

Agenda

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

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

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting Held on 3rd May 2023

Carolyn Donoghue, Chair

For Approval

 2.1.1 Unconfirmed Minutes 3.5.2023 PHP Committee 2 August 2023.pdf (9 pages)

2.1.2. Draft Committee Annual Report 2022-23

Cally Hamblin, Assistant Director of Governance & Risk

For Approval

 2.1.2 Draft Annual Report 2022-23 PHP Committee 2 August 2023 - CH.pdf (9 pages)

2.2. Items for Noting

2.2.1. Strategy Groups Report

Linda Prosser/Strategy Group Directors

For Noting

 2.2.1a Strategy Group Update Cover Report PHP Committee 2 August 2023.pdf (3 pages)

 2.2.1b Strategy Group Updates Q1 PHP Committee 2 August 2023.pdf (22 pages)

2.2.2. Action Log

13:00 - 13:00 3. MAIN AGENDA

0 min

3.1. Shared Listening & Learning Story - CTM Carboard Re-Cycling Project - Presentation

Linda Prosser/Craig Edwards

For Discussion/Noting

13:00 - 13:00 4. GOVERNANCE

0 min

4.1. Organisational Risk Register

Cally Hamblyn, Assistant Director of Governance & Risk

For Discussion/Review

4.1b Appendix 1 - Master Organisational Risk Register PHP Committee 2nd august 2023.pdf (1 pages)

4.1a - Organisational Risk Register Cover Report PHP Committee 2nd August 2023.pdf (3 pages)

4.2. University Health Board Status Progress Report

Greg Padmore-Dix, Director of Nursing, Midwifery & Patient Care

For Discussion/Noting

4.2 UHB Designation Status Update Report PHP Committee 2 August 2023.pdf (11 pages)

4.2b Appendix 2 Summit High Level Outputs PHP Committee 2 August 2023.pdf (1 pages)

4.2a Appendix 1 UHB Summit Review PHP Committee 2 August 2023.pdf (1 pages)

13:00 - 13:00 5. CREATING HEALTH

0 min

5.1. Population Health Management Update

Philip Daniels, Director of Public Health

For Discussion/Noting

5.1 Population Health Management PHP Committee 2nd August 2023 v1.pdf (8 pages)

5.2. Health Protection System for CTM

Philip Daniels, Director of Public Health

For Discussion/Noting

5.2 Health Protection Update PHP Committee 2nd August 2023.pdf (8 pages)

13:00 - 13:00 6. IMPROVING CARE

0 min

6.1. Mental Health Strategic Update

Julie Denley, Director of Primary, Community & Mental Health






For Discussion/Noting

6.1 MH Strategic Update PHP Committee 2nd August 2023.pdf (6 pages)

6.2. Learning Disability Update Report

Julie Denley, Director of Primary, Community & Mental Health

For Discussion/Noting

-  6.2 Learning Disabilities Progress Report PHP Committee 2nd August 2023.pdf (5 pages)
-  6.2a Appendix 1 2023-7-12 LD Concise Modernisation plan (draft).pdf (10 pages)
-  6.2a - Embedded 1.pdf (2 pages)
-  6.2a - Embedded 2.pdf (36 pages)
-  6.2a - Embedded 3.pdf (3 pages)

6.3. Integrated Intermediate Care with AHP Funding - to follow

Lauren Edwards, Director of Therapies & Health Sciences

For Discussion/Noting

-  6.3. Integrated Intermediate Care with AHP.pdf (4 pages)

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

0 min

7.1. Regional Integration Fund Progress Report - Verbal Update

Linda Prosser, Director of Strategy & Transformation

For Discussion/Noting

7.2. Public Service Board Progress Report - Verbal Update

Philip Daniels, Director of Public Health

For Discussion/Noting

7.3. Resilient Communities - Verbal Update

Linda Prosser, Director of Strategy & Transformation

For Discussion/Noting

7.4. Anchor Institution Update

Linda Prosser, Director of Strategy & Transformation

For Discussion/Noting

-  7.4 Anchor Institution PHP Committee 2nd August 2023.pdf (3 pages)

13:00 - 13:00 8. OTHER MATTERS

0 min

8.1. Forward Work Plan

Carolyn Donoghue, Chair

For Discussion/Noting

-  8.1 Forward Work Plan PHP Committee 2nd August 2023.pdf (6 pages)

8.2. Committee Highlight Report to Board

Carolyn Donoghue, Chair

8.3. Any Other Urgent Business

Carolyn Donoghue, Chair

8.4. How did we do today?

Carolyn Donoghue, Chair

13:00 - 13:00

0 min

9. DATE AND TIME OF NEXT MEETING

7th November 2023 at 1:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE POPULATION
HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 3rd MAY 2023
VIRTUALLY VIA TEAMS**

PRESENT:

- Carolyn Donoghue - Independent Member (Chair)
- Ian Wells - Independent Member
- Geraint Hopkins - Independent Member
- Jonathan Morgan - Health Board Chair (observing)

IN ATTENDANCE:

- Linda Prosser - Executive Director of Strategy & Transformation
- Gethin Hughes - Chief Operating Officer
- Julie Denley - Director of Primary, Community & Mental Health
- Victoria Wallace - Deputy Director of Strategy & Partnerships
- Lauren Edwards - Director of Therapies & Health Sciences
- Philip Daniels - Director of Public Health
- Sara Thomas - Consultant Public Health
- Rhian Beynon - Research & Development Manager
- Gemma Northey - Consultant in Public Health
- Emma Williams - Chief Pharmacist
- Marc Penny - Director of Improvement and Innovation
- Andrea Bevan - Senior Nurse Paediatrics (in part)
- Clare Shears - Senior Nurse Health Visiting (in part)
- Mary Self - Consultant Psychiatrist
- Wendy Penrhyn-Jones - Head of Corporate Governance & Board Business
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

05/23/1 WELCOME & INTRODUCTIONS

Carolyn Donoghue welcomed everyone to the meeting including Jonathan Morgan, Health Board Chair who was observing the meeting, Andrea Bevan, Senior Nurse Paediatrics and Clare Shears, Senior Nurse for Health Visiting for Agenda Item 6.1 Breastfeeding in Cwm Taf Morgannwg (CTM) and Dr Mary Self, Consultant Psychiatrist for Agenda Item 3.2 Veterans Health.

05/23/2 APOLOGIES FOR ABSENCE

Agenda Item 2.1.1

Apologies were **RECEIVED** from Jayne Sadgrove, CTMUHB Vice-Chair and Lynda Thomas, Independent Member.

05/23/3 **DECLARATIONS OF INTERESTS**

There were none declared.

05/23/4 **CONSENT AGENDA**

The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting on consent agenda items. On the basis that everyone would have read the agenda papers in advance of the meeting, the Chair asked if anyone wished for any item on the consent agenda to be moved to the main agenda to allow it to be discussed.

Resolution:

Minutes of the meeting of 1st February 2023 were **RECEIVED** and **CONFIRMED** as an accurate record.

The Terms of Reference were **RECEIVED** and **ENDORSED FOR BOARD APPROVAL**.

The Anchor Institution Group Highlight Report was **NOTED**.

The Action Log was **NOTED**.

MAIN AGENDA

05/23/7 **SPOTLIGHT: VETERANS HEALTH**

Dr M. Self provided a presentation to the Committee.

C. Donoghue thanked Dr. Self for the presentation which had been interesting and uplifting to see the service available to patients.

L. Prosser advised that the reason this had been brought to the Committee was due to a previous discussion in relation to Veterans health. It had also recently been discussed at the Executive Leadership Group and agreed that the People & Culture Committee would receive future updates as it related to employment issues with the Lead Executive for that Committee having responsibility for Veterans.

I Wells queried whether the armed services contributed to the cost of this service. M. Self confirmed that the funding originated from the Ministry of Defence but was now funded by Welsh Government.

I Wells queried whether they were in contact with homeless people as there were lots of homeless people from the armed services and how they would reach out to them. M. Self advised that there was a significant cohort of veterans coming through the service that were

Agenda Item 2.1.1

homeless. Dr. Self advised that the homeless service that has been in existence for the last two years had been mainly nursing based, although they had just received funding two sessions dedicated to medical input for the homeless service.

G. Hopkins queried how the service connected into the local authority. He advised that Rhondda Cynon Taff County Borough Council had a dedicated advice service under the Armed Forces Covenant such as housing, access to leisure service and financial advice. Dr. Self advised that when they undertake the initial assessment veterans were signposted to lots of services which included the local authority. She added that this service had recently been discussed at the Stakeholder Group and they were meeting with the local authority to see how this could be more collaborative and joined-up.

Resolution: The Presentation was **NOTED**.

GOVERNANCE

05/23/6 **ORGANISATIONAL RISK REGISTER**

W. Penrhyn-Jones presented the report.

Members noted the new Risk 5374 relating to environmental sustainability and the actions contained in the Appendix. Members were advised that all risks up to the score of 15 were now managed by the Care Groups and risks with a scoring of 16 and up were logged on the organisational risk register.

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

05/23/7 **PLATINUM CORPORATE HEALTH STANDARD**

V. Wallace provided a presentation to the Committee.

C. Donoghue congratulated the team on an enormous amount of work and the public engagement session recently held at Maesteg which had been very positive.

V. Wallace advised that they would be holding another public engagement on the 25 May 2023 if anyone wished to attend.

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

CREATING HEALTH

02/23/8 **DIRECTOR OF PUBLIC HEALTH DRAFT REPORT 2020-23**

S. Thomas presented the draft Director of Public Health report which covered the period 2020 to 2023.

Agenda Item 2.1.1

Members were advised that the report reflected on the unprecedented challenges of Covid-19 faced by the Health Board and the legacy this had left. It considered the learning from both the pandemic experience and the importance of strong partnership working.

C. Donoghue thanked S. Thomas for the report and commented that she had found it enormously impactful in terms of the work that had been done, the issues of inequality and the need for prevention.

L. Prosser, in response, advised that there, had been various pieces of work with the Care and Strategy Groups to keep the momentum going.

P. Daniels thanked S. Thomas for her leadership over the last year and for collating the annual report.

Resolution: The Committee **DISCUSSED** and **NOTED** the conclusions and recommendations contained within the report and **ENDORSED FOR BOARD APPROVAL**.

02/23/9

POPULATION HEALTH MANAGEMENT PROGRAMME REPORT

P. Daniels presented the report that provided an update on the population segmentation and risk stratification approach to Population Health Management in CTMUHB.

I Wells commended everyone involved in the Population Health Management work and added that the Health Board should be proud of this programme. He referred to the segmentation tool and queried how they would help people to understand how to use it and what would it mean when segmenting the public and how would that be used in the future.

I Wells commented that the SAIL data was anonymised however, the report mentioned personalising the data at some point and how would they be able to do this if it was anonymised. He added that he was concerned about the funding source which was fragile and needed to be worked out for the future.

In response, P. Daniels advised that he agreed with the point made about the funding which had originated from prevention monies relating to the smoking cessation and weight management budget but they did now need to consider on a national level, how this was going to be funded.

With regard to the point raised by I Wells in relation to the personalisation of data P. Daniels advised that this could be picked up outside of the meeting with the data lead.

Agenda Item 2.1.1

S. Thomas added that it was important to recognise that this was in a transition phase, they had developed the data but now needed to demonstrate how the data would be utilised and they were evaluating this and updates would be provided to the Committee. With regard to SAIL, S. Thomas advised that when the data was analysed it was segregated so that the GP Practices who were involved could identify which patients are part of that segment. They were currently testing this out to see how well it was working.

L. Prosser advised that part of the approach to the development of hospital services within primary care was that the plans were aligned with the GP Practices who would be able to respond systematically to the data and this was part of what they were supporting primary care to do.

J. Denley advised that a scoping report had been produced for the development within primary care and what they would like primary and community services to focus on.

Resolution: The Committee **NOTED** the progress and **ENDORSED** the approach to Population Health Management outlined in the report.

02/23/10

STRATEGY GROUPS UPDATE

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

C. Donoghue queried what would happen at the end of the secondment. V. Wallace confirmed that she would pick this up outside the meeting and provide feedback.

C. Donoghue advised that it was pleasing to note the work with Cardiff University.

L. Prosser advised that there was quite a lot of work being undertaken in neurodevelopment which included the national pathway work on gender identity. She added that Welsh Government were waiting for the NHS England version prior to making any decisions. She advised that some of the referrals were children questioning their gender identity and there was a need to develop pathways for these children that were sensitive and appropriate for them and she was pleased that the national work was happening in this regard.

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

IMPROVING CARE

02/23/10

BREAST FEEDING IN CTM

Andrea Bevan provided a presentation to the Committee on the Breast Feeding Service in CTMUHB.

A Bevan referred to the question that had been raised by N. Milligan in relation to families making decisions with regard to whether they intended to breastfeed. She advised that this was an area that required a real focus and that in June 2023 they would be holding an event in Merthyr Tydfil called a 'Baby Shower' where there will be 12 different partner organisations providing families with information in relation to breastfeeding.

C. Donoghue thanked A. Bevan for her presentation and for the report. She advised that this topic was really important and was raised frequently at Quality & Safety Committee and at Board level and something that N. Milligan felt very strongly about. She added that there had always been a poor level of engagement regarding breastfeeding and it was something that had not improved for many years so it was really good to hear about the type of activities that were in place to try to address this.

I Wells added that the statistics for Bridgend were far better than the Rhondda for example and he wondered whether this was due to social deprivation. A. Bevan advised that it was and also related to the community where you grew up and the thinking around nutritional choices and decisions about health.

S. Thomas advised that they were working with schools in Taff Ely regarding awareness of cancer and how to improve upon the general health literacy of the younger generation to take these messages home and influence their family and friends. She offered to have a conversation outside of the meeting with A. Bevan about this.

J. Denley advised the Committee that she had become the Guardian in relation to the UNICEF work and breast feeding was part of this. She advised that there was a national breastfeeding strategy across Wales and a review was recently undertaken around the breastfeeding action plan. She added that within the Health Board there was a strategic infant feeding group which will lead and drive some of the work linked to the national plan.

L. Edwards advised that there were some opportunities to bring a range of multi-disciplinary teams to support this work.

C. Donoghue advised that this had provided a clear picture of the issues and the ways it could be tackled and queried at what point they would expect to see this work making a difference. A. Bevan advised

Agenda Item 2.1.1

that they were already making a difference because they were listening to the families and acting on their feedback.

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

Action: To discuss outside of the meeting the work with the schools with regard to general health literacy.

02/23/11 **PRIMARY CARE STATEGIC UPDATE**

J. Denley presented the report that outlined the work underway to develop the new Mental Health Care Group Delivery Model in the context of CTM2030.

C. Donoghue noted the point made in relation to the £2.8m financial investment which was going to be challenging as well as the challenges around GMS sustainability.

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

02/23/12 **CLOSURE REPORT HMP PARC AND YOI**

J. Denley presented the report that provided an update for the Committee on the transition of healthcare services within HMP & YOI Parc.

C. Donoghue referred to the additional funding and queried its' origin J. Denley advised that it was from the needs identified in the health & social care needs assessment.

G. Hughes thanked J. Denley and the team for their efforts in this complex piece of work having to negotiate with a non-NHS provider which required hard work and urgent resolution. There were lessons to be learned with regard to the tendering process being very different in Wales.

Resolution: The Committee **NOTED** the report and the learning that had gone on which will inform the updating of a checklist for such service transfers as supported by the Planning Team.

SUSTAINING OUR FUTURE

02/23/13 **111#2**

J. Denley presented the report that provided the Committee with an update on the progress for the implementation of Mental Health 111#2 Service.

C. Donoghue thanked J. Denley for the report.

Agenda Item 2.1.1

I Wells congratulated everyone involved with the work which was felt to be an excellent initiative. He queried how confident they were that they would have enough staff to deal with demand. J Denley advised that the service had attracted staff from all sectors and had a good blend of staff which should start to release some workforce capacity for them. There was national work currently underway to change the Mental Health Act assessments for Part 1 which could only be carried out by a particular group of therapists which should free-up some capacity.

G. Hughes thanked J. Denley, A. Jones and the team for their efforts in delivering the service.

Resolution: The Committee **NOTED** the work undertaken in delivering a 24/7 111#2 service for the population of CTM including professional support to partners. **NOTED** that the Health Board had signed a Memorandum of Understanding in line with the other Health Boards in Wales.

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

SUSTAINING OUR FUTURE

02/23/14

DECARBONISATION ACTION PLAN

V. Wallace presented the update to the Committee on the progress with the Decarbonisation Action Plan.

C. Donoghue thanked V. Wallace for the report and referred to page 3 of the Action Plan and in particular, the central support role of joint appointments. She queried whether this was a HR issue on how joint contracts were supported. V. Wallace advised that it was more about how they undertook something differently with partners and the universities were really progressing in some of those areas.

I Wells referred to the 'Green Gown' awards where every year universities were judged on their own sustainability and added that something similar could be considered for the NHS.

Resolution: The Committee **NOTED** the reporting submission made to Welsh Government; **NOTED** the positive progress being made by the Health Board on the decarbonisation agenda; **NOTED** that resourcing issues are having an impact upon the ability of the Health Board to deliver fully against this agenda.

OTHER MATTERS

02/23/16

FORWARD WORK PROGRAMME 2023/24

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

Agenda Item 2.1.1

S. Thomas advised that there was an outstanding action in relation to the Vaccination Business and suggested that this could be picked-up as part of the Health Protection System item that was on the agenda for the August 2023 meeting.

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

02/23/17 **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.

02/23/18 **ANY OTHER URGENT BUSINESS**

There was none to report.

02/23/19 **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.

C. Donoghue advised that as she had stood in for J. Sadgrove in the Chair today any feedback from Members would be welcomed.

02/23/20 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 2nd August 2023 at 9.30 am.

DRAFT FOR APPROVAL



AGENDA ITEM
2.1.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

POPULATION HEALTH & PARTNERSHIPS COMMITTEE DRAFT ANNUAL REPORT 2022/2023

Date of meeting	2 nd August 2023
------------------------	-----------------------------

FOI Status	Open/Public
-------------------	-------------

If closed please indicate reason	Not Applicable - Public Report
---	--------------------------------

Prepared by	Kathrine Davies, Corporate Governance Manager
--------------------	---

Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
---------------------	--

Approving Executive Sponsor	Director of Corporate Governance
------------------------------------	----------------------------------

Report purpose	ENDORSE FOR BOARD APPROVAL
-----------------------	----------------------------

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

Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS	
-----------------	--

PHPC	Population Health & Partnerships Committee
CTMUHB	Cwm Taf Morgannwg University Health Board



1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to highlight the activities and performance of the Population Health & Partnerships Committee (PHPC) during 2022-2023.
- 1.2 The Chair of the PHPC is required to present an annual report outlining Committee business throughout the financial year to provide the Board with assurances on the monitoring and scrutiny undertaken in relation to those issues set out under the Terms of Reference (TOR) for this Committee.
- 1.3 The Committee's draft Annual Report for 2022-2023 is presented at **Appendix 1** for approval.
- 1.4 The revised Terms of Reference for the PHP Committee were last approved by the Board in March 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#).
- 1.5 An annual self-assessment questionnaire is also required to be undertaken and this will be completed by members outside of the meeting, the results of which will be reviewed at the November 2023 meeting

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

- 2.1 The Committee is asked to approve the PHP Committee Annual Report for 2022-2023.

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

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board through the Chair at the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.



4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

- 5.1 The Population Health & Partnerships Committee is asked to:
- 5.2 **DISCUSS** and **ENDORSE** the Annual Report for submission to the Health Board for submission.
- 5.3 **AGREE** to complete the Annual Self-Assessment questionnaire and review feedback at the November 2023 meeting of the Committee

Appendix 1



Population Health & Partnerships Committee

Draft Annual Report 2022-2023

POPULATION HEALTH & PARTNERSHIPS COMMITTEE DRAFT ANNUAL REPORT 2022-23

1. FOREWORD

As Chair of the Population Health & Partnerships Committee, I am pleased to commend this annual report, which has been prepared for the attention of the Board and reviews the work of the Committee for the financial year ending 2022-2023.

During the year my fellow Independent Members – Carolyn Donoghue as Vice Chair, Ian Wells, Lynda Thomas and Geraint Hopkins have once again offered their considerable knowledge and wide-ranging experience to the Committee.

As of July 2023 Carolyn Donoghue will be taking over as Chair of the Committee as I will be leaving the Health Board in September 2023. Lynda Thomas will replace Carolyn as Vice Chair and we will be welcoming our newest member, Mel Jehu whose knowledge and expertise will help to strengthen the membership of the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by my fellow independent members in undertaking scrutiny of information being reported in order to provide the Board with assurances.

In accordance with our Committee Business, I can confirm that for our first meeting in March 2023 the Committee received and approved the Annual Committee Cycle of Business, which outlined the forward planning for the work of the Committee for 2023-2024.

Jayne Sadgrove
Chair, Population Health & Partnerships Committee



2. INTRODUCTION

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

All papers relating to the Committee (unless held 'in-committee') are available on the Health Board [website](#). The Committee aims to meet up to four times per annum to scrutinise the Health Board's performance in relation to population health across primary and secondary care and partnership working.

Following each meeting of the Committee, a Board Highlight report is prepared setting out the key matters considered, issues for assurance as well as any risks or topics that need to be escalated for Board consideration. There is also the opportunity to refer key risks back to the Strategic Leadership Group or through reports from Committee Chair at full Health Board meetings.

Key areas of activity for the Committee during 2022-2023 are outlined below:

- Primary Care Strategic Update
- Mental Health Strategic Update
- Strategy Groups Update
- Partnership Updates – Public Service Board, Regional Integration Fund, Transformational Leadership Board, Anchor Institution Highlight Report
- National Inverse Care Law Programme
- Population Health Management and Population Health Profiles for Accelerated GP Clusters and Local Authority Area
- Population Health Organisational Programme Progress Report
- Population Health Management
- CTM Test, Trace, Protect Transitional Report including Vaccinations
- Learning Disability Progress Report
- Resilient Families Service – Evaluation of Stage 2
- Whole System Approach to Healthy Weights Across CTMUHB
- Community Centred Approach to Health and Wellbeing for CTMUHB
- Market Stability
- University Health Board Status Governance and Assurance
- Cancer Inequalities within CTMUHB

3. MEMBERSHIP

The attendance at the Committee comprises both Independent Members and

Executive Directors, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership during 2022-23 was as follows:

- Jayne Sadgrove, Health Board Vice Chair (Chair of the Committee)
- Carolyn Donoghue, Independent Member (Vice Chair of the Committee)
- Ian Wells, Independent Member
- Lynda Thomas, Independent Member
- Geraint Hopkins, Independent Member

4. MEETINGS

During the period 2022-23 the Committee met on three occasions, namely:

4 May 2022
26 July 2022
2 November 2022
1 February 2023

Independent Member attendance at these four meetings was follows:

Name	Population Health & Partnerships Committee
Jayne Sadgrove (Committee Chair)	4 out of 4
Carolyn Donoghue (Committee Vice-Chair)	2 out of 4
Ian Wells	4 out of 4
Lynda Thomas	3 out of 4
Geraint Hopkins	3 out of 4

The above meetings were quorate.

5. MAIN AREAS OF PHP COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in five main parts:

- Part 1 - Preliminary Matters
- Part 2 - Items for Approval/Endorsement
- Part 3 - Governance, Performance and Assurance
- Part 4 - Items for exception reporting, information or update

- Part 5 - Forward Work Programme and Items to be referred to other Committees

Part 1 - Preliminary Matters

This section of the meeting provides the introductory elements to the meeting including apologies for absence, declarations of interest, minutes of the previous meeting, matters arising and details of the action log.

Part 2 - Items for Approval / Endorsement

This section has included receiving the:

- Committee Annual Report 2021/2022 and self-assessment questionnaire
- Committee Terms of Reference
- Committee Annual Cycle of Business 2023-2024
- Cancer Research Strategy for Wales

Following the presentation of the results of the annual Committee Self Assessment questionnaire at the meeting of the Committee in November 2023 a corresponding action plan will be developed to seek continually improve the role played by this meeting.

Part 3 - Governance, Performance and Assurance

This section has included reports throughout the year which included:

- Organisational Risk Register
- Regional Partnership Board Annual Report
- Audit Wales Report – Transformation Leadership Programme Board Baseline governance Review Management Response
- Audit Wales Final Report – Public Sector Readiness for Net Zero Carbon by 2030
- Integrated Medium Term Plan 2023-26
- Decarbonisation Audit

Part 4 - For Information / Other Matters

There were no items shared with the Committee for information purposes.

The 'Forward Look' plan for the Committee was reviewed at each meeting to ensure its content remained appropriately focused.

The Committee Highlight Report is produced following each meeting and subsequently presented by the Committee Chair to the next available Board meeting.

Links with Other Committees/Boards

Where appropriate a process is in place enabling any relevant matters to be referred to other Board Committees for scrutiny and or action as appropriate.

6. ACTION LOG

In order to monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions and this is reviewed at each meeting.

7. GOVERNANCE

The Committee has four scheduled meetings each year with additional meetings being held as required. The role of the Committee secretariat is crucial to the ongoing development and maintenance of a strong governance framework for CTMUHB, and is a key source of advice and support for the Chair and Committee members.

The purpose of the Committee effectiveness survey is to comply with the Health Board's Standing Orders and evaluate the performance and effectiveness of:

- the Committee Members and the Chair of the Committee
- the quality of the reports presented to Committee
- the effectiveness of the Committee secretariat

8. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee needs to complete an annual self-assessment. In line with arrangements put in place for all Board Committees during 2022-23, following which an action plan will be developed arising from this for the purposes of Committee improvement.

9. TERMS OF REFERENCE

The existing Terms of Reference were approved most recently by the Board in March 2023. and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/health-boards/standing-orders-cwm-taf-morgannwg-university-health-board).



AGENDA ITEM
2.2.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

STRATEGY GROUPS UPDATE

Date of meeting	02/08/2023
------------------------	------------

FOI Status	Open/Public
-------------------	-------------

If closed please indicate reason	Not Applicable - Public Report
---	--------------------------------

Prepared by	Vicki Wallace, Deputy Director of Strategy and Partnerships
--------------------	---

Presented by	Vicki Wallace, Deputy Director of Strategy and Partnerships
---------------------	---

Approving Executive Sponsor	Executive Director of Strategy and Transformation
------------------------------------	---

Report purpose	FOR NOTING
-----------------------	------------

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

Committee/Group/Individuals	Date	Outcome

ACRONYMS

CTM	Cwm Taf Morgannwg
-----	-------------------

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 BY THIS MEETING (ASSESSMENT)

- 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 TO BOARD/COMMITTEE

- 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. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This change should result in positive patient experience as the changes impact on population health outcomes
Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below: Staff and Resources Staying Healthy Timely Care Dignified Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.



	EIAs are delivered as part of the separate pieces of work.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There are different resource implications for each individual piece of work. This is included as part of each project plan.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to **NOTE** and discuss the contents of the presentation.

(Agenda Item) 2.2.1	02.08. 2023	Population Health and Partnerships Committee	Strategy Team update
----------------------------	--------------------	---	-----------------------------

Report Details:

FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Jane O’Kane, Charlotte Thomas, Sian Watkins, Dr Emily Payne, Marie Evans, Kevin Duff, Rhian Webber, Leanne Baylis, Sarah Stolzenberg
Presented By:	Vicki Wallace
Approving Executive Sponsor:	Linda Prosser
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Strategy Team meeting – 29.03.23

Impact Assessment:

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



Adulthood/Living Well Strategy Group Update: Q2 2023 (July update)

Authors:

Marie Evans

Leanne Baylis



Adulthood/Living Well: Progress Overview Highlights:



Respiratory

VBHC - Respiratory workshop was held 3rd July 2023 to explore potential VBHC projects for the next financial year. The workshop gave the opportunity to test and discuss 12 potential projects to explore if they could be developed into future VBHC projects. A CTM wide approach to the projects was encouraged to ensure equity and strategic fit with Care Groups. A whole pathway approach is to be pursued with projects from prevention, diagnostics, optimisation, rehabilitation and if possible palliation. All presenters were given feedback as to where proposals could be strengthened over coming months and how projects need to link in with one another.

COPD – The CTM wide COPD mapping exercise has now been completed and is due for circulation. This document provides in depth descriptors of all service provision relating to COPD across Primary and Secondary care and also highlights where there are inequities and best practice. This will inform the relevant Care Groups and Respiratory Planning and Delivery groups priority setting for the coming year and will also provide a baseline for taking forward Quality Statements.

Help Me Quit (HMQ) - Funding has been secured for a Clinical Lead role for the HMQ in Hospital pathway (1 session per week until March 2025). HMQ was also one of the proposals discussed at the VBHC meeting above and having HMQ as a theme running through all the other projects in the pathway. Further discussions to be arranged around implementing PROMS and PREMS.

Pulmonary Rehabilitation – This is one of the priorities for Respiratory this year, funding (£190k) has been received as part of the Long Terms Conditions Programme work undertaken which will bring the service up to minimum standards. A business case is being considered as part of a VBHC proposal looking at innovative digital solutions which will enable the service to meet demand e.g. delivering the education part of the service from home.

Liver Disease

Collaborative Strategic Plan for Elimination of Hepatitis B&C by 2030 - A multi-agency, multi professional steering group has been established tasked with undertaking a baseline review, development of a Recovery Strategy by end of June 2023. 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.

Alcohol Care Team - Decision has been made to host the ALS within Liver Disease Services (planned care). Adverts to go out as soon as possible.



Adulthood/Living Well: Progress Overview Highlights:



- **National Alcohol Care Meeting** – This is a sub group of the Liver Disease Implementation Network (LDIN). The Head of VBHC and Head of Planning undertook a joint presentation at this National meeting on 28th June 2023 sharing the excellent work which has been co-produced with service users i.e. service leaflet, A&E questionnaire, spoken word song reflecting feedback from service users and the Drymester campaign. Head of VBHC also presented this work at a recent Global VBHC event whereby it was highlighted CTMUHB were the only presenters that reflected the services users voice. An NHS award for this joint partnership working is being submitted by the VBHC team.
- **Area Planning Board (APB) Learning Together Day** - Integrated Substance Misuse Service - Head of Planning was invited to present at this event on 26th June 2023. The main purpose being to engage with those undertaking Hepatitis C testing on the development of the Hepatitis C Elimination Recovery Plan. The draft plan was well received and there was 140 people in attendance. Service user representation was also at the event. Our Alcohol Liason Nurse also presented on the developments within the service which was also well received.
- **Alcohol Awareness Week** – Partnership work has been ongoing to plan a range of activities across CTM from the 3rd -7th July. Events include engagement stands on hospital, community sites, schools, supermarkets, sharing of educational materials and opportunities, launch of the CTM A&E questionnaire and patient leaflet, community based fibro-scanning.
- **Celebratory Lunch with Service Users** – A celebratory lunch with the Service Involvement Group (SIG) has been arranged for Wed 5th July 2023 to raise awareness of the excellent partnership work that is ongoing and to launch the spoken word song. A range of partners have been invited including Welsh Government.
- **Alcohol Related Brain Injury** - following the last Strategy Group meeting a visit to Brynawel Rehab Centre on 20th July with Philip Daniel, Dai Samuel and Dee Lowry.

Alcohol Care Team

Are You Ready To ACT?
ACT are here to help



- How can we help you? We will:
- be non-judgemental and confidential when exploring alcohol usage
 - support, listen and provide expert advice and education
 - signpost to services and community support where you will be treated with respect and dignity

Recommended guidelines are 14 units of alcohol a week for both men and women

What does 1 unit of alcohol look like?

-  218ml of cider and beer based on 4.5% ABV
-  76ml of medium wine based on 13% ABV
-  250ml of lager based on 3.6% ABV
-  25ml measure of spirits based on 40% ABV
-  250ml bottle of alcopop based on 4% ABV

Scan the QR code to visit our website for more information including contact details

Developed in partnership with the CTM Service User Involvement Group



Alcohol Care Services are available at all hospitals in Cwm Taf Morgannwg





Clinical Strategy Lead: Neil Hawkes
Head of Planning & Commissioning: Marie Evans
Planning & Commissioning Manager: Leanne Baylis



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 ACS Pathway		<p>Drymester: Helping Parents to be alcohol free during pregnancy - working jointly with PHW and Greater Manchester Integrated Care Partnership to consider and adopt the use of the Drymester materials within CTM. Material now signed off and translation of patient video complete. Training ongoing for midwives and Obstetricians around sharing the right messages, having sensitive conversations about alcohol. Work ongoing to develop referral pathways into ALS. Communication and education plan to be in place prior to launch.</p> <p>Heart Failure VBHC Projects – Emphasis has now shifting to data collection, benefits and outcome analysis as part of the evaluation processes to be established for the projects. Members of the HF VBHC Project teams offered place on accredited / certified Sustainability course funded by VBHC. Excellent progress being achieved with PROMs completion, highest completion rate reported in Wales. VBHC funded admin support is driving this success rate.</p>	<p>Priorities</p> <ul style="list-style-type: none"> To implement a multi agency project management approach to ensure delivery of the Hepatitis B&C Recovery Plan. Submission of the above plan to Welsh Government by 12th July 2023. Continue to progress all Heart Failure VBHC Projects now through evaluation phase. To commence discussion regarding handover of projects from Strategy Group to operational management when Service Groups established.
Respiratory Planning & Delivery Group: Sub groups: Smoking Cessation, Education & Pulmonary Rehab		<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.</p>	<p>Issues</p> <ul style="list-style-type: none"> Alcohol care MH to host and recruit until Care Group structure in place, then handover.
Liver Planning & Delivery Group: IQILS, Improving pathways with transplant centre			
Hepatitis C Elimination plan			
Alcohol Care Project			
Overall Delivery Confidence			
Reporting Period	Q2 2023-24		

Working with Care Groups – Introductory meeting with Planned Care held 26th June 2023. A meeting with Unscheduled Care Group has also been arranged.

Escalations: The lack of progress with the Alcohol Care Project recruitment has been escalated to Exec level. There are delays, but mitigating actions now in place. 28/157

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

Authors:

Kevin Duff

Rhian Webber



Progress Highlights

- **Stroke Service Development** - Regional communication and engagement plan in place. Phase 1 (National Stroke Patient Experience Survey) to go live across CTM and Cardiff and Vale UHB areas in July. Planning ongoing for phase 2 element of engagement – via listening exercises across our community. FAST campaign re-launched to promote early identification of stroke by members of the public and accessing services as early as possible.
- **Neurological Conditions** – CTMUHB making additional non-recurring investment available to begin addressing current waiting list backlog in RCT and Merthyr areas in response to Business Case developed by Unscheduled Care Group. Further links being established between care groups and CTM UHB Neurological Conditions Delivery Group. Ongoing work to review commissioning around key aspects of neurology. Teams platform set up for Group to access information.
- **Dementia** - The RPB has launched a new campaign - Enhancing Lives By Raising Standards and Improving Dementia Care. This brings people together to improve health, social care and wellbeing across CTM and ensures people living with dementia, their carers and families are shaping decisions that affect their lives.



Clinical Strategy Lead: Vacant
Head of Planning & Commissioning: Kevin Duff
Planning & Commissioning Manager: Rhian Webber



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 has been achieved with the CTM UHB Optimal Management of Atrial Fibrillation and Hypertension in Primary Care Programme enabling implementation of the programme.

Kelly Parfitt, WISE Project Manager – AF & HTN, Primary Care now in post.

Neurological Conditions – NCIG continues to make progress on work streams around GIRFT, Neuro-rehabilitation, Bevan Commissioned Planned Care Project looking at the patient journey from symptom to diagnosis and Psychological Support.

Dementia – The RPB has launched a new campaign - Enhancing Lives By Raising Standards and Improving Dementia Care. This brings people together to improve health, social care and wellbeing across CTM and ensures people living with dementia, their carers and families are shaping decisions that affect their lives.

The campaign raises awareness of a set of 20 standards in place called the 'All Wales Dementia Care Pathway of Standards', which have been created by Improvement Cymru, together with people living with dementia, carers health and social care professionals.

Priorities

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

Issues

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

Escalations

- As outlined above.

Overall Delivery Confidence



Reporting Period

Q4 2022-23

Dying Well Update: Q2 2023 (July update)

Authors:

Kevin Duff

Rhian Webber



Progress Highlights

- **CTM UHB Palliative and End of Life Care Delivery Group** – Dates set for 2023/24 with pre-meets with new Chair, the Medical Director Primary Care and Community Care Group.
- **Terms of Reference:** to be refreshed – purpose and membership.
- **Briefing paper:** for presentation at the next available Improving Care Board to give group purpose and strategic direction.
- **Review of Actions Plans** – as need updating. Will include 4 key themes:
 - The Care Decisions Tool,
 - Bereavement Services (including Clinical Lead),
 - Education, Training and Information,
 - Patient Feedback and Communication.



Clinical Strategy Lead: 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:

- **Care Decisions Guidance** – good links being made with care of the elderly with potential for support in driving forward use of the tool in secondary care services in POWH.
- **Bereavement Link Network** – All Senior Nurses to nominate a Bereavement Champion from every area of the Health Board. Two meetings held to date. Latest session covered policies and new ideas for the champions to go and introduce into their areas. Creating proactive development and giving staff empowerment for change.
- **Exciting future plans for bereavement within CTMUHB** – Bereavement Clinical Lead role has seen engagement from areas and led to changes occurring already. Donna is positive that the future of bereavement support and care after death for our staff and our families is improving.
- Donna's funding is only until 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 and the amazing work she has been doing.

Priorities

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

Issues

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

Escalations

- As outlined in issues above.

Overall Delivery Confidence



Reporting Period

Q4 2022-23

Starting Well Strategy Group Update: Q1 2023

Authors:

Charlotte Thomas

Sian Watkins



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

Work Programmes/ Activity	Delivery confidence	Progress and Achievements	Issues
Supporting development of an Infant Feeding Strategy	Green	<p>Infant Feeding</p> <ul style="list-style-type: none"> 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. <p>Progress to date includes;</p> <ul style="list-style-type: none"> Initial meeting of a Breastfeeding Peer Support Task and Finish Group, chaired by the Head of Midwifery. The focus of this group will include benchmarking with other HB areas, standardised approaches, corporate communication, and partnership working with the third sector and the Early Years Transformation Board. -Establishment of a group to deep dive identification/interventions/support for Tongue Tie. 	<ul style="list-style-type: none"> - Lack of Health Visitor led Breastfeeding support in Bridgend due to workforce issues- groups only being run in Tonypandy, Merthyr and in the Cynon area. This is being escalated through the Strategic Steering Group and Executive lead.
Embedding Children's Right's approach across CTMUHB	Yellow	<p>Children's Charter</p> <ul style="list-style-type: none"> Following feedback from clinical teams, it has been identified that further work is required to embed the Children's Charter. A toolkit has been developed to help undertake a gap analysis, and next steps are being explored, including utilising support from the Children's Commissioner. 	
Neurodevelopment- Early Years	Green	<p>Neurodevelopment</p> <ul style="list-style-type: none"> The scope of the Improvement Programme has now widened to Starting Well, following identification that two year old's are the most referred age group to the ND Service, and the surge in demand for speech and language support-Speech and Language Therapy (SLT) is one of the first services children are referred to when they are presenting with social communication (SC) differences or early signs of Autism Spectrum Disorder (ASD). To respond to this, we have applied for funding through the Neurodevelopment Improvement Grant to roll out a Building Blocks Communication course, that will provide support to the families/carers/professionals of children with social communication difficulties. We hope to deliver this in partnership with the local authorities. We are also looking to partner with the University of South Wales to deliver a benchmark evaluation of the graduated response offer across the three local authority areas, and develop a workforce development plan in response to any recommendations made. 	
Overall Delivery Confidence	Yellow		Escalations
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: Q1 2023

Authors:

Dr Emily Payne

Charlotte Thomas

Heather Smith



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

Overall Delivery Confidence	
------------------------------------	--

Reporting Period	Q1 2023/24
-------------------------	------------

Progress and Achievements

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

Initial CYP Strategic Steering Group held 31st May 2023. This meeting was the first workshop of a series, intended to bring senior leaders together from across the Care Groups to give an overview of the purpose of Strategy Groups, and to initiate a conversation around co-design of the Growing Well work plan. 121 conversations are continuing, and the group will meet again in September. Likely that Mental Health and Wellbeing will be added to portfolio-conversations ongoing with MH & LD care group.

Healthy Weight System Approach

Re-establishment of CTM Healthy Weight Strategy Steering group. TOR and governance reviewed. Feeds into Creating Health. CYP Healthy Weights Steering group to be established to sit under this along with adults HW SG, Whole system approach and CTM as an employer.

Neurodevelopment-clinical pathways

- Clinical team looking to standardize ND service across CTM (SPA etc)
- Bringing Bridgend ND service back under CTM (cease SLA with SBUHB) from August '23.

Therapeutic Support for children who are looked after

- Working with the local authorities and psychology to identify how the needs of children with attachment disorders/living with impact of trauma could be better met, in line with the Eliminating Profit agenda. Also seeking closer alignment with the regional MAPPS service-private therapeutic provision funded through RIF, to CAHMS pathways.

Transition

- All Wales Transition Protocol- Horizon scanning ongoing and discussions so far indicate processes in place but not necessarily documented. CAMHS to AMHS protocol currently in draft.

Priorities

- Regional Neurodevelopmental Improvement Programme

Issues

- Still waiting on payment of WG NDIP funding-meeting with WG 14.07.

Escalations

None



Regional Neurodivergence Improvement Programme

On 6 July 2022, in response to the outcome of an independent [Review of the Demand and Capacity of Neurodevelopmental Services](#), the Deputy Minister for Social Services announced a Neurodivergence improvement programme funded by £12M over three years until March 2025.

The review highlighted the need for urgent reforms to assessment and support services including family support, to build capacity in existing adult autism services, and in the longer term to deliver integrated sustainable services across ND conditions, including Autism, ADHD and Tourettes Syndrome.

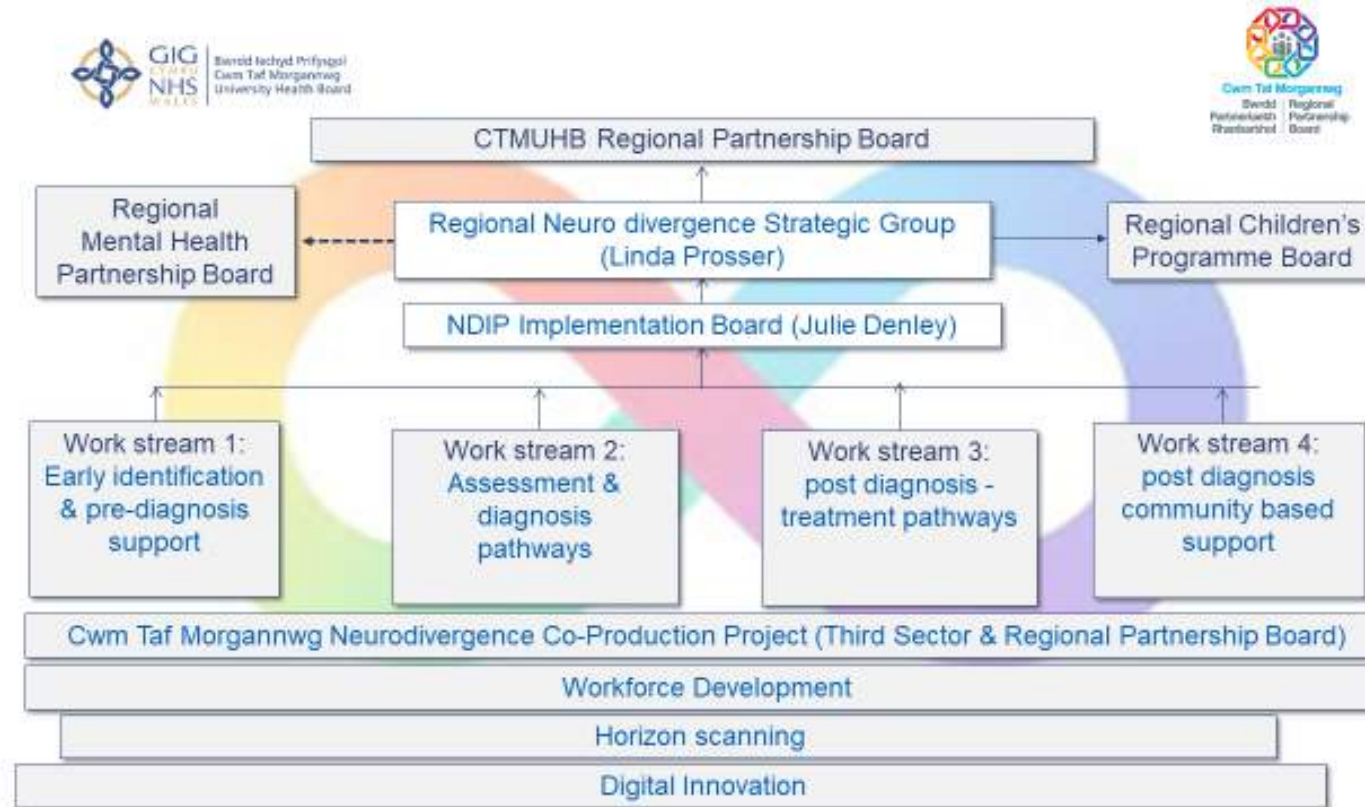
In response to this, together with the Regional Partnership Board, (RPB), CTMUHB have used this additional funding as a catalyst for system wide change, for children, adults, their families and carers. The various projects that have been funded through NDIP will be overseen by a Implementation Board, and a Regional Neurodivergence Strategic Group will be set up. This will act as a strategic platform to help Partners work together in driving the regional priorities, working to delivering better outcomes for children, adults, their families, carers, across CTM.

Save the
date!

Neurodiversity Hackathon, 20th October 2023, University of South Wales Conference Centre. More details to follow



Regional Neurodivergence Improvement Programme-Programme Structure



* If you would like to be involved in any of these project groups please contact Charlotte.Thomas15@wales.nhs.uk



Quality Statement: Overview



- National Quality Statements have been published at various times over the last 18 months +. Most have been developed, consulted on via the National Chronic Condition Implementation Groups.
- The Quality Statements set out what high quality clinical service should look like and reflect a consensus of expert and stakeholder opinion about vital areas of focus in the years ahead.
- They enhance focus on improving quality by tackling unfair difference in how service are delivered or received. WG expectation is that NHS services in Wales are delivered in line with recommended clinical practice, so services to be deliver consistently across Wales, and care to be equitable for different groups of people.
- These statements are part of a wider suite of ten documents that set out high level expectation of NHS services and require the NHS to respond through its local planning arrangements. They sit alongside other vital WG policies and strategies that focus on prevention of disease and good diagnostic care.
- They will address some of the big causes of the population's ill health focusing on some of the key chronic conditions.



The Range of Quality Statements



Quality Statement	Date Published	Designated Strategy Group	Discussed at Local Planning & Delivery Group
Palliative Care & End of Life	7 th October 2022	Dying Well	
Heart Conditions	22 nd March 2021	Living Well/Adulthood	Yes
Cancer	March 2021	No	
Respiratory	30 th November 2022	Living Well/Adulthood	Yes
Stroke	22 nd September 2021	Older People	
Critically ill	7 th October 2021	No	
Women's and Girls Health	5 th July 2022	No	
Liver Disease	30 th November 2022	Living Well/Adulthood	
Kidney Disease	30 th November 2022	No	
Neurological Conditions	30 th November 2022	Older People	
Diabetes	January 2023	Growing Well	



Quality Statement: Implementation



- Quality Statements are currently high level policy documents. Health Boards could not currently implement them as they currently stand. Going forward there will be the development of National expected standards of care and specific service frameworks or specifications available for health boards to work towards.
- Transition process in place to move from National Implementation Groups to wider Networks. These Networks will be translating the Quality Standards into practical standards for health boards to implement, with the requirement for data to ensure those standards are being met.
- Networks will be providing health boards with a steer and a level of prioritisation of what work health boards will need to undertake. It is envisaged this will also assist with the IMTP process.
- Ultimately it will be the national Networks which will become the custodians for these Quality Statements.

Local Consideration:

- There will need to be an organisation wide approach to meeting these Quality Statements. The role of Strategy Groups to be determined - focusing on a population health approach, fluid approach to programme of work
- Need to balance local priorities against national steer for implementation - fragile services will need enhancing before moving towards aspirational standards.
- Turbulent environment: Network restructure and CTM Re-organisation. Planning and Delivery Groups no longer fit for purpose, no £1m annual funding for Networks like Implementation Groups had.

AGENDA ITEM 2.2.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG (as at 21.07.23)

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
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
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 A PID is being pulled together at present by the Mental Health Service Group, with a view to being shared more broadly on 7 August at the Project Board meeting. A Business Case will be developed for Board approval – the programme is likely to be of 18 months duration.

AGENDA ITEM 2.2.2

<p>11/22/07</p>	<p>November 2022</p>	<p>Population Health Organisational Programme Report</p>	<p>To establish whether the funding for the PH04 Embedded Inverse Care Law Programme was flat across the Health Board area.</p>	<p>Sara Thomas/Philip Daniels</p>	<p>Completed The funding for the Inverse Care law Programme is received by CTMUHB from the Strategic Programme for primary Care. It is to provide a peripatetic team to undertake cardiovascular disease risk assessments of patients who are not otherwise known to have established disease, so that disease management and /or lifestyle advice and support can be offered. The programme targets practice populations at highest risk, which tend to be 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>
------------------------	----------------------	--	---	-----------------------------------	---

AGENDA ITEM 2.2.2

					Sara Thomas has also met with Ian Wells who raised this question to discuss in more detail
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.
11/22/11	November 2022	Resilient Families Service – Evaluation of Stage 2	To query the evaluation of why the 40% did not agree that the service was helping families and respond back to the Committee.	Vicki Wallace	Ongoing The overall analysis identified many key strengths, but also some significant challenges around implementation, communication, and lack of clarity in relation to roles and responsibilities. Changes to the CTMUHB operational model have also had an impact upon the level of senior oversight to Project delivery. Meeting to be held with Children and Families SLT , and RCT in April to discuss

AGENDA ITEM 2.2.2

					improvement plan. Update July 2023 On Agenda for 2 nd August Meeting for verbal Update.
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

COMPLETED ACTIONS

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.

AGENDA ITEM 2.2.2

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 & Improvement Wales to support with resources for our implementation

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.

AGENDA ITEM 2.2.2

<p>02/23/06</p>	<p>February 2023</p>	<p>Organisational Risk Register</p>	<p>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.</p>	<p>Cally Hamblyn</p>	<p>Complete Review undertaken and Risk added to Risk Register and on agenda for May 2023 meeting.</p>
------------------------	----------------------	-------------------------------------	---	----------------------	--

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>	Population Health & Partnerships Committee	16	C4xL4	8 (C4xL2)	--	21.2.2023	21.6.2023	31.10.2023



AGENDA ITEM

4.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	2 nd August 2023
FOI Status	Open
If closed please indicate reason	Not Applicable – Public Meeting
Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Paul Mears, Chief Executive
Report purpose	FOR REVIEW & APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	June/July	RISKS REVIEWED
Operational Management Board	12.7.2023	ENDORSED FOR ELG
Executive Leadership Group	17.7.2023	REVIEW AND EXECUTIVE SIGN OFF RECEIVED

ACRONYMS

--



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 risks escalated to the Organisational Risk Register, which are assigned to this Committee, are in accordance with the Risk Management Strategy.

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. **457** 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 Principal / Strategic Risks (Board Assurance Framework)

The organisational risks captured in Appendix 1 are aligned to the Principal/Strategic Risks reported to the Board via the Board Assurance Framework Report. These risks as assigned to the Population Health & Partnerships Committee are:

- Risk No. 5 - Community and Partner Engagement. Risk score of 12.
- Risk No. 9 – Fulfilling our Environmental and Social Duties and ambitions. Risk score 16.

3.2 NEW RISKS

Nil as assigned to this Committee.

3.3 CHANGES TO RISKS

a) Risks where the risk rating **INCREASED** during the period

Nil as assigned to this Committee.

b) Risks where the risk rating **DECREASED** during the period

Nil as assigned to this Committee.



3.4 **CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**
Nil as assigned to this Committee.

3.5 **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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below. Not applicable for the Risk Register item.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee 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.



AGENDA ITEM
4.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

UNIVERSITY HEALTH BOARD DESIGNATION STATUS UPDATE
--

Date of meeting	2 nd August 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Marc Penny – Director of Improvement & Innovation
Presented by	Professor Greg Padmore-Dix – Executive Director Nursing and Deputy CEO
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Professor John Geen	June 2023	SUPPORTED
Janet Gilbertson	June 2023	SUPPORTED
Dr Tom Powell	June 2023	SUPPORTED
Executive Leadership Group	July 2023	SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
IM	Independent Member
MOU	Memorandum of Understanding
PHPC	Population Health & Partnerships Committee
R&D	Research & Development
SU	Swansea University
UHB	University Health Board
IMTP	Integrated Medium Term Plan

USW	University South Wales
WG	Welsh Government

1. SITUATION/BACKGROUND

- 1.1 Cwm Taf Local Health Board (as was) achieving university health board status in December 2013 was a major achievement, recognising the hard work and collaborative effort of the workforce across the organisation. In the first Triennial review of University Health Board status in 2016, Cwm Taf UHB successfully maintained its full university status and in 2021 Cwm Taf Morgannwg University Health Board (CTMUHB) also maintained its full university status.
- 1.2 In 2022 the Welsh Government (WG) changed its process for reviewing University Health Board status and moved from a triennial review process to a continual process which advocates continued close working arrangements with stakeholders, other organisations and partners, including Welsh Government, to ensure that we continue to make collective progress at pace.
- 1.3 From 2022 onwards the IMTP planning framework incorporates 'university' activity as part of the regular planning and performance management cycle. University organisations are required to provide a brief 'mid-year update' on university activity.
- 1.4 On an annual basis the Health Board must provide evidence of purposeful university status, giving examples of how that is improving services and benefitting our population, setting out our plans for further improvement over the next period aligned to the IMTP across traditional 'university' areas such as R&D, Training & Education and Innovation as well as wider work with universities such as people, digital, decarbonisation etc.
- 1.5 UHB Designation Status does not replace existing activity, governance, relationships and delivery of R&D, Education and Innovation but looks to increase the breadth and depth of relationship with academic partners to further the strategic aims of the Health Board for the wider benefit of the population it serves, creating a framework where the whole is greater than the sum of its parts.

- 1.6 This report provides an update on governance, current activities aligned to the WG assessment criteria and future planned activity.

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

- 2.1 University Health Board Designation Status is assessed against 7 principles, these are detailed below along with the current HB actions and progress.

2.2 Principle 1 – Priorities

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

UHB Designation Summit

- 2.2.1 CTMUHB held its first 'CTMUHB Designation Status Summit' in February 2023 with attendance from a range of teams / people from CTM along with 9 HEI/FEI partners and 4 of our Life Science partner organisations.
- 2.2.2 Very positive feedback was received from internal colleagues and external partners from the event and a number of conversations continued after the event with specific work areas being explored further. Agenda from the day and highlights can be found in **Appendix 1 and 2**.

Health Board Priorities Alignment

- 2.2.3 Existing work within CTMUHB supports alignment of priorities and ensures a focus on our populations needs. All activity is linked back to '**CTM: 2030 Building Healthier Communities Together**' strategy and aligned to one of the four strategic goals supported by our organisational values.



- 2.2.4 Strategically existing work on population segmentation work, the Regional Partnership Board (RPB) population health needs analysis and decarbonisation action plan help inform priority areas.
- 2.2.5 Tactical priorities are as set by the Chief Operating Officer focused on Improving Our Learning, Transforming Our Services, Making Care Safer and Improving Access.

2.3 Principle 2 – Leadership

Senior leaders should show strong commitment against the criteria for University Designation, aligned to priorities. This should be reflected in key policy documents, and in organisational roles and responsibilities.

- 2.3.1 CTMUHB has recently allocated Executive oversight for UHB Designation Status to the Director of Nursing and Midwifery and Deputy CEO.
- 2.3.2 The Director of Improvement & Innovation has day to day responsibility for further developing the health boards maturity in designation status ensuring an action plan is in place and evidence provided to WG as required.
- 2.3.3 CTMUHB has a designated Independent Member for 'University' designation.
- 2.3.4 Board oversight is provided via the Population Health & Partnerships Committee (a Board Committee), which is incorporated into its terms of reference and receives a twice yearly update on UHB Designation Status for assurance. Annually a report then goes from this committee to full CTM Board.
- 2.3.5 CTMUHB have recently approved a secondment of 2 days a week for CTMUHB Head of Innovation with the University South Wales, the purpose of the secondment is to recognise and build on the shared objectives of both organisations and to promote innovation that is beneficial to the business of both organisations and the wider community.

- 2.3.6 The CTMUHB R&D team continue to have regular communication with all academic partners and support / advise on collaborative research and funding opportunities. Recent funding successes in the previous 12 months include £240K Stroke Association funding with Cardiff Metropolitan University, £230k Research for Patient and Public Benefit (RfPPB) with Cardiff University, £3.2m MRC funding with Cardiff University and Research Time Award (CTMUHB researcher collaborating with Cardiff and Oxford Universities). With the responsibility to lead, promote and encourage collaborative research in support of UHB status, CTMUHB R&D undertook a joint research funding initiative in partnership with Cardiff Metropolitan University. The R&D department has since issued a further funding call in February 2023 for all our University partners. The latter call was administered to facilitate NHS and academic research collaboration and create networking opportunities. 9 applications were funded and distributed between Swansea, Cardiff and Cardiff Metropolitan Universities, the University of South Wales and University of Wales Trinity Saint David's.
- 2.3.7 The CTM R&D team have also been providing support to the Open University as one of our six partners, to undertake a project with the Bereavement services at CTMUHB.

2.4 Principle 3 – Planning

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

- 2.4.1 Additional advice and requirements for Care Groups and Operational areas for the IMTP planning cycle have been included in guidance to ensure all areas of the CTMUHB are considering R&D, Clinical Education, Innovation and Value Based Healthcare; and the overall University Designation Status as part of their normal planning cycle.
- 2.4.2 Delivery monitoring will form part of the normal IMTP review and assurance process with overall UHB Designation Status assured through the PHP Committee.

- 2.4.3 After the CTMUHB Designation Status Summit CTM agreed to hold a number of deep dive events with academic partners, the first being piloted with University South Wales which has been scheduled for June 2023. This session will bring together a number of academic areas based on CTMUHB strategic goals and priorities to explore and agree (subject to organisational sign off) priority work areas and joint projects. Areas include traditional R&D, Innovation and Education as well as representation from digital, people, facilities etc. Output from this event will be shared back with the CTM Executive team and will form an updated work plan with USW.
- 2.4.4 Work has also been started internally to capture all the MOU's the HB has with academic partners, their scope and deliverables.

2.5 Principle 4 – Delivery

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

- 2.5.1 Delivery of key activity is aligned to and built into existing governance and monitoring frameworks. These include CTM's Executive led strategic transformation portfolio and operational Improving Care Boards.
- 2.5.2 CTMUHB has a staff ideas portal where challenges are posed to our people for ideas and solution. The crowd sourcing ideation platform enables the HB to set strategic and tactical challenges and for our people to collaborate with each other on solutions and improvement. Access to the platform has recently been given to USW and SU to enable our academic partners to help review problems and ideas generated and provide support in on solutions & delivery mechanisms.
- 2.5.3 CTMUHB have recently updated their declaration of interest form and process to now collect information on members of staff who may hold honorary contracts, joint roles and or academic titles with academic partners to enable the organisation to better understand the current depth of

relationships it has with other institutions and enable it to explore how it can further exploit these relationships for the benefits of CTM and the population it serves.

- 2.5.4 CTM's R&D department hold an annual conference which celebrates and promotes the R&D activity the HB is undertaking. The R&D team also regularly communicates out to members of staff on opportunities to get involved in R&D activities. The establishment of the Clinical Research Centre has enabled the UHB to participate in new fields of research, (e.g. national vaccination study) and will help attract further commercial research opportunities. The designated research clinical area has also enabled academic partners to use the space for their patient facing research. The CRC also provides open access for researchers to discuss their research ideas.
- 2.5.5 The Senior R&D team regularly present to Nursing, AHP and Medical groups across the Health Board to promote research, describe the available support and signpost potential researchers to nationally run studies which CTMUHB researcher – clinicians could recruit to, with local R&D delivery support.
- 2.5.6 A Collaborative Steering Group has been established with membership from USW and CTM. Output from the June 2023 event will inform their work-plan.
- 2.5.7 CTM and Cardiff Met University have created for the second year in a row a joint innovation fund where individuals or teams can bid for small funding to prove innovation aligned to CTM: 2030 strategy.

2.6 Principle 5 - Skills and Capacity*

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

**To note that this area does not include the normal activities of Clinical and Medical Education teams along with The People team on on-going Clinical and Medical resource planning.*

- 2.6.1 The People Team in partnership with USW, we are continuing to offer an ever-expanding range of qualifications in order to upskill our workforce for the future. This also includes the accreditation of in-house programmes through the university. More specifically a new bespoke Coaching Skills pathway has been developed in order to support the transition from a transactional HR function to a more sustainable and forward-thinking People Services function. Through the upskilling and adoption of coaching approaches, staff are empowered to take ownership of their teams with the structured and sustainable support of our People Coaches.
- 2.6.2 Digital team are exploring opportunities for student placements/digital degree apprenticeships, opportunities to access capacity for specific skillsets (for example data analytics) to support key strategic programmes, for example Maesteg Hospital and Digital and Non-Digital teams are enrolled in digital leadership courses and MSc programmes.
- 2.6.3 The HB are continuing to work with universities to understand how we can leverage current best practice and technological advancements to enhance learning within CTM. For example, we are exploring the possibilities of experiential learning opportunities and simulation technologies (for example Hydra) to upskill our workforce and provide safe spaces for engaging in alternative, improved working methods. As a result of this learning, we would hope to see improved working methods and ultimately better patient outcomes.
- 2.6.4 The Change Hub have partnered with USW to develop a CTM Change Community of Practice aimed at developing the breadth and depth of change management skills in CTM to support our ongoing transformation and change programme.
- 2.6.5 CTMUHB engages closely with all the intensive learning academies with specific work with All-Wales Intensive Learning Academy for Innovation in Health and Social Care,

Value-Based Health and Care Academy and Leading Digital Transformation and actively encourages participation from its people.

- 2.6.6 CTMUHB R&D team are currently in discussions with the CTM Clinical Education team to progress R&D as a recognised clinical placement opportunity for student nurses.

2.7 Principle 6 – Assurance

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

- 2.7.1 Annual PHP Committee and Full board UHB Designation Status reports have been scheduled and regular updates will be provided through Exec's and PHP Committee.

2.8 Principle 7 - Strategic Review

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

- 2.8.1 CTMUHB has a number of strategy groups based on a 'life course' approach of people in our communities to ensure a strategic approach to pathway development and a focus on improvement of outcomes & services for our communities:
- Starting Well
 - Growing Well
 - Living Well
 - Ageing Well
 - Dying Well
- 2.8.2 CTMUHB has put in place strategic oversight and assurance reviews by giving specific accountability and responsibilities to a sub-committee of board (PHP Committee), giving specific accountability to designated IM and Executive leads and day to day responsibility to the Director of Improvement & Innovation.

- 2.8.3 Annual Committee and Full board reports have been scheduled and regular updates will be provided through Executive Leadership Group and PHP Committee.
- 2.8.4 The Assistant Director for R&D has the opportunity, on an annual basis, to present to Executives and Independent members of the Board and update them on progress, impact and requirements.
- 2.8.5 The R&D team represent CTMUHB at Health and Care Research Wales national strategic, operational and finance meetings.
- 2.8.6 The Clinical Education team produce an annual report which is submitted to Executive Leadership Group and Quality and Safety Committee

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

3.1 No specific risks.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Not applicable There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications /	There is no direct impact on resources as a result of the activity outlined in this report.



Impact	
Link to Strategic Goals	Choose an item.
	Linked to all Strategic Goals

5. RECOMMENDATION

- 5.1 The Committee are asked to **NOTE** this report and progress in further development of our University Designation Status with academic partners to achieve our shared goal of creating healthier communities together.



CTM UHB HEALTH BOARD STATUS REVIEW SUMMIT

CTM2030 Ein Hiechyd Ein Dyfodol

CTM2030 Our Health Our Future

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

GIG CYMRU NHS WALES

LEVEL 4 ASSR PRACTITIONER, PHDs, DIGITAL PROF. MARKES, INTERSHIPS/ STUDENT PLACEMENTS, APPRENTICESHIPS, SOCIETY RESEARCH & DEVELOPMENT NATIONAL & INTERNATIONAL WORK.

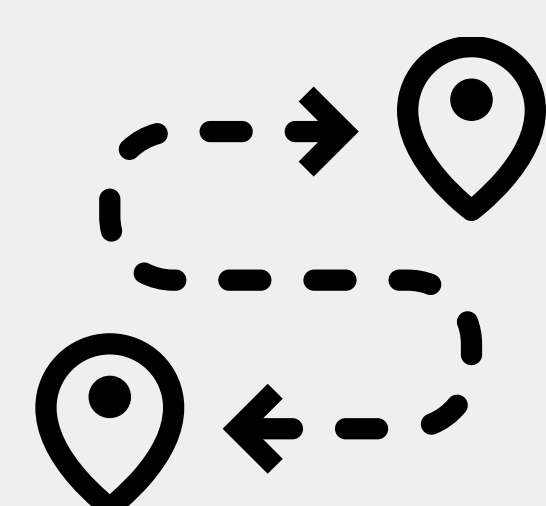
UNIVERSITY HEALTH BOARD REVIEW SUMMIT



02 **ND**
Feb 2023
09:00-13:30



Miskin Manor Hotel and Health Club
Pendoylan Road
Miskin
CF72 8ND



- Miskin Manor is located just North of the M4 approximately 1 mile from junction 34 of the motorway. Exit M4 junction 34, and follow signs for A4119 Llantrisant.
- Keep in the left hand lane and exit A4119, the first left before the traffic lights. There is a dedicated slip road to Miskin Manor, about half a mile from the M4.
- On-site parking is available to guests at the event.



IMPORTANT DETAILS



WiFi name: guest@miskin
Password: 11111111?



During Q&A sessions we will be using the Mentimeter smart app. A joining code will be shared with you on the day that you can access from your smart devices.



GIG
CYMRU
NHS
WALES

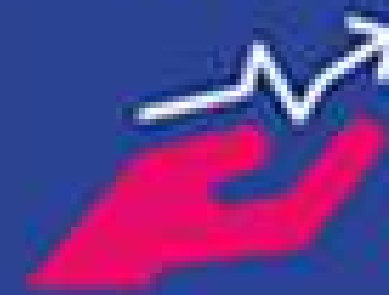
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Cwm Taf Morgannwg
University Health Board

CREU
IFCHYD



CREATING
HEALTH

GWELA
GOFAL



IMPROVING
CARE

YSBRYDOLI
POBL



INSPIRING
PEOPLE

CYNNAL EIN
DYFODOL



SUSTAINING
OUR FUTURE

Training
and
Education



Research
and
Development



People

Building Healthier Communities Together

Digital

Sustainability



Innovation



OVERVIEW OF THE DAY

08:30 - 09:00: Registration with tea and coffee.

09:00-09:10: Introduction.

09:10 - 09:20: Overview of the day.

09:20 - 09:50: Updates on Underpinning Activity.

10:30 - 10:50: Break.

10:50 - 11:10: Table discussions on CTM2030.

11:10 - 11:30: Population Health Priorities.

11:30 - 12:00: Digital and People.

12:00 - 12:40: Partner Strategies.

12:40 - 13:00: UHB Status and Future Governance.

13:00 - 13:30: Networking lunch with show and tell.

#BuildingHealthierCommunitiesTogether



AGENDA ITEM
5.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

POPULATION HEALTH MANAGEMENT: UPDATE

Date of meeting	2 nd August 2023
------------------------	-----------------------------

FOI Status	Open/Public
-------------------	-------------

If closed please indicate reason	Not Applicable - Public Report
---	--------------------------------

Prepared by	Gemma Northey, Consultant in Public Health
--------------------	--

Presented by	Gemma Northey, Consultant in Public Health
---------------------	--

Approving Executive Sponsor	Executive Director of Public Health
------------------------------------	-------------------------------------

Report purpose	FOR NOTING
-----------------------	------------

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

Committee/Group/Individuals	Date	Outcome

ACRONYMS	
-----------------	--

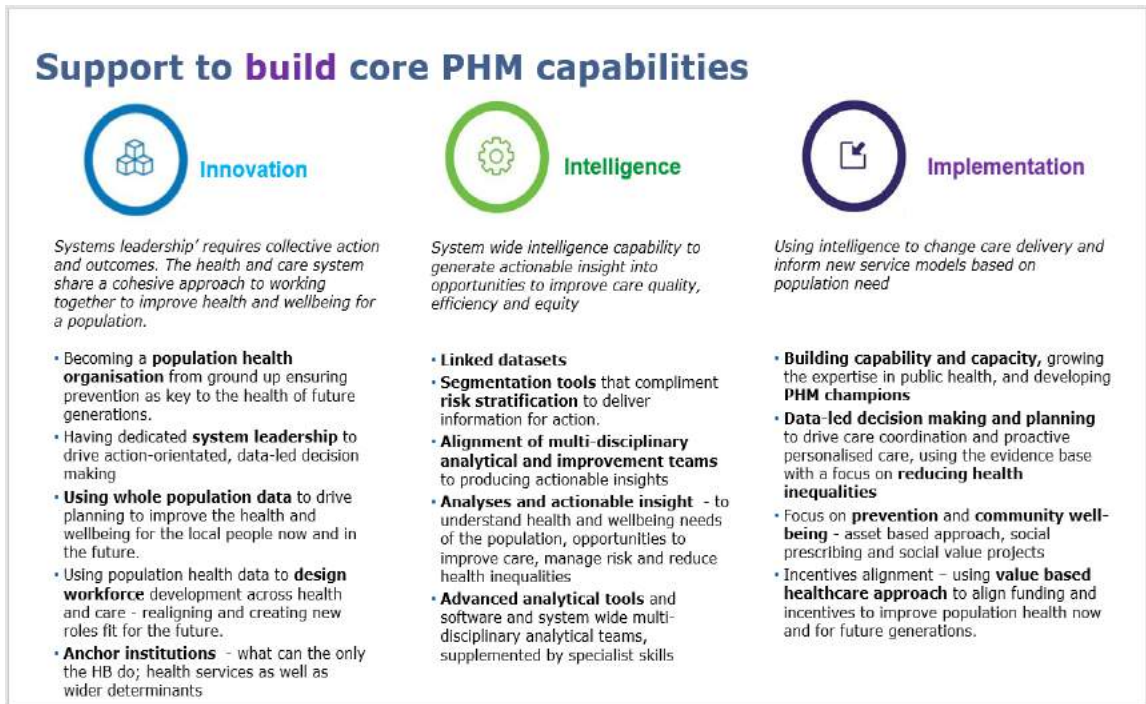
CTMUHB	Cwm Taf Morgannwg University Health Board
--------	---

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

1. SITUATION/BACKGROUND

- 1.1 This report provides an update on the population segmentation and risk stratification (PSRS) approach to Population Health Management in Cwm Taf Morgannwg University Health Board (CTMUHB) for the committee to note.
- 1.2 Population Health Management (PHM) improves population health by data-driven planning and delivery of proactive care to achieve maximum

impact for the health and wellbeing of the population¹. It is dependent on system capabilities for implementation as outlined below:

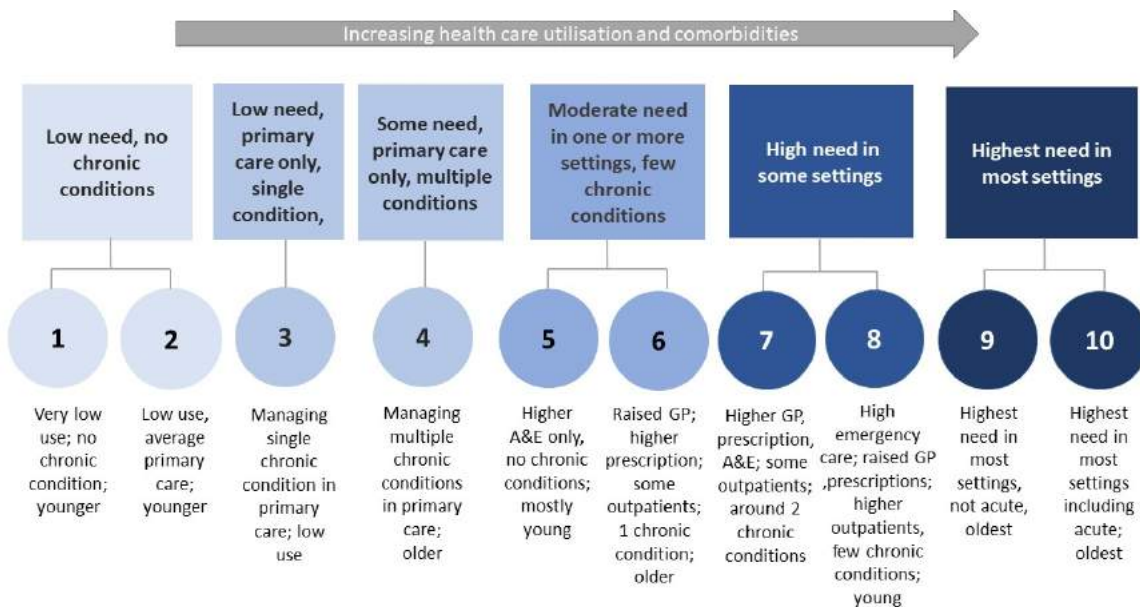


- 1.3 A PHM tool has been developed in CTM - Population Segmentation and Risk Stratification (PSRS). This aims to help Primary Care Clusters, GPs, Care Groups, Strategy Groups and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Linked primary and secondary care datasets are used to segment the population, stratify and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care which reduces health inequalities.
- 1.4 This approach uses data from all bar one GP practice in CTM via the SAIL Databank. Data are being updated quarterly with the LPHT receiving an anonymised dataset and GP practices receiving patient-level data via the Digital Health and Care Wales (DHCW) portal. This allows individual practices to understand both the characteristics and proportion of their practice patients across the segments as well as the patients at high risk of admission in the following year.

¹ Nnoaham KE, Cann KF. Can cluster analyses of linked healthcare data identify unique population segments in a general practice-registered population? BMC Public Health. 2020; 20(1):798.

- 1.5 A summary of the data, details of the segments at CTM level and population profiles have been created at local authority and cluster levels as well as individual practice summaries that contain case-mix information. Senior Practitioners from the CTM PHM Unit have been supporting clusters to use these data in the planning of services, identify population cohorts most at need for proactive intervention aiming to reduce inequalities. These are available to be shared.
- 1.6 The PHM approach is focused around translation of PSRS data into practice to support delivery of improved population health outcomes in CTM as described below.

CTMUHB Data-driven segments



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

Implementation of PSRS in CTMUHB

2.1 Priorities for 2023/4 are:

- Develop and implement new applications of PSRS data (inequalities, Value Based Healthcare projects – hypertension & diabetes, lung health pilot, frailty)
- Review current value and utility of PSRS data and explore wider PHM approaches (evaluation)

- Develop sustainable and stable approach (funding, PSRS data flows/architecture/Information Governance, National Data Repository (NDR) preparation)
 - Support national PHM agenda (policy setting, national fora, collaboration with other HBs, evidence generation)
- 2.2 PSRS data has the potential to be utilised by Clinical Care and Strategic groups in CTM. Discussions are underway to support a number of projects, including lung health, diabetes and frailty.
 - 2.3 The two PHM feasibility projects in Taff Ely and Bridgend East clusters (described in detail in Appendix 1) completed in April 2023. Both projects are being evaluated with initial process evaluations due in July (slight delay due to capacity pressures) and full evaluations in October 2023.
 - 2.4 A PHM collaboration started in September 2022 between ABUHB and CTMUHB Local Public Health Teams. This partnership aims to share knowledge and learning of PHM approaches, present definitions of population health and PHM that can be built on for a shared understanding across Wales and describe how we can build PHM programmes in Wales to support improvements to population health.
 - 2.5 PSRS data has been used to undertake a backwards mapping of the patients referred to the Community Health and Wellbeing Teams (CHWT) or Multidisciplinary Teams (MDT) to data-driven segment and risk stratum in volunteer GP Practices. Evaluation of this is planned for July 2023 to inform future referral processes.
 - 2.6 A separate but parallel research project is being conducted by the LPHT to examine the predictive ability of segmentation including the development of the CTM UHB data-driven segmentation model to date. This work was delayed due to reprioritisation of the work plan to include in depth analyses of segments and support to feasibility projects but the paper has now been submitted to BMC Public Health.
 - 2.7 The governance arrangements for PHM in CTM since October 2021 have included a Steering Board for PHM. Note that PSRS is one component of PHM in CTM and progress will be reported via these new governance structures, with discussions over how this will be reported via the Creating Health Board underway.



Evaluation

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

Next steps

- 2.11 Key work areas are outlined below with regards to implementation projects. In addition, work is being scoped on further projects including VBHC (diabetes and hypertension), Bridgend North Coalfields regeneration and pharmacy medicines management support.



Task	Timeline	2023					2024			
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PHM implementation projects										
Bridgend East Cluster project evaluation - process evaluation	Jul 23	█								
Taff Ely Cluster project evaluation - process evaluation	Jul 23	█								
Bridgend East Cluster project evaluation - outcomes evaluation	Jul – Oct 23	█	█	█	█					
Taff Ely Cluster project evaluation - outcomes evaluation	Jul – Oct 23	█	█	█	█					
MDT backward look review	Jul 23		█							
Predictive ability of segmentation paper	Jul 23		█							
Frailty Service preventative work in Taff Ely	Jul 23 – Jan 24	█	█	█	█	█	█	█	█	█
Implementation of PSRS in secondary care	Jul 23 – Mar 24	█	█	█	█	█	█	█	█	█
Case mix adjustment - update data	Jul-Aug 23			█	█					
Winter pressures in primary care 23/4 - scoping	Jul-Aug 23			█	█					
Bridgend North inequalities project	Jul 23 – Dec 23	█	█	█	█	█	█	█	█	█
PSRS programme										
Review PSRS data flows & architecture, including feedback on portal for DHCW	Jul 23 – Mar 24	█	█	█	█	█	█	█	█	█
Reviewing CTM data-driven segmentation model and risk stratification model	Oct 23 - Mar 24				█	█	█	█	█	█
Testing segments/risk application	Jul – Dec 23	█	█	█	█	█	█	█	█	█
Identify sustainable funding for PHM	Aug 23 – Mar 24	█	█	█	█	█	█	█	█	█

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

- 3.1 Key risk that remains in the progression of PHM is the capacity of primary care to support work. Measures are being taken to alleviate the requirement on primary care, with support from the LPHT and other professionals (such as MDT leads or Cluster Development Managers) however it is inevitable that requirements of practitioners will remain in some areas. The LPHT continue to engage regularly with GP practices and other primary care professionals via the cluster meetings and are fully engaged at locality level in realizing the ambition of a wider partnership through the Accelerated Cluster Development work.
- 3.2 CTMUHB currently fund the staffing for the PHM Unit, however long term funding to support the data flows (including licensing fees) has not been identified. Work is ongoing at local and national level to identify and secure funding to continue to deliver PSRS in CTM and provide an evidence base useful to inform the national rollout of PHM across Wales.
- 3.3 There are currently restrictions in terms of how we are able to apply PSRS data due to strict information governance rules for data flows and access in and around primary care resulting from the system in which we initially had to and continue to operate (with SAIL/DHCW/Sollis as partners). In addition, the individual-level data flow is direct to participating GPs and accessed via the portal developed by DHCW and is not able to feed directly into clinical care records. In order to address

this and progress PHM at pace and scale in CTM, the Health Board could provide valuable support to investigate and implement alternative data flows that would link primary and secondary care data for patient care. In parallel, work is underway to investigate the flow of some PSRS data (segments and risk strata) from primary care into secondary care. Together this would enable clinical information exchange and allow the realisation of the utility of PSRS data to target services and provide seamless patient care.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

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



AGENDA ITEM
5.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

HEALTH PROTECTION SYSTEM UPDATE
--

Date of meeting	2 nd August 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Claire Thomas, Professional Manager
Presented by	Philip Daniels, Executive Director of Public Health
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

- 1.1 This report provides an update on the health protection structure in Cwm Taf Morgannwg University Health Board (CTMUHB) for the Committee to note.
- 1.2 The Covid pandemic presented extreme challenges to the health protection system; the infrastructure for testing, contact tracing and vaccination at the scale required to respond to Covid did not exist. The system responded and ensured rapid establishment of

emergency structures at scale, drawing on additional funding from Welsh Government (WG) and redeployment and additional recruitment of staff.

- 1.3 As we transition out of the Covid 19 pandemic, Welsh Government want to learn from the experience by building agile capacity and resilience to respond to ongoing and emerging health protection threats by:
 - Extending the learning from Covid 19 to other areas of Health Protection, such as other vaccination programs, case finding, testing, awareness raising and surveillance programs.
 - Retain capacity to allow us to provide and improve our vaccination, testing and surveillance services
 - Have clear plans to allow us to surge any of the health protection capacity if needed according to need
- 1.4 2023/24 is seen as the transition year to take us forward into a more sustainable model of Health Protection, ensuring that there is a Pandemic Responsiveness Plan in place.
- 1.5 The transition to the new arrangements is expected during 2023 and 2024, led by the NHS Delivery Unit. To support Health Board's make the transition from a predominately Covid 19 service to a more generic, multi-disciplinary and multi-agency function, Welsh Government have provided a non-recurrent funding allocation for 2023/24 to support the response to health protection measures, including Covid-19. This funding is as follows:
 - £2.7m for TTP and Health Surveillance and
 - £6.4m for vaccinations.
- 1.6 Welsh Government have also stated that there will be recurrent funding provided in baseline allocation from 2024/25 onwards to maintain this health protection function, but as yet no confirmation has been given as to how much this may be.
- 1.7 The new Model (**Appendix 1**) would be based on a standard working 37.5 working week, Monday to Friday, recognising the small risk at weekends when the service will not be available. It radically reduces the need for a dedicated testing resource under the current testing guidelines.
- 1.8 Covid 19 vaccinations will be predominately commissioned via GPs for the delivery for the autumn/winter Covid 19 booster, which will allow us to:

- Deliver the service as close to patients as logistically, clinically and financially viable.
 - Co-administer respiratory vaccines where possible and where clinically indicated.
- 1.9 The model will also require robust contingency plans to step up services if required, using bank or fixed term contracts. The contingency plans would again be based on self-administration of any testing and would rely on bank staff to bolster any additional administration and couriering.
- 1.10 As from April 2023 there has been no universal contact tracing of Covid 19. Tracing is now guided locally, where the risk is judged to be high. For 2023/24, the funding provided to the Local Authority will remain the same. Further work is required on developing a sustainable model with our Local Authority Partners. This would allow the 'All Hazard' approach required going forward. As is the case with the Health Board this model would also require each Local Authority to have contingency plans to scale up if required.
- 1.11 The delivery of the Health Board's vaccination program has required a significant management and administration workforce input, both in terms of the planning and operational management of the service. Alongside the administration of the vaccines themselves, there has been a significant administrative requirement including call handling/booking service, operational analytics, operational planning and workforce management. Co-ordinating and managing a single plan for the Health Board as required by Welsh Government, will require a significant amount of work by the administration team.
- 1.12 Performance management will be key to the work of the team as it will be the Health Board who will be accountable for the delivery of all vaccinations and not any third party we commission with. The Health Board will be required to provide CTM wide plans for delivery, weekly updates on variations to the plan, as well as fortnightly highlight reports. The collation of the GP plans on such a regular basis will significantly increase the workload of the management and administration team.

The Key benefits identified include:

- More robust structure to support a coordinated planning of a system wider health protection response
- Continuation of integrated partnership working to address public health response
- Improved staff wellbeing and protection
- Robust staffing structure
- Improved uptake of influenza and childhood immunisations and associated harm associated by vaccine preventable diseases
- Improved management of blood borne viruses and TB
- Improved integrated support to vulnerable groups to reduce health inequalities
- Improved support to vulnerable settings, e.g., care homes, prisons and special schools
- Attainment of national performance targets and retaining the HB's position in having one of the best uptake rates in Wales.

1.13 It is a requirement of this funding that a partnership approach is taken with the local authority to developing and delivery of this multiagency Health Protection System. Some of the workforce required to deliver elements of this integrated system are employed by local authority partner organisations, and a proportion of the funding from this allocation will support these roles in the Local Authority. A Partnership Forum with local authorities, the '*CTM Health Protection Operational Readiness Group (HPORG)*' will allow the CTM community to oversee the wider system elements of the Health Protection Function.

Statutory duties of Cwm Taf Morgannwg UHB

1.14 In addition, the Health Protection Function allows the Health Board to discharge its statutory duty to protect the health of all individuals residing within the CTM footprint.

Key components of this statutory duty include:

- Provision of a comprehensive and equitable vaccination and immunisation programme in order to protect its' population from infectious diseases
- Provision of an accurate infectious disease testing function to appropriately identify individuals with specific infectious diseases

- Ensuring there is a prompt local response to individual cases and outbreaks/incidents of infectious diseases in order to prevent further spread across the population, including the development of clinical pathways
- Preparation for expected seasonal surges in infectious diseases plus preparation for any new and emerging infectious disease threats
- Local implementation of international/national plans to eliminate key infectious diseases, e.g. Hepatitis B/C elimination

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

Implementation of Health Protection Structure in CTMUHB

2.1 Priorities for 2023/24 are:

- To agree permanent funding to resource the core management structure to implement the health protection model needed to meet Welsh Government obligation and to protect the population of CTMUHB
- To secure fixed term appointments of staff to deliver
- Deliver safe, equitable, effective, timely and accessible vaccination programmes for all vaccinations
- Deliver a surveillance programme that provides timely intelligence on incidence and outbreaks, and supports the appropriate action to reduce harm.
- Ensure vulnerable settings such as health and social care, prisons and other critical services, are supported by appropriate guidance on prevention and management of disease outbreaks.
- Deliver clear and effective communication.
- Minimise wider harm incurred through our response to outbreaks or epidemics.

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

3.1 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.

3.2 The current workforce is dependent on fixed term contacts and a long-term solution/model must be agreed going forward to ensure

robust delivery of the Health Protection response. Workforce risk – notice has been given to the clinical and administration. The notice period will end just as the winter respiratory program begins (11 September) and there is a risk we will not be able to recruit in time without the model being agreed immediately. There is also the risk we will lose staff and the knowledge they hold. This risk is increased with neighboring Health Boards now recruiting to permanent posts.

- 3.3 Failure to deliver the vaccination programmes for our population will further increase the inequalities in health, leading to potential additional winter pressures for the Health Board.
- 3.4 There is the added reputational risk to the Health Board if the model is not agreed and implemented for the benefit of our population.
- 3.5 Staff within the Covid Vaccination and the Testing team have been issued with 12 weeks-notice of termination of their contracts. This puts the Health Board at risk, as it will not have a team to deliver any of the programme after 12 weeks unless a decision is made.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Failure to deliver the vaccination programmes for our population will further increase the inequalities in health, leading to potential additional winter pressures for the Health Board
Related Health and Care standard(s)	Staying Healthy
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	No- a vaccine equity strategy has been developed and a further EIA will be developed for the service once the model is agreed.



Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) Roles would be funded within Welsh Government allocation
Link to Strategic Goals	Creating Health

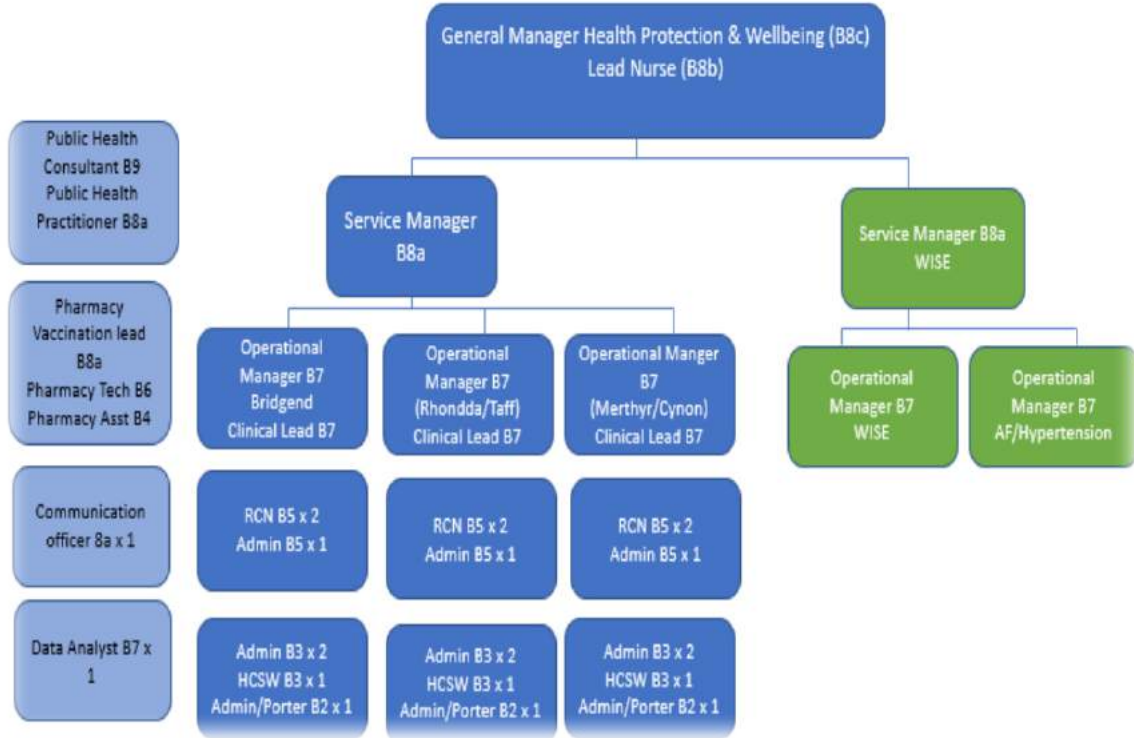
5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to:
- 5.2 **NOTE** the progress of the Health Protection System outlined in this report.



Appendix 1

Health Protection & Wellbeing Team Structure





AGENDA ITEM

6.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

MENTAL HEALTH STRATEGIC UPDATE

Date of meeting	02/08/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lisa Davies, Assistant Director for Strategic Transformation and Delivery Mental Health and Learning Disability Care Group
Presented by	Julie Denley Deputy COO Primary, Community & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

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

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

ACRONYMS

CAAPS	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental health Services
HEIW	Health Education & Improvement Wales
IMTP	Integrated Medium Term Plan
MDT	Multi-Disciplinary Team

MH&LD	Mental Health and Learning Disability
SIF	Service Improvement Funding
WHSSC	Welsh Health Specialised Services Committee

1. SITUATION/BACKGROUND

- 1.1 This paper provides an overview of the progress to date for the Mental Health and Learning Disability (MH&LD) Care Group on the strategic priorities. The paper provides an overview of the priorities for the next quarter and our proposed approach to developing a longer term strategy following the organisational restructure.
- 1.2 In March 2023 the Service Director and Assistant Director for Strategic Transformation and Delivery have commenced in post.
- 1.3 It has been proposed that the MH&LD Care Group will restructure from a Locality based model to a functional one with Clinical Service Groups for CAMHS plus hosted services, Adults and Older Adults. This will be subject to consultation.
- 1.4 In order to develop the longer term strategy with the senior clinical and operational leads, a monthly forum has been established led by the Service Director. Whilst the Care Group awaits the consultation on the proposed structure, the leadership Quad have identified some shorter term strategic programmes.
- 1.5 There are a number of internal and external drivers informing the development of the strategic priorities, these remain as last reported:
- 1.5.1 Developing the 'One-CTM' model ensuring Bridgend is fully embedded.
- 1.5.2 Aligning a One-CTM vision and ways of working to remove inequality of access for patients.
- 1.5.3 Reflect and respond to the impact of COVID and the aftermath – particularly regarding the planned care recovery effort.
- 1.5.4 Joint working, shared ambition and better alignment with Local Authority partners including opportunities for joint funded posts.

In order to realise these principles, transformational change is required across many areas of service and function of the MH&LD Care Group.

- 1.6 Welsh Government are currently developing a successor strategy to Together for Mental Health and Talk to Me Too. Consultation and development is ongoing and it is anticipated the finalised strategy will be published later in 2023. A 13 minute video presentation can be found here: [\(117\) The Mental Health Strategy for Wales; vision statements and cross-cutting principles. - YouTube](#)
- 1.7 As a result of the development of a successor national Mental Health strategy and the development of a workforce plan by HEIW; a smaller amount of service improvement funding was released nationally to Health Boards to support mental health service development in key priority areas in 2023/24 in comparison to previous years. The Care Group prioritised this year's allocation to support the following strategic developments:
- 1.7.1 New workforce roles - Physician Associate for Rehabilitation services and Clinical Associate in Applied Psychology. These will enable us to think differently about team structures and opportunities to address recruitment challenges;
- 1.7.2 'Once for CTM' Wellbeing sanctuary model to be delivered and run by a third sector partner;
- 1.7.3 111 press 2 for mental health 24/7, enhancing the front door to urgent mental health care and providing the right help at the right time for our population;
- 1.7.4 An alternative digital CAMHS to complement traditional services and treatment. This digital offer is accessible to all children and young people in CTM UHB and is open access as well as available 24/7.

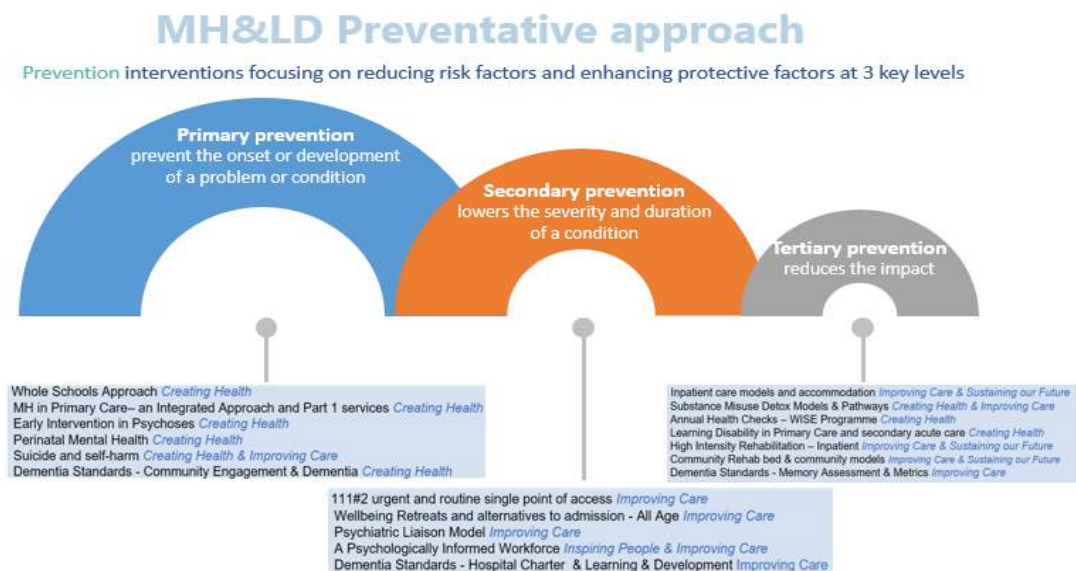
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The following table provides an overview of the progress on the key priorities identified in the February 2023 report:

Key Priorities	Progress to date
Launch of 111 press 2 for Mental Health	Service has been successfully implemented and provided 24/7 since April 2023. Data is being collected on use and outcomes. A peer review is expected in September 2023
Establishing a Rehabilitation Services Transformation Board to enact recommendations in	First workshop held with the staff involved in providing rehabilitation to support prioritisation of the areas for service development and future design.

Key Priorities	Progress to date
a report commissioned to inform future services.	A demand and capacity review has been undertaken to model the requirements for rehabilitation beds as well as benchmarking other service provisions. An options appraisal on service design and delivery will be complete by the end of September 2023.
Transitioning CAMHS Services for the population of Swansea Bay to Swansea Bay University Health Board	This was completed on 1 st April 2023.
Development of a single CTM specification for Wellbeing Retreats with clear patient and system outcome measures	Additional funding to support implementation has been received through SIF. Stakeholder feedback on service provision and objectives is currently being undertaken to inform the service specification and design of the service. A procurement exercise will take place at the end of 2023 to secure a third sector partner to deliver the service.
Commissioning new roles, CAAPs & Physicians Associates	This has been completed. The Care Group has two CAAPs in training currently. It is anticipated that there will be two Physician Associates employed in November.

2.2 The Care Group’s strategy development is based on a preventative approach with aligned programmes of work:



2.3 High quality data is a key enabler in assessing the population needs and informing an assessment of current service provision. The Care Group have prioritised the development of an enhanced performance dashboard to provide a greater breadth and depth of robust

information, this is shared on a regular basis with clinical teams and is subject to ongoing iteration.

2.4 The Care Group is challenged by operational capacity which will be addressed following Phase 2 of the organisational restructuring. In the immediate term, a new High Quality Inpatient Programme Improvement Board has been established to address the recommendations following Healthcare Inspectorate Wales' Discharge review.

2.5 The MH&LD strategic priorities for the next quarter are:

Key priority strategic work area	Expected actions in Quarter 3
High Quality Inpatient Programme	Completion of actions identified via the HIW Discharge review
Rehabilitation and recovery programme	Review of demand and capacity of service provision
Review model of dementia day unit services	Independent review of current service models and recommendation on future service design
Wellbeing retreats	Development of a service specification to support procurement of service provider
Review of our SLAs	Completed review of current SLAs and opportunities for future commissioning
Development of an estate strategy	Scoping of current service provision and requirements for future estate
NHS 111 press 2	Participation and outcome from Peer review to inform national phase 2 of implementation
Ty Llidiard Improvement programme	Completion of remaining actions linked to escalation with WHSSC
Implementation of single clinical record system	Development of the project initiation document Submission to Business Case to Board for approval Implementation of Phase 1 – disaggregation from existing WCCIS systems and key milestones for implementation of the system

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

3.1 Given the Phase 2 organisational restructure timescales, followed by recruitment and on boarding processes, the pace and capacity of this work programme might be constrained. Further work is needed to co-produce with key stakeholders and groups the vision and objectives of the Care Group to ensure a population owned set of strategic priorities.

3.2 A review of population needs will support the co-produced set of priorities. Public Health colleagues have been approached to support this work.

- 3.3 Whilst it is recognised there is a need to develop an estate strategy, it is acknowledged that access to capital funding in both the shorter and longer term is limited. The Care Group will work with the Primary and Community Care Group to align strategic thinking and consider best use of existing estate as well as consider the potential opportunities working with wider partners within the Regional Partnership Board

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the report and receive a further update in six months.



AGENDA ITEM

6.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
LEARNING DISABILITY UPDATE REPORT**

Date of meeting	02/08/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Caitlin Jacob, Interim Partnerships and Planning Lead for Mental Health and Learning Disability Services.
Presented by	Julie Denley, Deputy Chief Operating Officer Primary, Community and Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Strategic Group	21/06/2023	SUPPORTED

ACRONYMS

C&VUHB	Cardiff and Vale University Health Board
CTMUHB	Cwm Taff Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board

1. SITUATION/BACKGROUND

- 1.1 Swansea Bay University Health Board (SBUHB) provides the specialist adult services for people with a learning disability within CTMUHB through a commissioner and provider relationship. SBUHB also provide learning disability services for the population of Cardiff and Vale University Health Board (C&VUHB).
- 1.2 The services provided by SBUHB are:
- community services,
 - specialist residential units and
 - acute assessment and treatment units.
- 1.3 Learning Disability services for children and young people are delivered within CTMUHB through its paediatric services.
- 1.4 The CTM Regional Partnership Board Learning Disability Working Group, within the governance structure of the CTM Regional Partnership Board, have responsibility for identifying and implementing regional priorities for learning disabilities.
- 1.5 A Joint Adult Learning Disability Commissioning and Performance operational group and strategic group are established to give assurance to the two commissioning Health Boards on the delivery of high quality healthcare services to meet the needs of the population. In addition, CTMUHB have recently established a bilateral operational group with SBUHB to give detailed operational oversight.
- 1.6 Historically any direct allocation of funding for learning disability services was transferred from Welsh Government to SBUHB. It remains the ambition that any learning disability funding allocation from Welsh Government will go directly to each health board who will then allocate that funding to SBUHB. There have been delays in enacting this disaggregation of finances and in a meeting between the three Health Board Chief Executive Officers, agreement on a plan for the modernisation of specialist learning disability services was requested before this progresses. The disaggregation of finances remains a priority and is an important step in resetting and formalising the commissioning relationship.

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

- 2.1 The current specialist learning disability service will struggle to provide effective and high-quality Learning Disability services into the future and requires a programme of modernisation to be completed.
- 2.2 A draft three year Concise Modernisation Plan for inpatient and community services (attached at Appendix 1) has been developed by SBUHB. The plan has been endorsed by the Joint Adult Learning Disabilities Operational Group and was presented by SBUHB to the Strategic Group on the 21st June 2023 as a basis for discussion and agreement with partners. Appendix 2 shows the proposed high-level milestones and timeframes for delivering the Modernisation Plan.
- 2.3 The Modernisation Plan and Milestones now need to progress through each organisations' internal and partnership governance arrangements for discussion and approval.
- 2.4 The overarching aim is for people to be supported to live within their own community or to be able to return as soon as possible if it is necessary for them to move elsewhere to receive specialist assessment and treatment in the short term.
- 2.5 The modernisation programme will mean a change in the ratio of resources between inpatient and community care. It will not be a linear transformation programme but will require changes to be implemented across inpatient and community services in parallel.
- 2.6 The learning disability estate is no longer fit for purpose. To realise the modernisation programme in the medium-long term a capital programme will be required to develop purpose built facilities across community and inpatient services. SBUHB, along with commissioners are exploring the current options within a challenging NHS capital landscape and the feasibility of alternative funding streams, including the Regional Integration Fund (RIF) and Housing with Care Fund (HCF) across Health Board regions.
- 2.7 CTMUHB and C&VUHB have long highlighted the need for improved and earlier partnership working with Local authorities, the third sector and across the whole range of health services to plan and progress the integration of services as part of the modernisation programme.

- 2.8 SBUHB will need to develop a proposal for a programme management structure and an engagement plan to implement the Modernisation Plan for agreement by the three Health Boards.
- 2.9 A longer-term plan will be developed alongside the three year Modernisation Plan.

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

- 3.1 Good progress has been made in some areas of Learning Disability modernisation however, significant work is required to realise the regional Learning Disability modernisation programme and to address inequalities and improve the lives of people with a learning disability.
- 3.2 The three-year Concise Modernisation Plan will be presented to Local Authorities and other key partners for discussion and approval.
- 3.3 Workforce pressures remain a high concern and is a risk monitored through the Joint LD Commissioning and Performance group Risk Register.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Effective Care If more than one Healthcare Standard applies please list below: Effective, Dignified, Timely, Individual
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) Not applicable at this time.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report. Capital investment will be required to implement the Modernisation Plan. More detail in respect of any resource implications will be presented in future committee reports.

Link to Strategic Goals	Improving Care
--------------------------------	----------------

5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to **NOTE** the three year plan for specialist Learning Disability services outlined in this report and attached Concise Modernisation Plan (Appendix 1) and Milestones (Appendix 2).
- 5.2 The Committee are asked to include an update on the Learning Disability Modernisation Plan on the agenda in six months' time.

Future Development of Specialist Learning Disabilities Service

Background

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people.

There are different levels of disability and therefore different level of support needed.

Someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning disability may need full-time care and support with every aspect of their life – they may also have physical disabilities.

The vast majority of people with a learning disability are supported to live the lives they want to lead by local authorities without the involvement of specialist health services.

The overriding principle is that people with a learning disability have the same rights as all and should be able to access the same services as everyone else for their health, social, economic and spiritual needs. We are all responsible for ensuring reasonable adjustments are in place for this to happen and our specialist NHS services are focussed on the people with the most complex needs.

What does good look like?

Modern Specialist Learning Disability services in the NHS have the key aim of reducing the health inequalities faced by people with learning disabilities and this is achieved by

- Working with mainstream healthcare services to support them to make reasonable adjustments in order to improve access to services for all people with a learning disability.
- Supporting service users directly to ensure they access the healthcare services they require where reasonable adjustments made by mainstream health services are insufficient.
- Undertaking assessments and preparing care and positive behaviour support plans for the commissioning and monitoring of packages of care funded either jointly or solely by the NHS to meet a person's learning disability needs.
- Ensuring that service users who require out-of-area placements are actively supported and monitored, and, repatriated closer to home as soon as is appropriate.
- Providing short term acute inpatient care for people with a learning disability with co morbid severe mental illness and challenging behaviour due to vulnerability and learning disability specific needs as well as providing specialist rehabilitation services as part of a pathway to community support for people with the most complex challenging behaviour, health issues and forensic needs.

Case for change

Changing Demand

Growth in the number of people eligible for learning disability services. This is due to the increase in survival of premature babies who now reach adulthood but can have significant needs associated with their learning disability; and the increased length of life of people with learning disabilities due to advances in social and health care.

Changing policy and practice

Welsh Government endorses the social disability model for supporting people with a learning disability placing emphasis on people with a learning disability having equitable access to services and being able to live in their own homes within their own communities. The majority of people can have their needs met in non-hospital settings supported to live independently with as few restrictions as possible.

Poor facilities

Current inpatient estate is outdated having been designed for a service model operating 30 years ago, is no longer fit for purpose and makes it more difficult to meet the needs of people with a learning disability who have complex needs related to offending behaviour, mental illness and particularly those with Autistic Spectrum Disorders.

Workforce challenges

The number of people currently choosing to enter health care professions is not increasing and recruitment of new qualified professionals has been challenging for a number of years. This is not expected to change on the short term. Enabling the service to be seen as a modern forward looking service will require a change in skill mix to match clinical tasks to clinical resources.

Planned implementation and development of Learning Disability Services:

The following high level changes are required over the next 3 years:

- Enhancement of community Learning Disability services to fulfil assessment and commissioning demands through development of new roles
- Enhancement of community services to improve ability to support access to mainstream services for people with a learning disability
- Out of hours community Intensive Support Services in all geographical areas to offset demand for acute inpatient care
- Continued provision of acute inpatient care with reduced bed numbers in line with demand but with capital investment and a plan for the reprovision of facilities that are fit for purpose to meet the complexities and challenging risk behaviours of the population.
- Development of secure inpatient care and Challenging Behaviour rehabilitation units in line with predicted future demand
- Clear clinical pathways for efficient, patient centred services.

- Closer to home/repatriation schemes to reduce commissioning of out of area/private provider services and reducing rate of growth of CHC spend.

Outcomes expected

- Providing care closer to where people come from
- Reducing the number of people in hospital that aren't ill
- Having clear clinical pathways
- Providing environments that are fit for purpose
- Helping other health services like GPs and hospitals to care for people with a learning disability
- Helping the people that work for us to be as good at their jobs as possible
- Reducing Restrictive Practices
- Providing a quality service with outcomes measured

DRAFT

Programme of Change

Community Development

Change:

- Expansion of community Learning Disability services to fulfil assessment and commissioning demands
- Out of hours community Intensive Support Services in all geographical areas to offset demand for acute inpatient care
- Changed skill mix with new roles within all professions to ensure optimum clinical delivery of specialist learning disability services
- Clear clinical pathways for efficient, patient centred services.

Task	Sub tasks	Progress/ Target
Review of core role and function of CLDT	Confirm CLDT Operational Policy setting out core role and function.	Engagement with staff undertaken. Draft prepared for review by all professions. Completion of operational policy and launch in line with interim service specification Q2 2023/24
Development of a single referral process for CLDT	Review of the referral processes used in all 7 CLDTs	Complete
	Operational policy for single referral process (SRP) to provide consistency of operation and access to specialist LD services in each area.	Complete
	Implementation and subsequent audit of SRP (in conjunction with CLDT operational policy)	Q2 2023/24
Implementation of LDIST in each directorate to increase support across 7 days	Development of business case for the development of LD Intensive Support services in each Directorate	complete
	Recruit to new LDIST roles in CVUHB and CTMUHB	Operational in CTM. Partial Recruitment in C&V. Operational July 2023

Task	Sub tasks	Progress/ Target
Improving efficiency of CLDT capacity	New Role development in medical workforce to diversify skills for meeting needs of people with the most complex needs	Partially complete. Additional Pharmacy role recruited to. 1 Physician Assistant in post and on positive evaluation application made to take 2 further Physician's Assistants from the 2023/24 intake. 2023/24 Q3
	Enhancement of infrastructure to support CLDT operation and maximisation of digital services to release clinical time.	Admin Review to complete 2023/4 Q3
Expansion of provision of positive behaviour support through the CLDT	Review of current method for delivering specialist support in relation to behaviour that challenges.	2023/24 Q2
	Revision of existing roles and operational procedures to reflect adapted approach to delivering specialist support	2023/24 Q3
	Compile register of level of PBS training of all staff in LD service for monitoring compliance and assurance of skills in staff group.	2023/24 Q2
Expansion of provision of Health facilitation through the CLDT	New role development using non registered workforce to release clinical skills for clinical tasks and to increase support provided to Health services to meet requirements for reasonable adjustments.	2023/24 Q2
	Revision of existing roles to reflect introduction of additional non-registered workforce and model of health facilitation	2023/24 Q3
	Recruitment	2023/4 Q4
Improved efficiency to fulfil assessment and commissioning demands	Development of specific care navigator role to undertake non clinical tasks relating to commissioned care packages releasing clinical time.	2023/24 Q2
	Revision of existing roles to reflect introduction of additional non-registered	2023/24 Q3

Task	Sub tasks	Progress/ Target
	workforce and competency requirements for care navigator role. Recruitment	2023/4 Q4

Inpatient Development

Target:

- Overall reduction in the number of people in hospital care (independent and NHS care)
- Continued provision of acute inpatient care with reduced bed numbers in line with demand
- Maximising use of existing inpatient facilities within a model of working with individuals to enable them to develop and maximise their life skills so that suitable long term accommodation can be identified and commissioned where this can only be achieved in a hospital setting.
- Development of Secure inpatient care and Challenging Behaviour rehabilitation units in line with predicted future demand
- Development of long capital plan to replace all not fit for purpose hospital facilities.




Task	Sub tasks	Progress/ Target
Repurposing of existing estate - Hafod Y Wennol	Conversion of existing inpatient unit for re-assessment and rehabilitation of patients in private secure hospitals.	Completed
	Assessment and repatriation of patients in private sector hospitals	Complete Embedded as business as usual. 7 patients admitted as an alternative to independent hospital care. 1 readmitted to independent hospital but further step down planned.
Demand led Reduction of Acute Assessment capacity	Acute beds reduced from 24 to 16	Completed
	Review of impact of acute capacity reduction and introduction of intensive support services in each HB area.	2023/24 Q3
	Improvement plan for review findings	2023/24 Q4
Ensuring move on from inpatient services	Overview needs Assessments completed for all current SRS inpatients to ensure that all inpatients have their next steps for future accommodation and support identified.	Complete

Development of operational policies for all current teams and services	Operational policy for Assessment and Treatment Units	Complete
	Hafod y Wennol Operational Policy	Complete
	Revised function of Specialist Residential Service units in operational Policy	Complete
Medium term inpatient development	Review of current inpatient units (location, role and function)	Completed See appendix 1
	Review model of inpatient care for patient cohort alongside national work stream led by Improvement Cymru	Completed
	Agree medium term bed capacity	2023/4 Q2
	Engagement with Community Health Councils by Health Boards	TBC
Challenging Behaviour Unit Development.	Bid to SBUHB Regional Partnership Board for Capital for planning phase of repurposing one 5 bed unit (Dan Y Deri) to a 6 bedded challenging behaviour unit.	Completed
	Architectural design with clinical team for 6 bedded challenging behaviour unit that has individual living space and communal areas for maximum flexibility.	2023/24 Q1
	Submit capital funding bid to Regional Partnership Board.	2023/4 Q2
	Tender for Capital works	2023/4 Q4
	Estimated completion of Redevelopment	2024/25 Q3
ASD Assessment Unit Development	Development of Design plans for repurposing one 5 bed unit (Meadow Court) to a 3 annex unit for specialist ASD assessment.	Completed
	Apply for capital monies for refurbishment of meadow court as specialist ASD assessment unit	TBC
	Tender for Capital works	TBC
	Estimated completion of ASD Unit Redevelopment	TBC

Long Term inpatient development	Contribution to all Wales review of inpatient Estate being undertaken by the National Collaborative Commissioning Unit (NCCU) Briefing to Directors of Planning on need for replacement of not fit for purpose estate and replacement with 2 hub model in East and West of geographical patch.	2023/24 Q2 TBC
--	---	-----------------------

DRAFT

Appendices:

Appendix 1: Outline for existing non acute LD inpatient estate	 Outline view for existing LD inpatient
Appendix 2 Presentation on long term vision for Learning Disability Services	 Presentation to exec board August 2022.ppt
Appendix 3: Summary of Milestones	 2023-7-12 LD Modernisation summary

Outline view for existing non acute inpatient Estate

Unit	Position	View
Dan Y Deri	<p>DYD is an SRS unit that was used as the SPA during COVID19. It is a 5 bedded unit.</p> <p>Discussions are currently under way for redesigning DYD to provide accommodation in the form of flats/annex for 6 beds for patients with severe challenging behaviours.</p> <p>With the proximity to Llwyneryr and space available on the site this is estate that is to be retained for the long term.</p>	Long term
Swan Yr Afon	<p>SYA is an SRS which currently has an all male patient population. It is a 5 bedded unit. Despite the challenges that its remote location poses for workforce recruitment and retention it could be appropriate for this to be used as a 4 bed male forensic rehabilitation unit. There are currently patients who require this approach living there and it has also been used as a step down from HYW with the addition of an activities coordinator. Step down rehabilitation will continue to be a function we should provide.</p> <p>The environment requires upgrading but the boiler has recently been replaced with a heat exchange unit.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	Medium Term
Meadow Court	<p>MC was a 5 bedded SRS unit. The staff there have significant skills in working with people with ASD in the moderate/severe LD range. Due to the space required for these patients it would need to become a 3 bedded unit, each of which is an individual annex area which was already planned out with sketch plans developed by capital planning. With the cancelation of the IFAB capital resources the proposed building works will be unable to take place in the coming year. This has restricted some of the plans for patient movement, however staff feel that they could still operate as a 3 bedded autistic unit in the short term.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	Medium Term
Ty Garth Newydd	<p>Currently a 5 bedded SRS Unit which provides care for females only. The staff team have expertise in working with women with Personality Disorder who display behaviour that challenges. Providing specialist interventions and trauma based carer to prepare people for community placements of this cohort of patients will continue to be a function of specialist inpatient services. This would therefore remain as a 5 bedded female personality disorder unit.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	Medium Term
Bryn Afon	<p>Currently a 5 bed SRS unit including one specialist annex. This unit has been refurbished following a HIW inspection and along with Hafod Y Wennol and Llwyneryr makes the best of our available environments. The unit can remain as a 5 bed provision as part of</p>	Medium Term

Unit	Position	View
	<p>the complex care pathway to enable step down from HYW where compatibility and risk assessments allow.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	
Dan Y Bont	<p>This is a 5 bedded mixed SRS unit. The current cohort of patients have complex needs which are well known with relatively stable management plans. Overview needs assessments for future accommodation and support needs are being undertaken but it is anticipated that almost all can be supported in community placements.</p> <p>This is a unit that could be transferred to another organisation with specialist support from the community team for the initial transition period with the patients remaining in the unit.</p> <p>This unit only has short term usage and may not be replicated in the long term new build solution.</p>	Short term
Lletty Newydd	<p>Currently 5 bedded mixed SRS unit.</p> <p>This unit has the poorest environment of all our current estate. The issues are sufficiently significant to consider closure of the unit should capital investment for refurbishment not become available.</p> <p>The cohort of patients in the unit have complex needs and the unit can offer a rehabilitation and move on as part of a complex needs pathway.</p>	Short/MediumTerm
Laurels & Briary	<p>Individuals with profound and multiple learning disabilities are relatively small in number and historically have been under provided for.</p> <p>This service was designed to help address this fact and currently there are 8 beds in total 2 of which are for planned respite. The care provided has a different focus to other inpatient care with physical care skills uppermost.</p> <p>The type of provision required to meet the needs of this cohort of individuals is specialist care but not necessarily hospital care. This is a commissioning issue for each of the Health Board areas and the unit could be transferred to another organisation as part of this. The service may not be replicated in the long term new build solution and the tenure of the unit's usage within LD specialist services will be subject to commissioning discussions.</p>	Short term

Specialist Learning Disability Services

Change is essential

- ▶ Outdated service model of care
- ▶ Estate not fit for purpose for modern LD service according to external reports.
- ▶ Isolated small units causing difficulties with staffing, maintenance and access.
- ▶ Increasing demand for specialist services due to more children surviving into adulthood with complex needs and people living longer.
- ▶ Current model means that excess resources are required just to deliver safe care
- ▶ Commissioners recognise this and acknowledge the need for change
- ▶ Ongoing scandals in commissioned care e.g. Winterbourne View and Whorlton Hall

HB Specialist NHS Adult Learning Disabilities Needs Analysis before COVID

4 Summary and recommendations

This snapshot/desktop needs assessment was intended to provide a guide to inform service redesign in relation to specialist tier 2 to 4 Learning Disability provision.

6	High level of reported delayed transfers of care due to community placements being unavailable and community care managers	Community services enhanced in order to provide case managers for everyone in an inpatient setting Exploration of new community models of care to
---	--	--

Younger patients being placed
Exploration of new community models of care to prevent admission and facilitate discharge to allow patient flow and free up beds for people placed outside of Wales

patient
beds to
outside

needs of
ation to

system

h, freeing up beds to
people placed with
s

ments and practice to
based on population

side accommodation
ize and need.

ropriate provisions for individuals with
and multiple learning disabilities to be

A multitude of reports acknowledge that change is needed.....



Bec

Home > Improving care > Collec

Quality Learning

The Quality Network Services (QNLS) aim



Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board



Tim Coupland
Training, Coaching and Consultancy for Healthcare
Making a Positive and Positive Difference



GIG CYMRU NHS WALES

Uned Gomisiynu Cydweithredol Cenedlaethol
National Collaborative Commissioning Unit

Community Learning Disability Services – Clinical Review

October – December 2018

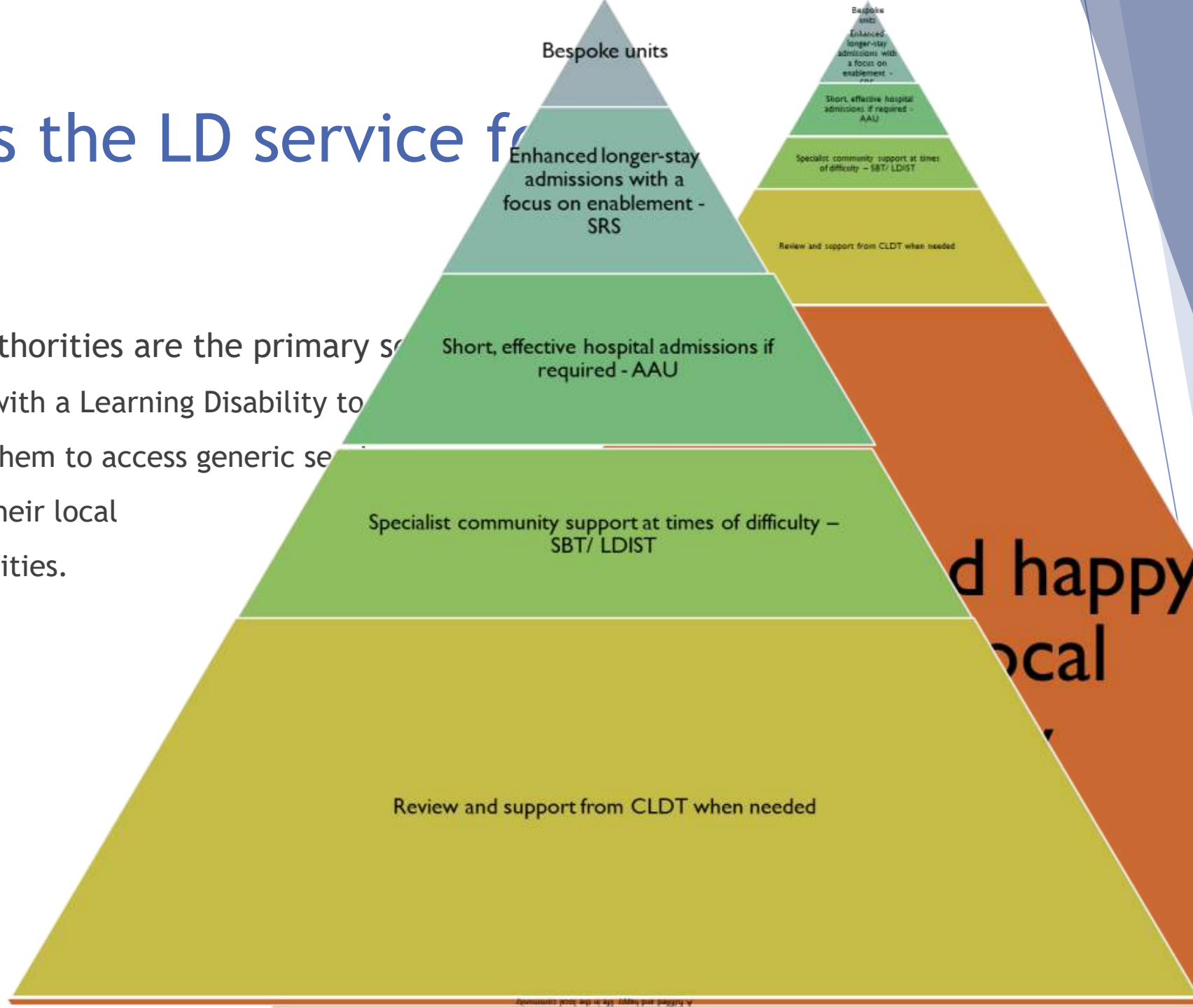
Embracing a positive future



Improving Care, Improving Lives

Who is the LD service for

- ▶ Local Authorities are the primary service providers for people with a Learning Disability to enable them to access generic services within their local communities.



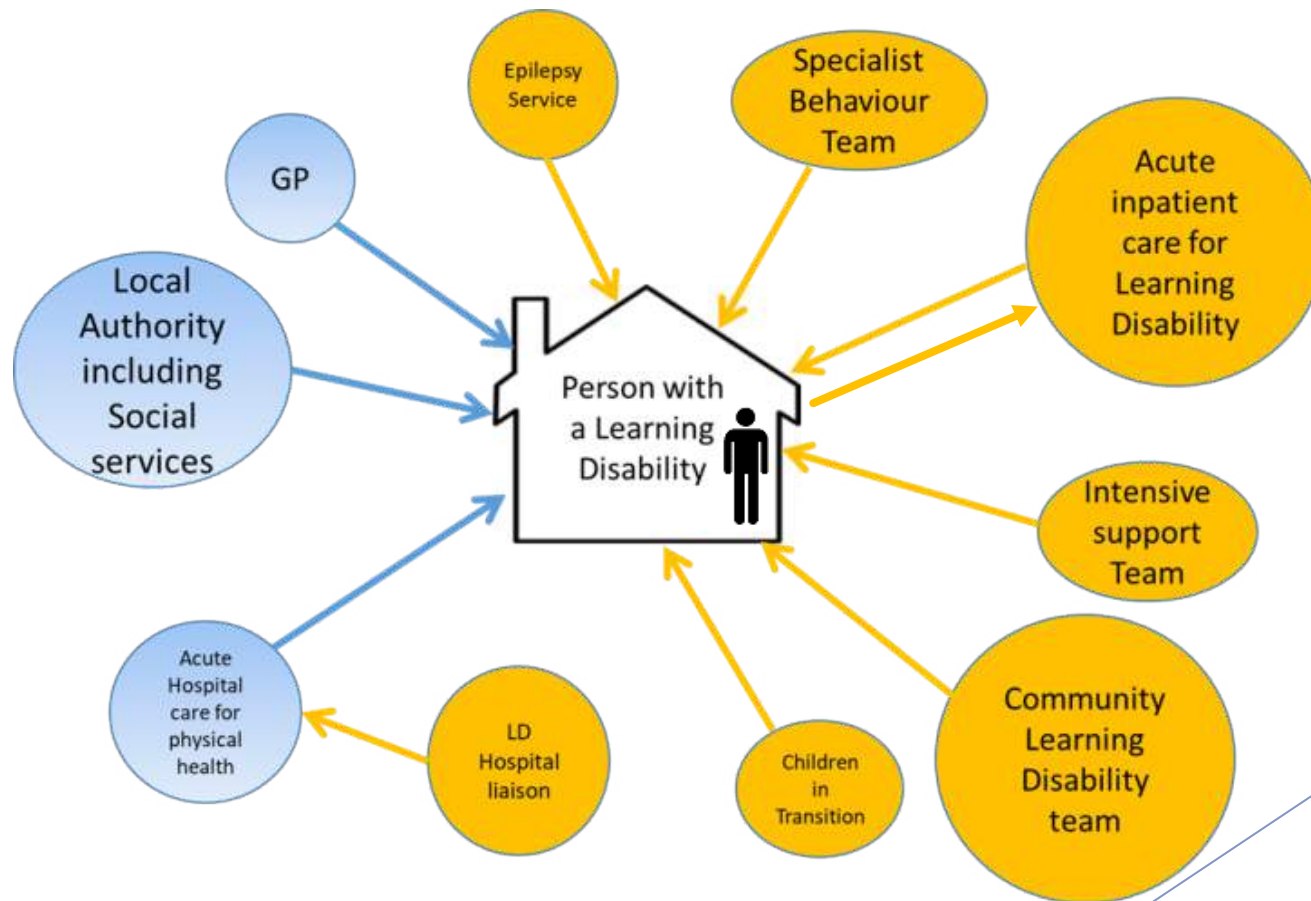


Health and social care services



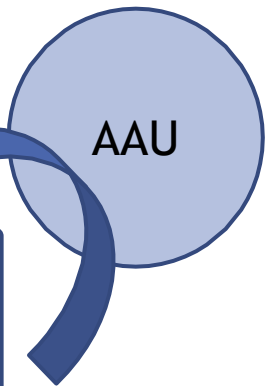
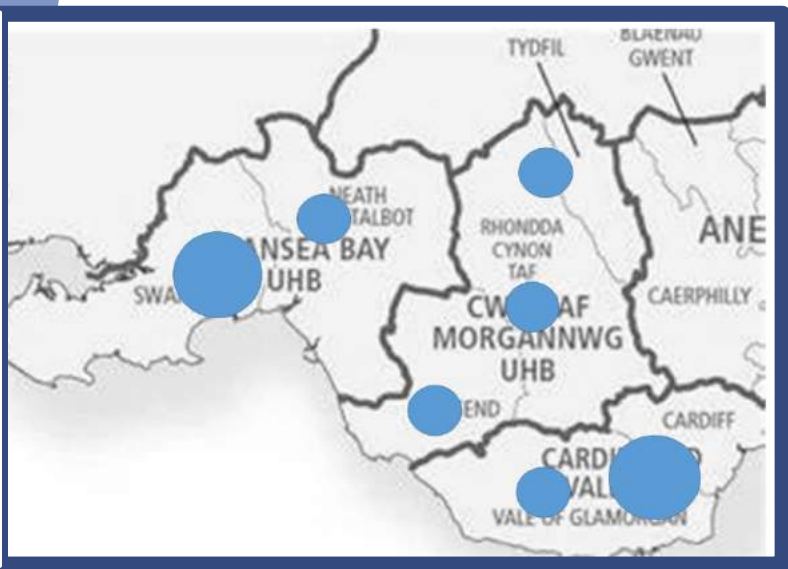
Health and social care services

Current ways of working



Community Learning Disability Teams





Acute assessment units

Current AAU patient flow

- ▶ 2 x 8 beds
 - ▶ Rowan House (Cardiff)
 - ▶ Llwyneryr (Swansea)

AAU
Total beds 16

Current AAU patient flow

- ▶ Discharge destinations:
 - ▶ Return home (family or supported by social care team)
 - ▶ New community placement
 - ▶ Private hospital
 - ▶ Specialist Residential Service (NHS Hospital)

AAU
Total beds 16

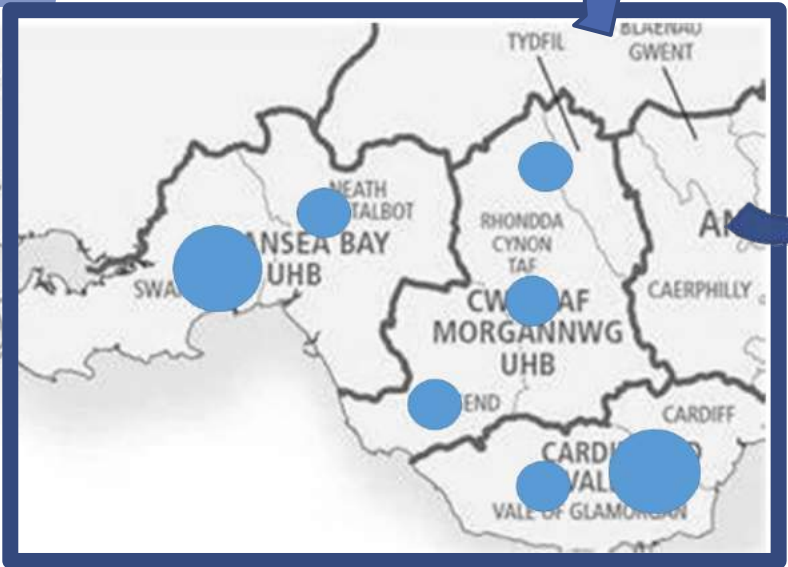
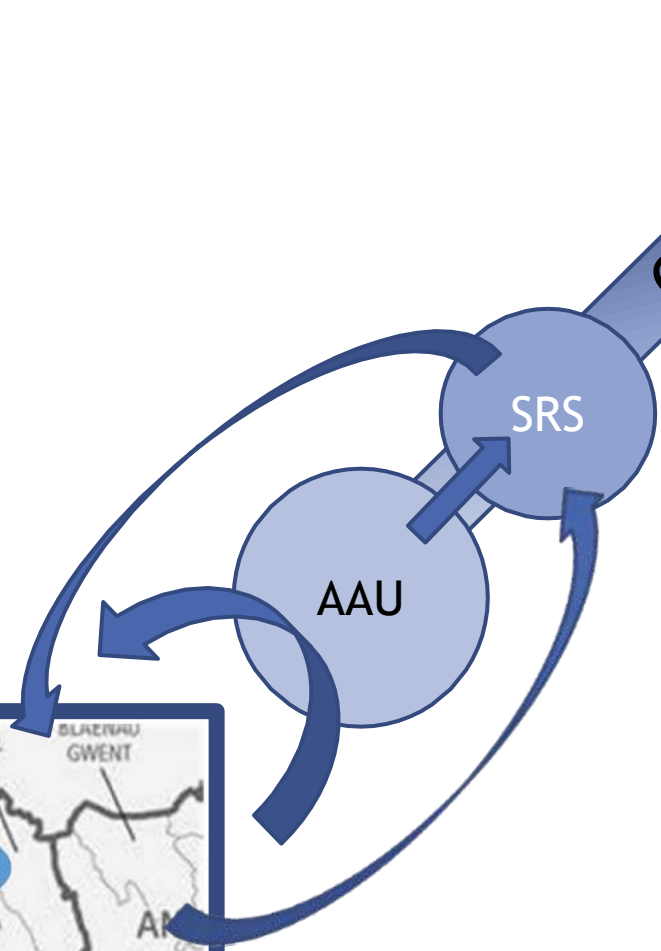
Current AAU patient flow

- ▶ Length of stay AAU
- ▶ Reasons for prolonged stay
 - ▶ Placement breakdown
 - ▶ Lack of community placements
 - ▶ Awaiting secure/ forensic placement

AAU
Total beds 16

COMPLEXITY

Special Residential Services



Learning Disabilities Premises Locations



Swyn y Afon
Continuing Health Scheme
Ryngaig, Nant y Cain,
Seven Sisters, SA10 9ET

Purpose built 5-bed bungalow
(freehold December 2002).



Meadow Court
Continuing Health Scheme
Rear of Duffryn Terrace,
Tonyrefail, CF39 8HB

Purpose built 5-bed bungalow
(freehold absolute confirmed
in June 2002).



Bryn Afon
Continuing Health Scheme
Oakland Terrace,
Ferndale, CF43 4UD

Purpose built 5-bed bungalow
(freehold absolute confirmed
in February 2002).



Llwyneryr
Assessment & Treatment Unit
151 Clasmont Road,
Morriston,
Swansea SA6 6AH

Purpose built 8-bed Unit
(freehold absolute confirmed
in July 1999).



Dan y Deri
Continuing Health Scheme
151 Clasmont Road,
Morriston,
Swansea SA6 6AH

Purpose built 8-bed Unit
(freehold absolute confirmed in
July 1999).



Dan y Bont
Continuing Health Scheme
Waterhall Road,
Kentig Hill,
Bridgend, CF33 6HA

Purpose built 5-bed
bungalow (freehold absolute
confirmed in October 2002).



Hafod y Wennol
Assessment & Treatment Unit
Hensol, Nr Pontyclun,
CF72 8YS

Purpose built 8-bed Unit
situated on the outskirts of
the former Hensol Hospital
site. (freehold absolute
confirmed in March 2006) and
was designed around a listed
building



Laurels & Briary
Continuing Health Scheme
36 A & B Cowbridge Road,
Ely, Cardiff CF5 5BS

Two 5-bed bungalows
(freehold absolute confirmed
in July 1999).



Rowan House
Assessment & Treatment Unit
Treseder Way, Ely, Cardiff
CF5 5WF.

An 8-bed Unit (freehold).



Ty Garth
Continuing Health Scheme
Off St Illyd's Road,
Church Village CF38 1UH

Purpose built 5-bed bungalow
(freehold absolute confirmed
in January 2006).



Lletty Newydd
Continuing Health Scheme
Velindre Road, Whitchurch,
Cardiff, CF14 2TG

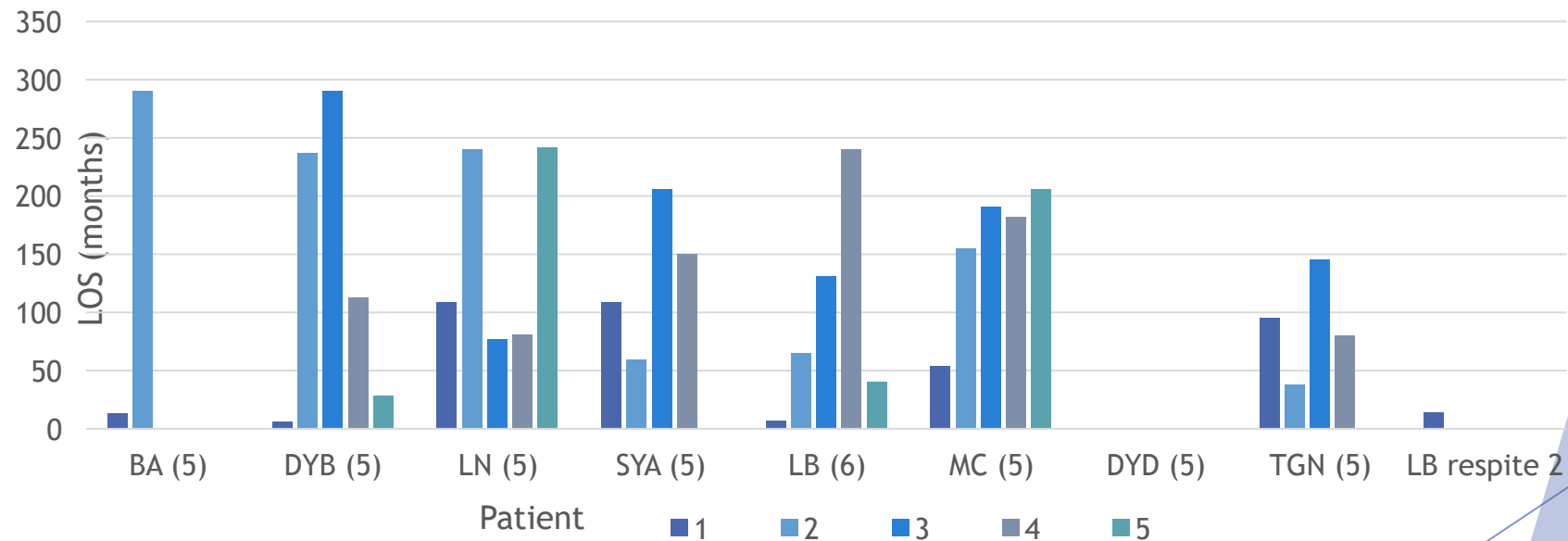
Purpose built 5-bed bungalow
in central Cardiff. (freehold
absolute confirmed in July
2001).



Ty Penfro
Temporary
administration
centre



Length of stay SRS (months)



SRS current patient flow

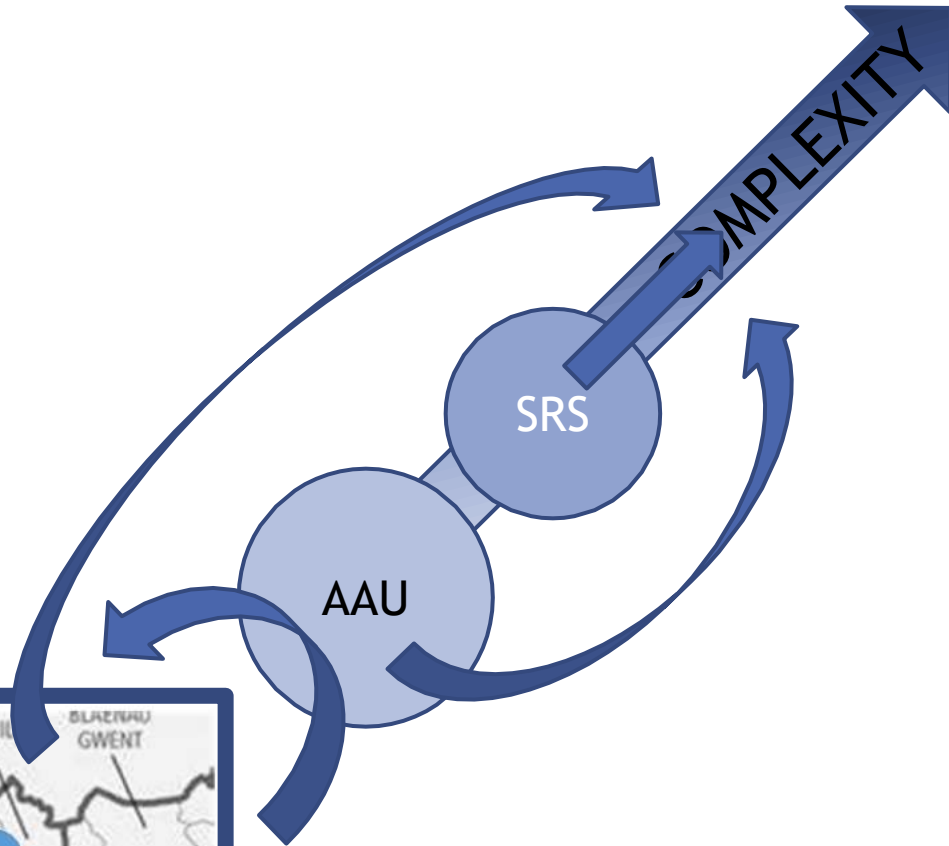
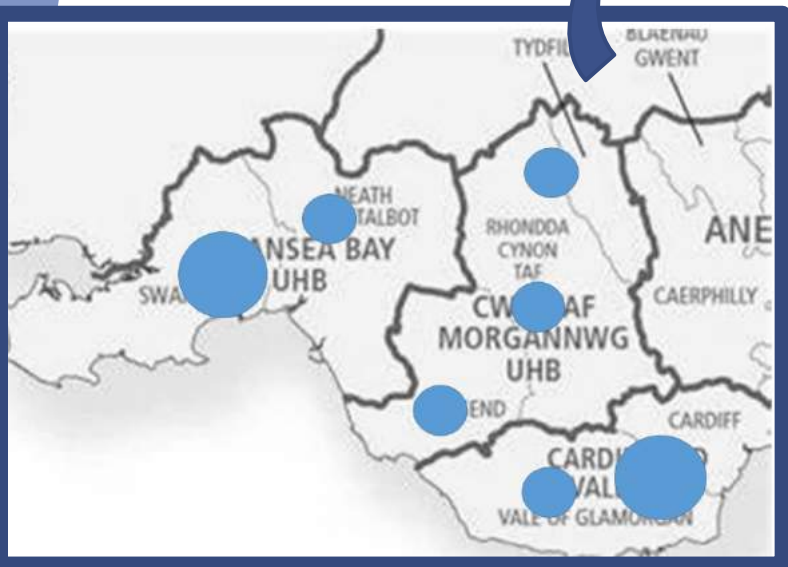
- ▶ Length of stay SRS
- ▶ Bed occupancy

SRS
Total beds 43

Patient flow issues

- ▶ AAU Delayed Transfers of Care
- ▶ Awaiting suitable community placement
 - ▶ Lack of providers
 - ▶ Continuing healthcare disputes
 - ▶ Lack of suitable environments
 - ▶ Awaiting case manager

SRS
Total beds 43



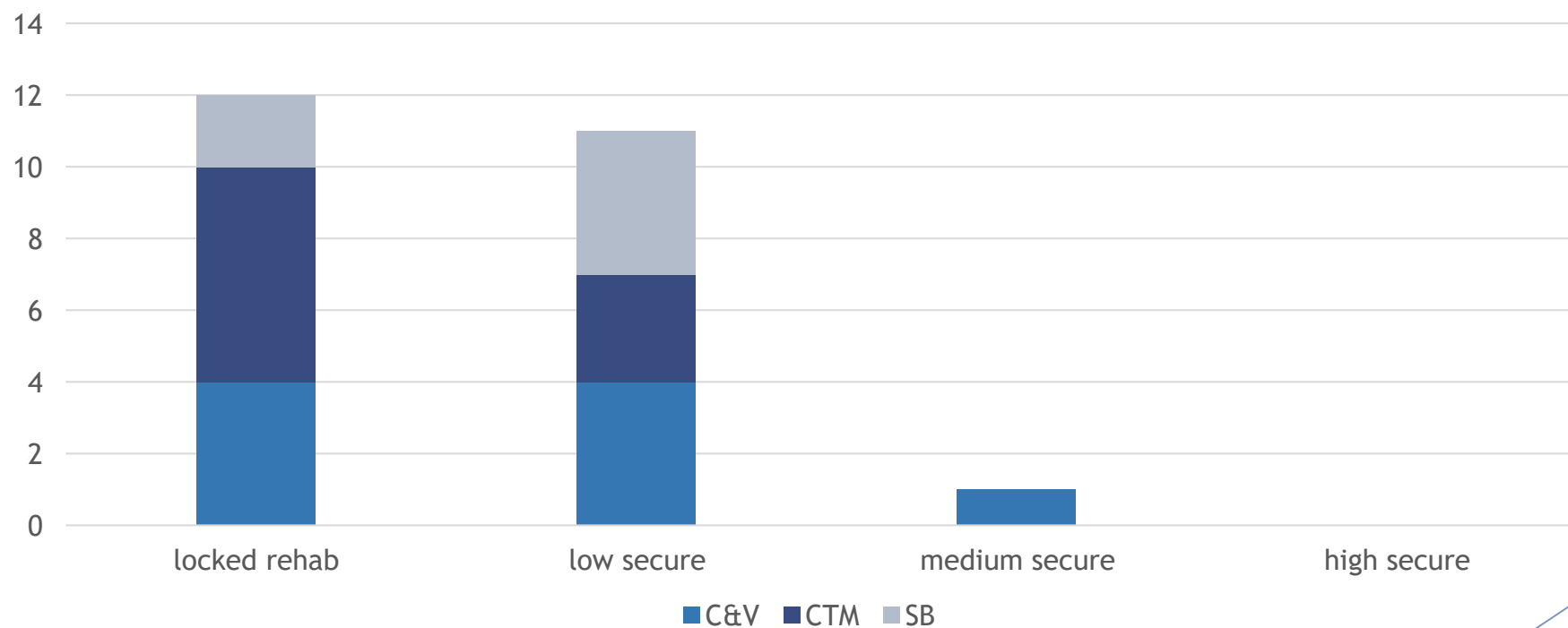
Private hospital patient flow

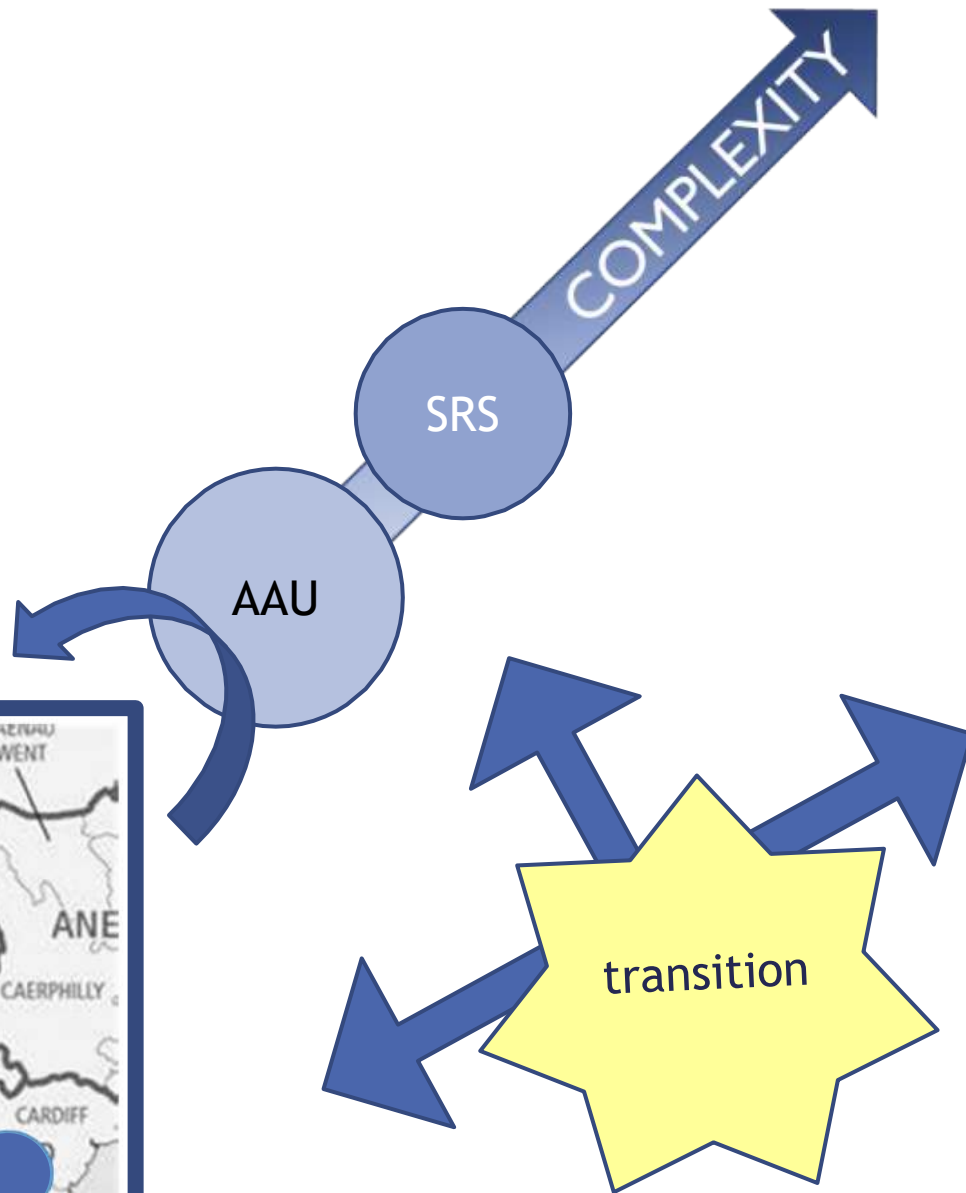
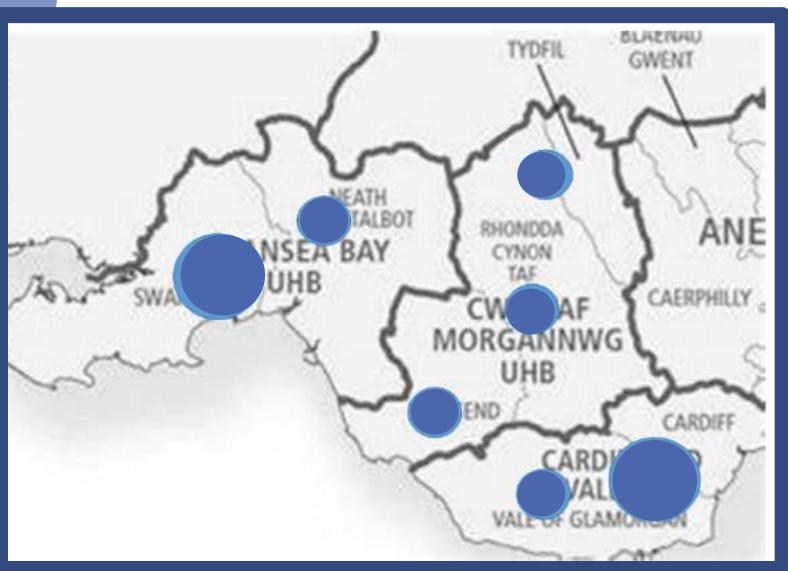
- ▶ Length of stay private hospital
- ▶ Reasons for private placement:
no NHS LD secure units

Private hospital providers
Total patients 29

Private hospital placements

Patients by level of security





Short term plans - currently in progress

Future patient flow

- ▶ 2 x 8 beds
 - ▶ Rowan House (Cardiff)
 - ▶ Llwyneryr (Swansea)

Hafod Y Wennol - Specialist Assessment unit
Challenging behaviour & complex health needs

- ▶ 6 beds plus seclusion suite

AAU
Total beds 16

Specialist
Assessment
6 beds

What have we done so far.....

- ▶ £ invested for:
 - ▶ Anti anti-ligature facilities in all AAU units
 - ▶ Brand new seclusion suite in HYW
 - ▶ Exercise equipment for HYW
 - ▶ Gardening therapy equipment
 - ▶ Table top daytime activities
 - ▶ Full MDT trained team



Assessments so far....

18 OOC patient have been reviewed to determine suitability for HYW

To date, 5 have been successfully transferred to HYW.

Step down placements have also been identified and transfer planning commenced

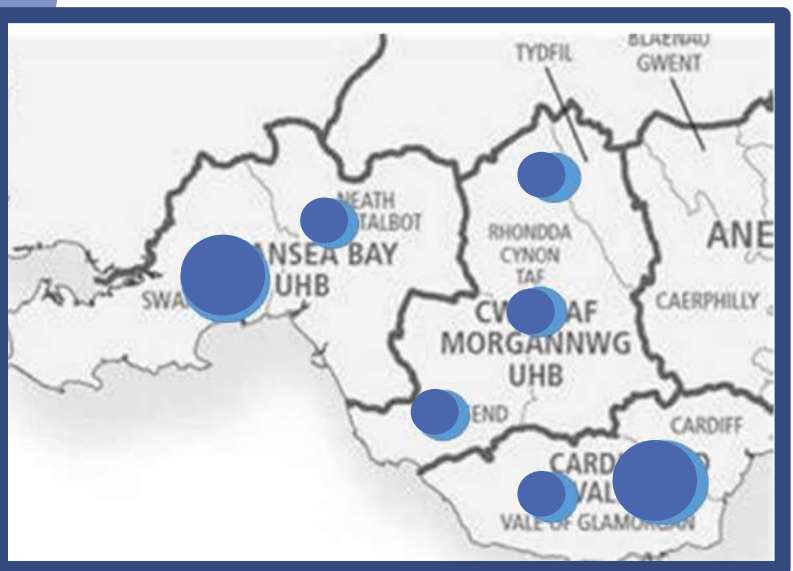
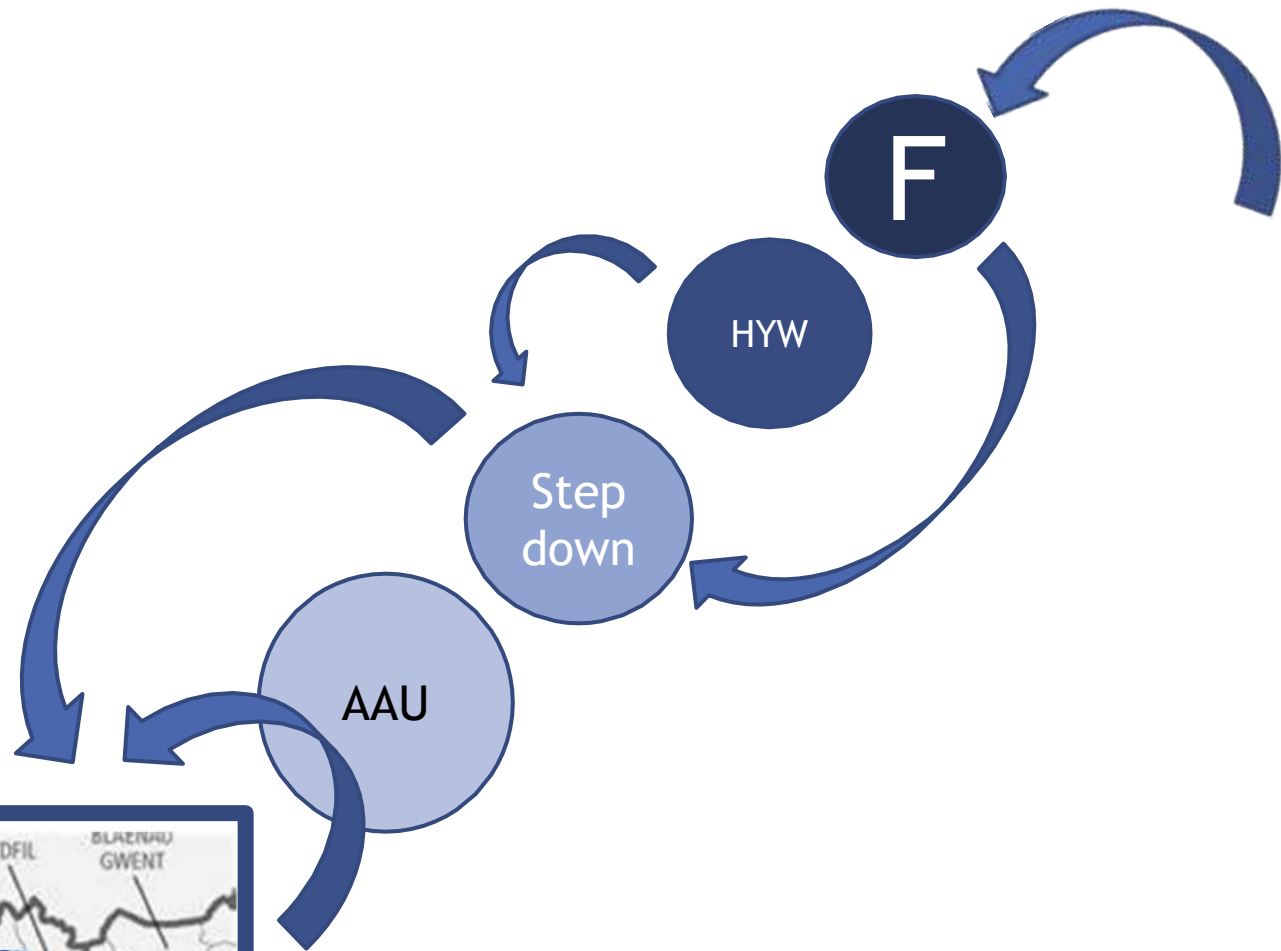
One patient has stepped down to SRS

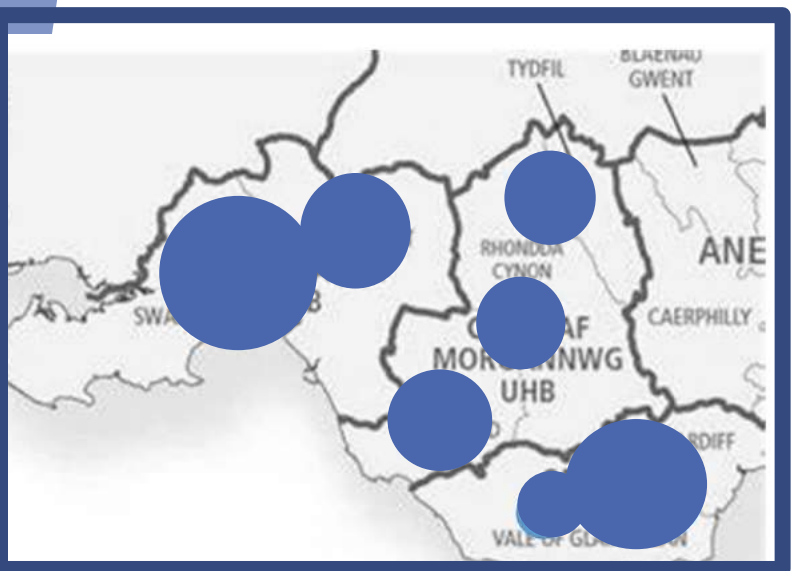
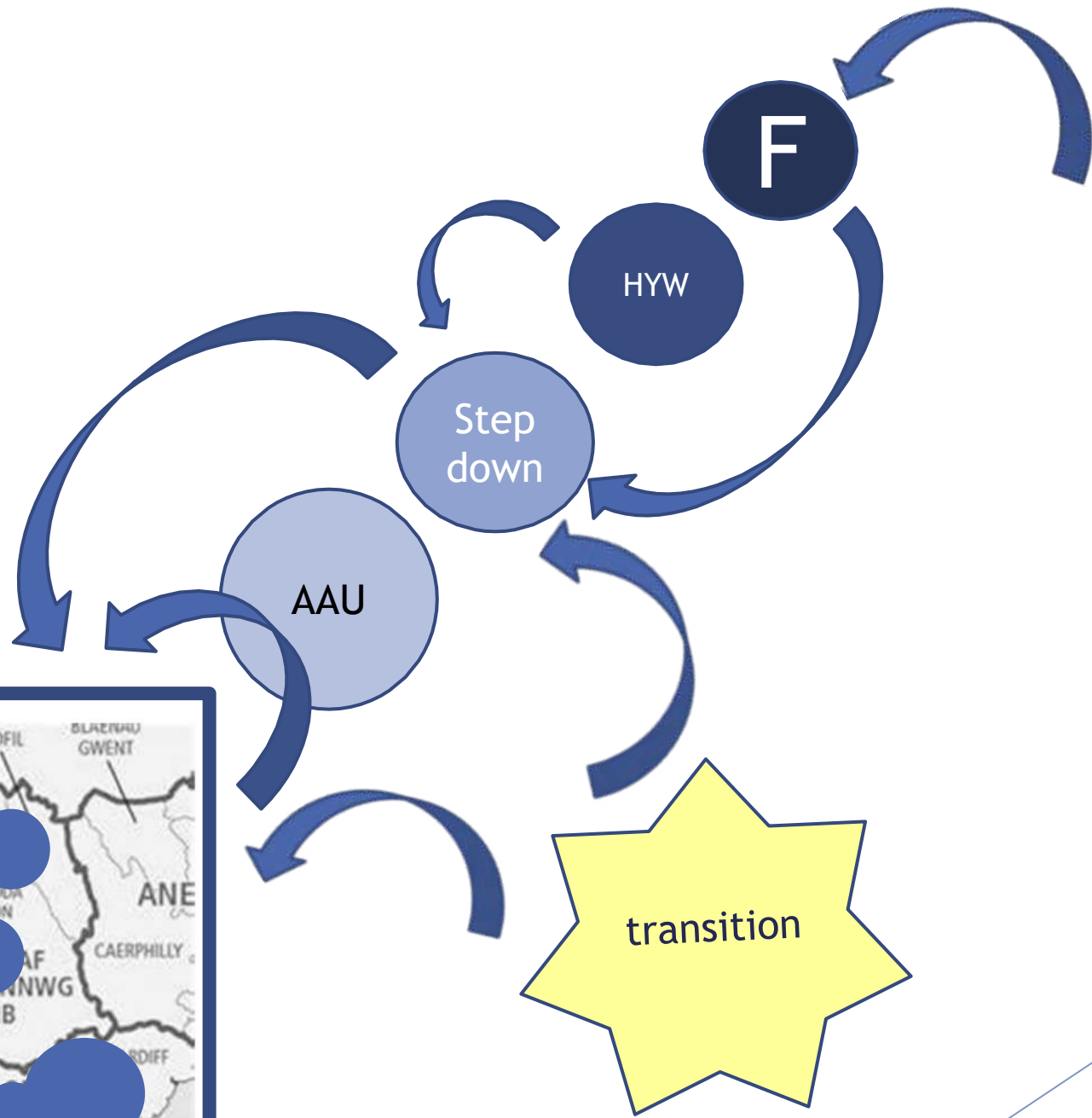
A further patient is due to step down to the community in the near future





- ▶ Forensic care, where appropriate consider use of
 - ▶ Taith Newydd
 - ▶ Caswell Clinic





Community Service Expanded offer

- ▶ Coupland report
 - ▶ Core business, people with most complex needs
 - ▶ Specialist health Pathways
 - ▶ 7 day working
 - ▶ Increased support and care for patients in the community
 - ▶ Reducing health inequalities
 - ▶ Reducing restrictive practices
 - ▶ Supporting providers to help avoid placement breakdown

Phased progression

Phase 1 - current

- ▶ Use of current estate and staffing to repatriate first patients, Hafod Y Wennol ✓
- ▶ Implementation of Coupland Review ✓
- ▶ Overview Needs Assessment all inpatients ✓
- ▶ Alignment of patient cohort to most appropriate settings ✓
- ▶ Design of inpatient unit for repatriation of patients with secure/ highly complex needs on DYD site ✓

✓ completed

✓ in progress

Phase 2 - three year planning

- ▶ Construction of purpose built secure facilities (DYD) to meet current and growing needs of service (subject to capital funds).
- ▶ Current estate used to repatriate and step down patient where appropriate ✓
- ▶ Continued repatriation of patients from private hospitals and onwards step down into community placements. ✓
- ▶ Ongoing specialist education and training for staff to enable most complex patients to be repatriated
- ▶ Increase skill set of community teams to support the most challenging patients
- ▶ NHS staffing used to support patients in new DYD development

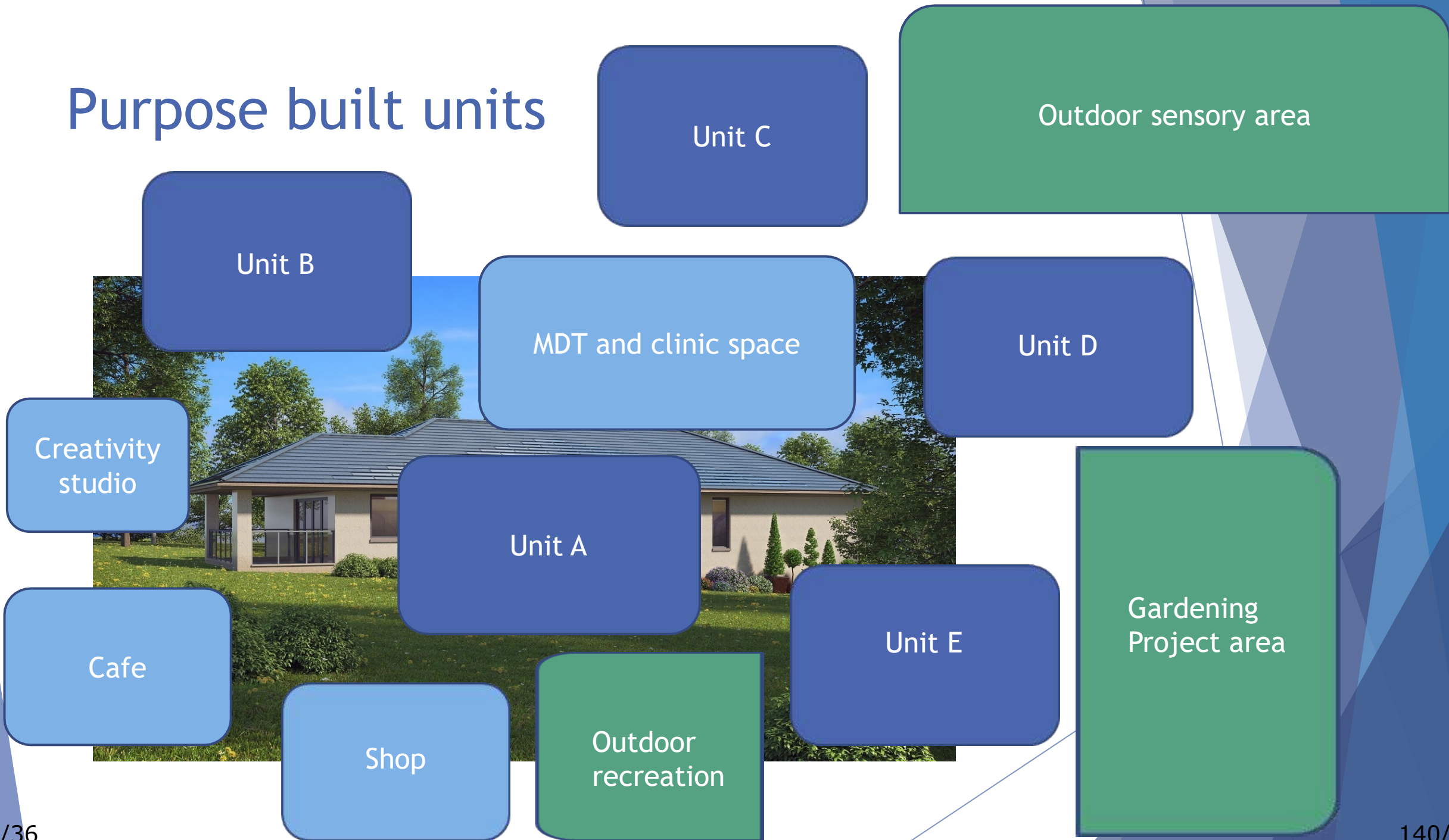
Phase 3 - vision

- ▶ Capital programme for long term hospital provision to serve the population of people with a learning disability who require inpatient treatment.
- ▶ Multiple units on a site which have required space for least restrictive care and maintain dignity, self contained, rehabilitation function
- ▶ Provision for Acute care, severe Autism with challenging behaviour, complex transition assessments, allowing for relational security for risk where required.

Purpose built units



Purpose built units



NEXT STEPS

- ▶ Establishment of overarching project structure for LD modernisation involving all 3 Health Boards
- ▶ Confirmation of 0-3year plan for inpatient and community services by end of Sept 2022
- ▶ Alongside short/medium term plan develop the longer term plan (Phase 3))



AGENDA ITEM

6.3

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

AHPS IN PRIMARY CARE

Date of meeting	02/08/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lisa Love-Gould, Clinical Director of AHPs
Presented by	Lisa Love-Gould, Clinical Director of AHPs
Approving Executive Sponsor	Executive Director of Therapies & Health Sciences
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Executive Leadership Group	24/04/2023	ENDORSED FOR APPROVAL
Improving Care Board	02/05/2023	
Next Steps: Further Faster, Optimum Model and future Commissioning Developments	28/06/2023	
Strategy Groups Team meeting	19/07/2023	

ACRONYMS

AHPs	Allied Health Professionals
CHWT	Community Health & Wellbeing Teams
HB	Health Board
LA	Local Authority
WG	Welsh Government

1. SITUATION/BACKGROUND

- 1.1 Preventative community based care designed to support people to stay well and independent is at the heart of the Minister for Health and Social Services priorities for 2023-2026. Multi-professional working underpins the integrated community model and new recurrent funding for AHPs from Welsh Government provides CTM with an ideal opportunity to create a consistent multi-professional, integrated community care service across the regional footprint.

Whilst all population groups could benefit from effective integrated services, the focus of this integrated service will initially be for older people, with a specific emphasis on falls and frailty. This is in line with the national direction outlined in 'Further, Faster'.

The CTM proposal is focused on frailty, integration and prevention. The additional investment in AHPs to **strengthen and expand** our Central Navigation Hub for urgent primary and community care, enhance and realign urgent and intermediate care response services, and support the development of an integrated multi-professional falls programme.

- 1.2 The CTM Proposal includes:

- 7 day duty therapy support to the Primary Care Navigation Hub to support specialist AHP triage of referrals
- 7 day rapid access to AHP intervention, focusing on admission avoidance
- Implementation of a CTM-wide falls programme delivered within the community
- Access to Hot Clinics within the community for Podiatry, Speech and Language Therapy, and Dietetics
- Effective use of a multi-professional support workforce to deliver effective and efficient interventions, under the supervision and guidance of registered AHPs.

This paper aims to ensure that the Committee is fully cognisant and supportive of this plan. It also provides an update on the current position and gives an opportunity for discussion and questions.

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

- 2.1 We have had excellent multi-agency engagement, but this proposal is dependent upon agreement from LA and Primary Care partners to integrate AHP resource from current services, for example Reablement, Community Health and Wellbeing Team (CHWT) and @Home teams. Without the aforesaid integration, the enhanced rapid community response will be limited to just 1 additional OT per region.
- 2.2 The proposal included an agreement for funding of 2 x primary care Occupational Therapy posts from the CHWT Primary Care Team to add to the community resource. Information and decisions are awaited in order to progress this aspect.
- 2.3 The programme has been presented in various forums as is evident from the engagement list above and the team is grateful for this level of engagement.
- 2.4 This work is a key part of the Health Board's integration agenda and links closely with CTM 2030 and the WG 3Ps work – (Promote, Prevent and Prepare) and the wider population health agenda.
- 2.5 The programme is being well-received by GPs, especially improving access to our specialist services through Hot Clinics. We are sharing this work through the Accelerated Cluster Development programme.
- 2.6 The team is working with the Integrated Commissioning Group looking at integrated offer for CTM. Part of this involves inputting into the urgent community pathway proposal, as well as the population health pathway looking at prevention. Agreement has been reached that standardisation of terminology is needed, along with the proposed reorganisation of the community model.
- 2.7 Directors of Therapies and Health Science across Wales will agree a set of principles and themes under which individual HBs will fit individual metrics. Proposed outcome measures within CTM are:
 - Reduction in ambulance conveyance rates for patients with non-injurious falls
 - Percentage compliance with 2 hour urgent AHP response
 - Percentage compliance with access to home-based service within 48 hours
 - Percentage compliance with access to Reablement within 72 hours
 - Increased number of patients seen within their own home
 - Increased access to preventative intervention i.e. preventative falls programme
 - Increased access to Rehabilitation / Reablement
 - Falls programme outcomes (multiple standardised outcome measures will be collated at key points of the programme)
 - PREMS / PROMS

- LA to monitor impact of service model change to ensure it doesn't negatively impact on core community occupational therapy service (e.g. housing / disabled facilities grants)

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

- 3.1 Recruitment to posts: risk of delays in recruitment process or availability of suitably qualified staff. Work underway regarding recruitment - writing JDs, job matching, etc. A Recruitment Drive for therapies is planned for 2 weeks in July, with a range of in-person events, a webinar, and a social media campaign.
- 3.2 Falls programme design is progressing well. Positive engagement and discussions with other services, such as Medication Management, Audiology balance clinics etc., to ensure that all relevant services are consulted with.
- 3.3 Agreement regarding reallocation of primary care resource is being progressed for the Falls Programme and the Community Rapid Response.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Effective Care Staff & resources, Staying healthy, Safe care Individual care, Timely care, Dignified care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. EIA in progress
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report. This is additional recurrent WG funding and repurposing of existing resources
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The Committee are asked to **NOTE** the contents of this report and endorse.



AGENDA ITEM

7.4

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

ANCHOR INSTITUTION UPDATE

Date of meeting	02/08/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Vicki Wallace, Deputy Director of Strategy and Partnerships
Presented by	Linda Prosser, Executive Director of Strategy & Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Anchor Institution Steering Group	13/07/2023	ENDORSED FOR APPROVAL

ACRONYMS

AISG	Anchor Institution Steering Group
BHCSG	Building Healthier Communities Steering Group
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
DRC	Delivering Resilient Communities

1. SITUATION/BACKGROUND

- 1.1 CTMUHB is an anchor institution within our region and through this role supports the delivery of our strategy CTM 2030: Our Health, Our Future.
- 1.2 There are three key strategic themes to CTM2030:
 - Developing resilient communities
 - Integrated community services
 - Clinical services plan
- 1.3 These strands are underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value based healthcare plans.

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

- 2.1 To ensure oversight of the delivery of CTM 2030, governance arrangements and operational arrangements have been established. It is important to ensure that each of the three key strategic themes set out above are included in these.
- 2.2 The delivery of the Clinical Services Plan and integrated community services have oversight and operational processes established.
- 2.3 The work undertaken as part of DRC was more disparate in its reporting and operational arrangements. Therefore a discussion took place at the AISG meeting on the 13/07/23 to discuss and agree the slight amendment to the remit of this group to take up the oversight of this strategic theme.
- 2.4 This was proposed as when the different elements of DRC were examined, they aligned with the Anchor portfolio. For example, employment opportunities, procurement, sustainability, Welsh language; community development. However, it was noted that there was a varied use of the term “resilient communities”, so in this situation, the use of our vision “Building Healthier Communities Together” would be more appropriate (dropping the “Together” for this group moving forward).
- 2.5 This proposal was agreed at the AISG and therefore moving forward, this update will be an update from BHCSG. This will not reduce the focus of the importance of being an Anchor organisation, instead it will increase the strategic focus upon the actions that we

are undertaking as it will be reported as one of the key strategic themes of CTM 2030.

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

3.1 There are no specific risks for this Committee.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This change should result in positive patient experience as the changes impact on population health outcomes
Related Health and Care standard(s)	Staying Healthy
	If more than one Healthcare Standard applies please list below: Staff and Resources Governance, Leadership and Accountability
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If no, please provide reasons why an EIA was not considered to be required in the box below. EIAs are delivered as part of the separate pieces of work.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There are different resource implications for each individual piece of work. This is included as part of each project plan.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1 The Population Health and Partnerships Committee is asked to **NOTE**, discuss and approve the change from AISG to BHCSG.

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
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
Requested at Agenda Planning Meeting March 23	Additional Item	Health protection System for CTM	Director of Public Health	2 August 2023
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
Requested via email.	Additional Item	Integrated Intermediate Care with AHP Funding	Director of Therapies & health Sciences	2 August 2023
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
Request made at Agenda Planning meeting March 23	Deferred from May 23 meeting.	Public Service Board Progress Report.	Director of Public Health	2 August 2023

Request made at Agenda Planning meeting July 2023	Additional Item	Resilient Communities	Director of Strategy & Transformation	2 August 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

Completed Activity from the Forward Work Programme

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	Additional Item	111#2 Roll Out	Director of Primary,	3 May 2023 - Completed

Planning meeting March 23			Community & Mental Health	
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	Additional Item	Cancer Research Strategy for Wales	Director of Public Health	26 July 2022 - Completed

planning meeting for July 22 meeting.				
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 meeting for July 2022	Additional item	Whole System Approach to Healthy Weights Across CTMUHB	Director of Public Health	26 July 2022 - Completed
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	Additional Item	Primary Care Strategic Area Development - Accelerated Cluster Development	Director of Primary,	4 May 2022 - Completed

Meeting for May 22 meeting.			Community & Mental Health	
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