23 PHP Committee 7 November 2023.pdf (10 pages)

8.1.2. Outcome of the Committee Self Assessment Survey & Improvement Plan

Decision *Carolyn Donoghue, Chair*

 8.1.2 Outcome of Committee Self Effectiveness Survey PHPC 7th November 2023.pdf (4 pages)


8.2. FOR NOTING

Carolyn Donoghue, Chair

8.2.1. Post Payment Verification Mid Year Update

Information *Sally May, Director of Finance & Procurement*


 8.2.1 PPV mid-year report PHP Committee 7th November 2023.pdf (5 pages)

 8.2.1a Mid-Year report 2023 CTMHB PHP Committee 7th November 2023.pdf (6 pages)

8.2.2. Strategy Groups Update

Information *Linda Prosser/Strategy Groups Directors*

 8.2.2. Strategy Groups Update Cover Report PHP Committee 7th November 2023.pdf (4 pages)

 8.2.2b Strategy Group Updates Oct 2023v3.pdf (16 pages)

16:20 - 16:30
10 min

9. OTHER MATTERS

9.1. Forward Work Plan

Discussion *Carolyn Donoghue, Chair*

9.2. Committee Highlight Report to Board

Discussion *Carolyn Donoghue, Chair*

9.3. Any Other Urgent Business

Discussion *Carolyn Donoghue, Chair*

9.4. How did we do today?

Discussion *Carolyn Donoghue, Chair*

16:30 - 16:30 **10. DATE AND TIME OF NEXT MEETING - 13 FEBRUARY 2024 AT 2:00 PM**
0 min

AGENDA ITEM 3.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
4.2.0	August 2023	University Health Board Status Progress Report	To query why the link was only with two universities and seek clarification on the Innovation Fund with Cardiff Met University	Richard Hughes	<p>Complete</p> <p>We are currently reviewing this with other Universities, we are looking at either bolstering the single innovation fund (however Universities appear to prefer to have ring-fenced funds which will fund joint work back with their own institution). That said we are exploring individual innovation funds with different institutes but ensuring these have a clear and distinct focus form one another.</p>
4.2.0	August 2023	University Health Board Status Progress Report	We have given access to SimplyDo platform to USW – what about other academic institutes		<p>Complete</p> <p>We are trying this with our key academic partner USW and have given limited access to Swansea University. We are reviewing their</p>

AGENDA ITEM 3.1

					involvement / engagement and dependant on the outcome of the review will look to extend out to other partners. There are also conversations taking place across other HBs in Wales and WG on a more joined up approach to Idea generation and sharing of challenges and solutions, however given the current financial climate funding looks to be an issue with progressing wider currently.
02/23/11	May 2023	Mental Health Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes	Ongoing In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.
11/22/08	November 2022	Strategy Groups Update	To query the low uptake with the Obesity Level 2 and 3 Weight Management Service and respond back to the Committee.	Vicki Wallace	Ongoing As part of the work to understand how and why people utilise the service.

AGENDA ITEM 3.1

11/22/11	November 2022	Resilient Families Service – Evaluation of Stage 2	To query the evaluation of why the 40% did not agree that the service was helping families and respond back to the Committee.		Completed Report received at the August 23 meeting of the Committee.

COMPLETED ACTIONS

02/23/06	May 2023	Organisational Risk Register	To review the Environmental Sustainability Risk and other sustainability risks on the Board Assurance Framework to consider adding them to the Organisational Risk Register and reported via this Committee.	Linda Prosser	Completed Risk added to the Risk Register.
02/23/09	May 2023	Cancer Inequalities within CTMUHB	To share the New Wales Cancer Strategy with the Committee.	Linda Prosser	Completed Shared via Teams Meeting link
11/22/07	November 2022	Population Health Organisational Programme Report	To establish whether the funding for the PH04 Embedded Inverse Care Law Programme was flat across the Health Board area.	Sara Thomas/Philip Daniels	Completed The funding for the Inverse Care law Programme is received by CTMUHB from the Strategic Programme for primary Care. It is

AGENDA ITEM 3.1

					<p>to provide a peripatetic team to undertake cardiovascular disease risk assessments of patients who are not otherwise known to have established disease, so that disease management and /or lifestyle advice and support can be offered. The programme targets practice populations at highest risk, which tend to be focused in our more deprived areas. All practices across the old Cwm Taf footprint have received the programme since the programme started. The team are currently in Bridgend North.</p> <p>Sara Thomas has also met with Ian Wells who raised this question to discuss in more detail</p>
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AGENDA ITEM 3.1

10/21/08	October 21	Vaccination and Immunisation Update	To receive a further update on the development of the business case developed to deliver a sustainable vaccination and immunisation programme across CTMUHB and progress in relation to the workforce capacity issues	Sara Thomas	Completed This action has been superseded by a WG requirement to establish an All Hazards health protection service function in CTM, for which transition funding has been received for 2023/24
11/22/09	November 2022	Primary Care Strategic Update	To share the report from the recent Quality & Safety Committee to Members.	Julie Denley	Completed Reports shared via email to Members
02/23/09	February 2023	Cancer Inequalities in CTM	To share the new Wales Cancer Strategy with the Committee outside of the meeting.	Linda Prosser	Completed Circulated to Members via email outside of Committee.
02/23/6	February 2023	Organisational Risk Register	To review the Environmental Sustainability Risk and other sustainability risks on the Board Assurance Framework to consider adding them to the Organisational Risk Register and reported via this Committee.	Cally Hamblyn	Completed Added to Organisational Risk Register and will be reported to May 2023 meeting.
02/23/11	February 2023	Mental Health Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital.	Gethin Hughes	Completed Programme Board to be stood up in May 2023. Currently working with Digital Health Care Wales and Health Education &

AGENDA ITEM 3.1

					Improvement Wales to support with resources for our implementation
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05/22/09	May 2022	CTM an Anchor Organisation	The Committee agreed that this should be embedded and aligned to the CTM 2030 Strategy.	Sara Thomas	Complete Report received and endorsed for Board Approval at February 2023 meeting.
11/22/07	November 2022	Population Health Organisational Programme Report	Provide an update on CTM achieving accredited living wage employer status.	Linda Prosser	Complete Update provided at the February 2023 meeting.
02/23/06	February 2023	Organisational Risk Register	To review the Environmental Sustainability Risk and other sustainability risks on the Board Assurance Framework to consider adding them to the Organisational Risk Register and report via this Committee.	Cally Hamblyn	Complete Review undertaken and Risk added to Risk Register and on agenda for May 2023 meeting.

Welcome to our Home.....



Welcome to our home....





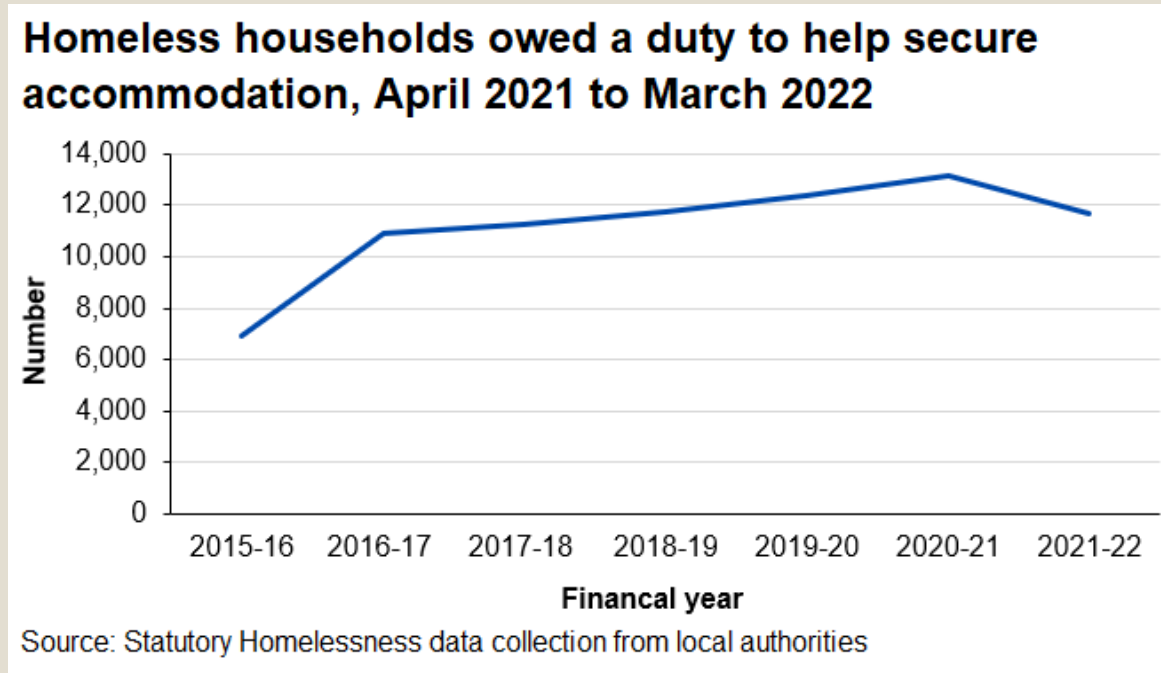






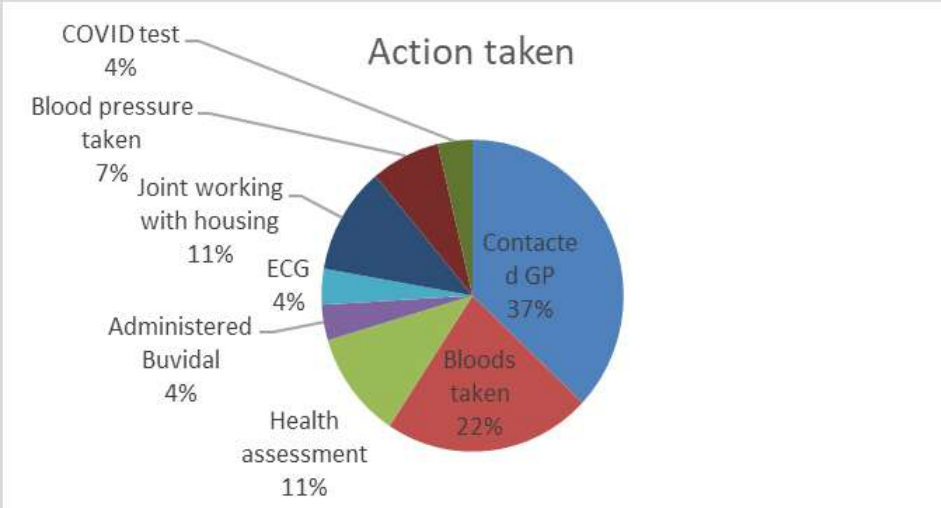
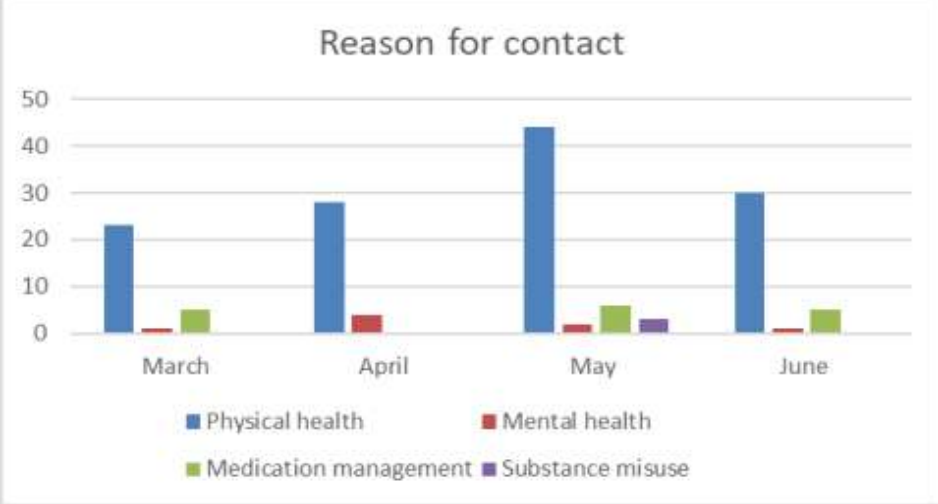
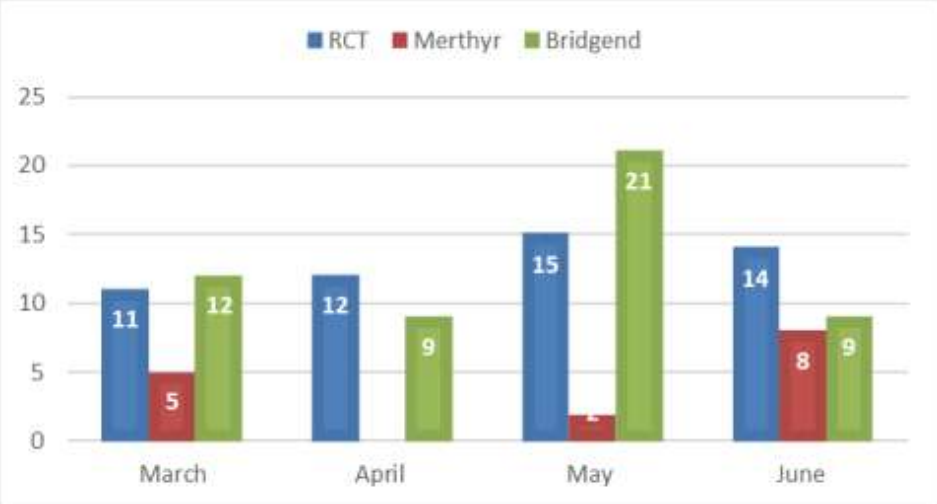


Homelessness – what is the situation?



- WG published standards (2013) – Health Board framework
- Homeless Local Enhanced Service for GP Practices
- HB funded specialist Nurse
- Government say that by 2026 there should be no homelessness ?

What has been the impact?

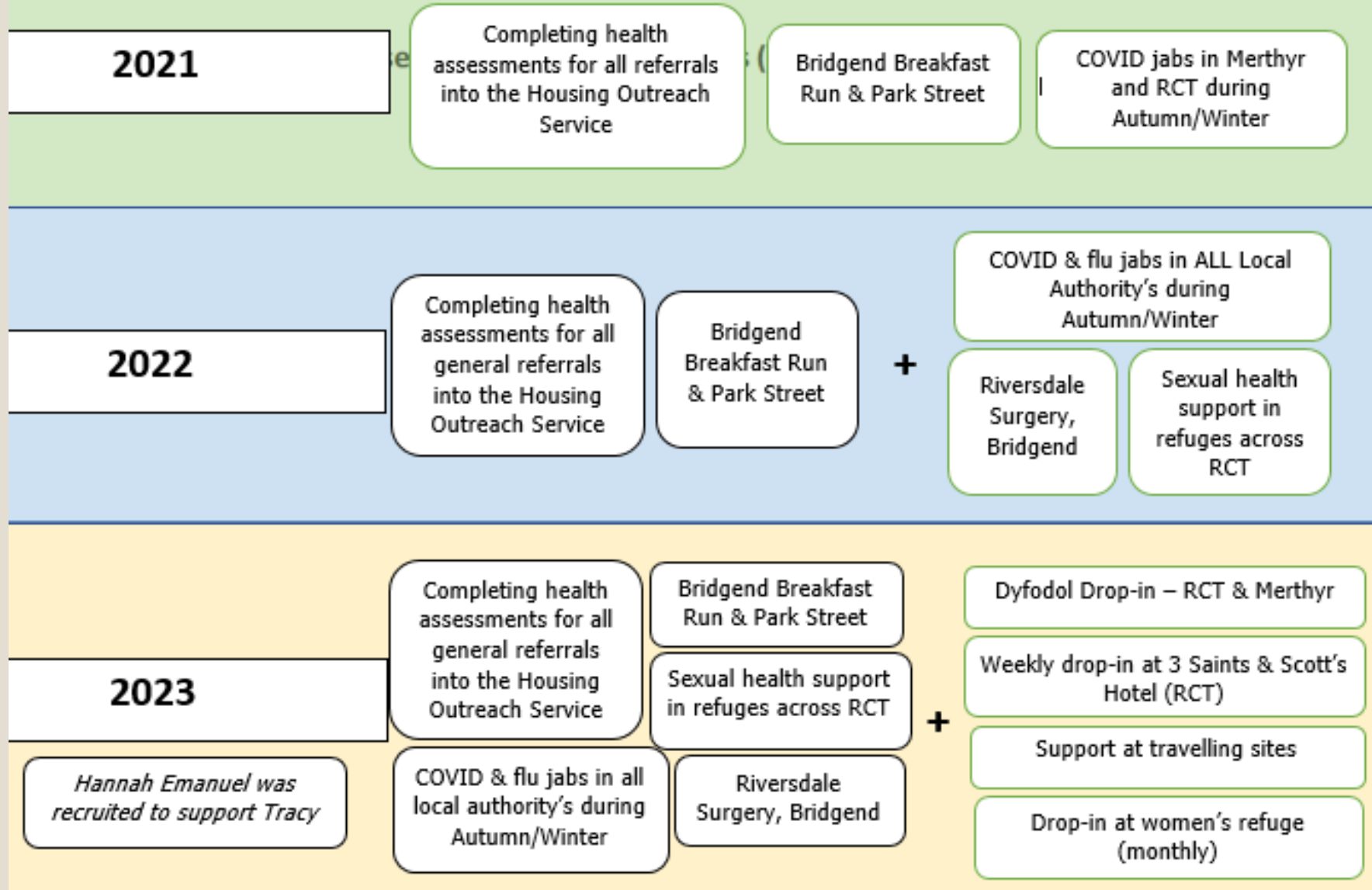


Data March to June 2022

What do I do?

- work autonomously to support the clients with highly complex needs and a variety of conditions, providing expert support and healthcare co-ordination.
- act as an advocates ensuring that they have access to mainstream services when needed.
- work with GP practices, to ensure assessments, appointments and follow ups are available to suit the individual and the practice.
- work across a variety of locations and venues including outreach, hostels, supported housing and day centers.
- acts as a first point of contact for specialist advice and support on matters related to health and homelessness for staff and external agencies.
- provides high quality care and advice to patients with health problems as well as take decisions to signpost individuals into appropriate service support.
- Support advice and training for health, social care and third sector professionals.
- we take our service to the patient group and deliver care on the streets if required.
- Linking in with the travelling communities slowly due to the vulnerabilities health needs that they have.
- We offer flu and covid vaccines and take this to the patient group and link in with gp clusters through CTM.

Clinical Nurse Specialist Work Streams (2021 – 2023)







Patient story

- 49 year old gentleman who was residing in temporary accommodation and local hotel, he would still sleep rough most of time.
- I was introduced by the link worker, who had built a relationship and rapport and would usually know where to find the individual.
- Individual had many complex needs
- Community started complaining and call police due to anti-social behaviours
- in May 2021 there was a lot of concerns from housing and health professionals around his health needs
- I started working more closely, building trust, liaising with GP and mental health services
- He was admitted to a Mental Health Inpatient ward where he was diagnosed with schizophrenia and was assessed for the most appropriate setting to suit his needs.
- He has now moved into supported living accommodation.
- Now starting to link back with his family

So what next....

- We secured Funding for a support nurse worker band 6 this is Hannah
- We would like to secure further funding for another nurse due to our roles developing and the vast areas of CTM we cover .
- Proof of concept and sustainability of role data collected
- Development of a Patient Reported Outcome Measure and service user survey this is being modified with the HOS team as one.
- Continue to develop more suitable pathways into health service and break down stigma towards this patient group.
- Work with Primary Care on access to services and delivery of the Local Enhanced Services at GP practice. This is on going and I am still trying to mirror what I do in Bridgend area in rct and Merthyr clusters
- Improving data to evidence impact of the role on other services and departments e.g reduction in A&E attendances of frequent flyers look at pathway in..
- Utilise dafodal for drop in which is working well and increasing all over CTM
- BBV and flu and covid vaccines are now part of the role with our complex patient group
- There is also a social worker joining the team seconded for 12 months for rct being rolled out as a trial

Thank you
Any Questions?



Agenda Item

4.1

Population Health & Partnerships Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	August / September 2023	RISKS REVIEWED
Operational Management Board	Via Email 12.9.2023	ENDORSED FOR ELG
Executive Leadership Group	18 th September 2023	REVIEW AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	24 th October 2023	RISKS REVIEWED

Acronyms / Glossary of Terms	

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

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

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve over the next 12 months.
- 2.2 The Operational Management Board now signs off the Organisational Risk Register in terms of Care Group risks prior to submission to the ELG.
- 2.3 Monthly Risk Management Awareness Sessions (Virtually via Teams) continue. **511** members of staff trained to date. Focussed sessions to discuss risk has also been undertaken with Care Group Leads during June 2023.
- 2.4 Risks on the organisational risk register have been updated as indicated in **red**.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

No new risks assigned to this Committee.

3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED during the period
Nil as assigned to this Committee.

Risks where the risk rating DECREASED during the period
Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

No risks have been closed this period.



3.4 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

Consequence	5					
	4				5374	
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

3.5 Board Assurance Framework – Principal risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score
5	Community and Partner Engagement	Creating Health 	Executive Director of Public Health	Population Health & Partnerships	12 (C4xL3)
9	Fulfilling our Environmental and Social Duties and ambitions	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)
10	Healthy Life Expectancy	Creating Health 	Interim Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)

4. IMPACT 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:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant	A Resilient Wales



Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf futuregenerations.wales)	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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 for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register.
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) /	There is no direct impact on resources as a result of the activity outlined in this report.	



Resource Impact

(People / Financial)

5. Recommendation

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

- 6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.
- 6.2 The November 2023 iteration of the Organisational Risk Register is currently being drafted.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5374	Executive Director of Strategy & Transformation	Central Function - Environmental Sustainability	Deputy Director of Strategy and Transformation	Sustaining Our Future	Environment /Estate/ Infrastructure	Fulfilling our environmental and social duties	<p>IF: the health board's decisions fail to reflect our values or consider the long term environmental or social impact</p> <p>Then: we will not fulfil our socio-economic duty, our Wellbeing of Future Generations objectives or our value based healthcare principles</p> <p>Resulting in: negative environmental and social impacts and loss of trust and confidence among stakeholders</p>	<ul style="list-style-type: none"> Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. CTM 2030' delivery focusses on community developments, employment and local procurement where possible. CTM becoming established as an Anchor Organisation. Decarbonisation Action Plan Established a CTM Decarbonisation Group which will have oversight and delivery of CTM's decarbonisation agenda CTM 2030' seeks to ensure that services take account of the impact on the environment All-Wales approach to sustainable procurement Green CTM Staff Forum Fleet emissions reduction programme and trial of electric vehicles Tree planting initiatives Waste management - elimination of landfill for foodstuffs Use of less environmentally impactful anaesthetic gases 	<p>Update June 2023 - No change to mitigation or risk score. Build environmental and social impact sections into health board project paperwork/cover sheets to ensure these have been considered as part of decision making processes - Mitigation Timeframe June 2024.</p> <p>August 2023 - No review this month as not due until 31/10/23 due to nature of the risk</p>	Population Health & Partnerships Committee	16	C4xL4	8 (C4xL2)	↔	21.2.2023	21.6.2023	31.10.2023

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
Nil this period											

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1											
2	Nil this period										
3											
4											



Agenda Item

5.1

Population Health & Partnerships Committee

**Active Travel Charter CTM
(Whole systems approach to healthy weight)**

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Samuel Belcher – Senior Public Health Practitioner Lauren Thomas – Public Health Practitioner Helen Hammond – PSB Lisa Toghill - PSB
Cyflwynydd yr Adroddiad / Report Presenter	Claire Turbutt – Principal Public Health Practitioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
UHB	University Health Board
PSB	Public Services Board
WG	Welsh Government



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

WSA	Whole System Approach
HW	Healthy Weights
BMI	Body Mass Index

1. Situation /Background

- 1.1 Welsh Government declared a [Climate Emergency](#) in 2019 and expects the public sector to be [net zero by 2030](#).
- 1.2 Welsh Government are committed to the Active Travel Wales Act 2013, and Transport for Wales assist the WG with its guidance and Active Travel Fund for Local Authorities across Wales
- 1.3 Cwm Taf Morgannwg University Health Board (CTMUHB) is committed to fulfilling the [NHS Wales Decarbonisation Strategic Delivery Plan](#). Work to date to reduce carbon emissions is already impacting on this agenda across clinical and non-clinical areas.
- 1.4 The Board has previously agreed to the development of an Active Travel Charter for CTM based on the [Healthy Travel Charter launched in Cardiff](#). Recent communications with Healthy Travel Wales and Public Health Wales have confirmed their commitment to support CTM UHB to work with CTM PSB to develop a Healthy Travel Charter for Cwm Taf Morgannwg.
- 1.5 The design of the active travel environment within CTM will be a vital component of the Whole System Approach to enabling the population of CTM to access a lifestyle congruent with healthy weight and would have a significant impact, not only on the health and longevity of individuals, but also on the provision and cost of public services in CTM.
- 1.5 To support these goals we need to show strong leadership around the issues which encourage or discourage the population of CTM from eating well and taking appropriate levels of exercise. An Active Travel Charter for CTM will put in place the strategic driver to make it easier for our staff and organisations to travel actively across CTM, providing more opportunities for incidental physical activity, improving air quality and improving mental health.
- 1.6 As the Board has previously agreed, we need to take collective action across a number of interlinked levers for change: local, regional and national to tackle obesity at a systems level. This will only be possible through engaging with our stakeholders within Health, Local Authorities, Third Sector and the Community. Enabling our population to achieve a healthy weight will be a long-term effort.
- 1.7 The Whole System Approach to Healthy Weight work plan identifies Active Travel as a priority; we now provide a proposal for work by the UHB and the PSB towards the adoption of an Active Travel Charter for CTM.

1.8 The well-being assessment for the Public Services Board tells us that:

- Physical activity rates are low in Cwm Taf Morgannwg
- There are high rates of diabetes, obesity and dementia that are expected to increase
- People want help to encourage healthy behaviours
- The cost of living is a concern for citizens
- Air quality, whilst generally good, there are high levels of NO2 at busy road junctions
- Good transport links are needed for people to be able to socialize, use arts and leisure spaces and to get to jobs
- Noise pollution from traffic affects how people enjoy their local area

The well-being plan also reports that we want to support communities by increasing opportunities for more active travel in their daily lives so that we see:

- More of the things we need and use being nearby
- Fewer journeys being undertaken by car
- An improvement in air quality and health
- More people use active travel
- Fewer people face long/costly journeys to access services, particularly those who require accessible travel arrangements

2. Why a Travel Charter?

2.1 The changing patterns in the way we travel and how we design our environments for travel play a significant role in the lifestyles of our population. Bold action is required locally if we are to reverse these trends in population and global health, and create a healthier more sustainable future for our residents. Health and well-being in our communities could be significantly improved if active travel becomes the norm for short journeys, and public transport is used for longer journeys. There would also be improvements in air quality and carbon footprint (Healthy Travel Wales, 2023).

2.2 An Active Travel Charter is a series of actions that organisations publicly sign up to, to demonstrate their commitment to supporting walking, cycling, public transport, and ultra-low emission vehicle use amongst their staff and clients. The CTM active travel charter will provide the opportunity to build partnerships and collaborations necessary to design and improve community spaces, creating an active environment, whilst working together to reduce health inequalities. It therefore contributes towards some of the Board's highest long-term priorities and has the potential to act as a public accolade to some of the work already underway.

2.3 Active travel charters have already been developed in other health board areas across Wales, including Cardiff and the Vale, Swansea Bay and Aneurin Bevan. Each area reports positive engagement with system leads, with numerous signatories across public services. Partners adopt a Charter over a fixed time period, completing regular self-assessments to monitor their progress. Toolkits for implementation and communication are available from the central Healthy Travel Wales team as is staff support for mentoring and media promotion. We have already secured support from National Public Health Active Travel Lead for the development of a charter in CTM. An example of commitments reported in other active travel charters can be found in Appendix 1.

2.4 There are already many different ways our partners are enabling active travel:

- Local authorities are responsible for the physical infrastructure for cycleways. They build new cycle routes and promote the use of cycleways. Via Transport for Wales, £50 million is available to them through the Active Travel Fund to improve travel infrastructure and promote active travel schemes.
- The charity 'Sustrans' encourage children to use active travel to get to school – reduces congestion, pollution and promotes physical activity.
- Local authorities assess the infrastructure for active travel routes to ensure developers provide active travel links and produce travel plans that show how active travel will be promoted and encouraged in these new housing estates and businesses.
- Cycling training schemes provide school children with the skills to cycle safely
- There are community groups that help to repair and provide cheap bicycles for people to use.

There are opportunities to build on these and other areas of work.

2.5 An active travel charter in CTM would be co-produced with public service representatives, local groups, staff and citizens across Rhondda Cynon Taf, Merthyr Tydfil and Bridgend. Commitments would be specific to our geography, demography and priorities.

3. Specific Matters for Consideration

See section 6.



4. Key Risks / Matters for Escalation

- 4.1 Stakeholder buy-in is key to the success of the charter. Through our WSA to HW we already have a wide engagement with stakeholders. The design and use of community spaces has been agreed with stakeholders to be a priority. Active travel has been raised as an issue by Stakeholders and we would be responding to this communication.
- 4.2 In order to implement an Active Travel Charter it is necessary to have a Health Board Champion and PSB approval.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below: timely, efficient and equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: Score of 6 identified.	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: Positive, document available on request.	If no, please include rationale below:
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The Healthy Weight Team will provide resources to this project for the rest of 23/24. Sam Belcher (Senior Practitioner) Lauren Thomas (PH Practitioner)	

6. Recommendations and next steps

- 6.1 The Committee is asked to **Endorse for Board Approval** the following:
- 6.2 We ask the Board to confirm their commitment to the WSA to HW by supporting the development of an active travel charter in CTM.
- 6.3 Give authorisation to the public health team, with the Deputy Director of strategy and Partnerships to proceed with a proposal to the PSB.
- 6.4 We ask that a member of the Board be identified who is willing to champion the Active Travel Charter concept to the PSB at their December 2023 meeting.
- 6.5 We request the Health Board commit to becoming a signatory of the charter.

7. Proposed next steps:

- December 2023 – Present the proposal for an Active Travel Charter to the PSB with recommendations for project delivery and timeline.
- January 2024 – Invite PSB member representatives including transport for Wales and key local groups to attend development session(s).
- February 2024 – Coproduce Charter commitment at development sessions with PSB and wider stakeholders
- March 2024 – seek PSB approval for the draft charter
- April 2024 – Organisations to sign the charter
- May 2024 - Launch Charter in CTM and begin work to improve active travel within CTM organisations

8. References

1. Official statistics, National statistics, 2021. [online] Available at: <<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2021#>> [Accessed 6 July 2022].
2. Healthy Travel Wales, 2023. [online] Available at: <<https://www.healthytravel.wales/>> [Accessed 13 September 2023].

9. Appendices

Appendix 1 - Active travel charter example (Adapted from [Swansea Bay, 2022](#))

Communications and leadership
<p>Establish a sustainable travel champion network Establish a network of sustainable travel champions who routinely promote and model active and sustainable travel behaviour, in line with the sustainable travel hierarchy</p>
<p>Use consistent communications messages Agree and use consistent communications messages with the public, visitors and staff on healthy travel and reducing unnecessary travel</p>
<p>Consider healthy travel across our wider functions Promote and consider healthy travel options and benefits across wider functions, such as: procurement, conferences, and when advertising roles in our organisations</p>
<p>Encourage sustainable travel through expenses policies Review our travel expenses policies, to encourage uptake of sustainable travel</p>
<p>Provide strategic leadership on healthy travel Collaborate with partners and provide strategic leadership and planning on healthy and sustainable travel</p>
Walking, cycling and public transport
<p>Promote public transport discounts for sustainable travel Explore discounts for staff on Transport for Wales rail services and with local transport providers</p>
<p>Contribute to an interactive map of sustainable travel facilities Contribute to an interactive map showing, where relevant, all walking and cycling infrastructure and public transport links within our main sites in Swansea Bay</p>
<p>Provide staff with facilities and accessories to encourage active travel Assess and provide, as appropriate, secure cycle storage, lockers, showers and clothes drying areas at all main sites. Make accessories available to staff and/or visitors to encourage walking and cycling. Examples include umbrellas, local walking/cycling maps, locks, puncture repair kits and maintenance tools</p>
<p>Adopt an 'active wear for active travel' approach Promote an 'active wear for active travel' approach to work clothing and footwear, for example, allowing staff to wear trainers if their commute involves walking or cycling</p>
<p>Offer the cycle to work scheme Offer the cycle to work scheme to all staff (including e-bikes)</p>
<p>Enable staff to access bicycles more easily at work Improve access to bicycles at work where appropriate, e.g. pool bikes and public hire bikes</p>
<p>Promote cycle training and maintenance sessions Explore and promote opportunities for offering cycle training and maintenance sessions</p>
Agile Working
<p>Support flexible working Explore options for hot-desking between organisations</p>
Ultra-low emission vehicles
<p>Review provision of electric vehicle charging facilities Review the current and future need for electric vehicle (EV) charging infrastructure on our sites, and explore the potential for making charging infrastructure available to other partners in the area</p>
<p>Look at options for ultra low emission vehicles in our fleets and procurement Review our fleet and procurement arrangements (where applicable) for introduction of ultra-low emission vehicles, including e-bikes and e-cargo bikes, where relevant</p>



Agenda Item

5.1

Population Health & Partnerships Committee

Creating Health Strategic Pillar

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Philip Daniels, Interim Executive Director of Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Interim Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM UHB	Cwm Taf Morgannwg University Health Board

1. Situation / Background

The Creating Health Pillar has been established to provide strategic oversight to the development of CTMUHB as a leading population health organisation, as a system leader for population health within CTM and Wales, and to support both innovation and transformation in order to achieve improved population health.

Creating Health is one of the four strategic pillars of the CTM2030 strategy and has the following high-level keys aims:

- Increasing (healthy) life expectancy and reducing inequalities
- Equal focus on physical and mental health
- Building healthier communities
- Being a healthy organisation

2. Specific Matters for Consideration

The Creating Health Strategic Board will provide strategic oversight to the stated population health priority areas and ensure there is alignment and coordination across programmes delivered across the Health Board that contribute to Population Health.

The Portfolio is split into four coherent domains to group the Strategic Programme of work.

Address Causes of DALYs lost in CTM		
PH02, 03	Implement Value Based Diabetes prevention and improvement pathway across CTM	Director Of Public Health/ Director of Finance
PH06	Improve detection of atrial fibrillation and anticoagulation for people with atrial fibrillation in Primary Care. Improve the detection of hypertension and optimise management of people with known hypertension in primary care	Director of Primary, Community & Mental Health Services
PH07	Implement an integrated Level 2/3 weight management service for CTM.	Director of Public Health

Become a population health orientated UHB modelling priority action		
NEW	Utilise Population Health Management data/principles across Health Board	Directors of PH, Digital, COO
NEW	Develop Creating Health Delivery Plan for CTM	Director of Public Health



PHO11	Conduct a fundamental review of catering services across the Health Board, to ensure that the available good offer promotes healthy eating and makes the health choice the easy choice, for everyone.	Director of Finance
PHO6	Empower staff to identify personal well-being goals with risky behaviours and clinical risk factors open for discussion in all appraisals, with access to support to achieve goals.	Director for People
NEW	Implement a programme of work to achieve an annual reduction in adult smoking prevalence towards 5% by 2030.	(Public Health)

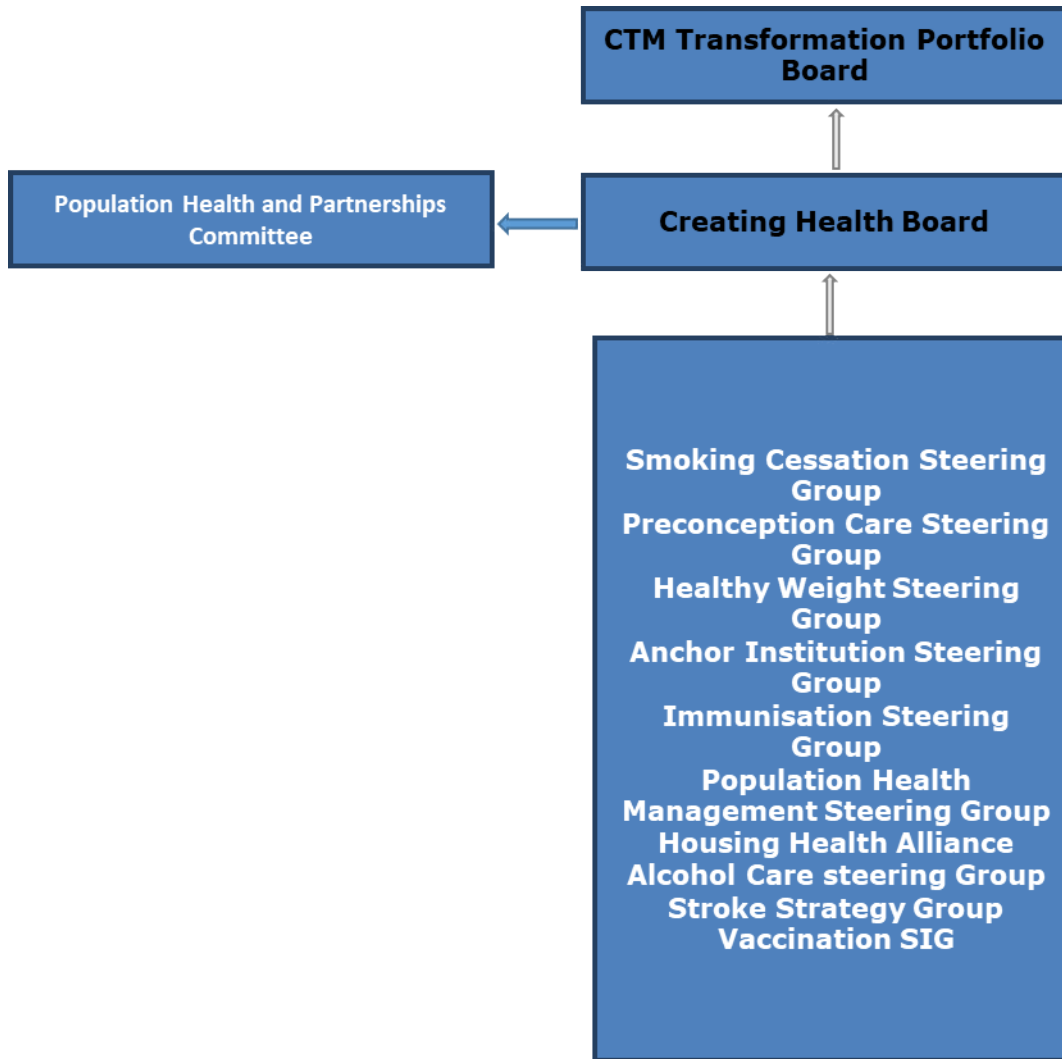
Building Healthy Communities		
PHO22, 31	Continue to Develop "Healthy Housing Partnership"	Director of Strategy and Transformation
NEW	Review CTMUHB's offer and investment in social prescribing	Director of Strategy & Transformation
PHO 12, 24, 25, 26, 27, 28, 29, 30, 32	Support the continued development of CTM as an Anchor Institution as part of "Creating Healthy Communities"	Director of Strategy and Transformation

Systems Leadership		
PHO 33	Use influence to advocate for more resources to tackle prevention and health inequalities.	UHB Chair/ IMS
PHO 35	Champion action and challenge proposals and Board papers to think of prevention and the impact on inequalities in health across the population.	UHB Chair/ IMS
PHO 36	Connect with our communities to better understand the health issues and experiences of our population so that decisions are rooted in our communities' lived experiences.	UHB Chair/ Director of Comms

The Creating Health Board will also provide an opportunity for specific focus on the following objectives:

- To develop CTMUHB as a leading population health organisation (increasing health life expectancy and decreasing inequality) and system leader for population health within CTM and Wales.
- To support innovation and transformation to achieve population health management.
- To coordinate and focus the work of constituent working groups contributing to population health improvement across the Health Board.
- To set strategic direction and share a common vision
- To enable oversight of all projects, programmes, pathways and recognise mutual interdependencies
- To provide consistency in approach and better communication across teams
- To develop and deliver a range of strategically important projects and programmes which directly underpin the strategic aims of the Creating Health Strategic objectives
- To ensure there is unified governance for a range of interventions
- To provide an opportunity to seek alignment and reduce duplication
- To create a forum to receive and consider new developments
- To provide a point of contact for engagement with system partners and communities, recognising the complexity of addressing system wide "Wicked issues".
- To provide financial overview

The Creating Health Board will meet bi-monthly (every two months) and will report into the CTM Transformation Portfolio Board. The below diagram demonstrates the reporting structure



3. Key Risks / Matters for Escalation

A risk within the CTM Board Assurance Framework reads:

"If the Health Board does not effectively shift its services to prevention and early intervention and engage the population to improve their health, **then** we will fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy, **resulting in** poorer health outcomes, greater inequalities and an unsustainable health service."

The Creating Health Pillar provides a focus for activity to improve population health and reduce inequalities across CTM. It is, however, acknowledged that there remain a number of constraints to realising population health improvement and reduced inequality across CTM, including:



- Many of the “levers” for population health improvement exist out-with of the Health Board and will need to be addressed at a system level, in partnership.
- Limited investment availability
- Availability of resources to develop and deliver key portfolio work-streams
- Other conflicting organisational and operational priorities
- Willingness of partners to engage

4. Assessment

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

Impact Assessment



Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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: QIAs undertaken for component programmes
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: EIAs undertaken for component programmes
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.	

5. Recommendation

- 5.1 That the Committee **NOTE** the development of the Creating Health Pillar.
- 5.2 That the Committee provides support to the work of the pillar as appropriate.

6. Next Steps

- 6.1 The Creating Health Pillar will continue meeting bi-monthly.



Population Health & Partnerships Committee

HEALTH PROTECTION SERVICE

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Angela Jones, Deputy Director of Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Interim Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

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

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The Health Protection Service is in a transitional year, with transitional funding and in the main, temporary staff. As a consequence there are limitations in the ability to fully to deliver an effective Winter Respiratory Vaccination Campaign and plan fully for the all hazards approach to health protection.
- 1.2 During the Covid-19 Pandemic Test Trace and Protect Services were scaled up in each Local Health Board Area, supported by partners including Local Authorities and the third sector. Although the pandemic phase has moved to endemic, it was recognised that a local Health Protection Service to address ongoing population health needs more broadly may be beneficial and Welsh Government initiated an independent review.
- 1.3 The [Report of the Welsh Health Protection System Review](#) and [Welsh Health Protection System Review Implementation Plan](#), both published in February 2023, identified action needed at a local level to support an *all hazards* approach to health protection. This requires expertise and leadership for a range of health protection functions at Health Board (and local authority) level for plausible threats, response, management and control, including:
- Pandemic
 - Chemical, Biological, Radiological and Nuclear (CBRN) incidents
 - Infectious disease outbreaks
 - Eradication programmes e.g. Hepatitis B and C
 - Management and control of tuberculosis
 - Screening of refugees, asylum seekers and migrants
 - Vaccinations and Immunisations (V+I)
 - Addressing inequalities in access and uptake of control measures
 - Behavioural insights to inform action
- 1.4 There followed three key letters from Welsh Government which defined the expectations on the Health Board. The first letter was from Director of Health Protection, dated 22nd December 2022 and a follow up letter received and dated 8th February 2023, as well as a letter from the Director General Health and Social Services/ NHS Wales Chief Executive dated 7th February 2023. They confirm the local 2023/24 grant funding allocation to support an overall health protection response as follows:



Test and Tracing	- £2.7 million
Vaccination	- £6.4 million
Total	- £9.1 million

- 1.5 This was seen as transitional funding for the year. Welsh Government also committed to provide ongoing funding, but not committed a value to that funding. The letter from Director General Health and Social Services/ NHS Wales Chief Executive advised:

"Our expectation is that during this transition year you will work to build an efficient and sustainable model. We understand that this may mean carrying a degree of risk in offering permanent staff contracts, but there is flexibility in the type of work carried out particularly by non-specialist staff and we would expect broad contracts to ensure staff can be deployed where they will be of most benefit."

2. Specific Matters for Consideration

- 2.1 The current transitional funding for this financial year coupled with the financial pressures of the Health Board has resulted in only a partial and temporary Health Protection Service workforce. It is anticipated that the service will not achieve previous rates of uptake of vaccination programmes, including winter respiratory vaccinations, and have limited capacity to plan for and respond to other health protection issues in line with the all hazards approach. Details of the process and model are included.
- 2.2 Following a number of submissions Executive Leadership Group and due consideration of appointing posts at risk with future funding unknown, it was agreed on 24th of July 2023 that the proposed model would be supported and progress could be made to recruit to an initial core structure recurrently up to the value of £500k.
- 2.3 The following table identifies the critical posts (permanent and fixed-term) within the structure.



Admin & Clerical Posts					
Job Title	Band	FT/Perm	WTE	Costings £	Permanent £
Public Health Consultant	9	Perm	1	148,879	148879
Public Health Principal	8a	F/term	1	65,835	
Pharmacist	8a	Perm	1	65,835	65835
Pharmacy Tech	6	F/term	1	48,288	
Pharmacy Assistant	4	Perm	1	34,787	34787
Comms Officer	7	F/term	0.5	29,126	
Data Analyst	7	F/term	1	58,252	
General Manager	8c	Perm	1	92,638	92,638
Assistant General Manager	8a	Perm	1	65,835	65,835
Operational Manager	7	F/term	2	116,504	
Operational Support Manager	6	Perm	1	48,288	48,288
Business and administration manager	5	F/term	3	131,730	
Administration Officer	3	F/term	6	274,761	
Driver/Porter	2	F/term	3	83,940	
Clinical					
Lead Nurse	8b	Perm	0.6	46,641	46,641
Clinical Team Manager	7	F/term	3	174,756	
Registered Nurse	5	F/term	9	395,190	
				1,881,285	502,903

2.4 Despite this agreement, some permanent posts were not progressed, and recruitment delays have resulted in posts not being filled. At the end of August 2023 agreement to extend fixed term contracts was agreed, although not all the permanent posts.

2.5 In addition, the model continues to be reviewed.

3 **Key Risks / Matters for Escalation**

3.1 There are a number of key risks to consider, outlined as follows:

- Failure to deliver a successful vaccination programmes for our population will further increase the inequalities in health, leading to potential additional winter pressures for the Health Board.
- The risk of not having a permanent management structure in place may result in the Health Board struggling to respond to the requirements of its health protection responsibilities for 2023-24, as well as 2024-25.
- The inability to retain the skills needed to manage the process for the Autumn/Winter booster (including partial closure of one Community Vaccination Centre) and any health protection incidents that may arise i.e. avian flu. Some staff have already taken permanent redeployment opportunities over an extension to the fixed term contract. In addition there is difficulty recruiting bank staff to backfill.
- Failure to successfully implement an integrated partnership approach to health protection may increase the risks posed by communicable disease and heighten the risk in vulnerable settings e.g. Care Homes, prisons, special schools, etc.
- There is a significant reputational risk to the Health Board with poorer performance in vaccination programmes.
- Rapid disinvestment in key health protection roles, may leave CTM ill equipped to respond to an emergency situation such as a Covid resurgence or a new pandemic threat.
- Pre-existing inequities in access to services, particularly in inclusion health groups, have been made worse by the pandemic; failure to implement an integrated approach may exacerbate vulnerability in these groups.
- Staff wellbeing is being affected and morale is low, with some staff being asked to take on additional roles over and above their substantive roles to keep the service running.
- It is anticipated that the unused funding will be returned to Welsh Government rather than being used to the benefit of our population.



4 Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? /</i> Quality <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: The



Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below: The Cwm Taf Morgannwg Vaccine Equity Strategic Plan 2023-26 addresses inequality and inequity. It is reviewed during implementation.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	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 targets	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) Transitional funding for this year with permanent funding expected for 2024/25 and future years.	

5 Recommendation

- 5.1 The Committee are asked to **NOTE** the current issues, risks and impacts in the transition to a Health Protection Service.

6 Next Steps

- 6.1 The impact of the unstable workforce will continue to be monitored along with the impact on health protection.
- 6.2 It is anticipated that a permanent funding position will be provided in December 2023 to enable planning for 2024/25.



Agenda Item

6.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

A PRIMARY CARE STRATEGIC UPDATE

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Bradley, Service Director for Primary Care & Community
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley, Director of Primary Care, Mental Health and Community
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer Chief Operating Officer (COO, DPCMH)

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
ACD	Accelerated Cluster Development
CGPSAT	Clinical Governance Practice Self-Assessment Tool
CTMUHB/LHB	Cwm Taf Morgannwg University Health Board/ Local Health Board
DHCW	Digital Health Care Wales
DOPC/HOPC	Directors of Primary Care/Heads of Primary Care



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
PCPG	Pan Cluster Planning Group
PMCAT	Primary Medical Care Advisory Team
RPB	Regional Partnership Board
SOP	Standard Operating Procedure
SPPC	Strategic Programme for Primary Care
ToR	Terms of Reference
AHP	Allied Health Professionals
GOS	General Optometry Services

1. Situation / Background

- 1.1 This purpose of this paper is to update the Population Health and Partnerships Committee on the key priorities identified by Welsh Government and the National Strategic Programme for Primary Care, and the progress being made by this Health Board.

2. Specific Matters for Consideration

- 2.1 *Strategic Programme for Primary Care Workstreams* - The Strategic Programme for Primary Care is an All-Wales Health Board led programme which works closely with Welsh Government. It aims to bring together and develop primary care strategies whilst addressing emerging priorities. The programme is made up of six workstreams, as listed below, and these inform the strategic direction for Primary Care across Wales.

- Prevention and Wellbeing
- Social Prescribing
- 24/7
- Data, digital and technology
- Workforce and Organisational Development
- Communications and engagement - This workstream is on hold.

The key areas of progress since the last report in May 2023 is outlined below.

- 2.2 *Multi Professional Education and Training* - HEIW have developed a Multi Professional Education and Training framework to encourage Health Boards to establish multi-professional academies. The aim of the frame work is to improve recruitment and retention for the primary care workforce, shared learning and development, quality and availability to improved training and clinical placements which is expected to improve patient experience and care.
- 2.3 Progress to date: Funding for key posts to take the work forward has been given to Health Boards by HEIW and recruitment into these posts has been undertaken, as well as the Multi-Professional Primary and Community Care Education Lead (Clinical Lead). However, there has been a delay with the appointment to the 1 WTE Primary and Community Care Academy Manager Band 8a. A candidate was

offered the position and accepted but then withdrew after they were offered another post with HEIW. This post is being progressed again though TRAC.

- 2.4 Once the Academy Manager is in post, work will progress at pace to extend the programme to link in with the corporate Training Team and to not only community nursing teams and possibly be extended the offer to therapies also. A key part of this work will be identifying appropriate potential multi-disciplinary training environments in the community, and link in with the project boards for developments such as Maesteg Health Park and Bridgend Health and Wellbeing Centre as well as others.
- 2.5 *Primary Care Workforce Strategy* – HEIW is leading this programme across Wales. The first phase of the programme focused on a series of workshops across each of the Health Boards. The purpose is to provide a local and regional view on the key issues & priorities for the development feeding into the National strategic workforce plan for primary care, as well as secure buy in from stakeholders. The outputs will also help to inform our local workforce transformation plans going forward.
- 2.6 Progress to date: HEIW supported CTM’s Primary Care and People teams to undertake the first primary care multi-professional engagement planning session on the 24th May 2023. A wide range of stakeholders, and approximately 65 delegates attended. This event was welcomed by stakeholders and gave everyone an opportunity to identify opportunities, barriers and vision. This will inform our workforce plan for the future and feed into our IMPT.
- 2.7 *Community Infrastructure* - The 24/7 workstream finalised and released the Community Nursing Specification. This specification outlines at a strategic level the overarching principles, characteristics and functions of Community Nursing in Wales for those 16 and over. The expectation is the delivery against Community Nursing Specification will be achieved within 3 years.

There are two elements to the specification:

- Community Nursing Specification
- District Nursing Principles – aligned to Nurse Staffing Act

2.8 Progress to date: *Community Nursing Specification*

The UHB is required to submit a position statement against the eight actions outlined in the "Readiness Checklist" by 15th November 2023. Assessment to date reviews that eight actions, six are deemed to be achievable and have been completed. However, this has highlighted the need for further streamlining and audit work across a number of areas, work is ongoing in relation to this. Two recommendations were deemed to be unachievable due to the absence of funding. These are:

- Increase end of life care capacity
- District Nursing capacity on Saturday and Sunday daytime is at a minimum of 60% of the usual weekday DN capacity

CTM UHB (along with other UHBs) has highlighted to the strategic programme the funding gaps between current establishments and what is required to meet these recommendations. They are working with colleagues in Welsh Government to secure possible funding sources. This has included the submission of a business case for £2.75 million, to support DN services out of hours as part of the 'Building Capacity through Community Care - Further Faster work.

District Nursing Principles

Of the eight principles, CTM UHB is reporting full compliance against seven principles. However, non-compliance is noted against the following principle: -

'Each Team should have access to at least 15 hours administrative support per week'. There is currently a community navigator vacancy within Merthyr/Cynon locality and a cost pressure so work is ongoing to realign other parts of the budget where underspending is taking place.

2.9 *Optometry Contract Reform* - otherwise known as the Welsh General Optometry Services (WGOS) – The new Welsh NHS Optometry Contract commenced on the 23rd October 2023. The aim of the reform is to transform the way in which eye care is delivered and facilitates a shift in service delivery from Hospital. It will also have a focus on prevention, well-being and quality improvement, facilitating improved patient outcomes including reducing eye sight loss. Optometrists will be required to hold higher level of skilled qualifications to undertake the work.

There are 5 levels of service.

WGOS 1 – Routine eye tests

WGOS 2 – Urgent eye examinations – previously known as EHEW or 'Eye Health Eye Wales'

WGOS 3 – Low vision services

WGOS 4 - Enhanced services, such as Glaucoma, WetAMD and Diabetic Retinopathy

WGOS 5 – National Independent Prescribing Pathway

2.10 Progress to date – two out of the four levels (WGOS 4 and WGOS 5) are focused on reducing pressure and activity within in secondary care eye hospital services. It should be noted that CTM is in a good position as it has already progressed a number of the schemes in both levels. It is already delivering the services under WGOS 4 for Glaucoma and Diabetic Retinopathy in partnership with independent contractors and secondary care colleagues. In respect of Independent Prescribing, CTM already has 12 independent contractor optometrists accredited and a further 3 optometrists are awaiting training, and there is an equal distribution across all our clusters. This is not the case in all Health Boards and some have very few optometrists accredited. CTM has also been able to draw down the funding early to fund the programme relieving pressure on primary care budgets. Work is being undertaken to ensure that the existing IP pathway is reviewed and refined to ensure compliance with the IP national pathway but no issues are envisaged.

2.11 *Dental Contract Reform* – As is the case for the optometry contract reform the dental contract reform is focused on facilitating the improved patient outcomes, prevention and wellbeing and access based on need. The Contract Reform programme started in September 2017 and after a pause as a result of the pandemic it resumed in April 2022. An offer was made to all dental practices to sign a contract variation which essentially tested new key performance indicators within the constraints of the existing contract which was based on units of dental activity. In terms of volume or access indicators, practices were asked to see a certain number of patients for their given Annual Contract Value (ACV). An amended contract variation agreement is in place for reform practices this year, and a new dental contract is in negotiation (expected to be introduced in 2024) between Welsh Government, British Dental Association and Health Boards.



2.12 Progress to date: Nationally many Dentists are discontent as a result of a number of factors, including the uncertainty of the contract reform and the significant increase in urgent and emergency demand. CTM has had 3 contracts handed back since 2022, and this is a modest number compared to other Health Boards. These contracts have been retendered. The largest contract handed back is in Bridgend; however, this has given the Health Board an opportunity to review the distribution of dental services and to make the changes to the contract to improve access for patients. A waiting list for patients waiting to see a Dentist is held by the Urgent and Emergency Dental Hub and these patients will be prioritised and be allocated to the new practices.

2.13 *GMS Sustainability* - Sustainability for GMS services continue to be a key focus for the Strategic Programme and for the Health Board. Regular monitoring of contract resignations, branch closures etc is undertaken locally and fed through to Welsh Government.

2.14 Progress to date: The latest position is as follows:

OPERATIONAL PERFORMANCE		Quarter 1			Quarter 2		
Indicator	Frequency	Apr	May	Jun	Jul	Aug	Sep
Practice Population	QUARTERLY	-	-		470,309	470,309	470,309
No. of Contracts in place	QUARTERLY					44	44
Access Targets 114 return submitted on PCIP	QUARTERLY						
Care Home uptake	MONTHLY	80	80%	80%	80%	80%	
Sustainability Applications	MONTHLY	0	0	0	0	0	
<i>No. of Patients affected</i>	MONTHLY						
List Closure Applications	QUARTERLY	0	0	0	1	1	1
<i>No. of Patients affected</i>	MONTHLY						
No. of GMS Contract Resignations	MONTHLY	0	0	0	0	0	0
<i>No. of Patients affected</i>	MONTHLY						
No of practice Boundary Change applications	MONTHLY	0	0	3	0	0	0
<i>No of patients affected</i>	MONTHLY			450			
No of Branch Closure Applications	MONTHLY	0	0	1	0	0	1

2.15 All practices across Wales are encouraged to report via a National Escalation tool on a weekly basis (or if levels change) and anyone reporting in at a level 3 (levels being 1 for slight change, level 2 modest impact, level 3 for pressures negatively impacting ability to deliver services, level 4 for significant pressures having to change the

way in which services delivered and level 5 for in business continuity) will receive a call from the GMS team to seek to understand the issues and offer support. By way of illustration on the 23th October 2023, 6 out of 44 practices, were reporting in at level 3 which indicates they are facing pressures on their ability to delivery services. All report this is due to significant demand for the time of the year and workforce pressures, resulting from absence and in some cases inability to recruit GPs or nursing members of staff. The Health Board is currently supporting 2 practices with an action plan and solution to their pressures.

2.15 *Transformation of Clusters - Accelerated Cluster Development (ACD)*

Focus continues on the transformation of clusters through Accelerated Cluster Development. The roles of Regional Partnership Boards and PCPGs are emerging, and it is important that strong partnership working and leadership achieved as part of this. There still remains a good deal of variation in maturity between clusters, and this will be addressed as ensure that we support and help these to grow.

2.16 Progress to date: Key achievements to date include:

- Following on from a positive peer review for Taff Ely Cluster last year the next cluster to participate in the review has been identified as Bridgend Cluster. Feedback will be given at a future meeting.
- Optometry collaboratives established (with Terms of References) for Merthyr/Cynon and Rhondda with leads attending their first cluster meetings. Bridgend Collaborative is requiring further engagement.
- AHP Collaborative established and Leads attending all Cluster meetings.
- Discussions/presentations with representatives from Nursing, Mental Health and third sectors on establishing collaborative for each profession Planning for Mental Health and Nursing workshops to establish structure/representatives for professional collaboratives (on the 21st and 28th October 2023 respectively).
- ACD Programme Manager met with other Health Boards (Cardiff, Swansea & Hywel Dda) to explore collaborative models (specifically nursing and dentist) and share learning.

- Internal discussions around dental collaborative engagement and funding options in the absence of clusters participation not yet being included in their contract.
- Membership of the plan cluster planning groups has been reviewed and agreed. Existing partnership meetings will be utilised in order not to add further burden to teams and individuals. Bridgend Joint Partnership Group will act as the 'Pan Cluster Planning Group' for Bridgend. Other Joint Partnership Groups have been established and diary dates set in RCT and in Merthyr Tydfil Localities. These will take place in beginning in October and November.

3 Key Risks / Matters for Escalation

Key risks in delivering against the Primary Care strategic ambitious include the following:

- 3.1 GP and Dental Sustainability – This remains a key risk and we will continue to explore the support we can offer practices; however more innovative ways are being explored in making primary care in CTM an attractive place to work.
- 3.2 Community Nurse Infrastructure – In order to meet the District Nursing Principles and the Community Nursing Specification, investment will need to be made both in terms of finances but also training and development of our existing teams (both community and primary care nursing). This will need to be incorporated into the IMPT where possible but this has been escalated to Welsh Government as they have set the standards.
- 3.3 Workforce – recruitment and retention are a key risk for primary care workforce and the demands and pressures for contracts are dissuading people choosing primary care as a career choice. New roles, portfolio careers and new models of care may help address this.
- 3.4 Gaps in the Health Board's primary care team is having are impacting on the ability of the team to respond to the rapidly changing contract changes, and supporting contractors with the change, especially for dental and optometry. Sustainability requires a lot of dedicated time and this is difficult to do when teams are stretched.



4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Choose an item.
	If more than one applies please list below: It applies to all of the areas as the primary care strategic programme cover the whole spectrum of from the strategic areas.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Not Applicable
	If more than one applies please list below: The strategic programme attempts to address all quality domains
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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: There are no specific quality and safety



		implications related to the activity outlined in this report.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Where there is local delivery, EIA will be completed for each individual area.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Choose an item.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is potential within the specific areas covered in the report for there to be a financial impact and this will be assessed for each individual area when that applies.	

5 Recommendation

5.1 The Committee are asked to **NOTE** the contents of the Primary Care Strategic Update and where relevant note CTM Health Board's progress against identified work programmes.

6 Next Steps

6.1 Work will continue to achieve the objectives identified in the National Strategic Programme and further updates will continue to be provided to the Board and where necessary by exception.



Agenda Item

7.1

Population Health & Partnerships Committee

**CHOICE SERVICE;
ENSURING REPRODUCTIVE AUTONOMY FOR OUR MOST VULNERABLE
GROUPS**

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Julie McDonald, Senior Public Health Practitioner
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Interim Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

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

Acronyms / Glossary of Terms

CHOICE Service; Ensuring reproductive autonomy for our most vulnerable groups.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

ACE's	Adverse Childhood Experiences
CCA	Cost Consequences Analysis
CTM	Cwm Taf Morgannwg
HPV	Human papillomavirus
LARC	Long Acting Reversible Contraception
RIF	Regional Integration Fund
SARC's	Sexual Abuse & Rape Crisis Centres
WG	Welsh Government

1. Situation / Background

Unplanned pregnancy in vulnerable groups often means that babies are born into poverty, are at risk of multiple Adverse Childhood Experiences (ACE's), or removal into local authority care. Being able to make an informed decision about contraception enables reproductive autonomy. It ensures that a pregnancy can be planned. With appropriate support and access to contraceptive services the social, emotional and financial implications of an unplanned pregnancy which could result in a baby being removed from parental care, or being brought up in a household where they may be at increased risk of ACEs, can be significantly reduced¹.

Prior to the commencement of the CHOICE service, some of the highest rates of infants subject to care proceedings in Wales were found within the south Wales valley areas, with Merthyr Tydfil, Rhondda Cynon Taf and Bridgend all having incidence rates of between 15 and 20 per 1,000 children in the population².

Data also confirm that vulnerable women are often pregnant again during child removal proceedings or shortly afterwards². This allows very little opportunity for health and social care services to effect change.

The CHOICE service was established to identify and work directly with women and their partners who are at risk of having their children taken into care at birth or during infancy. Providing a trauma informed prevention focused service, enabling support, education and fast track access to specialist sexual health nurses who provide accessible, evidence-based services that are tailored and co-produced with vulnerable women and their partners. Utilising a health promoting preventative approach, the service reduces stigma and overcomes the practical barriers of access by providing a clinic in a box.

The inception of the CHOICE service introduced a new, unique, outcomes based sexual health service, providing supported access to tailored sexual health services empowering individuals to become partners in their care. Providing a voice and choice of contraception to women who may otherwise fall through the gaps of health and social care service provision. Therefore allowing a window of opportunity to undertake the therapeutic interventions

offered by social care partners, that are necessary to help break the devastating cycle of recurrent child removals.

The service commenced on 1st April 2020, working in partnership with key allied agencies within voluntary, third sector and statutory organisations engaging directly with the most vulnerable members of our communities.

Initial funding was secured through the Welsh Government (WG) Prevention and early years funding stream. This funding supported staffing costs and was match funded in kind by CTMUHB to support medical consumables, accommodation/clinic space, workforce training, travel and subsistence and staff management costs. However, changes in criteria have meant that the WG Prevention and early years funding stream ended on 31st March 2023.

As an interim measure, the WG Health & Social Care Regional Integration Fund (RIF) has provided 12 months of funding to support the continuation of the CHOICE service, (1st April 2023 – 31st March 2024).

An application has been submitted to seek RIF funding until 2027. However, the RIF is a tapering funding pot, which will reduce periodically over the 4 year funding period, with the expectation that the CHOICE service is eventually core funded as a mainstream service provision.

The services provided through CHOICE have been designed to improve the education and skills of clients and key partner agency staff in understanding fertility, sexually transmitted infections and testing, screening options and Long Acting Reversible Contraception (LARC) options that are available.

Interventions delivered through CHOICE are dependent on client need and choice, but can include:

- Counselling and support
- Regular telephone consultations
- LARC & condom provision
- STI screening; opportunistic and symptomatic
- Emergency Hormonal Contraception provision
- Cervical screening

- Pre Exposure Prophylaxis (PEP)/Post Exposure Prophylaxis (PrEP)
- HIV point of care testing
- Tailored 1-1 education sessions on understanding your body, reproduction, fertility and sexual health and well-being
- Onward referral to additional health and social care support services where need is identified.

The service supports a positive shift in knowledge and engagement and builds the capacity of individuals, staff, partner organisations and communities.

To ensure continuity of care, the CHOICE nursing team have an allocated caseload within each CTM area across the regional health board footprint. The service currently supports a number of priority population groups including;

- Substance misusers
- Individuals that have experienced domestic abuse
- Individuals with mild, moderate and profound mental health needs, including during both antenatal and perinatal periods
- Homeless individuals
- Offenders
- Assumed sex workers
- Trafficked individuals
- Looked after young people
- Survivors of coercion, sexual abuse, violence and rape
- Care Leavers
- Neuro diverse individuals

Evaluation of the most recent Looked After Children data confirms that there has been a reduction in the numbers of children being removed from parental care since the introduction of the CHOICE service;

Children Looked After Data – CTMUHB Area

2018	2019	2020	2021	% change 20/21	2022	% change 21/22
Under 1	Under 1	Under 1	Under 1		Under 1	
75	75	60	55	- 8%	35	-36%
Age 1 – 4	Age 1-4	Age 1-4	Age 1-4		Age 1-4	
235	235	265	245	- 7.5%	200	-18%

Children looked after in CTMUHB 2018, 2019, 2020 2021, 2022 by local authority, gender and age. *Source: Stats Wales*

2. Specific Matters for Consideration

The CHOICE service is a low cost spend to save initiative, underpinned by the foundations of prudent healthcare. Both the engagement and retention of clients have exceeded expectations. Headlines include –

Year 3:

- 528 referrals were received from 1st April 2022 to 31st March 2023. Every client was offered an appointment.
- 647 contraceptive devices have been provided; 82% of clients.
- 49 clients (9%) had previously terminated a pregnancy; often multiple episodes
- 308 clients (58%) have received sexual health and/or cervical screening
- 78 (15%) clients consented to Cervical screening, of those 9 (11.5%) required additional follow-up due to a Human papillomavirus (HPV) positive result and/or abnormal cell identification.
- 4.5% increase in referrals.

A cost consequences analysis (CCA) has confirmed that the average cost per CHOICE client is just **£89.38**. To put this in perspective, alternative complex interventions that may be needed without CHOICE include;

- Maternity costs for vulnerable patient and high risk delivery: **£2,821.23**
- First year of life in **social care services: £22,775.67**
- Year 1-4 of life in **social care services** (per year): **£23,950**
- Cost of treatment of infant with Neonatal Abstinence Syndrome: **£8,609.60.**

The CHOICE service has demonstrated that it is highly effective, with the potential to avoid significant costs to both the health and social care system.

A recently undertaken audit has found that of the 104 cervical screening tests undertaken during the first two years of service delivery, (1st April 2020 - 31st March 2022), 24 CHOICE clients (23%) required referral to colposcopy for further investigation and or treatment (1 in 4 clients). This contrasts starkly to the general population where around 1 in 27 individuals screened (2019-2020) were directly referred for colposcopy follow up³.

The provision of universal services through mainstream Integrated Sexual Health services cannot meet the needs of marginalised individuals. Individuals that engage with the CHOICE service are more likely to lead inherently risky lifestyles. Evidence confirms that socially marginalised individuals are at a higher risk of cancer through multiple risk factors such as socio-economic disadvantage, personal circumstance, substance abuse and low screening uptake⁴. Proportionate targeting of screening opportunities is therefore needed given the increased risk of the clients CHOICE engages. Many of our clients have not attended for screening within the last 5 years, if at all. This highlights the social, clinical and economic case for the proactive engagement of high risk groups in cervical screening through the opportunities provided by the CHOICE service.

The service has supported over 1,500 clients to date. However, without a secure funding stream in place from April 2024 onwards, the service is at risk.

- There is no service that can replace CHOICE

- The caseload is and continues to become more and more complex
- There is a significant risk that clients regularly accessing LARC through CHOICE will not take up mainstream service offers, putting them at risk of unplanned pregnancy, STI's and a return to poor engagement and uptake of services

3. Key Risks / Matters for Escalation

The CHOICE service is an example of a collaborative spend to save initiative that has the potential to not only offer financial savings to health and social care partners, but to also reduce the social and emotional consequences of more complex interventions. Adding value to the health and care system by ensuring the earliest possible support is provided to individuals from priority groups, before escalation of need occurs.

Sustained levels of deprivation, the implications of health harming behaviours and high levels of children looked after across CTM all necessitate the need for the CHOICE service, a unique, multi-agency, low cost, regional service.

In order to mitigate the loss of both clients and staff it will be important to secure sustainable funding for the CHOICE service from April 2024 onwards.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Growing Well
	If more than one applies please list below: Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol –	A Healthier Wales



Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	If more than one applies please list below: A more equal Wales	
	Whole-systems Perspective	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below:	
	Effective	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below: Efficient Equitable Person centred Timely Safe	
	No - Not Applicable	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:	

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Plans are in place to undertake a Quality Impact Assessment Screening.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Although an EIA has not yet been undertaken, the evidence base is well



		<p>established, confirming the need for prevention and early intervention approaches and improved access for individuals that are likely to be harmed by exclusion, often because of diverse life experiences and risk factors.</p> <p>The CHOICE service impacts social value and equality by working towards the elimination of avoidable inequalities in health and ensuring the individuals that engage receive a health gain/improvement.</p> <p>Without the CHOICE service vulnerable individuals are at further risk of inequalities</p>
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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	<p>Yes (Include further detail below)</p> <p>To maintain the current service an annual staffing budget of £214,329 is needed (inc. of on costs).</p>	

5. Recommendation

The Population Health & Partnerships Committee is asked to **NOTE** the work of CHOICE.

6. Next Steps

During year 4, additional activity to support further service improvements will be undertaken;

- A focus on male sexual and reproductive health needs, including reducing stigma and implementing a dedicated pathway for men that are the survivors of abuse, sexual violence or sexual assault. Establishing dedicated clinics within Sexual Abuse and Rape Crisis centres (SARC's).
- Establishing links with custody officers and transport police to embed the CHOICE referral pathway.
- Undertake a pregnancy audit.
- Undertake an audit of the enhanced needs of younger, young people referred to the service.
- Produce additional tailored resources for asylum seekers, for whom English is not a first language.

7. References

- 1). Welsh Government (2021). Review of Adverse Childhood Experiences (ACE) policy Report. (Online) Available at:

[Review of Adverse Childhood Experiences \(ACE\) policy: report \[HTML\] | GOV.WALES](#)

(Accessed June 2023).

- 2) Centre for Child & Family Justice Research (2021). Born into Care: unpacking the impact of area-level deprivation in Wales.

(Online) available at;

[BiC_dep_Wales_report.pdf \(cfj-lancaster.org.uk\)](#)

(Accessed June 2023).

- 3) Public Health Wales (2022) Cervical Screening Wales Annual Statistical Report 2019-2020. (Online) Available at;

<https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/programme-reports/csw-annual-statistical-reports/csw-annual-statistical-report-2019-20/>

(Accessed June 2023).

4) Cancer risk in socially marginalised women: An exploratory study (2019). (Online) available at

[Cancer risk in socially marginalised women: An exploratory study - ScienceDirect](#)

(Accessed June 2023).



Population Health & Partnerships Committee

FURTHER FASTER UPDATE: PATHWAY DEVELOPMENT

Building Capacity through Community Care – Further, Faster

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Mills, Head of Regional Commissioning Unit (RPB)
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser – Executive Director Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
RPB	08/09/2023	Approved

Acronyms / Glossary of Terms	
RPB	Regional Partnership Board
PSRS	Population segmentation and risk stratification
IMTP	Integrated Medium Term Plan
AHP	Allied Health Professional



GIG
CYMRU
NHS
WALES

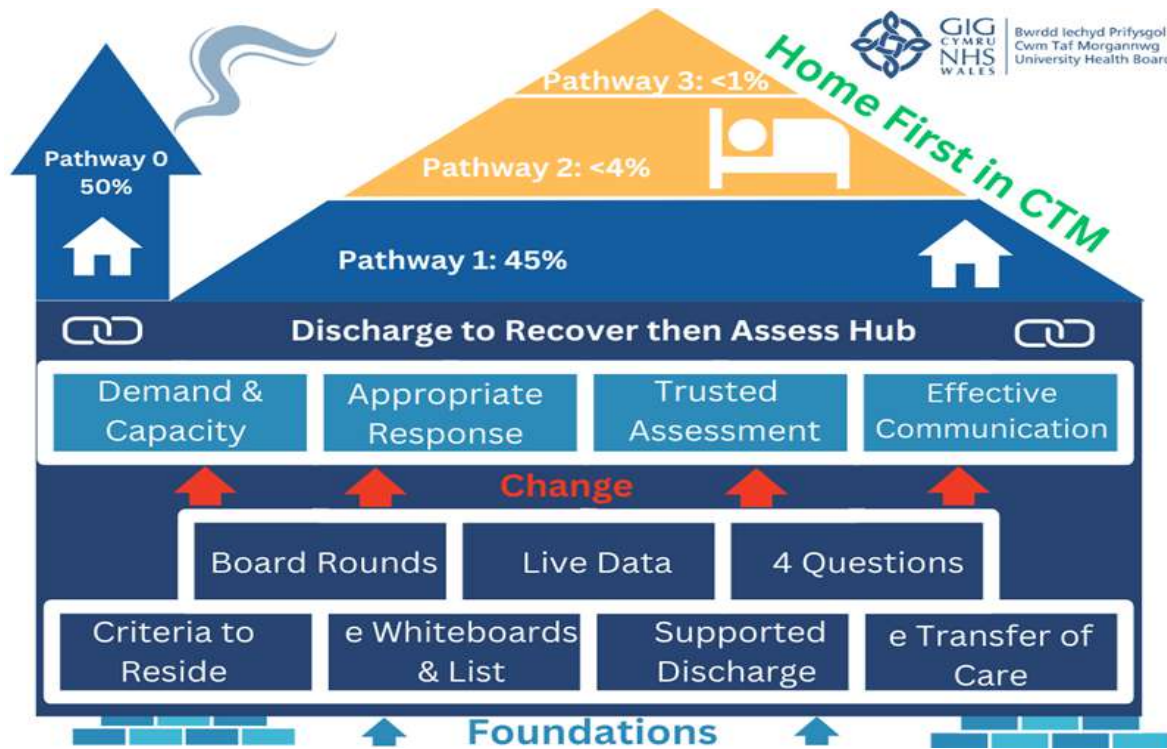
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

E-TOC	Electronic Transfer of Care
E- Whiteboards	Electronic Whiteboards
SW@H	Stay Well @Home (SW@H)
SDEC	Same Day Emergency Care
@ Home	At Home Service
SWA@H 2	Stay Well at Home 2
ACT	Acute Clinical Team
PHM	Public Health Management
PSRS	Population segmentation and Risk Stratification
MDT	Multi Disciplinary Team

1. Situation /Background

- 1.1 Vision: Outstanding whole-system place-based care that enables older people and people living with frailty to live their best life in their community.
- 1.2 A top priority for the Minister is that health boards and their partners build capacity in the community to support people with increased health and wellbeing needs to stay well.
- 1.3 Further Faster seeks to accelerate delivery of actions from existing health and social care national programmes namely;
 - The Strategic Programme for Primary Care,
 - The Urgent and Emergency Care Programme, and the
 - Regional Integration Fund/ RPBs
- 1.4 Delivered in a 'two lane' approach, lane 1 focusses on increasing reablement, community nursing, step up and step down capacity, tele health and third sector support ahead of winter 2023/24.
- 1.5 Establishing a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally will involve new delivery structures, moving the workforce and creating new roles so that, for example, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development with a clear focus on frailty.
- 1.6 There remains uncertainty over any additional resource to implement further faster (noting AHP funding being received) and recognition that there exists an ever-increasing financial challenge the need to accelerate the rebalancing of the health and care system, ensuring that existing resources are utilised most effectively and strive towards the Further Faster ambitions remains. Effective transformation of our existing model of care including engagement, understanding resistance to change, create a learning environment that studies each change and is flexible to respond to new knowledge and data is needed.

- 1.7 A model focusing on two pathways Urgent and emergency care and population health management have been agreed that aligns the efforts of 6 Goals of Urgent Emergency Care (UEC), Accelerated Cluster Development (ACD) and the Regional Integrated Fund (RIF). Regional work streams have been aligned to new national specifications and identified 'transformation resource' (RIF) to support local leadership, facilitate change and disseminate learning.
- 1.8 The home first approach in CTM as outlined below. Under the direction of the Integrated Discharge Board significant progress has been made including the introduction of E-TOC (trusted assessment document), better use of technology to improve patient flow and improve data to better understand pathway delays.



- 1.9 Furthermore, a navigation hub has been established to prevent admission, Integrated action plan to address pathway of care delays implemented and

discharge model rolled out across all sites with a newly established integrated discharge hub.

1.10 Note the accumulation of this activity is beginning to be reflected in performance, front door services performing better than pre COVID levels supported by Stay Well @Home (SW@H) and Same Day Emergency Care (SDEC) and reduction of length of stay seeing a six-month downward trend not explained by seasonal trends.

1.11 The Commissioning group were tasked with developing the integrated model;



1.12 Phase 1: Alignment

FAST ACTING COMMUNITY TEAM

The team will bring together the following services/projects;

- @ Home
- SWA@H 2
- ACT
- % of duty Occupational Therapists
- Majority of new Advance Healthcare Practitioner resource
- Front door assessment services
- Capacity in mobile response units

1.13 POPULATION HEALTH MANAGEMENT PATHWAY

1.14 What do we mean by population health management in this context?

- 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.

1.15 Using intelligence to change care delivery and inform new service models based on population need

- Building capability and capacity, growing the expertise in public health, and developing PHM champions.
- Data-led decision making and planning to drive care coordination and proactive personalised care, using the evidence base with a focus on reducing health inequalities and delivering proportionate universalism.
- Focus on prevention and community well-being - asset based approach, social prescribing and social value projects.

1.16 PROGRESS TO DATE

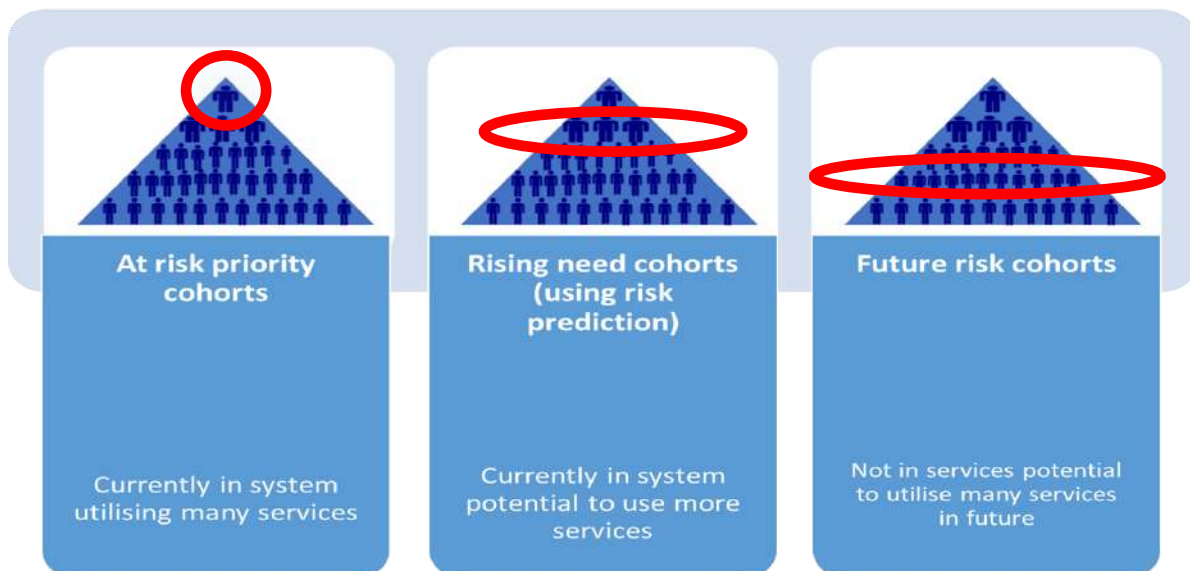
- Continuous refinement of PSRS data flows and infrastructure following successful implementation of data flows in all (bar one) GP practices in CTM.
- Implementation of two PHM feasibility studies in Taf Ely and Bridgend East Clusters. Both completed April 2023. Process evaluation complete for Taf Ely, in draft for Bridgend East. Outcomes evaluation for Taf Ely due Oct.
- Paper on predictive ability of CTM data-driven segmentation model submitted to BMC Public Health.
- MDT backward review complete – to be fed into future referral processes for MDT via community commissioning group and CHWT leads.
- PHM approach adopted in wider frailty service delivery in Taf Ely.
- Enhanced relationships within primary care following introduction of ACD model.
- Outputs on a CTM, Cluster and GP practice level from the anonymous dataset developed and being communicated to relevant partners for action and decision making – currently being used to inform the planning cycle for IMTP in primary care.

1.18 FUTURE DEVELOPMENT

- Proven utility of PSRS data - to provide lists of individuals within a segment for **pro-active MDT review**
- Scope of interventions/ sign-posting (everything non-urgent or prevention related? Clinical, social, well-being?)
- Link with Building Healthy Communities, social prescribing and Asset Based Comm Development including community hubs.

1.19 COHORTS

When considering the target cohorts there needs to be an appreciation of the finite resources and where the greatest impact is likely to be achieved to support the current system pressures. In the context of the proposed pathway the rising needs cohorts are of focus.



1.20 Health Inequalities

Summary by Cluster; health care utilisation, December 2022

Source: Population segmentation and risk stratification: cluster summary 2023

Summary measures	Bridgend East	Bridgend North	Bridgend West	Cynon North	Cynon South	Merthyr Tydfil	Rhondda*	Taf Ely	CTM
Avg Estimated GP contacts	6.16	7.18	6.57	7.99	6.98	6.75	7.25	6.85	6.89
Avg Distinct Prescriptions	4.11	5.06	4.98	4.96	4.73	4.58	4.55	3.94	4.48
Avg OP First Attendance Count	0.39	0.44	0.42	0.39	0.35	0.35	0.36	0.33	0.37
Avg OP Follow-up Attendance Count	0.89	0.96	0.97	0.87	0.82	0.80	0.86	0.73	0.85
Avg IP Emergency Spell Count	0.08	0.09	0.08	0.10	0.09	0.10	0.11	0.09	0.09
Avg IP Elective Spell Count	0.13	0.15	0.15	0.10	0.11	0.11	0.11	0.11	0.12
Avg A&E Visits	0.32	0.35	0.32	0.33	0.32	0.37	0.37	0.28	0.33

Note: Primary and secondary care data from Jan 22 – Dec 22. GP practice encounters have been estimated from read codes likely to indicate contact. Colouring is based on intervals within the range of values to highlight variation and not statistical significance

1.21 The data that is now available provides the region with an opportunity to think differently about how services are commissioned and targeted.

Identifying large cohorts of people from the outset will however overwhelm the system. Consideration needs to be given to where, as a partnership, we can have the greatest impact and see the greatest benefits to the health and social care system.

1.22 Discussions have highlighted the following initial priorities for focus;

- Care homes
- Newly diagnosed patients with long term conditions (as correlation between service utilization at outset as learning to manage the condition).
- Continence
- Frailty

The potential for greater use of telehealth cannot be underestimated and will feature in development plans.

2. Specific Matters for Consideration

2.1 The detail above provides a broad outline of the development work to date and direction of travel to create functioning pathways. The pathways are linked, there is clarity regarding an urgent, timely community response and population health prevention which will focus on at risk cohorts and avoiding escalation through proactive monitoring and access to support to avoid escalation.



3. Key Risks / Matters for Escalation

- 3.1 An implementation plan is being drafted outlining the key actions for implementation.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant / Link to Wellbeing of Future Generations Act - Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:



**Environmental
/Sustainability Impact (5Rs)**

Impact Assessment

Ansawdd

Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? /

Yes:

No:

Quality

Have you undertaken a Quality Impact Assessment Screening?

Outcome:

If no, please include rationale below:

Not completed to date.

Cydraddoldeb

Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /

Yes:

No:

Equality

Have you undertaken an Equality Impact Assessment Screening?

Outcome:

If no, please include rationale below:

Not completed to date.

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.

Initial focus is reconfiguring existing capacity and resources. No additional resources have been identified for phase 1.

5. Recommendation

5.1 That the Committee **NOTE** the updated position.

6. Detailed Implementation Plan to be completed.



Agenda Item

7.3

Population Health & Partnerships Committee

Building Healthier Communities Update

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Committee / Group / Individuals	Date	Outcome

Acronyms / Glossary of Terms

BHC	Building Healthier Communities
CTM	Cwm Taf Morgannwg
PHPC	Population Health and Partnerships Committee



1. Situation /Background

- 1.1 CTM 2030: Our Health, Our Future was launched in 2021. There are three key strategic themes to CTM2030:
- Building healthier communities
 - Integrated community services
 - Clinical services plan
- 1.2 These strands are underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value-based healthcare plans.
- 1.3 In August 2023, the Committee approved the evolution of the Anchor Steering Group into the Building Healthier Communities Steering Group to recognise the breadth of the work being taken forward under this banner.

2. Specific Matters for Consideration

- 2.1 Since the last PHPC the new governance arrangements for BHC have been established. The portfolio of the work is wide, including: procurement; decarbonisation/sustainability; Welsh Language; education; employment; anchor institution. The aim is to have oversight over all areas as they impact on our ability to work with our Populations to develop healthier communities.
- 2.2 In October 2023, a workshop was held with the members of the newly formed BHC Steering Group with officers from the Future Generations Office. The aim of this workshop was to assess how we were progressing against the Future Generations maturity matrix and how this would influence the development of a workplan moving forward.
- 2.3 At time of writing, the outputs of the workshop are still being analysed, but key focus areas that emerged included:
- engaging with a purpose
 - building belief within our communities
 - utilising our assets
 - risk appetite to do things different, especially around recruitment and procurement.



3. Key Risks / Matters for Escalation

3.1 There are no specific risks for this Committee.

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 Creating health Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Growing Well
	If more than one applies please list below: Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Wales of Vibrant Culture & Thriving Welsh Language
	If more than one applies please list below: A Healthier Wales A Globally Responsible Wales A Prosperous Wales A Resilient Wales A Wales of Cohesive Communities A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred
	If more than one applies please list below: Effective Efficient Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: Reuse Refine Repurpose Recycle



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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: Will be considered as part of each separate development.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Will be considered as part of each separate development.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There are potential reputational impacts on the health board if specific elements of this work are not achieved – e.g. Welsh Language Standards	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There are different resource implications for each individual piece of work. This is included as part of each project plan.	

5. Recommendation

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

6. Next Steps

6.1 The outputs from the workshop will be analysed and will develop into a workplan for the BHC Steering Group



Agenda Item

7.4

Population Health & Partnerships Committee

**Cwm Taf Morgannwg Regional Partnership Board
Annual Report 2022-23**

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Linda Prosser – Executive Director of Strategy & Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser – Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Regional Partnership Board	08/09/2023	Approved

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
RPB	Regional Partnership Board

1. Situation /Background

The Social Services and Wellbeing Wales Act require RPBs to report annually on delivery against planned objectives. These reports provide an opportunity to demonstrate to a wide audience the work of the RPB.

The report must

- Denote the RPB (and associated programmes) work since the last report, including rationale behind programmes, outcomes (achieved and working on), future intentions and next steps
- Evidence any conclusions or assertions, drawing on user, carer, staff and public feedback, activity and performance data, evaluation and research.
- Complement but must not replicate annual reports of Local Authorities, Local Health Boards, and Public Services Boards annual wellbeing reports.

The format and delivery of the Annual Report should;

- Contain an **Executive Summary** upfront – No more than a page summarising key progress over last year
- Concise - 15-20 page ideally a maximum, although this may vary depending on the number of partners involved in a RPB.
- made publicly available and written to be easily read by its audience service users and carers, professionals, the public, members and national politicians and civil servants.
- produced in English and Welsh and other languages and formats if a reasonable request for translation is made.
- agreed and signed-off by all members of the Regional Partnership Board
- published and submitted to the Welsh Government for information by the **31 August 2023**.

2. Key Risks / Matters for Escalation

The Committee is asked to:

- Note the requirements
- Note the Annual Plan

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Improving Care
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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: Summary of activity. No change to delivery.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: As above.



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.

4. Recommendation

- The Committee is asked to **NOTE** the requirements and the RPB Annual Plan.

Annual Report 2022-2023



Cwm Taf Morgannwg
Bwrdd Partneriaeth | Regional
Rhanbarthol | Partnership
Board





Terriann
①

Your Position Change

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Foreword from the Chair

I am delighted, as Chair, to share with you the Cwm Taf Morgannwg Regional Partnership Board Annual Report for 2022/23.

The Cwm Taf Morgannwg Regional Partnership Board (RPB) is one of seven RPBs in Wales that bring together a range of partners from across health, social care, the third sector, housing and education to drive forward integration ambitions to meet the health and social care needs of our population.

We have continued to actively engage with our communities to inform our plans including our [Regional Area Plan](#) that will articulate our ambitions for how we intend to support a coherent approach to planning co-location and our first **Capital Strategy**.

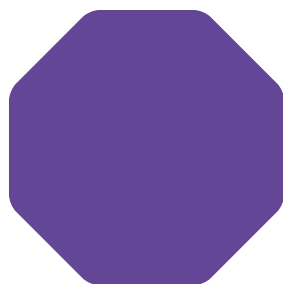
The capital strategy will help shape regional planning, supporting the rebalancing of adult residential care provision by increasing delivery from within the not-for-profit sector, and support the elimination of profit from the provision of children's residential care.

Developing and enhancing community hubs will provide greater opportunity to reorientate provision away from acute hospitals and towards primary and community settings.

We will continue to innovate and seek improvement, utilising all available resources across the RPB (including but not limited to the Regional Integration Fund) to support development and adoption of new sustainable models of health and wellbeing and seek to make better use of digital technology to further our ambitions.

Robust, transparent, and positive communication has enabled us to make progress and my sincere thanks to all our stakeholders, residents, and professionals alike for their engagement throughout the last year, without whom, we wouldn't be in the positive position we are in today.

Cllr Jane Gebbie
Chair of Regional Partnership Board



Highlights and achievements

1

During 2022/23 the Regional Partnership Board continued to develop and mature. We welcomed new members to the board and delivered on several key documents including our Market Stability Report, Regional Area Plan and Capital Strategy that will inform future priorities and work programmes under the RPB.

2

The adult and children boards continue to deliver measurable changes and improvements under the RPB structure and the Regional Area Plan has provided a refreshed focus on action planning to take forward actions informed by our communities.

3

With a rapidly aging population a real shift to community-based care and avoid unnecessary/lengthy hospital admissions or 'unnecessary dependency' on social care services is more important than ever.

4

During 2022 as a RPB we set our vision for an integrated community model of health, care and wellbeing which will be the main delivery model for out of hospital health and social care services for the Cwm Taf Morgannwg region.

5

Recognising the importance of effective systems leadership, co-production and citizen involvement, joint commissioning and integrated workforce strategies we have set a programme of change management for disaggregation and redesign of community services to focus on providing an urgent community response and population health management.

6

To support the Further Faster (a Welsh Government mission to build an Integrated Community Care Service for Wales), we have aligned the programme boards for 6 goals for urgent and emergency care, accelerated cluster developments and developed an integrated discharge board to better understand and support timely discharge.

7

The Regional Integration Fund (RIF) provided opportunities to develop new regional models and new performance framework supported the board in understanding the impact of the programme.

Role and purpose

The Cwm Taf Morgannwg Regional Partnership Board was established to deliver the strategic intent set out in the Social Services and Wellbeing (Wales) Act 2014, specifically Part 9, to improve outcomes and wellbeing of people, as well as improving the efficiency and effectiveness of service delivery. Note the purpose of the board is also set out in Part 2 Code of Practice (General Functions).

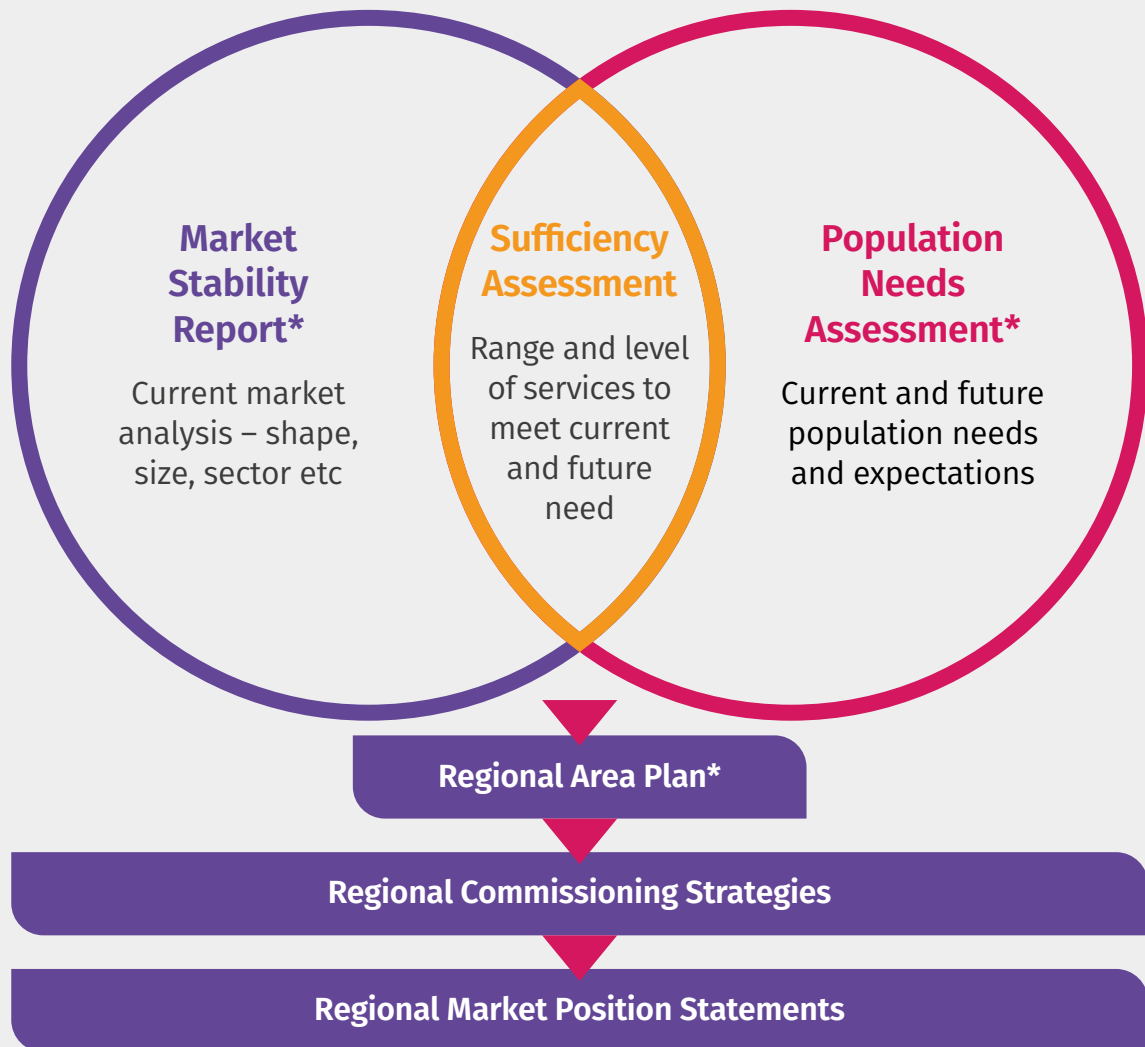
The RPB is the key leadership body to oversee all integration work across health and social care and to formally represent the interests of the local authorities, the health board and its key stakeholders. The RPB is responsible for monitoring progress and the ongoing delivery of integrated work programmes across the region.

The statutory objectives of the RPB are to:

- ✓ Respond to the Population Needs Assessment carried out in accordance with section 14 of the Act
- ✓ Implement the plans for each of the local authority areas covered by the board, which local authorities and health boards are each required to prepare and publish under section 14A of the Act
- ✓ Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act
- ✓ Promote the establishment of pooled funds where appropriate

You can see who sits on our RPB [here](#)





* Statutory requirement under the 2014 Act.



Vision

Making a difference to people's lives by involving them, listening and taking action together to transform the way services are delivered.

#ByYourSide

Values

We have worked to identify core values that strengthen our commitment to providing the best services to people at the right time and place, which are:

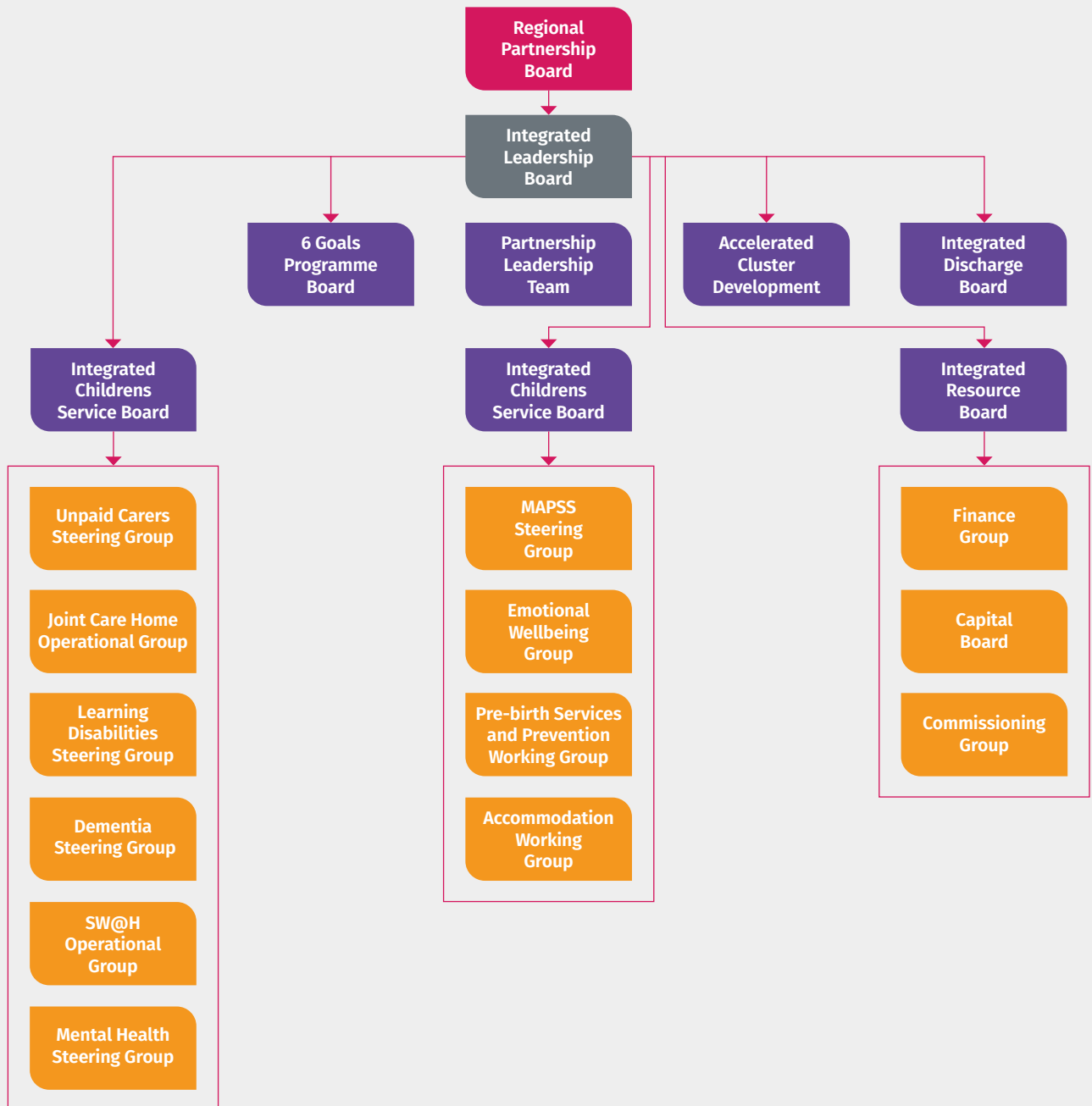
Inclusivity	Equality	Integrity	Collaboration	Innovation
Our work is led by our communities and we commit to ensuring everyone has the opportunity to be involved.	We believe in creating a fair and equal society. Every person should have access to services that support them to live happy and healthy lives.	We promise to be honest, open and transparent in everything we do.	Our communities are at the heart of what we do. We will continually work in partnership with local people to design and deliver services to ensure they are receiving the right support and services.	We will do things differently to better work with and support local communities.



Governance Structure

Deliberate design and governance ensure governance arrangements remain fit for purpose and support the RPB to carry out its business efficiently and effectively.

Regional Partnership Board Structure – Strategic level



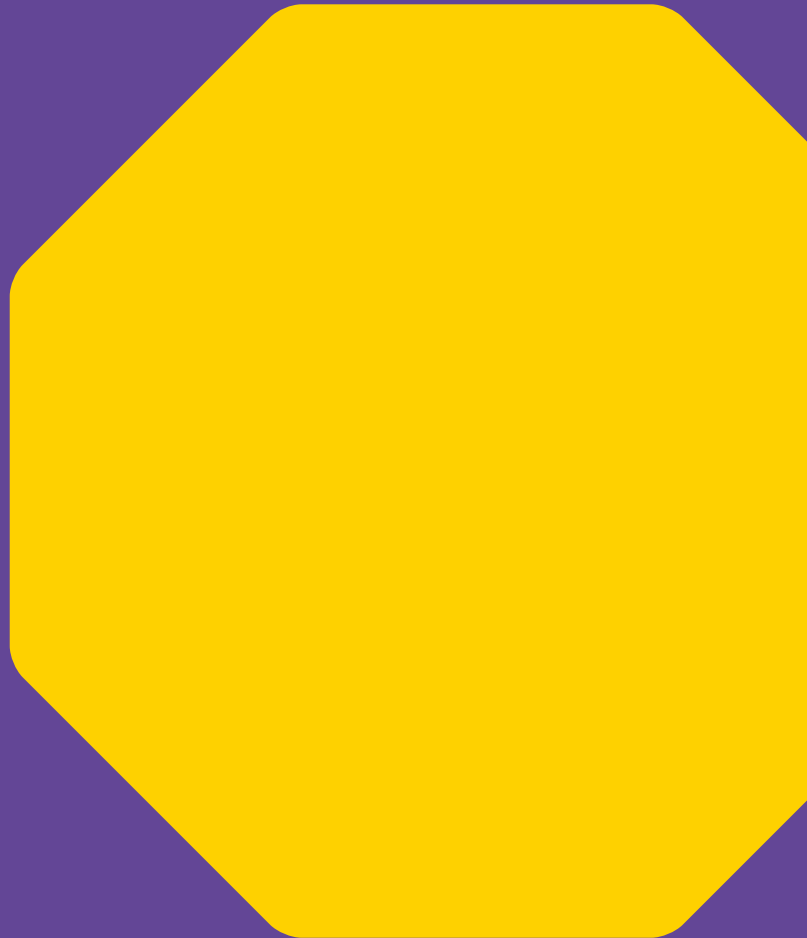
Development of the Regional Plan: 2022 Hackathon Series

As part of our annual engagement plan for the Regional Partnership Board activities, a series of hackathon engagement events took place between September-November 2022 to help inform the development of the Regional Area Plan.

Hackathons were originally piloted as an innovative engagement tool in 2021 as part of the regional 100 Days of Engagement Framework to assist in the creation of the latest Population Needs Assessment.

Our hackathons bring together users of services, services providers, and key decision makers in Cwm Taf Morgannwg. The events provide a meaningful space to embark on a process of co-creating and co-designing creative conversation starters upon which further crucial operational and strategic conversations can be undertaken. This helps to inspire and inform positive service improvement and change and forms the basis of the area plan chapters below.

400 people, including users of services and professionals, have directly fed into our Regional Area Plan.



Co-producing Co-production

Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014. Regional Partnership Boards have a responsibility to embed co-productive practice in our work.

At its core, co-production re-balances power structures to create an equal, reciprocal and trusting platform for people to find solutions together. In health and social care, this could mean somebody with a lived experience and a professional working together to improve a service.

As a RPB, we recognise the importance of co-production, and the value the practice can offer to the development and sustainability of services.

Launched as part of our 2022/2023 hackathon series, our co-producing co-production work has allowed us to co-create a new regional definition for the term. With over 150 individuals involved in the process our new definition is the starting point of a consistent and sustainable future in which meaningful engagement of both service providers and the users of our services can be used to generate positive change that benefits all.

Our new definitions reads as:

‘Co-production positively transforms relationships between those who provide and receive services across Cwm Taf Morgannwg, by valuing lived experience and sharing power to influence and embed meaningful change’

As we move into the next phase of our strategy development, our pilot co-analysis team of diverse members from across the region and statutory and third sectors will be looking to co-design a co-production charter and statement of intent, against which our regional co-production practices can be assessed.

To further support co-production, our ‘In This Together’ training programme has been developed to help individuals to understand why citizen involvement is crucial to adding value to our work locally and regionally, and equipping both the workforce and citizens to facilitate and participate in meaningful conversations that build relationship, inspire action and ensure that feedback and communication loop.



Communications

Engagement and co-production is only effective if supported by accessible and consistent communication.

We have utilised our website as a main communications platform to share updates, information on events and inspiring stories. Communication tactics have included the development of accessible films to showcase the work that has taken place, social media posts showcasing the work highlighting the importance of getting involved, and the utilisation of our stakeholder management platform to keep in touch with those who attend our events.

Notably, the work is gaining more profile and the songs and spoken word pieces created during our hack-a-thons were showcased at the Lleswyl Festival in February 2023. Lleswyl is a free-inclusive festival for people with chronic illness and was broadcast across Wales.

Between September and March, when undertaking activities to feed into our Regional Area Plan, our social media engagement rate increased by 11.1% (compared to same period last year). This shows more people are interested in the work we are doing and are taking action to be involved.

This is also reflected on our website, with our homepage page views increasing by 10.5%, and general user engagement increasing by 3%.

We also had a 75% increase in new users (supported by paid for advertisements when running an awareness campaign on the All Wales Dementia Care Pathway of Standards).



Cwm Taf Morgannwg Regional Priorities for Children and Young People

Under the direction of the Regional Children's Board, based on learnings from the Population Needs Assessment and Market Stability Report a number of workstreams are being developed.

1. To develop new regional models of care against the agreed priorities below:

Regional Programme Ambition 1

To scope and provide robust parental and specialist behaviour management pathways of support for children with neuro-developmental conditions.

Regional Programme Ambition 2

To provide emotional wellbeing support, that utilises the benefits of play, therapy and school based emotional wellbeing support for 8-11 year old children

Regional Programme Ambition 3

To prevent children becoming looked after, by investing into pre-birth and early years to support parental capacity to care for babies safely.

Regional Programme Ambition 4

To develop a regional residential accommodation facility for children with significant complex emotional and mental health needs.



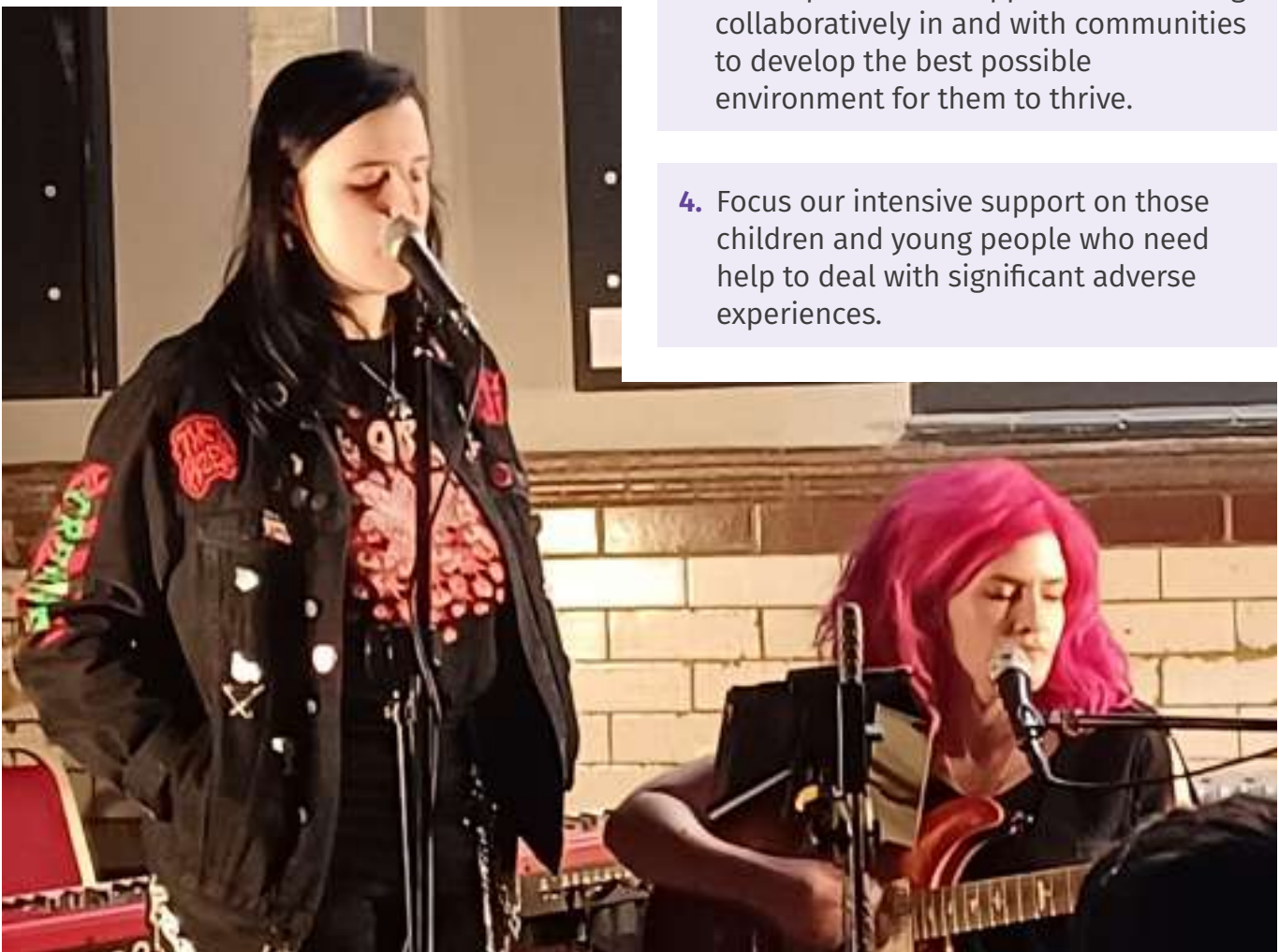
2. To implement Welsh Government's new NYTH/NEST Framework and review the Regional Implementation Plan due to Welsh Government by October 23.

Our integrated approach to meeting the care and support needs of children and young people:

Children, young people and families in Cwm Taf Morgannwg live safe, healthy and fulfilled lives and that they are able to achieve their full potential by building resilient communities.

The shared principles that we will promote are to:

1. Work better in partnership with local children, young people, families and communities to help them achieve their personal well-being outcomes and build resilience.
2. Work positively with children, young people and families taking a strengths-based, co-production approach.
3. Take a place based approach to working collaboratively in and with communities to develop the best possible environment for them to thrive.
4. Focus our intensive support on those children and young people who need help to deal with significant adverse experiences.



Our integrated approach to meeting the care and support needs of older people

The ultimate aim of developing a new model of integrated services is to improve health, care and wellbeing across the Cwm Taf Morgannwg Region.

Redesigning a new integrated system that reduces fragmentation and enables services to operate more effectively together, improving individual and population outcomes.

There is a clear focus on redesigning the current system to support resilience within the community and delivering services at a local level where possible. Moving away from the more traditional acute models to focus on community putting the service user at the heart of service design.

With an aging population with growing complexity, to meet increase demand across health and social care we need to work better together, avoid duplication and ensure we make best use of resources.

The Welsh Government's Ambition 'Further, Faster' – Our mission to build an Integrated Community Care Service for Wales' seeks to accelerate integrated community services activity and plans to jointly develop and put in place a community care service and workforce model to make a significant positive impact on our system ahead of Winter 2023/24.

The RPB has an important role to play in delivering the further faster agenda. Flexing the existing governance structures and aligning planning and delivery will support the region to develop robust community infrastructure and agreeing a regional optimum model for community services.

Improving lives with seamless support for health, care and wellbeing.

Services will be delivered at locality level where possible with multi-disciplinary teams bringing together existing support networks to better deliver seamless care under two integrated pathways, urgent care responses and population health management.



Pathway 1: Urgent community response

Time limited service provided by professionals from a range of backgrounds to support deterring health where recovery or rehabilitation is needed. This support will be provided at home if possible and will seek to stop needs escalating.



Navigation Hub

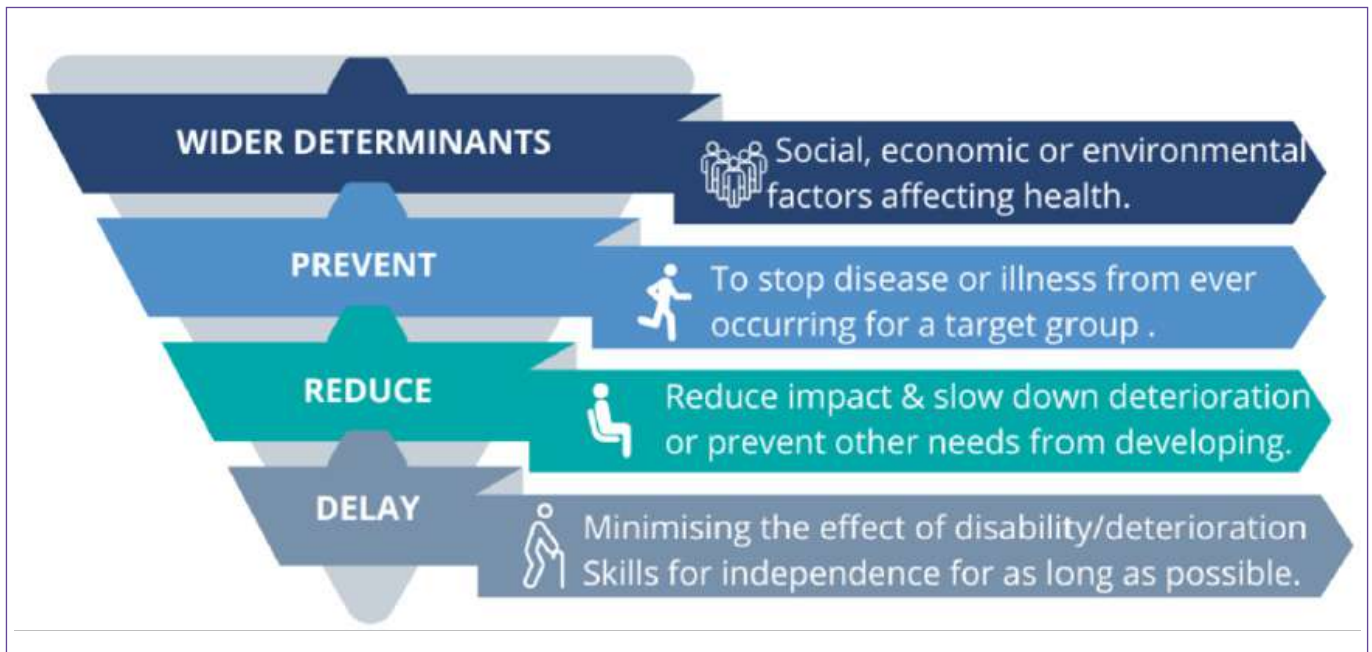
This is key to co-ordinating resources and appropriate response. Effectively triaging individuals into services to best meet their needs.

Pathway 2: Population Health Management

Cluster and locality access to wide range of resources to support health and wellbeing. Help influence analysis, planning and delivery to meet local needs.

Community Networks

Structures around population groups and GP practices. Focus on local assess and resources to support holistic needs and deescalate need.



Workforce

Workforce is key to the success of an integrated model. Work force planning to ensure the right mix and numbers of workers with the right skills, behaviours, competencies and attributes to implement high quality services is needed.

Regional Integration Fund (RIF)

The Health and Social Care Regional Integration Fund (RIF) that will help to improve health and social care services.

What is the RIF aiming to do?

The RIF will help organisations working in health, social care and wellbeing to do the following things:

- Focus on prevention and tackle challenges at an early stage
- Work together to develop 'joined up' health and social care services
- Share experiences and learnings together through dedicated groups called 'communities of practice'
- Bring together staff from different organisations to deliver services



What are the models of care?

The six models of care that the RIF will support are as follows:



Community based care – prevention and community coordination

This includes community services that help to protect residents from longer term health or wellbeing problems, including befriending groups, community hubs, falls prevention, and access to wellbeing services.



Community based care – complex care closer to home

This will help to improve recovery following a period of ill health, helping people to be more independent in the long term. Support could include help at home from specialist teams who work in the community, and community rehabilitation.



Promoting good emotional health and well-being

Improving mental health and wellbeing in our communities is a priority. This will help create and improve services for both adults and young people who need emotional health and wellbeing support.



Supporting families to stay together safely, and therapeutic support for care experienced children

Health, social care and education partners will work together with families to help them stay together safely and prevent the need for children to become looked after.



Home from hospital services

Some people will always need treatment in a hospital environment, so this will help people to be discharged and recover at home safely and quickly. It also ensures those who do need acute care can access it easily.



Accommodation based solutions

It's vital people have warm, safe and supportive living environments. This includes developing independent living facilities, organising home adaptations and building accommodation for children with complex needs.

RIF Performance Data

Following the commencement of the new RIF on the 1st April 2022, there was a requirement to introduce an outcomes and performance framework across all RIF commissioned services.

The new framework would ensure all services contributed towards the principles of the national guidance and provide a consistent suite of measures and indicators that supported the new models of care.

The framework adopts a results based accountability methodology and is structured around a single overarching outcome spanning the population of Cwm Taf Morgannwg. This formal structure provides a consistent direction for all services and projects to identify their contribution at relevant levels.

This structure is intended to ensure consistency in reporting which should enable the collective performance of the programmes to be collected, analysed and the full (combined) impact realised.

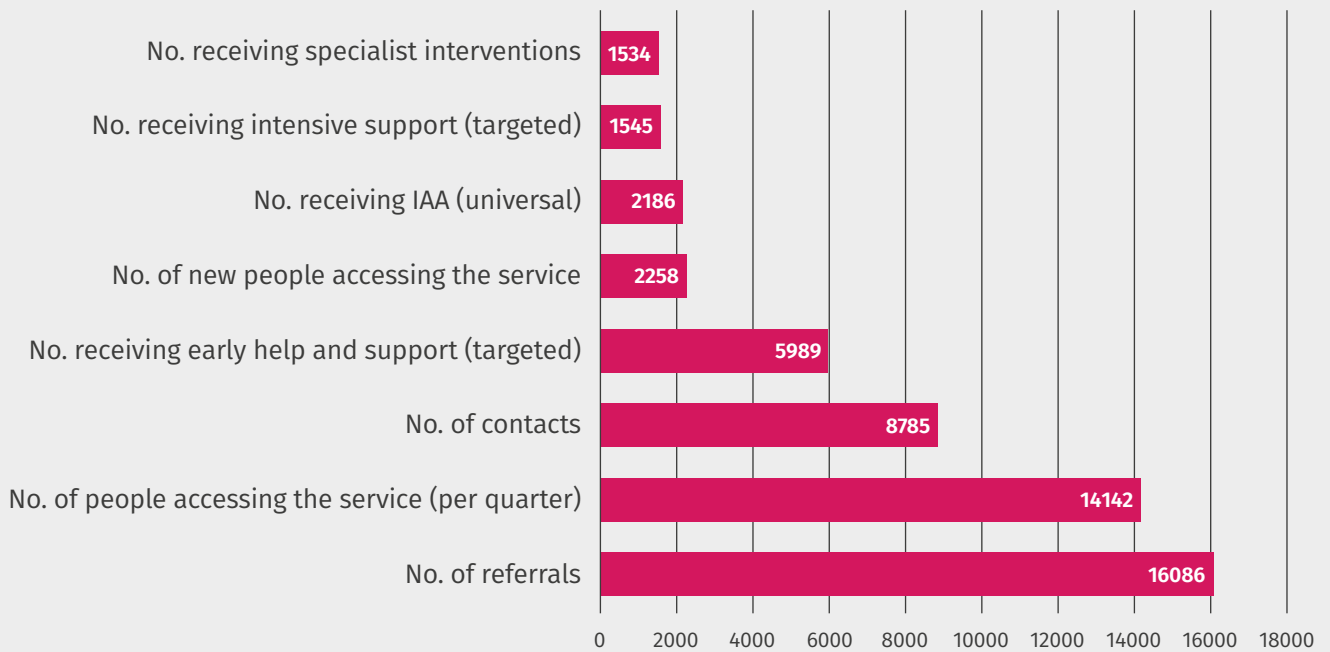
This framework is intended to replace existing local frameworks from previous grants and provide a single structure for all services to be commissioned, monitored and evaluated and complements the national performance management requirements.

Building on our regionally agreed performance framework, as a region we piloted a revised approach to monitoring and evaluation and continue to work with Welsh Government and other regions to develop and enhance RIF reporting.

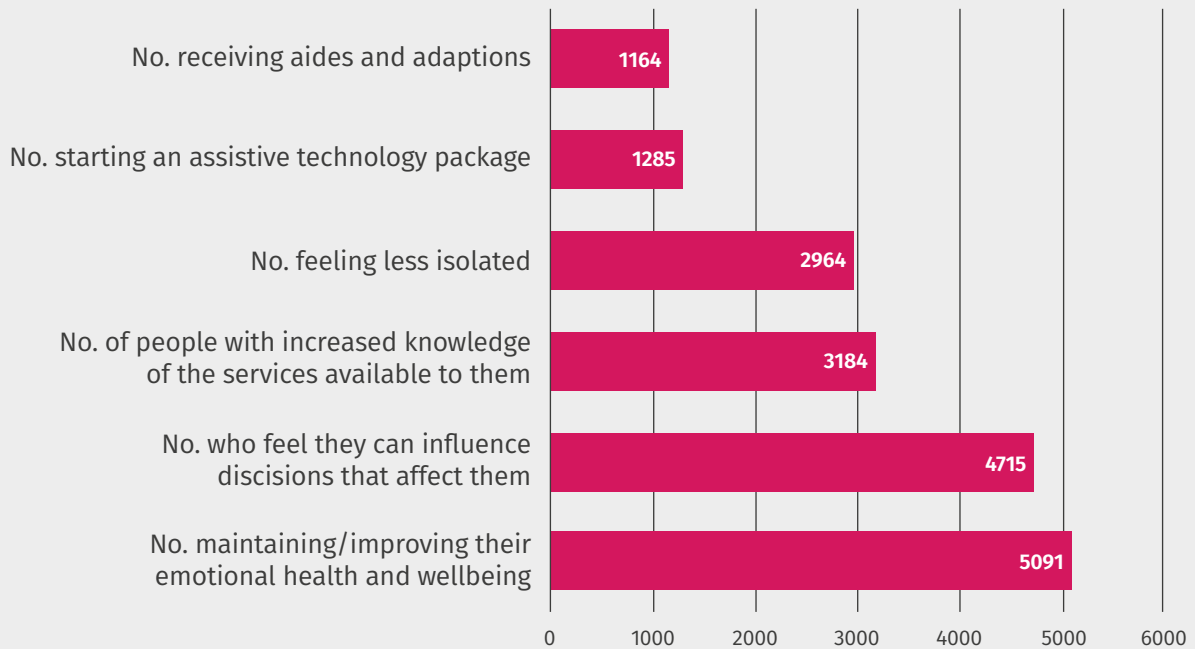


The information below provides an overview of programme delivery for 2022/23.

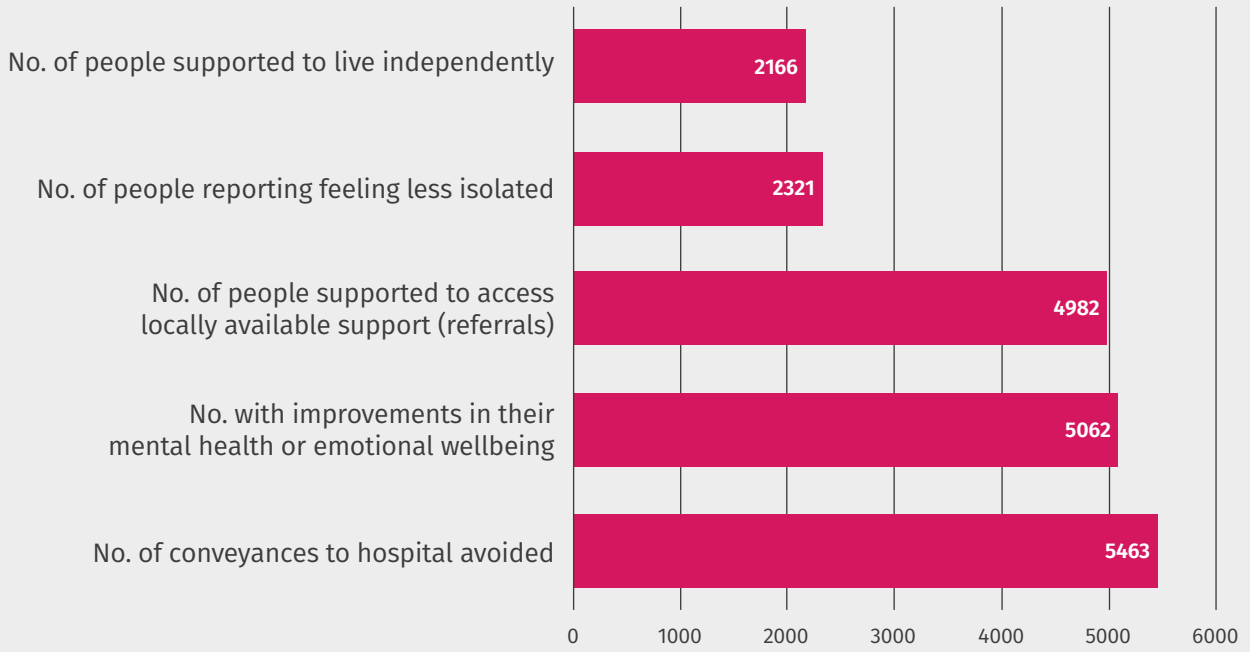
Regional level RIF data – output 2022/23



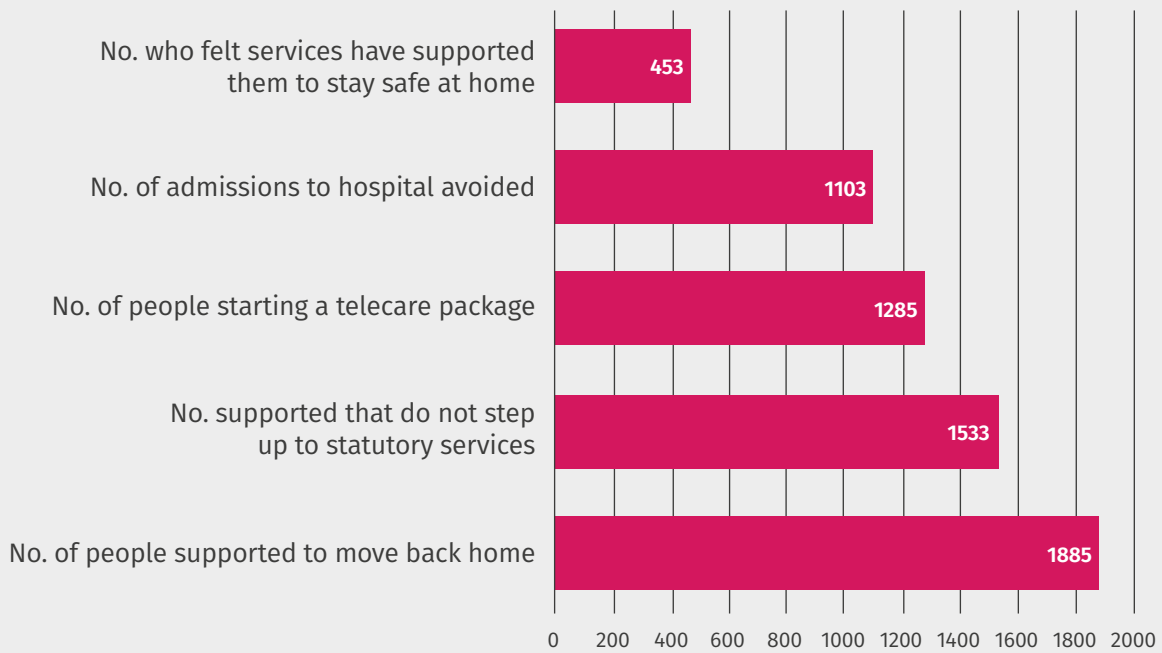
Regional level RIF data – outcomes 2022/23



Regional level RIF data – 2022/23



Regional level RIF data – 2022/23



Capital Funding

Housing with care Capital Funding (HCF)

Welsh Government has provided £60m of national funding into the new Housing with Care Capital Funding (HCF). The Cwm Taf Morgannwg capital allocation is £8.729m per annum.

Capital Investment can be made into three priority objectives:

Objective 1

Service users must hold tenancies

- Extra care housing (15-60 units) for older people with care needs.
- Supported living accommodation for adults with learning disability, or adults with mental illness or young people leaving care.

Objective 2

No tenancies

- New small scale (4-6 units) residential accommodation for children and young people.
- Short to medium term accommodation for adults with higher needs and/or behavioural challenges.
- Intermediate care settings e.g. step up/down, reablement/rehabilitation flats, training, respite for carers/cared for people..

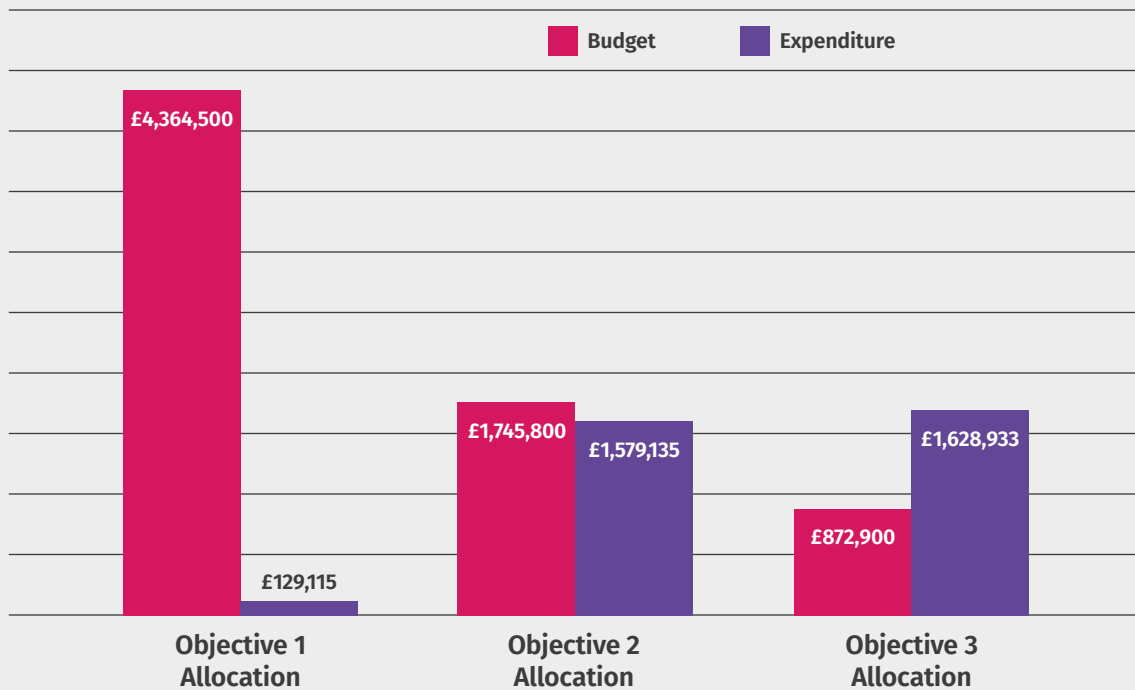
Objective 3

Small scale projects:

- Repairs, refurbishments to existing housing with care/ intermediate care settings, equipment, adaptations to existing homes, top up of Disabled Facilities Grants above £36,000, other small-scale projects, including digital aids and assistive technologies.

A Regional Capital Board advise and give strategic direction to the RPB, regarding investing regional capital funding into identified capital projects and schemes that support the priorities for investment against the target client group of older people, those with dementia, people with learning difficulties, and neuro-developmental conditions, children with complex needs and carers.

Housing with Care Capital Funding Investment FY 22/23



Capital Schemes



1. Merthyr Tydfil County Borough Council – Neighbourhood Learning Centre

Supported living accommodation for children leaving care aged 16-24, with staff support on site and on-site vocational training centre.

Support will tenancy and budget management, employment and training

This is a Merthyr Tydfil County Borough Council partnership development with Merthyr Valley Homes.



2. Bridgend Children Looked After – Residential Placement

Refurbishment of former Brynmenyn Primary School, Bridgend to create a facility for short term accommodation for children looked after, for assessment to identify and stabilize needs.

Development of a 5–10-year Capital Investment Strategy

To develop a regional capital investment strategy, which translates into a regional 5-10 year capital plan for investment across Cwm Taf Morgannwg, using data identified through the Population Needs Assessment, with particular focus on accommodation needs and solutions (beds). Identifying key priority projects for Housing with Care and IRCF funding investment, that promote: hospital discharge, step down facilities, independent living, supported living, eliminating profit agenda, developing integrated health and social care facilities and models.

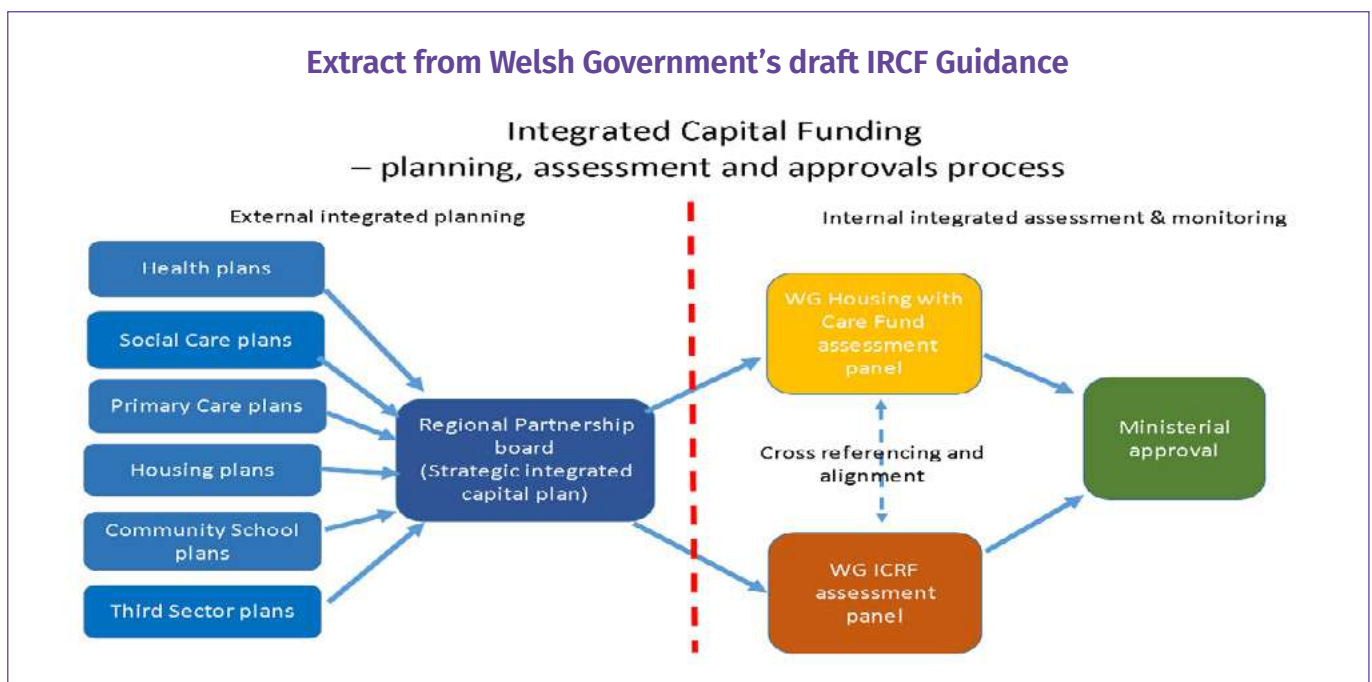
Read our Capital Strategy [here](#).

Management of Housing with Care Funding (HCF) and Integration and Re-balancing Care (IRCF) funding

To review appropriate capital funding applications seeking regional funding, against agreed priorities for RPB endorsement. In addition to management of HCF funds on an annual basis, management of any identified slippage and supporting the development of business cases to invest IRCF funding into regional schemes.

The CTM Population Needs Assessment, Market Stability Report, national policy drivers and local knowledge is suggest early potential areas for capital development:

- Extra Care Programme for older people
- Step down / Step up accommodation / Discharge to Recover then Assess (D2RA) – hospital discharge schemes
- Supported accommodation for people with Mental Health & Learning Disabilities
- Reconfiguration of existing care home, increase capacity and more specialist nursing accommodation for older people
- Maesteg Community Development
- Primary care / Health and wellbeing spaces / Community Hub expansion
- Nursing home care to support people living with dementia
- Navigation Hub
- Children’s Residential Care ‘Eliminating Profit’



Aligning capital strategy to RIF models of care

Community Based Care – Prevention and Community Coordination



Theme:
Integrated Joint
Models of Provision
or Hubs (IRCF)

Emerging Capital Developments:

- Maesteg Community Development
- Primary care/Health and wellbeing spaces/Community Hub expansion

Home from Hospital



Theme:
Older People –
Hospital Discharge

Emerging Capital Developments:

- Step down/Step up accommodation/
D2RA
- Navigation Hubs

Community Based Care – Complex Care Closer to Home



Theme:
People with Learning
Disabilities/Mental
Health

Emerging Capital Developments:

- Mental health and Learning disabilities
- Supported accommodation on mental
health



Theme:
Older People –
Specialist/
Other Care

Emerging Capital Developments:

- Reconfiguration of existing care
home capacity
- Nursing home care to support people
living with dementia

Accommodation Based Solutions



Theme:
Older People
– Promoting
Independent Living

Emerging Capital Developments:

- Extra Care Housing Facilities



Theme:
Children Looked
After/with Complex
Needs

Emerging Capital Developments:

- Children's Residential Accommodation
'Eliminating Profit'

Dementia

2018 by Welsh Government, the four-year dementia action plan (DAP 2018-2022) had ambitions to create a society without stigma – where people living with dementia continue to go about their day-to-day life with the wider public who are understanding and know how to provide support.

The DAP, which is currently undergoing an evaluation period, is supported by the standards published by Improvement Cymru in 2021 and a Dementia Specific RIF totalling £1.7M. Twenty standards for improvement across five themes were selected from over 100 possible measures as the most important for affecting change for people with dementia and their carers and fall under the following work stream areas; Community Engagement, Memory Assessment Services, Dementia Connector, Hospital Charter and Workforce & Measurement within CTM.

Each work stream has responsibility for the delivery of a number of standards and has identified a set of priorities to complement their delivery.

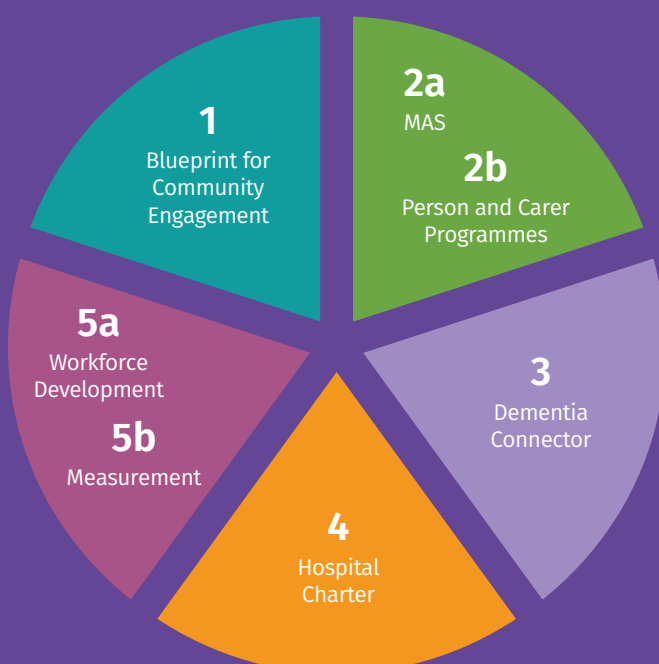
In support of this within CTM we have also planned a Memory Assessment Services (MAS) workshop to create the optimum diagnostic care and support pathway that provides a consistent offer across the whole of CTM. This will inform the creation of the Bridgend MAS team and will lead to quality improvements within the existing MAS structure across the old Cwm Taf Morgannwg Footprint.

In order to ensure that this activity is undertaken in a coproduced way we are also seeking to engage the Co-Production Network for Wales to support this project so that we can ensure that lived experience of dementia from our citizens is utilised effectively alongside our professionals (including allied health professionals) to create the optimum MAS model across our region.

The dementia work streams complement the overarching vision of the region for services for older people and dementia and are working towards implementation of a 3-year dementia plan ultimately focused on:

- Compliance with the DAP and implementation of the first 20 standards
- Reconfiguration of services where required to achieve a regional consistency.
- Implementation of a coproduction approach across the region for dementia

Workstreams in CTM



Regional Infrastructure

Appendix 1 provides an overview of existing and planned regional infrastructure to support the ambitions of the RPB.

Regional Commissioning Unit

It's important people receive the right services, at the right time, and in the right place. To do this, we must ensure funding is directed to meet the needs of our communities.

The Regional Commissioning Unit is responsible for managing and coordinating a range of Welsh Government funding that is directed through the Regional Partnership Board including the Regional Integration Fund (RIF).

This funding is very important as it helps to ensure the right services and support is available for people living in Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

The Regional Commissioning Unit supports the RPB by working with a range of partners including Cwm Taf Morgannwg University Health Board, Bridgend County Borough Council, Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council, the third sector, housing and education.

The unit also reports on service investment and performance, to ensure best outcomes and value for money for service users and stakeholders.



Research, Innovation and Improvement Co-ordination Hub

The Cwm Taf Morgannwg Regional Innovation Coordination (RIC) Hub was established in the spring of 2020 originally to co-ordinate and support research, innovation and improvement activity across CTM. For the past three years, the RIC Hub team has worked with many organisations to adopt new and creative approaches that have enhanced the health and wellbeing of our populations in CTM.

The CTM RIC Hub has delivered on its ambition to act as a focal point, bringing together expertise to support the evidence base of work and initiatives currently underway across our Health and Care Partnership. Anchored within the Regional Partnership Board and engaging equally with its partner organisations the hub has will be positioned in the centre to act as a focal point for Innovation knowledge generation and capture.

It will continue to support and:

IDENTIFY

examples of innovation and good practice from across the region.

PRIORITISE

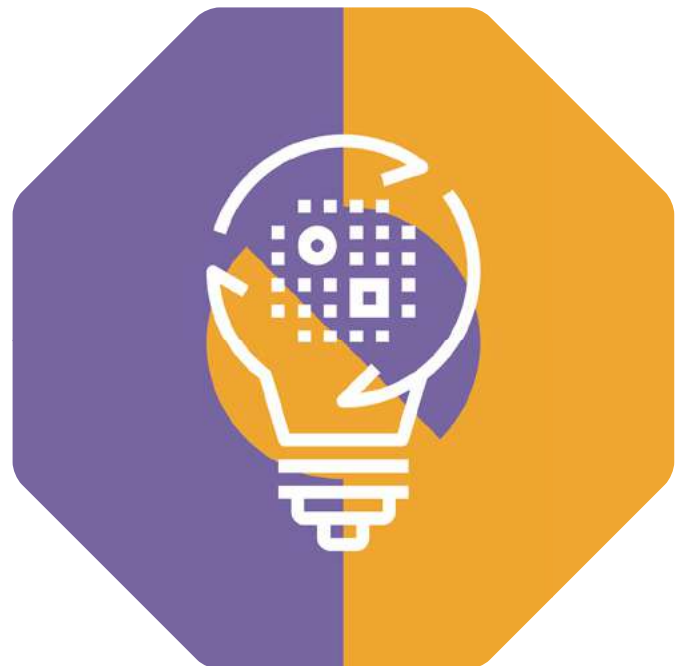
and coordinate innovative activity base on RPB priorities.

ENGAGE

with and support key leaders and stakeholders to accelerate the implementation and adoption of innovative approaches.

Key Case Studies

- High Street Fitness and Wellbeing
- Project Malcom with Bridgend College
- Learning Disability Health sub-group
- Circular Economy Innovation Communities (CIEIC) and Sustainability scholar program
- Team Reboot
- RIC Officers Network



Cwm Taf Morgannwg Social Care Workforce Development Partnership (SCWDP)

The purpose of the Cwm Taf SCWDP which was created in April 2016 is to improve the quality and management of social services provision by applying a planned approach to learning and development, and by seeking to increase the take-up of training across the social care sector.

It aims to:

- Support the continued implementation of the Social Services and Well-being (Wales) Act 2014; Regulation and Inspection of Social Care (Wales) Act 2016 and identified regional and local priorities to support improvement of care and support across all social care providers and organisations
- Ensure that all core learning and development for social care staff, including induction and qualification training, is reframed to reflect the new legal frameworks
- Support Social Work training
- Support skill development for frontline social care workers
- Support the infrastructure for learning and development
- Support the development of the necessary infrastructure, skills and knowledge required to move to digital solutions for the delivery of learning, development, and qualifications.
- Implementation of the whole sector recruitment and retention action plan





Securing a sustainable and good quality workforce across health and social care is a priority action in the Regional Plan. The 'A Healthier Wales: Our Workforce' strategy identifies that

“we need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus of wellbeing at the core”

and identifies the following priorities, some for local action and some which need national attention.

- ✓ We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidenced based care, and support people’s wellbeing as close to home as possible:
- ✓ We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales:
- ✓ We will have a workforce that is reflective of the population’s diversity, Welsh language and cultural identity, and
- ✓ We will have a workforce that feels valued and is valued.

The workforce strategy identifies seven themes and 37 actions linked to this.

- 1. An Engaged, Motivated and Healthy Workforce**
- 2. Attraction and Recruitment**
- 3. Seamless Workforce Models**
- 4. Building a Digital Ready Workforce**
- 5. Excellent Education and Learning**
- 6. Leadership and Succession**
- 7. Workforce Supply and Shape**

Not all of these will be addressed through the work of SCWWDP. The SCWWDP requirement for this year is to focus on

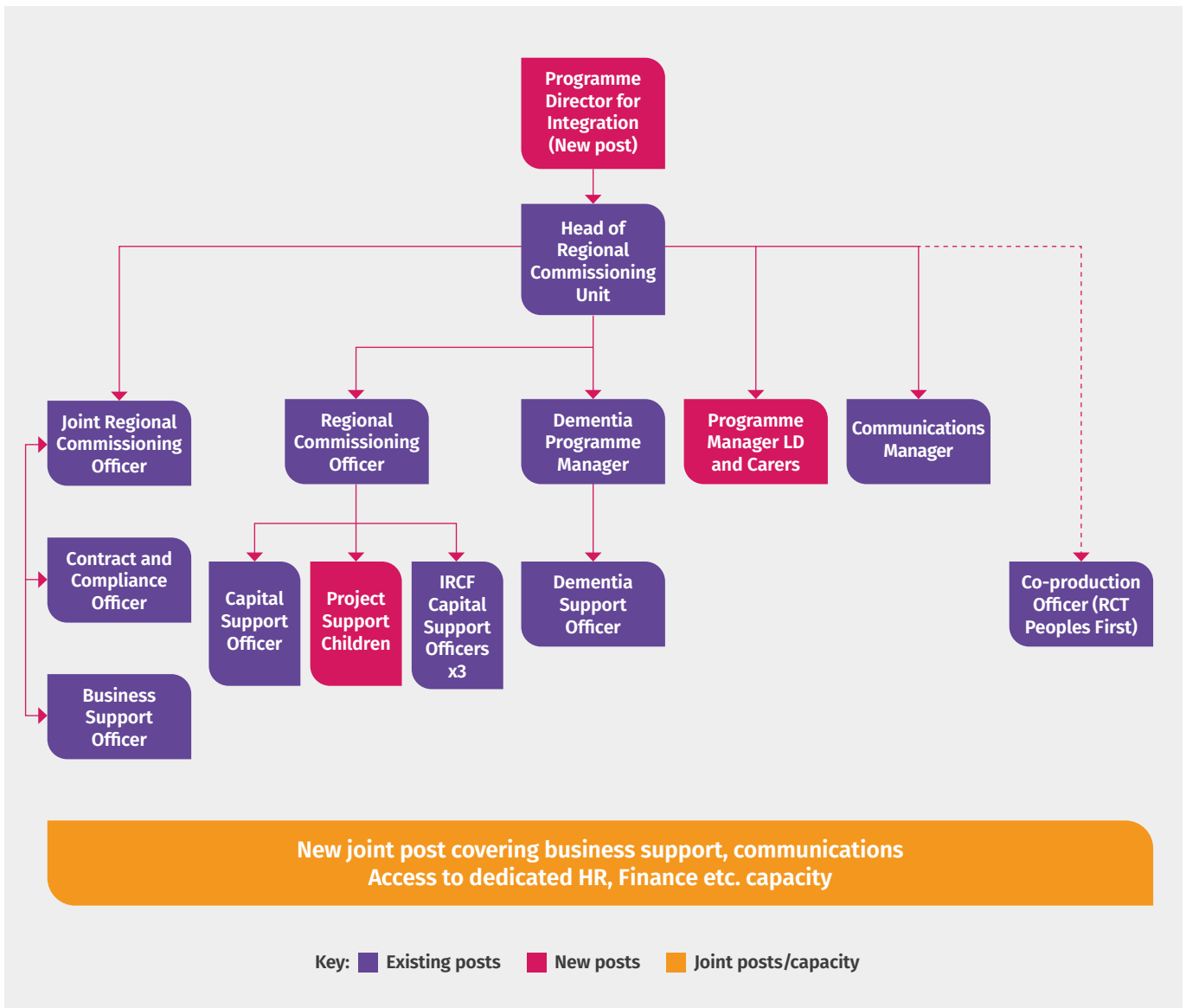
- Building a Digital Ready Workforce
- Excellent Education and Learning
- Leadership and Succession Planning
- Workforce Shape and Supply
- Provision of Qualifying and Post Qualifying Social Work training.

We are working with partners to achieve these objectives, such as Digital Learning Wales, the Open University as well as partnering with universities across South East Wales to support student placement for those on a social work degree programme.

The objectives for the Cwm Taf Morgannwg SCWDP remain challenging as we support learning in a time where there are real pressures on the recruitment and retention of staff across both internal and external agencies. The region will have to continue to ensure that the combined resources are targeted to maximum effect and that the service continues to work collaboratively with other regions and Social Care Wales. Additional funding sources will continue to be explored to enhance the workforce development opportunities of the sector.

Delivery continues through a hybrid model to maximise attendance and accessibility. The use of digital platforms continues to support learning as well as an increase face to face training to support frontline workers and for experiential learning opportunities.

Appendix 1



Stay in touch with us

Write to:

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CF45 4SN

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Visit our website: www.ctmregionalpartnershipboard.co.uk

Follow us on Twitter: [@ctmrpb](https://twitter.com/ctmrpb)





Agenda Item

7.6

Population Health & Partnerships Committee

The Benefits of the Green Scholar Programme

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sian Watkins, Planning Manager
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
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1. Situation /Background

- 1.1 To support the ongoing development and implementation of local decarbonisation strategies, WG's [Health and Social Care \(H&SC\) Climate Emergency National Programme](#) made funding available for projects from across NHS organisations that contribute to reducing emissions or help the sector adapt to the impacts of climate change.
- 1.2 Cwm Taf Morgannwg University Health boards were successful and received £60,000 of funding to be spent by 31st March 2023.
- 1.3 This paper will outline the outcome and benefits of the Green Scholar Scheme which accounted for £34,305.78 of the £60,000. The remainder of the funding was used by CTMUHB's Learning and Development team, who worked in conjunction with the University of South Wales to develop an ESR training module – *Achieving Net Zero in Wales*.
- 1.4 All funded projects had to deliver towards Net Zero by 2030 and focus on increased resilience to the impacts of climate change.

2. Specific Matters for Consideration

- 2.1 Support was purchased from the Centre for Sustainable Healthcare (CSH) for a 6 month period to provide specialist information, guidance and carbon accounting tools to our cohort of 'Sustainable Innovation Scholars' (6 staff). This support has enabled the scholar cohort to acquire the required specialist skills and knowledge to apply carbon reporting to their improvement projects. Internally iCTM also provided Quality Service Improvement training and worked with the Planning and Commissioning team to help coordinate the cohort to work as a team, share learning and deliver the required outcomes.
- 2.2 The cohort of 'Sustainable Innovation Scholars' were supported to develop their understanding of sustainable healthcare and carbon reporting for a 6 month period. Following the iCTM Innovation Champion model, staff were released for either a session per week (e.g. GP, medics, and consultants) or day per week (e.g. nursing, pharmacy and administrative staff) with finances transferred to their department to enable their time to be back-filled.
- 2.3 The cohort scheme started from September 2022 to March 31st 2023, with individuals delivering monthly progress reports and end of project report.

2.4 The scholars demonstrated work towards each of the CSH's four principles of sustainable healthcare: prevention, patient/public environment, lean pathways and lower carbon swaps.

Principles of sustainable healthcare	Inhalers	Re-purposing Cardboard	School Active Travel	Hospital Meal Waste	Climate Resilience	Office Based ENT Clinic
Prevention	√		√	√	√	
Patient/public empowerment	√	√	√	√	√	√
Lean pathways		√				√
Lower carbon swaps	√	√	√			√

2.7 The table below illustrates key learning from each project.

	Project Aim	Our Investment	Projected Carbon Saving	Projected Financial Saving
Inhalers	Each year, the carbon footprint of inhalers prescribed in Wales is equivalent to a flight to the sun and back. Short acting beta agonist (SABA) inhalers account for more than half of	The scholar undertaking the inhaler project was working at a band 8a level. The investment of £6057.00 was	Estimated carbon footprint reduction of 16,425 kgCO ₂ e during project - compared to previous year-equivalent to 47,307	Potential "saving" of £2,900 in one practice over 12 months. This project has now been scaled up. The 10 practices with the highest carbon footprint have



	<p>the inhaler carbon footprint in Wales. Overuse of SABA inhalers is common in the UK and is known to be associated with increased asthma exacerbations and asthma mortality¹. Reducing the overuse of SABA inhalers through improved patient education and asthma control will improve patient outcomes and reduce carbon footprint.</p> <p>More than a quarter of patients on the asthma register in one practice in CTM UHB were found to be prescribed 12 or more SABA inhalers per year.</p>	<p>calculated on 1 day a week of the whole time salary for a six month period.</p>	<p>car miles (or 140 return journeys in an average car from Merthyr to London)</p>	<p>been selected to deliver the inhaler project improvements.</p> <p>Pharmacy are also hoping to secure funding from VBHC. This funding will be for 2 years and they plan to scale this project across all GP practices within CTM.</p>
<p>Active School Travel</p>	<p>This project looked at ways to improve active travel for schoolchildren. The project highlighted that low carbon modes of transport hold considerable potential to mitigate emissions, especially relatively short trips amenable to model shifts to wards active travel. The project noted that 29% children in CTM UHB are overweight/obese. Only 44% of primary-school children actively travel to school, when 60% of Welsh primary school</p>	<p>The scholar undertaking the Active School Travel was working at a Consultant level. The investment of £11200.00 was calculated on 1 day a week of the whole time salary over a 6-month period.</p>	<p>The carbon footprint has not been calculated but there are many areas identified where improvements can be made.</p> <p>The project highlighted that children who actively travel to school can meet between 25-35% of their recommended amount of physical activity per school day.</p>	<p>The actual savings has not been calculated but the project has identified areas to improve the health and wellbeing of children within CTM.</p> <p>The CTM PSB has taken as a priority the need to develop Active, Sustainable Transport. The CTM healthy weight strategy has likewise identified Active School Travel, children and the built environment as the key focus for action. Between these, all of the public and voluntary</p>



	<p>children live within a mile of their school (20 minute walk). Effective strategies for eco-healthy school transport can be complex interventions that require interagency collaboration but have the potential to promote health and sustainability for future generations.</p>		<p>To ensure success of the active travel project the team have considered the provision of improved facilities within schools: lockers, storage, dry room Within the school's capability Safe Routes - Improved facilities for active travel - Green Corridors to school Pavements, zebra crossings, traffic lights, lighting, accessibility for visually impaired/wheelchairs, cycle paths, Garden city movements (trees, bushes, habitats for pollinators, urban vegetable allotments in school paths). The project has also considered options for low emission school bus and improved public transport routes.</p>	<p>sector partners are represented and are all in support of Active School Travel.</p>
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<p>Re-purposing Cardboard</p>	<p>A large multinational waste disposal company, Veolia, currently collects clean cardboard at cost from our hospital sites.</p> <p>The aim was to identify and potentially reduce the financial and environmental impacts to the Health Board of this practice, alongside identifying and potentially improving the social and population impact of supporting a local social enterprise, Elite Paper Solutions. Elite repurposes clean cardboard into pet bedding.</p> <p>Elite Paper Solutions is based in Merthyr Tydfil, and offers volunteering and employment opportunities for local disadvantaged and disabled individuals.</p> <p>The employment rate of disabled people is 53% compared to 82% of non-disabled people.</p> <p>This project has also been shortlisted for its work in "The</p>	<p>The scholar undertaking this project was employed on a band 5 level. The investment of £4242.50 was calculated on 1-day week of the whole time salary over a 6-month period.</p>	<p>Collection of cardboard at one CTM UHB hospital by Elite, as opposed to the current position of collection of cardboard by Veolia, would reduce the annual carbon footprint by an estimated 502kgCO₂e</p>	<p>Elite have offered to pick up cardboard at no cost to CTM UHB and they require a skip to do so.</p> <p>CTM RIC Hub have offered to purchase a skip and donate to CTM UHB, in line with supporting work plan sustainability targets. It is proposed that Elite would collect cardboard from the skip, but not own it. The Manager obtained quotes. To purchase a 20 foot enclosed skip, including delivery and VAT = £2766. It is proposed that costs would be met through underspend of RIC Hub and owned by CTM UHB.</p>
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	NHS Wales Award” under the category of “working seamlessly across the public and third sector”			
Hospital Meal Waste	<p>The six-month project aim was to engage with Catering and Nursing colleagues to quantify the food-waste in patient feeding. The pilot was conducted at Princess of Wales Hospital (POWH) where the site has non-ward hostess (n=16) and ward hostess (n=4). The data collection methodology was to establish the number of wasted meals, cost and environmental impact to the Health Board between ward hostess and non-ward hostess.</p> <p>Food and catering accounts for approximately 6% of the NHS’s total carbon emissions – 1,543 ktCO₂e annually – and the NHS is wasting 18% of purchased food, or one in every six meals.</p>	<p>The scholar undertaking this project was employed on a band 8a level. The investment of £6057.00 was calculated on 1-day a week of the whole time salary over a 6-month period.</p>	<p>In one CTM DG hospital, food production and food waste disposal emissions have been estimated at 151.83 tones CO₂e over 7 months.</p> <p>This CTM UHB hospital sends its food waste 144 miles to an anaerobic digester in Aylesbury via a contractor.</p>	<p>The actual savings has not been calculated as there will be a need for capital expenditure before financial savings can be made.</p> <p>The financial impact of this food waste is estimated to be in the region of £100,000 over a 7-month period (based on average patient feeding cost).</p> <p>The project highlighted further opportunity to reduce the monetary impact of food waste and CO₂e emissions which is being explored through introducing a ward-based Catering model.</p>
Climate Resilience/Adaption	<p>This project aimed to raise awareness of the need for health adaptation within CTM UHB, with aim of generating</p>	<p>The scholar undertaking this project was employed on a GP Registrar pay</p>	<p>The actual carbon saving has not been calculated but the project has identified</p>	<p>As a result, the findings and recommendations from the last six months of this project will be foundational for the health board</p>



	<p>key considerations and recommendations for the health board to improve climate resilience for health.</p> <p>The UK has seen a 53% increase in heat related mortality in people aged 65+ in the last 20 years</p> <p>Wales has a national climate adaptation plan, Climate Conscious Wales, outlining over 30 actions between 2020-2025 towards achieving a Resilient Wales by 2030</p> <p>Recommendations to be made to CTM UHB Executive Team/CTM UHB representation at Wales' National Health Adaptation Steering Group/ signing CTM UHB to Health Care Without Harm's Scaling Network for Healthcare Climate Resilience</p>	<p>level. The investment of £6449.28 was based on 1-day a week of the whole time salary for a period of 6-months.</p>	<p>areas of learning and development for CTM.</p> <p>CTM UHB has specific vulnerability and opportunity to improve resilience to climate change based on the demographics of the population: including high levels of social deprivation and being a key anchor institution with the majority of our workforce living within the health board area.</p>	<p>developing their own health adaptation strategy. This will allow the health board to meet key recommendations from Chief Medical Officer, which includes developing their own health adaptation strategy.</p> <p>The learning from this project will aid the Health board in assessing where they are in terms of adaptation planning, as well as begin to understand what our local vulnerabilities are and what our current gaps in knowledge are.</p>
<p>Office based ENT Clinic</p>	<p>Part of a wider project to perform biopsies from the throat in a clinic setting under local anesthesia rather than general anesthesia, this project focused on the measurement of the carbon footprint saving. This extra knowledge will be key in helping the UHB to</p>	<p>This scholar was employed on a Consultant pay grade. The investment of £9954.00 was based on 1-day a week of the whole time salary over a 6-month period.</p>	<p>It was determined that the carbon footprint was 276 kgCO₂e for biopsies performed in theatres under anesthesia as compared to 122 kgCO₂e for biopsies performed in clinic for a</p>	<p>Over a one-year period, the cost of savings for carrying out 300 procedures in the novel pathway can amount to £164,112 This was calculated by deducting the cost of the novel pathway (£179.01) from the conventional pathway (£726.05) and multiplied by 300. Using the</p>



	<p>embed similar practices in other specialties and contribute to its decarbonisation commitments.</p> <p>Patient satisfaction improved due to reduced waiting time, less appointments and travel - formal PROMS and PREMS evaluation applied for</p> <p>Excellent potential for embedding local anesthetic lean pathway principle across other specialties</p>		<p>procedure called Micro laryngoscopy and biopsy. The above values show an approximate saving of 154 kgCO₂e. This value is quite a significant reduction of carbon footprint.</p>	<p>same calculations for carbon footprint, we can infer that a saving of 46,092 kgCO₂e can be saved per year.</p>
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2.8 The table below provides a breakdown of costs associated with the scheme:-

What?	Total Cost for 6 months
Centre for Sustainable Health contract	£11,360.00
E-learning development	£8,000.00
Scholar cohort	£46,510.18
Administrative support	£3,200.00
Total	£65,870.18
Projected Cost Saving over 6 months	£12,290.50
Total Cost including projected savings	£53,579.68

2.9 The £60k funding was used and the additional overspend of £5879.18 was provided from the Planning & Transformation budget.

2.10 Learning from the scheme in relation to timing, was that 6 months wasn't a realistic timescale to develop the projects and the green scholar programme would benefit from a full 12 months. This would increase the costs to deliver, but projects could be chosen on their cost releasing/saving potential.

3. Key Risks / Matters for Escalation

3.1 If we do not embed and scale the work undertaken by the green scholars we risk losing momentum, staff engagement and the positive impact and changes made to date.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Prosperous Wales
	If more than one applies please list below: A resilient Wales A globally responsible Wales



Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Recycle If more than one applies please list below: Reduce, Re-purpose

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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: The scaling up of specific projects would consider a QIAS
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If there is service change the specific areas will be subject to the appropriate assessment.
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	Yes (Include further detail below)	



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

There is the potential to make more efficient use of resources if projects such as those included in this report were scaled up.

5. RECOMMENDATION

- 5.1 It is recommended that future programmes be run over a full 12 months to allow scholars time to take their change proposals through to delivery and for CTMUHB to fully benefit from the outcomes.
- 5.2 It is recommended that any future programmes would have a requirement for staff/teams participating to provide update reports on carbon saving for up to 12 months after completion of the programme.
- 5.3 It is recommended if funding was made available, investment be prioritised to known targeted hot spot areas.
- 5.4 Recommendation that case studies are shared following completion of projects to share learning and lessons learnt and to encourage spread and scale of the work.
- 5.5 The Population Health & Partnership Committee are asked to **NOTE** the contents of the report.

6. Next Steps

- 6.1 Each project has made quality improvement in healthcare. This work now needs to be embedded and scaled throughout CTM.
- 6.2 To share experience and lessons learnt, ensure the green scholar case studies on carbon saving are made available on the Green platform.
- 6.3 Develop and promote the Green Meetings to encourage attendance from staff interested in green initiatives allowing them to access support and guidance.
- 6.4 Ensure the Simply Do Platform is promoted to encourage staff to share green ideas.
- 6.5 Green items will be shared on the staff newsletter to promote the green agenda as well as sharing successful green ideas from the Simply Do platform.
- 6.6 To ensure projects are embedded and scaled up. Future green scholar programmes could have an added requirement that following completion of the programme, reports will be required on carbon savings for the following 12 months. This will ensure improvement is sustainable.
- 6.7 To share workload and utilise different staff skills, future projects would benefit where more than one scholar could work together, or in similar settings, in known hot spot areas.
- 6.8 Successful green projects/teams to be encouraged to provide support and guidance for wider staff development, presenting and highlighting their work at CTM Green meetings or another relevant forum etc.
- 6.9 If additional funding was made available, CTMUHB could take a different approach and sign up to the Centre for Sustainable Healthcare – Green Team Competition. This is an award winning leadership and engagement programme to transform healthcare by engaging staff to plan, run and measure the impact of sustainable quality improvement initiatives. The competition is run over a 10 -12 months period and the financial investment for the health board would be £20,000.00.
 - Phase 1 – Recruitment and selection of suitable projects
 - Phase 2 – Workshops – Background in Sustainable Healthcare and “SusQI” / Create project ideas & plan first steps.
 - Phase 3 – Teams run projects and measure impact over 10 weeks.

Mentoring support will be provided by the Centre for Sustainable Healthcare, including support to measure environmental (carbon) savings.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE POPULATION
HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 2nd AUGUST 2023
VIRTUALLY VIA TEAMS**

PRESENT:

Carolyn Donoghue	-	Independent Member (Chair)
Jayne Sadgrove	-	Vice Chair Health Board/Independent Member
Ian Wells	-	Independent Member
Mel Jehu	-	Independent Member
Lynda Thomas	-	Independent Member

IN ATTENDANCE:

Linda Prosser	-	Executive Director of Strategy & Transformation
Gethin Hughes	-	Chief Operating Officer
Julie Denley	-	Deputy Chief Operating Officer – Mental Health, Primary Care and Community Services
Richard Hughes	-	Deputy Director of Nursing, Midwifery & Patient Care
Victoria Wallace	-	Deputy Director of Strategy & Partnerships
Lauren Edwards	-	Executive Director of Therapies & Health Science
Philip Daniels Health	-	Interim Executive Director of Public Health
Cally Hamblyn	-	Assistant Director of Governance & Risk
Lisa Love-Gould	-	Clinical Director, Allied Health Professionals (in-part)
Bethan Underwood	-	Health Housing Innovation Manager (In-part)
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1 – PRELIMINARY MATTERS

1.1.0

WELCOME & INTRODUCTIONS

Carolyn Donoghue welcomed everyone to the meeting including:

- Mel Jehu – Independent Member and new member of the Committee.
- Lisa Love-Gould - Clinical Director of Allied Health Professionals will be joining the meeting for Agenda Item 6.3.

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- Sara Utley, Audit Wales – will be observing the meeting as part of the Structured Assessment 2023 fieldwork.
- Richard Hughes, Deputy Director of Nursing is in attendance on behalf of Greg Padmore-Dix.

1.2.0 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from the following:

- Sarah James – Deputy Chief Operating Officer
- Greg Dix, Director of Nursing, Midwifery & Patient Care/Deputy Chief Executive
- Sara Thomas – Consultant Public Health
- Mary Self – Medical Director Mental Health LD Care Group
- Anne Morris - Associate Board Member
- Craig Edwards - Environment, Waste & Fleet Senior Manager

1.3.0 DECLARATIONS OF INTERESTS

There were none declared.

PART 2 - CONSENT AGENDA

2.1 ITEMS FOR APPROVAL

2.1.1 Minutes of the meeting of 3rd May 2023 were **RECEIVED** and **CONFIRMED** as an accurate record.

2.1.2 The Committee Annual Report for 2022-23 was **RECEIVED** and **ENDORSED FOR BOARD APPROVAL**.

2.2 ITEMS FOR NOTING

2.2.1 The Strategy Groups Report was **NOTED**.

2.2.2 The Action Log was **NOTED**.

PART 3 - MAIN AGENDA

3.1.0 SPOTLIGHT: SHARED LISTENING AND LEARNING STORY – CARDBOARD RECYCLING

L. Prosser provided a presentation to the Committee on the Cardboard Re-Cycling Project that has been nominated for an NHS Wales Award.

C. Donoghue thanked L. Prosser for the presentation.

Mel Jehu queried the location of the Recycling Centre and whether it was open to the public. V. Wallace confirmed that it was on the Business Centre site at Merthyr Tydfil.

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M. Jehu, referred to the South Wales Police centre in Bridgend where the police horses and dogs were trained and housed and suggested that they might give consideration to working with the centre for a similar type of project. V. Wallace confirmed they this could be explored for the future.

I Wells added that Bridgend College provided courses on equine studies and suggested that there might be possible links with them.

L. Thomas commented that it was a fantastic example of innovation and queried if there were any opportunities to further scale up the project in other areas of the Health Board.

L. Prosser recognised that the project demonstrated the value that could be allowed when you provide colleagues with the space to explore different ways of working and engage with partners. She advised that they would be presenting the project to the Public Service Board regarding how activities could be achieved working differently together.

J. Sadgrove positively recognised the way the project was aligned to the Anchor Institution and creating quality employment for local people.

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

4. GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

C. Hamblyn presented the report that provided and update on the current risks allocated to the Committee.

C. Hamblyn advised that the report was self-explanatory, and that one risk had been escalated and assigned to the Committee, which was Risk No. 9 – 'Fulfilling our Environmental and Social Duties and ambitions' with a risk score of 16.

C. Donoghue thanked C. Hamblyn for the report and advised that it was positive to see that the risks were now being updated more frequently with more narrative on the actions.

Resolution: The Committee: **NOTED** the report and **REVIEWED** the risks escalated to the Organisational Risk Register at Appendix 1.

4.2.0 UNIVERSITY HEALTH BOARD STATUS PROGRESS REPORT

R. Hughes presented the report that provided the Committee with an update on the progress in further development of our University Designation Status with academic partners, to achieve the shared goal of creating healthier communities together.

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I Wells referred to paragraph 2.5.2 and queried why this was only limited to two partners and whether there were any plans to take this forward with other partners in the future. He also referred to paragraph 2.7 with regard to the Innovation Fund and queried why it was only for Cardiff Metropolitan University.

In response, R. Hughes advised that he would seek a response to these queries outside of the meeting and would revert back to the Committee in due course.

J. Sadgrove commented that the focus of the Health Boards interaction with other universities was with regard to their health and life sciences disciplines and queried whether those interactions could be broadened into the digital and informatics space and social sciences. She advised that Cardiff University had a number of research interests in public health, and she was sure that other universities would also have a similar breadth.

R. Hughes responded that their interactions were more dominant with the clinical schools, however, he welcomed the comments for which he would feedback to the team.

M. Jehu referred to paragraph 2.6.1 and 2.6.2 with regard to the work being undertaken by the People Team and Digital Team and suggested that it would have been helpful to have seen the outcomes to the actions in terms of whether the activity had achieved its objectives. R. Hughes agreed to feedback on the programme achievements and progress to date at a future meeting.

C. Donoghue welcomed the positive activity in this area and was delighted that it now reported into the Committee. She reflected on M. Jehu's point and advised that it would be beneficial for the achievement of outcome measures to be included in updates in future. She also advised that it would be helpful to embed this further into the Integrated Medium-Term Plan (IMTP).

C. Donoghue supported J. Sadgrove's point and added that it was not just about health disciplines as there was also a huge potential around social sciences.

C. Donoghue queried how many people had honorary contracts and with whom, what were the links and whether they were asking people to self-report. R. Hughes confirmed that they were asking people to self-report, they were also developing a more robust process moving forward so that they were aware who exactly had honorary contracts and that it was a transitional period at the moment.

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J. Sadgrove, in response, advised that there would be joint contracts in place between workforce departments and the institutes as part of the governance process.

C. Hamblyn advised that the Declaration of Interest Form had been strengthened to include academia and university links.

R Hughes agreed that he would address these actions with workforce colleagues.

Resolution: The Committee **NOTED** the report and progress in further development of the University Designation Status with academic partners to achieve the shared goal of creating healthier communities together.

Action: To query why the link was only with two universities and seek clarification on the Innovation Fund with Cardiff Metropolitan University.

Action: To query access to the SimplyDo platform with other academic institutes.

5. CREATING HEALTH

5.1.0 POPULATION HEALTH MANAGEMENT UPDATE

P. Daniels presented the report which provided an update on the population segmentation and risk stratification approach to Population Health Management in Cwm Taf Morgannwg University Health Board.

I Wells commented that he considered this to be a great initiative that was leading the way in Wales. However, he did have a couple of concerns in relation to the data how it would be used, and how the Health Board would ensure that GP colleagues were aware how to best analyse and use the data to benefit patient care. He added a further concern relating to the funding and until it becomes embedded into mainstream actual services the fragility of that would remain. He suggested that champions might be needed to lead this activity.

I Wells also referred to the buying of services from SAIL and queried why they did not use the National Data Resource (NDR) which was a similar service to SAIL and was free of charge. P. Daniels advised that a meeting was planned to discuss NDR how it could be utilised within the Health Board.

In response, G. Hughes advised that the data had to be used in a way in which they could materially impact the patient outcomes co-ordinating inputs better and intervening earlier which would empower patients to become experts in their own disease.

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M. Jehu supported the comments made by I Wells and the benefits of these activities. However, he reflected that there were a number of obstacles and queried how these would be overcome to meet the objectives. P. Daniels advised that there was a timetable contained within the report which demonstrated progression. He added that he would reflect upon the points raised about the data sharing and fragility in terms of funding.

Resolution: The Committee **NOTED** the report and the progress made and future approach to Population Health Management outlined within the report.

Action: To consider the points raised in relation to data sharing and funding fragility.

5.2.0 HEALTH PROTECTION SYSTEM FOR CTM

P. Daniels presented the report that provided an update on the health protection structure in Cwm Taf Morgannwg University Health Board.

I Wells referred to paragraph 3.4 and sought assurance that there was no reputational risk to the organisation. In response, P. Daniels advised that the structure had received significant scrutiny from finance colleagues and conversations were still ongoing.

C. Donoghue referred to the workforce risk on the clinical and administration contracts and queried what had been done in terms of mitigation. P. Daniels advised that during the Covid-19 pandemic many members of the workforce had been appointed on fixed term contracts, this had now ceased, and they were being re-deployed into other posts.

Resolution: The Committee **NOTED** the progress of the Health Protection System outlined within the report

6. IMPROVING CARE

6.1.0 MENTAL HEALTH STRATEGIC UPDATE

J. Denley presented an overview of progress against the strategic priorities within for the Mental Health and Learning Disability Care Group.

M. Jehu referred to the "Right Care Right Person" and the way the police now intend to manage patients within the community and queried whether that would have any impact when implemented across Wales. J. Denley advised that this it was probable, and that mitigating work was being put into place in readiness.

I Wells referred to paragraph 1.7.4 that referred to an alternative digital CAMHS to complement traditional services and treatment and

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sought an update. J. Denley confirmed that this had been established during the pandemic where people could access and self-refer for counselling and had been very well received. It has since been extended and they had set aside recurrent funding for this.

J. Sadgrove advised that it was positive to receive an update on mental health and advised that the Quality and Safety Committee had oversight on the improvement programme, however, for this Committee it was more in terms of the strategic direction. She added that it was noted in the paper about the transformational change with the Care Groups and work still ongoing with the model and queried when the Committee would be in a position to see a longer-term strategy for mental health. J. Denley advised that during the planning for the Integrated Medium-Term Plan (IMTP) the Care Groups were tasked with developing service delivery plans which were 85% completed. She advised that they could bring something to the Committee around the time that they would be developing the IMTP for next year which would be quarter four.

C. Donoghue commented on the estates strategy which noted that there was limited capital funding and expressed her concern that task and finish groups were being set up with the same people doing the work and she queried how they would ensure that this work was mainstreamed so that it continued once the groups had completed their activity. J. Denley responded by advising that with regards to estates this would be considered within the context of the clinical services plan process and would relate to how they deliver services both in the community and within facilities.

Resolution: The Committee **NOTED** the report and agreed to receive a further update in six months.

6.2.0 **LEARNING DISABILITY UPDATE REPORT**

J. Denley presented the report that provided an update for the Committee on the three-year plan for specialist Learning Disability Services.

J. Sadgrove referred to the table on page 16 which outlined length of stays and queried why there was one patient showing as 25 years, although it was expressed in months, as it was important that the care plans for individuals were kept under review and in the most appropriate place that they could be.

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J. Denley advised that several reports had been received by the Quality & Safety Committee regarding this matter. She advised that for some people it might be a solution that their plans were reviewed, however, the numbers were relatively low and for those patients who continued to be cared for they were reviewed on what was the best fit for them.

Resolution: The Committee **NOTED** the three-year plan for specialist Learning Disability services outlined in the report and the Concise Modernisation Plan and Milestones and agreed to receive a further update in six months.

6.3.0 INTERMEDIATE CARE WITH AHP FUNDING

L. Love Gould presented the Report that provided an outline of the CTM proposal on frailty, integration and prevention.

L. Thomas referred to the national shortage of therapists and asked whether they had an alternative plan to mitigate the situation. L. Love-Gould advised that they were enhancing the current workforce models and speaking to primary care and local authority colleagues on what they could do differently and more efficiently moving more into the reablement and healthcare support workers model which was a great resource and looking at that skill mix stratification model along with the long-term conditions work such as symptoms management. She advised that it remained a risk, however, they were exploring as many alternative aspects as they could.

L. Edwards thanked L. Love-Gould for presenting the report and advised that the recruitment drive would hopefully provide some opportunities and a webinar was being held the following Friday (4th August 2023) which was being advertised.

M. Jehu referred to the recruitment process and the pressures that could cause staff to be absent with ill health. L. Love-Gould advised that retention was as important as recruitment. She added that they were committed to supporting the wellbeing of the workforce and that sickness was not a significant concern within the function.

C. Donoghue commented that she was fully supportive of the proposal, noting that it was positive to see that the funding was recurrent. With regard to the focus on falls it she advised that it would be useful to receive the outcomes and timescales for this service. L. Edwards advised that the measures would be focussed and reported centrally to demonstrate that impact.

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

SUSTAINING OUR FUTURE

6.4.0 REGIONAL INTEGRATED FUND UPDATE

L. Prosser provided the Committee with a verbal update on the funding allocation.

C. Donoghue referred to stroke funding and was pleased to note that the service was to continue. L. Prosser advised that they had £250k to invest over the winter and were looking to spend it in areas of service transformation.

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

6.5.0 PUBLIC SERVICE BOARD UPDATE

P. Daniels provided a verbal update on the merger of the Public Service Boards.

Members noted that a needs assessment and wellbeing plan had been developed that captured improvement on joint working priorities.

Resolution: The Committee **NOTED** the verbal update.

6.6.0 RESILIENT COMMUNITIES & ANCHOR INSTITUTION UPDATE

L. Prosser and V. Wallace provided an update on the change from the Anchor Institution Steering Group (AISG) to the Building Healthier Communities Group (BHCG).

The Committee were advised that there were three key strategic themes to the delivery of the CTM strategy for 20230: Our Health, Our Future:

- Developing resilient communities
- Integrated community services
- Clinical services plan

It was advised that these were underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value-based healthcare plans.

V. Wallace advised that governance and operational arrangements had been established.

V. Wallace further added that they would be meeting quarterly regarding the draft work plan with the next meeting being held in October 2023, following which they would hold a workshop to identify if there were any gaps. A further verbal update will be provided to the November meeting of the Committee, if the work plan was not finalised, and a more detailed report in the New Year.

Agenda Item 2.1.1

M. Jehu queried if there was a focus on children's wellbeing as well as adults. V. Wallace advised that the work plan was inclusive of all ages.

Resolution: The Committee **NOTED** the report and discussed and approved the change from AISG to BHCSG

7. OTHER MATTERS

7.1.0 FORWARD WORK PROGRAMME 2023/24

The Chair asked Members if they had any suggestions to add to the Committee Forward Work Plan to send these to her.

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

7.2.0 COMMITTEE HIGHLIGHT REPORT

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

7.3.0 ANY OTHER URGENT BUSINESS

There was none to report.

C. Donoghue advised the Committee that it was the last meeting for J. Sadgrove and paid tribute to her leadership, knowledge and immense contribution that she had provided to the Committee and wished her well for the future.

7.4.0 HOW DID WE DO IN THIS MEETING?

The Committee Chair invited colleagues to relay any comments to her outside the meeting within the next two weeks.

DATE AND TIME OF NEXT MEETING

The next meeting will be held on the 7th November 2023 at 9.30 am.



Agenda Item

8.1.2

Population Health & Partnerships Committee

**Committee Annual Self Effectiveness Survey Outcome
2022-23 & Improvement Plan**

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Committee members / attendees	04/08/2023	Responses returned as outlined in section 1 of the report

Acronyms / Glossary of Terms	
Nil	

1. PURPOSE

- 1.1 The Chair of the Population Health & Partnerships Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2022-23.
- 1.3 Members should note that 7 responses were received out of a total of 11 which equated to 63%.

2. SUMMARY REPORT

Positive Assurance	<p>1. Committee Effectiveness:</p> <p>There was a clear consensus that Members/Attendees were aware that:</p> <ul style="list-style-type: none"> • There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually. • 83% of respondents were aware that a Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit. • A Committee Annual Cycle of Business had been established to be dealt with across the year. <p>2. Committee Business</p> <ul style="list-style-type: none"> • Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner. • Members felt that where possible, Committee meetings were scheduled prior to important decisions. • The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome. • Members felt that the Committee Highlight Report to Board provided a clear and concise update on the activity of the Committee and escalated areas of concern. • Feedback reflected that the Committee was very well supported, with the quality of the reports improving and this remains a focus going forward. • The Committee were of the opinion that each agenda item was 'closed off' appropriately so it was clear what the conclusion was. • 83% of respondents felt that boundaries between this Committee and other Committees were clearly defined with appropriate cross referral. • Members of the Committee felt that they were adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions. Feedback reflected that the
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papers were of a high quality, however the volume of papers and size of the agenda were sometimes challenging but well managed.

3. Behaviour, Culture and Values

There was a clear consensus that Members/Attendees felt that:

- The meeting behaviours of Members/Attendees were considered to be courteous and professional.
- It was felt that the atmosphere at the meetings were conducive to open and productive debate.
- Feedback reflected that members enjoyed the challenge and thoughtfulness of the Committee.

4. Welsh Language

- 43% of respondents felt overall that Meetings through the medium of Welsh was supported if it was the preferred language of any of the Members/Attendees.

5. Additional Training Requirements

- 86% of respondents felt that they did not require additional training to fulfil their role as a member of the Committee.
- 25% of respondents felt that they would benefit from additional training to further support them in their role as a Member of the Committee. Feedback reflected that mentoring for new members and training on chairing skills would be helpful.

Areas of Note

1. Committee Effectiveness

- The Terms of Reference were reviewed and approved at its February 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in March 2023.
- The Committee **received** and approved its Annual Report for 2022-23 at its August 2023 meeting and was submitted to the Board in September 2023.
- The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their February 2023 meeting.

2. Committee Business

- The Population Health & Partnerships Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion.
- As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'.

	<ul style="list-style-type: none"> Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's commitment to openness and transparency. Feedback reflected that the Highlight reports were succinct and to the point.
Areas Requiring Further Consideration	<p>Committee Effectiveness - Areas for action/improvement were identified as follows:</p> <ul style="list-style-type: none"> Feedback reflected that the whilst the Committee fulfils its functions under the Terms of Reference it would be helpful to have a more explicit reference to the role of the Committee in assuring prevention (primary, secondary and tertiary) and population health (increasing healthy life expectancy and reducing inequalities) and that these facets were implicit in the working of the Committee and would support the Health Board's aspirations to 'Creating Health' under the CTMK2030 Strategy. Feedback reflected that Members have found virtual meetings a positive experience overall and that it had enabled scrutiny. 71% of respondents preferred a virtual format for meetings rather than face-to-face.
Action Plan	<p>In response to the areas of improvement identified the following actions are proposed:</p> <ul style="list-style-type: none"> A discussion in relation to the suggested feedback with regard to the Committee Terms of Reference could be added to the Forward Work Plan for a future meeting. The majority of responders indicated a preference to retain a virtual meeting format, however, the Committee could consider meeting face to face during the year to allow for networking and relationship building which is sometimes lost when utilising a virtual format. Committee could propose to meet in person at least twice a year. The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.
Appendices	Independent Member Scrutiny Toolkit.

3. RECOMMENDATION

3.1 The Committee is asked to **NOTE** the report.



Agenda Item

8.2.1

Population Health & Partnerships Committee

Post Payment Verification Mid-Year Report 1st April 2023 - 30th September 2023 (Primary Care Element)

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Amanda Legge – All Wales Post Payment Verification Manager
Cyflwynydd yr Adroddiad / Report Presenter	Amanda Legge – All Wales Post Payment Verification Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Audit & Risk Committee	24/10/2023	Noted

Acronyms / Glossary of Terms	

1. Situation /Background

This paper highlights the narrative on how practices have been performing over the current Post Payment Verification (PPV) cycle.

PPV of claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP).

In mid-year and end of financial year, the PPV Manager will prepare a report for Health Board audit committees to outline how practices have been performing and highlighting PPV progress. It also compares the overall performance of the Health Board against the national PPV visits.

The paper is being produced for the Committee to review and seek assurance that the Post Payment Verification cycle is being managed appropriately. PPV provides assurance in all contractor disciplines, except for General Dental Services.

The purpose of the PPV process is to provide assurance to Health Boards that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specification and relevant legislation.

The PPV team also manages the Waste Management Audit programme on behalf of the Health Boards offering advice and support to GP Practices and Community Pharmacies in respect of Waste Management.

The past year in 2022-2023, PPV faced challenges associated with the ability to perform 'Business as Usual' due to different factors.

2. Specific Matters for Consideration

To effectively respond to challenges identified within Primary Care we continued to investigate further avenues to enhance our PPV services which has maintained an excellent level of PPV, which continues to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.

The following key points should be noted:

2.1 General Medical Services (GMS): Following communications that went out on 20th December, regarding the inability to undertake the entirety of the visits on the visit plan for 2022/2023, we are planning to condense all remaining visits from the 3-year visit plan into a 2-year period of 2023/24 and 2024/25. We also experienced some transitional points with the introduction of the new payment system, so a separate assurance exercise is being undertaken by our payment colleagues in SSP for the data range January 2022 to September 2022. As a result, we began by checking the data submitted from practices from October 2022. The length and period of data will extend as time moves forward as it has done historically as part of the PPV assurance.

Regarding the revisits that were raised because of routine visits in the last financial year, and any outstanding visits, we will be utilising the same data, however if a revisit is due at the same time as the routine, we will do an 'extended visit' which means 10% of the claims for the routine and 100% check on the services that were triggered in the initial routine.

2.2 General Ophthalmic Services (GOS): The visit plan for GOS 2022-2023 was agreed by Health Boards after explaining that these visits were subject to change due to beginning a new way of working. PPV began remote access options having full support from Optometry Wales and begun to carry out virtual visits via Microsoft TEAMS which proved successful. Future visits will now be included in the 2023-2024 visit plan, and although we are hoping to increase the number of remote visits, we are also incorporating physical visits to carry us through this transition period of electronic claiming which is being encouraged by Welsh Government. We also continue to undertake the GOS patient letter programme across Wales to provide additional elements of assurance to our Health Boards.

2.3 Pharmacy Services (GPS): Due to COVID-19, the Medicines Use Review (MUR) service was stopped in March 2020. In 2022/23 NWSSP introduced a pilot for two new service checks by PPV, which are the Quality and Safety Scheme and the Collaborative Working Scheme. In April 2023 we went 'Live' with the Quality and Safety scheme and will begin the Collaborative Working Scheme in April 2024.

2.4 Additional Services: As requested by Welsh Government in 2022/2023 we verified the PPV declaration for additional community pharmacy payments that were paid in 2022/2023 which has now been completed.

We are providing a new service check for incorrect dispensing data and after a successful pilot we rolled this out nationally in August 2022 using the quarterly data from April-June 2022. This is continued as a quarterly service for all Health boards across Wales.

Clinical Waste Self Assessments have been piloted for GMS and are now being rolled out to ensure compliance with legislation. We are planning to conduct a pilot with the Self Assessments for Pharmacies in the next few months.

Quarterly meetings are scheduled with the Head of Primary Care, Primary Care Managers, Finance Lead, PPV Team and local Counter Fraud team to regularly review the progress report and to discuss themes, recommendations, and any risks.

There is a bi-monthly National GMS Working Group with Primary Care Managers and PPV to discuss and agree any issues regarding the National application of the programme. PPV are planning to commence a National GPS and GOS Working Group to align with the above which has proved successful.

PPV training events and roadshows to Practice Managers have been delivered locally and we are now recording these in advance, based on our trend data analysis. In addition to facilitating one-on-one training requirements, particularly for new practice managers where we created a video recorded guide to assist with this.



3. Key Risks / Matters for Escalation

The reports provide the PPV overall progress of visits and narrative for what PPV, Primary Care, Finance and Counter Fraud consider the be the best approach to support practices in improving throughout the claiming process.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: N/A
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

It is recommended that the Population Health & Partnerships Committee Members **NOTE** the contents of this report. There are no options included in this report. The report is for Assurance.

6. Next Steps

Produce the end of year report.

CTMHB Audit Report - 1st

To Notes

Above planned numbers were sent to HB for 23/24 Visit Plan. Numbers may change due to
 Health Board and Counter Fraud receive copies of each visit report to act upon PPV records
 PPV work collaboratively with Health Board managers and Local Counter Fraud to assist with any
 Training/support is provided to practices after visit where necessary

GMS	Visit Type	HB Annual Visits Planned	No. completed	No. In progress
	Routine	24	2	5
	Revisit	22	1	0
	Total	46		

Summary of themes/findings/issues

Due to the new payment system, all Revisits across Wales are on hold until Dec 2023

GOS	Visit Type	Annual Visits Planned	No. completed	No. In progress
	Routine	54	6	0
	Revisit	0	0	0
	Total			

Summary of themes/findings/issues

As contractors are transitioning to electronic records, remote access visits are slow in progress.

GPS	Visit Type	Annual Visits Planned	No. completed	No. In progress
	Q&S Scheme	29	5	24
	Total	29		

Summary of themes/findings/issues

Nothing to report at this stage

April 2023 to 30th September 2023

to ad hoc visits or closures/mergers

recommendations

concerns that may arise

Queries with Practice /HB	No. Recoveries	Value of recoveries	All Wales Completed	All Wales No. in progress
1	19	£745,11	20	49
0	269	£2 769,16	1	0

Queries with Practice /HB	No. Recoveries	Value of recoveries	All Wales Completed	All Wales No. in progress
0	12	£518,92	15	20
0	0	0	0	0

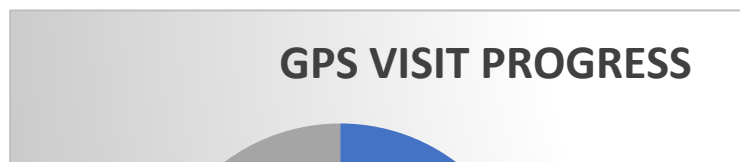
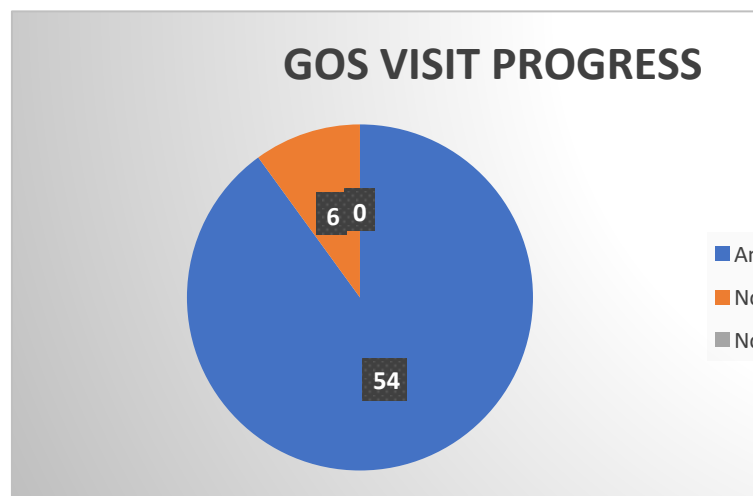
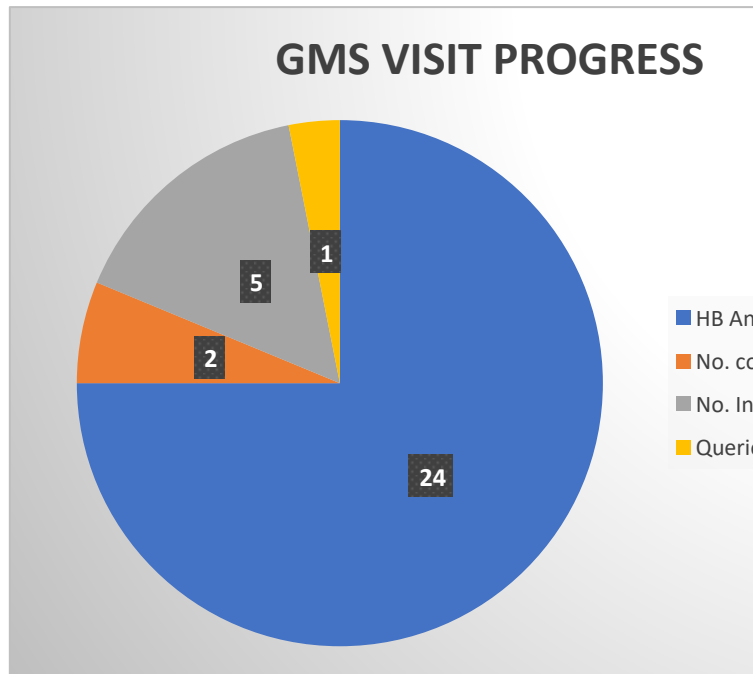
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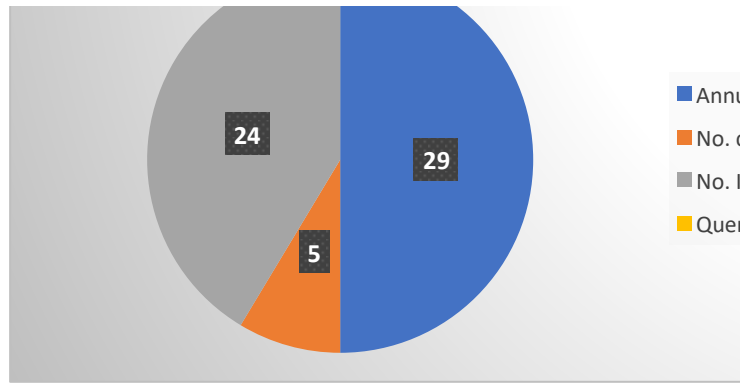
Queries with Practice /HB	No. Recoveries	Value of recoveries	All Wales Completed	All Wales No. in progress
	0	£0,00	43	144

All Wales Planned	All Wales Value of Recoveries
173	£9 290,89
114	£2 769,16

All Wales Planned	All Wales Value of Recoveries
301	£1 498,10
6	£0,00

All Wales Planned	All Wales Value of Recoveries
239	£0,00





Annual Visits Planned
Completed
In progress
Cases with Practice /HB

Annual Visits Planned
o. completed
o. In progress

ual Visits Planned
completed
In progress
ries with Practice /HB



Agenda Item

8.2.2a

Population Health & Partnerships Committee

Strategy Groups Update

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Committee / Group / Individuals	Date	Outcome

Acronyms / Glossary of Terms

CTM	Cwm Taf Morgannwg
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1. Situation /Background

1.1 CTM 2030: Our Health, Our Future was launched in 2021. An important part of our approach to the delivery of our strategy are the five “life stages” groups:

- Starting Well
- Growing Well
- Living Well
- Ageing Well
- Dying Well

1.2 The focus of the strategy groups is to look at long term, population health focused strategic service changes and delivery. The Groups work with clinicians across public health, preventative, primary, secondary and tertiary care to improve population health outcomes across CTM.

2. Specific Matters for Consideration

2.1 Each strategy group had provided an update for the last quarter which is attached as a presentation.

2.2 The Population Health and Partnership Committee are requested to note the progress being delivered by all groups.



3. Key Risks / Matters for Escalation

3.1 There are no specific risks for this Committee. The risks are being managed via other routes as set out in the presentation.

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 Creating health Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Growing Well
	If more than one applies please list below: Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below: A Healthier Wales A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below: Effective Efficient Safe Timely Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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: Will be considered as part of each separate development.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Will be considered as part of each separate development.
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There are different resource implications for each individual piece of work. This is included as part of each project plan.	

5. Recommendation

5.1 The Committee is asked to **NOTE** the update from the Strategy Groups.

6. Next Steps

6.1 The Strategy Groups will continue to deliver against their priority areas of work.

APPENDIX 1 – Strategy Group Update October 2023 Presentation

(Agenda Item) 8.2.2 **7th November 2023** **Population Health and Partnerships Committee** **Strategy Team update**

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Marie Evans Leanne Bayliss
Presented By:	Vicki Wallace
Approving Executive Sponsor:	Linda Prosser
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Strategy Team meeting

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



Adulthood/Living Well Strategy Group Update: Q3 2023 (October update)

Authors:
Marie Evans
Leanne Baylis



Adulthood/Living Well: Progress Overview Highlights:



Respiratory

Priority Setting – Draft priorities for respiratory conditions have been discussed and drafted by the Respiratory Planning & Delivery Group on 6th September 2023, there will now be shared with the Unscheduled Care Group for review and ratification in readiness for IMTP discussions.

Smoking Cessation Sub Group- Good progress is being made with this programme of work led by Public Health. Anna Lewis has been appointed into the Clinical Lead role for HMQ in hospital pathway. A National minimum data set for the HMQ pathway developed purpose is to improve outcomes in relation to pathways, series of questions entered onto WCNR and rolled out across 3 DGHs which will provide more detailed information around whether a patient smokes / vapes, if they have had advice or have been offered a referral. This information can then be analysed. HMQ training package scoped and drafted awaiting finalisation before being made available on ESR.

Pulmonary Rehabilitation – Service is looking at implementing the MECC training, a number of resources have been shared for consideration by staff within the service.

Innovation – A Respiratory Innovation & Research subgroup for CTM is going to be established and will feed into the Respiratory Planning & Delivery group. Dr Tom Powell will chair the group. The group will explore opportunities to embed innovation and undertake relevant research projects.

Liver Disease

Priority Setting – Draft priorities for Liver Disease have been developed and shared with the Unscheduled Care Group for review and ratification in readiness for IMTP discussions.

Collaborative Strategic Plan for Elimination of Hepatitis B&C by 2030 - This plan was signed of by Executive Leadership Group 3rd July 2023 and has been submitted to Welsh Government. A project management approach with service leads for each theme within the plan will now be developed to ensure the plan is delivered. Welsh Government have extended an invitation to a meeting on 6th November 2023 to discuss with Health Boards and PHW the plans submitted and progress to date.



Adulthood/Living Well: Progress Overview Highlights:



- **A multiagency, multi-professional workshop** was held on 14th August 2023 with the aim to engage all stakeholders to work implementing and monitoring our joint recovery plan. Brendan Healy, National BBV Lead set the scene in terms of the National context, Angela Jones provided a presentation from our local population health perspective. Discussion focussed on overview of current service provision, success and challenges. Three top priorities were agreed.
- **Hepatitis C key areas of progress** : issues relating to reporting of results to the 3rd sector organisations have now been resolved. 3rd sector testing across CTM will now recommence. Referral pathway developed between substance misuse services into secondary care Hepatology service for treatment. Appointment of Harm Reduction Nurse , JD finalised, recruitment process commenced. Service User involvement Group provided feedback on implementing Hep C testing in Young Persons Drug & Alcohol Services. Mental Health- work is ongoing to incorporate BBV testing within inpatient mental health settings. Training is ongoing and all staff in CDAT have access to review results. All staff trained in NEO the Harm Reduction Database.
- **Alcohol Care Team** – Band 7 Team Leader post and 3 Band 6 Alcohol Care posts were appointed to 26th September 2023
- **National Alcohol Care Meeting** – This is a sub group of the Liver Disease Implementation Network (LDIN). The Head of Planning presented to the group on the Celebration Event held on 5th July 2023 where the song was played live and there was a series of presentations from the service users themselves , Welsh Government, APB and our clinical lead. All Service users were given a framed gift with the lyrics of their song as well as a tote bag (with 'You are valued' on the front). Members of the National Care Group congratulated CTM on their excellent work.
- **2 articles** have been submitted from CTM for the next Public Health Wales Network Bulletin which covers national, regional or local initiatives, policies or programmes aimed at preventing alcohol or substance misuse or improving outcomes for those who are affected by alcohol or substance misuse. The article focus on us leading the National Patient Information leaflet development and our work with



Work Programmes/ Activity	Delivery confidence	Progress and Achievements	Priorities
Heart Conditions Planning & Delivery Group: VBHC Projects: Heart Failure Optimisation Heart Failure Palliative Care Heart Failure Rehab Heart Failure NP Pro BNP		<p>Heart Failure:</p> <p>Heart Failure VBHC Projects – Emphasis has now shifted to data collection, benefits and outcome analysis as part of the evaluation processes to be established for the projects. Benefits realisation / outcome measurement workshop held for Rehab project on 7th September 2023. Measures agreed and data sources identified. Workshops for optimisation and palliative care projects have been planned for 12th October 2023.</p> <p>Heart Failure Rehab Project – Pilot project to cease on 30th September 2023, the service are now no longer accepting any new referrals as all allocated spaces for assessment and places on the programme have now been filled up to that date. Focus is now on evaluation of the pilot programme and development of a report containing outcome data. This will feed into and strengthen the case for substantive funding and roll out across other sites in the next round of VBHC funding allocation. VBHC team are completing a NHS award application for this project. Business case has now commenced for rollout of service to other DGH sites.</p>	<ul style="list-style-type: none"> • Development of a Heart Failure Cardiac Rehab Business case • Hold benefit realisation outcome measurement workshops • To continue to progress and implement a multi agency project management approach to ensure delivery of the Hepatitis B&C Recovery Plan.
Respiratory Planning & Delivery Group: Sub groups: Smoking Cessation, Education & Pulmonary Rehab		<p>Heart Failure PROMS and CROMS dashboard developed and being tested with warehouse team</p>	<ul style="list-style-type: none"> • Following appointment of alcohol care funded posts set up a project management structure to take forward the expansion to a 7 day service
Liver Planning & Delivery Group: IQILS, Improving pathways with transplant centre		<p>Respiratory:</p> <p>MECC- The MECC service has provided a range of information and resources to Respiratory teams. There are 2 levels to the MECC offer: Level 1 is an e-learning module, which provides a general overview of MECC, and gives staff an awareness of the key lifestyle behaviours and associated messages. This level is recommended to all staff to provide a base level knowledge. Level 2 – The level 2 MECC training is a 2.5-3 hour face to face/virtually based training session</p>	<ul style="list-style-type: none"> • Launch of Drymester campaign in November 2023
Hepatitis C Elimination plan			<p>Issues</p> <ul style="list-style-type: none"> • Alcohol care existing and newly funded service to be brought together in a co-ordinated approach within the new Care Group structure.
Alcohol Care Project			
Overall Delivery Confidence			<p>Escalations: Nil</p>
Reporting Period	Q3 2023-24		

Ageing Well Strategy Group Update: Q2 2023 (October update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



Progress Highlights

- **Regional Stroke Service Development** - Implementation of regional communication and engagement plan underway. Patient and colleague surveys now-live. Planning for phase two continues with in-person and virtual listening events across the CAV/CTM foot prints.
- **Dementia** – CTM Dementia Steering Group continues to make good progress in implementation of the All Wales Dementia Care Pathway of Standards across the six sub group areas. Coproduction opportunities are being actively pursued. A successful hackathon was hosted on the 6th of July with priorities identified and a MAS workshop held on the 5th of September identifying a number of projects in support of the standards.
- **Ageing Well Engagement** – CTM UHB partnered with the Older Persons Advisory Group to celebrate International Older Persons Day (Saturday 7th October) by talking with Older People in the heart of our community in the YMA Centre, Pontypridd. Colleagues from the Health Board were presented to answer questions on a number of topics such as Bereavement, Dementia, WISE and Vaccination, as well as a number of health and wellbeing talks.



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

Progress and Achievements

Stroke:

- Good progress achieved with the CTM UHB Optimal Management of Atrial Fibrillation and Hypertension in Primary Care. Commenced 3 Pilot clinics in Cynon Cluster. Pilot sites confirmed in Bridgend. 3 new clinics to commence October 2023. Collaboration with pharmacy to assess and identify opportunities in the community for case finding and optimising care.
- *National Review of Patient Flow: A Journey Through the Stroke Pathway* report received from HIW. 50 recommendations contained within the report. Improvement Plan responding to the recommendations submitted to HIW from CTM UHB.
- Stroke Programme Board and Operational Group established for CTM UHB with key clinical, AHP and managerial input. Work ongoing to review current stroke action plan to ensure implementation at strategic and operational levels.

Dementia

- Community listening has entered phase 2 and is progressing well with theming and analysis being undertaken alongside immediate responses to emerging need.
- Expressions of interest to deliver the dementia connector role have been received. Evaluation panel to include representation of individuals with a lived experience in order to award the contract.

Priorities

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

Issues

- Costed proposals for improvements to stroke pathway dependent on IMTP funding, including implementation of AI software to improve timely access to thrombectomy requires £20k
- Risks associated with provision of Neurology Services in CTM UHB.

Escalations

- As outlined above.

Overall Delivery Confidence

Green

Reporting Period

Q2 2023-24

Dying Well Update: Q2 2023 (October update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



Progress Highlights

- **CTM UHB Palliative and End of Life Care Delivery Group – Terms of Reference** refreshed with revised purpose and membership to reflect a more strategic overview for the new group.
- **Briefing paper:** for presentation at the next available Improving Care Board to communicate the revised purpose and strategic direction for the Delivery Group.
- **Review of Actions Plans** – Delivery Group actions mapped against the priority drivers in the Quality Statement for Palliative and End of Life Care for Wales and the Quality Statement themes for care which is themes: safe; timely; effective; person centred and efficient. Revised and updated CTM UHB Palliative and End of Life Care Action Plan agreed through the Delivery Group. Implementation of the Plan will be closely monitored thorough the Work is ongoing through the delivery group work review the current action plan to and establish a an effective, up to date programme of actions going forward for the development of services across CTM UHB.



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



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

Progress and Achievements

CTM UHB Palliative and End of Life Care Delivery Group:

Bereavement (good progress being made through Bereavement Strategy Group)

- Link Network in place.
- New Care After Death Policy initiated, including changes, since the medical examiners have come on board. Ongoing as now going through policy board.
- Bereavement checklist created for consistency in after death care. Ongoing through policy board.
- Pregnancy loss under 16 weeks specific Standard Operating Procedure & booklet created.

Patient Feedback and Communication

- Civica system is running across CTM but there is a need to increase the feedback we receive. Review of civica is in progress as to how we support further engagement.
- Report to the delivery group on any emerging themes/lessons from complaints relating to end of life care. Report requested from Patient Care and Safety Team to see what can be drawn out on palliative care related incidents, complaints and concerns across CTM UHB.

Priorities

- Continue implementation and delivery of four key priority areas under CTM Palliative and EOL Delivery Group.
- Implementation of revised action plan under new chair of Palliative and EOL Delivery Group.

Issues

- VBHC business case for Specialist Palliative Care Front Door Model unsuccessful in gaining WG funding.
- Current funding for bereavement lead post in CTM UHB is fixed term, ending October 2023. Head of Nursing is currently trying to identify funds to make the post permanent as they recognise the risks of losing this post

Escalations

- As outlined in issues above.

Overall Delivery Confidence



Reporting Period

Q2 2023-24

Starting Well Strategy Group Update: Q3 2023

Authors:

Lucy Smothers

Charlotte Thomas

Sian Watkins



Progress and Achievements

Clinical Strategy Lead

On the 4th September Lucy Smothers started as Clinical Lead for the Starting Well Strategy Group.

Infant Feeding

The Planning team have been working to help drive delivery of WG Breastfeeding action plan. Requirements of the plan will feed into a development of a CTM infant feeding strategy, that is being progressed in partnership with local Public Health colleagues.

Infant Feeding Strategic Group

The Director of Midwifery will now Chair the Infant Feeding Strategic Group. The next meeting will be held on 20th October.

Progress to date includes;

- Initial meeting of a Breastfeeding Peer Support Task and Finish Group, chaired by the Head of Midwifery. Work is on going collating data from other health boards to ensure CTM has a standardised approach. The next meeting will be held on 16th October.
- Establishment of a group to deep dive identification/interventions/support for Tongue Tie, next meeting to held on 3rd October..

Children's Charter

- Ongoing discussion with the Civica team around the QR codes for patient satisfaction surveys to ensure patient experience is captured and shared with the wider teams.
- Following discussion with Care Group leads it has been agreed that the Clinical Strategy Lead will present the Charter and the Gap Analysis at the Improving Care Board meeting on 15th November.

Parent Infant Relationship (PIR)

- Ongoing discussion for CTMUHB to extend its commitment and contextualise the "Voice of the Baby" within a Baby/Infant Charter. This will sit alongside the Children's Charter.
- PIR Conference to be held on the 10th October where discussions will continue on the development of the Baby/Infant Charter.

Neurodevelopment

The first meeting of the Regional ND Improvement Board: Early Years Identification and pr-diagnosis support will be held on 19th October.

Development of a CTM Wide CYP Strategic Health Delivery Plan/Prioritisation

Collaborative working (Starting well and Growing Well) with the Care Groups to ensure the priorities of the Strategy Groups are aligned with the Care Groups.

Issues

- Lack of Health Visitor led Breastfeeding support in Bridgend due to workforce issues- groups only being run in Tonypany, Merthyr and in the Cynon area. This is being escalated through the Strategic Steering Group and Executive lead.

Escalations

Work Programmes/ Activity	Delivery confidence
Supporting development of an Infant Feeding Strategy	
Embedding Children's Right's approach across CTMUHB	
Neurodevelopment- Early Years	
Parent Infant Relationship	

Overall Delivery Confidence	
Reporting Period	Q1 23-24



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



GROWING
WELL

Growing Well Strategy Group Update: Q3 2023

Authors:

Dr Emily Payne

Charlotte Thomas

Heather Smith



Work Programmes/ Activity	Delivery confidence
Regional Neurodevelopmental Improvement Programme	
Development of a CTM Wide CYP Strategic Health delivery plan / prioritisation	
Therapeutic Support for children who are looked after	
Emotional wellbeing	

Progress and Achievements

Regional Neurodevelopmental Improvement Programme

Currently led by the Head of Strategic Planning, and now being driven through the existing Regional Partnership Board governance structures. New steering and improvement board has recently been established, attended by senior leaders from the third sector, local authorities and health board. Initial work stream meetings taking place. We are also really pleased to have recently partnered with Parents Voices in Wales who will be helping us to ensure we have the right tools to co-design our priorities for improvement, and co-produce the solution through the various work stream groups.

Development of a CTM Wide CYP Strategic Health delivery plan / prioritisation

Second meeting to discuss strategic plans held in August. Discussions will feed in to baselining work underway for clinical services planning. Group will continue to meet every quarter.

Therapeutic Support for children who are looked after

Still working on seeking closer alignment with the regional MAPPS service-private therapeutic provision funded through RIF, to CAHMS pathways.

Emotional wellbeing

A subgroup of the CPB. TOR, purpose, aims and membership being refreshed. Chair now shared. Due to meet for workshop to develop the above and to develop specific action plan with timescales.

Priorities

- Bedding in shared ownership amongst partners for Regional Neurodevelopmental Improvement Programme

Issues

- None

Escalations

None

Overall Delivery Confidence	
Reporting Period	Q2 2023/24

Regional Neurodevelopment Improvement Programme

Regional Partnership Board

Regional Adults Programme Board

Regional Children's Programme Board

Regional Mental Health Partnership Board

Regional Learning Disabilities Group

Regional Neurodevelopment Steering and Improvement Board (RNSIB)
Formerly known as the Regional Autism Steering Group
Chair: Julie Denley
Vice Chair: Linda Prosser
(Regional ND Champion on behalf of the RPB)

National Neurodevelopment Improvement Programme Steering Groups (Welsh Government)

National Autism champions and National Autism Team meeting (Welsh Local Government Association)

Work stream 1:
Early Years identification & pre-diagnosis support
(Zoe Lancellot RCT, Andrea Bevan CTMUHB)

Work stream 2:
Assessment & diagnosis pathways
(Dr Zed Sibanda, Elaine Lorton, CTMUHB)

Work stream 3:
Post diagnosis - Pharmacological pathways
(Dr Bethany Ranjit, & Dr Toni Munoz-Solomando, CTMUHB)

Work stream 4:
Community based support-CYP
(Dr Emily Payne, & Andrea Davies, CTMUHB)

Work stream 5:
Community based support- Adults
(Deb Mitchell, BCBC) (TBC)

Work stream 6:
Housing (TBC)

Work stream 7:
ND & Education (Kate Clark, BCBC) (TBC)

Work stream 8:
Workforce Development (TBC)

Improvement requirements to comply with the Autism Code of Practise

Cwm Taf Morgannwg Neurodivergence Co-Production Project- Parents Voices in Wales CIC

Expert insight from Cardiff University/University of South Wales/NHS Executive/Life Sciences Hub

POPULATION HEALTH & PARTNERSHIPS COMMITTEE– FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Annual Cycle of Business 2023-24	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	7 November 2023
Requested via email.	Additional Item	Creating Health Strategic Pillar	Director of Public Health	7 November 2023
Requested at Agenda Planning meeting October 2023	Additional item	Shared Listening & Learning Story – Homelessness Service	Director of Primary, Community, MH & LD	7 November 2023
Requested at Agenda Planning meeting October 2023	Additional Item	Vaccination & Immunisation Strategic Plan and Equity Plan	Director of Public Health	7 November 2023
Requested at Agenda Planning meeting October 2023	Additional item	Health Protection Service	Director of Public Health	7 November 2023
Requested via email.	Additional Item	Active Travel Charter	Director of Strategy & Transformation	7 November 2023
Requested via email.	Additional Item	CHOICE Year 3 Service Report	Director of Public Health	7 November 2023
Annual Cycle of Business 2023-24	Annual item	Regional Partnership Board Annual Report	Director of Strategy & Transformation	7 November 2023

Requested via email.	Additional Item	Green Scholars Programme	Director of Strategy & Transformation	7 November 2023
Requested via Report to August 2023 meeting	Additional Item	Learning Disabilities Modernisation Plan Six Monthly Progress Report	Director of Primary, Community & Mental Health	7 November 2023
Annual Cycle of Business 2023-24	Annual Item	Post Payment Verification Annual Report (Primary Care Element for noting)	Director of Finance & Procurement	7 November 2023
Annual Cycle of Business 2024-25	Annual Item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	14 February 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	1 May 2025
Annual Cycle of Business 2024-25	Annual Item	Review of the Committee Terms of Reference	Director of Governance/Board Secretary	1 May 2024
Annual Cycle of Business 2024-25	Annual Item	Director of Public Health Annual Report	Director of Public Health	1 May 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Assessment Survey & Improvement Plan	Director of Governance/Board Secretary	1 August 2024

Completed Activity from the Forward Work Programme

Request made at Agenda Planning meeting July 2023	Additional Item	Resilient Communities	Director of Strategy & Transformation	2 August 2023 – Completed
Request made at Agenda	Deferred from May 23 meeting.	Public Service Board Progress Report.	Director of Public Health	2 August 2023 – Completed

Planning meeting March 23				
Request made at Agenda Planning Meeting March 23	Deferred from May 23 meeting.	Regional Integration Fund Progress Report	Director of Strategy & Transformation	2 August 2023 – Completed
Requested via email.	Additional Item	Integrated Intermediate Care with AHP Funding	Director of Therapies & health Sciences	2 August 2023 – Completed
Added to Annual Cycle of Business 2023-24	New Agenda Item (deferred from May 23 meeting)	University Health Board Status Progress Report	Director of Nursing, Midwifery and Patient Care	2 August 2023 – Completed
Requested at Agenda Planning Meeting March 23	Additional Item	Health protection System for CTM	Director of Public Health	2 August 2023- Completed
Requested at Agenda Planning Meeting July 2023	Additional Item	Shared Listening & Learning Story - CTM Cardboard Re-Cycling Project - Presentation	Director of Strategy & Transformation	2 August 2023 – Completed
Request made at Agenda Planning Meeting January 23	Deferred from February 23 meeting.	Director of Public Health Annual Report 2021-22	Director of Public Health	3 May 2023 – Completed
Requested at Agenda Planning Meeting March 2023	Additional Item	Spotlight: Veterans Health	Director of Primary, Community & mental Health	3 May 2023 – Completed

Received via email	Additional Item	Decarbonisation Action Plan	Director of Strategy & Transformation	3 May 2023 - Completed
Requested at Agenda Planning Meeting March 23	Additional Item	Closure Report HMP Parc	Director of Primary, Community & Mental health	3 May 2023 - Completed
Requested at Agenda Planning meeting March 23	Additional Item	111#2 Roll Out	Director of Primary, Community & Mental Health	3 May 2023 - Completed
Requested at Agenda Planning Meeting March 23	Additional Item	Corporate Health Standard	Director of Strategy & Transformation	3 May 2023 - Completed
Originally planned for PPF Committee in February 2023 but agreed after discussion to bring to PHP Committee	Additional Item	Breast Feeding Presentation	Children & Family Care Group	3 May 2023 - Completed
Request made by DoST via email	Additional Item	CTM Public Service Board Wellbeing Consultation Plan	Director of Strategy & Transformation	1 February 2023 - Completed
Request made at Agenda Planning Meeting January 23.	Additional Item	CTM/Bridgend Public Service Board Proposed New Model	Director of Strategy & Transformation	1 February 2023 - Completed

Request made via email from DoCG	Additional Item	De-Carbonisation Audit	Director of Strategy & Transformation	1 February 2023 – Completed
Request made at Agenda Planning Meeting January 23.	Additional Item	Cancer Inequalities within CTM	Director of Public Health	1 February 2023 – Completed
Request made by DoCG via email	Deferred from November 2022 meeting.	University Health Board Designation Status	Director of Public Health	1 February 2023 – Completed
Request made at Agenda Planning Meeting January 23	Additional item	Anchor Institution Steering Group Highlight Report	Director of Public Health	1 February 2023 – Completed
Request received via email from DoCG.	Additional Item	Audit Wales Final Report - Transformation Leadership Programme Board Baseline Governance Review	Director of Corporate Governance	2 November 2022 - Completed
Request received via email from DoCG	Additional Item	Audit Wales Final Report - Public Sector Readiness for Net Zero Carbon by 2030	Director of Corporate Governance	2 November 2022 - Completed
Added at Agenda Planning Meeting October 22	Additional Item	Post Payment Verification Annual Report (Primary Care Element)	Director of Finance & Procurement	2 November 2022 - Completed
Added at the Agenda Planning meeting for November 22 meeting.	Additional Item	Revised Committee Terms of Reference	Director of Corporate Governance	2 November 2022 - Completed

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

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