

Agenda

13:00 - 13:05 **1. PRELIMINARY MATTERS**
5 min

1.1. Welcome and Introductions

Carolyn Donoghue, Chair

1.2. Apologies for Absence

Information Carolyn Donoghue, Chair

1.3. Declarations of Interest

Information Carolyn Donoghue, Chair

13:05 - 13:10 **2. CONSENT AGENDA**
5 min

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

13:10 - 13:30 **3. MAIN AGENDA**
20 min

3.1. Action Log

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

 3.1 Action Log PHP Committee 20 May 2024.pdf (3 pages)

3.2. Matters Arising Otherwise Not Contained within the Action Log

Discussion Carolyn Donoghue, Chair

3.3. Shared Listening & Learning Story - Appreciative Inquiry for Population Health - verbal

Discussion Philip Daniels, Director of Public Health/Claire Turbutt, Principal Public Health Practitioner

13:30 - 13:40 **4. GOVERNANCE**
10 min

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Governance/Board Secretary

 4.1a Org RR May 24 - Cover Paper PHP Committee 20 May 2024.pdf (6 pages)

 4.1b App 1 - Master Org RR May 24 - PHP Committee 20 May 2024.pdf (3 pages)

13:40 - 14:10 5. CREATING HEALTH

30 min

5.1. Creating Health

Discussion Philip Daniels, Director of Public Health

 5.1 Creating Health Programme Board PHP Committee 20 May 2024.pdf (4 pages)

5.2. Population Health Management

Discussion Philip Daniels, Director of Public Health

 5.2 Population Health Management PHP Committee 20 May 2024.pdf (7 pages)

14:10 - 14:55 6. IMPROVING CARE

45 min

6.1. Primary Care Strategic Update & Accelerated Cluster Development

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

 6.1 Primary Care Strategic Update PHP Committee 20 May 2024.pdf (9 pages)

6.2. Strategy Groups Update - Deep Dive - Dying Well Palliative and End of Life Care Strategic Development - Presentation

Discussion Linda Prosser, Executive Director of Strategy & Transformation/Kevin Duff, Head of Strategic Planning and Commissioning

 6.2 Strategy Groups Update - Deep Dive - Dying Well Palliative and End of Life Care PHP Committee 20 May 2024.pdf (11 pages)

14:55 - 15:20 7. SUSTAINING OUR FUTURE

25 min

7.1. Public Service Boards Update

Discussion Linda Prosser, Executive Director of Strategy & Transformation

 7.1 Public Service Board Update PHP Committee 20 May 2024.pdf (7 pages)

7.2. Regional Partnership Board Update

Discussion Linda Prosser, Executive Director of Strategy & Transformation

 7.2 Regional Partnership Board Update PHP Committee 20 May 2024.pdf (8 pages)

15:20 - 15:25 8. CONSENT AGENDA

5 min

8.1. Items for Approval

8.1.1. Unconfirmed Minutes of the Meeting held on 7th March 2024

Decision Carolyn Donoghue, Chair

 8.1.1 Unconfirmed Minutes 7.3.24 PHP Committee 20 May 2024.pdf (9 pages)

8.1.2. Committee Annual Report 2023-24

Decision Gareth Watts, Director of Governance/Board Secretary

8.2. Items for Noting

8.2.1. Committee Annual Cycle of Business

Information Gareth Watts, Director of Governance/Board Secretary

📄 8.2.1 Annual Cycle of Business Cover Report PHP Committee 20 May 2024.pdf (4 pages)

📄 8.2.1a Committee Annual Cycle of Business 2024-25 PHP Committee 20 May 2024.pdf (3 pages)

8.2.2. Strategy Groups Update

Information Linda Prosser, Executive Director of Strategy & Transformation

📄 8.2.2a Strategy Groups Update PHP Committee 20 May 2024.pdf (4 pages)

📄 8.2.2b Appendix 1 Strategy Group Update PHP Committee 20 May 2024.pdf (17 pages)

15:25 - 15:30 9. OTHER MATTERS

5 min

9.1. Committee Forward Work Plan

Discussion Carolyn Donoghue, Chair

📄 9.1 Forward Work Plan PHP Committee 20 May 2024.pdf (3 pages)

9.2. Committee Highlight Report to Board

Discussion Carolyn Donoghue, Chair

9.3. Any Other Urgent Business

Discussion Carolyn Donoghue, Chair

9.4. How Did We Do Today?

Discussion Carolyn Donoghue, Chair

15:30 - 15:30 10. IN COMMITTEE SESSION

0 min

The following item will be discussed at the In Committee session:

- Health Protection Structure

15:30 - 15:30 11. DATE AND TIME OF NEXT MEETING

0 min

1st August 2024 at 1.00 pm

AGENDA ITEM 3.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
7.2	7 March 2024	Decarbonisation Action Plan	To circulate the Decarbonisation Strategy.	Linda Prosser Executive Director of Strategy and Transformation	Complete Strategy was circulated following the March 24 meeting and has also been uploaded onto the Website.
5.1	7 November 2023	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Philip Daniels Interim Director of Public Health	In Progress Added to Forward Plan
6.1	7 November 2024	Primary Care Strategic Update	To receive a report on the Clusters and Accelerated Cluster Development at a future meeting of the Committee.	Julie Denley Deputy COO/Director Primary, Community, Mental Health & LD	In progress On Agenda – May 2024 Meeting
7.2	7 November 2024	Regional Partnership Board Further Faster Pathway Update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Linda Prosser Executive Director of Strategy & Transformation	In Progress Added to Forward Work Plan
02/23/11	May 2023	Mental Health Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes	Ongoing In light of the current status with regard to WCCIS, the Health Board is reviewing the

AGENDA ITEM 3.1

					feasibility of implementation within an 18 month timescale.
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COMPLETED ACTIONS

5.3	7 November 2024	Health Protection Service	To review the risk in relation to the vaccination programme and escalate to the organisational risk register, if required.	Philip Daniels Interim Director of Public Health	Complete The Public Health Team reviewed this risk and it is no longer considered critical as recurring funding has now been confirmed and therefore this risk will not be escalated to the Organisational Risk Register.
7.1	7 November 2024	CHOICE Year 3 Service Report 1	To receive a further update via a patient story at a future meeting of the Committee.	Philip Daniels Interim Director of Public Health	Completed Received at March 2024 Meeting
5.1	7 November 2023	Active Travel Charter	Share the work by Cardiff & Vale UHB on active and sustainable travel charters with the Committee`	Philip Daniels Interim Director of Public Health	Completed Shared via email 9 November 2023



Agenda Item

4.1

Population Health & Partnerships Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	April / May 2024	RISKS REVIEWED
Operational Management Board / Offline via email	April 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	13 th May 2024	MANAGEMENT SIGN OFF RECEIVED

Acronyms / Glossary of Terms	



1. Situation / Background

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

2. Specific Matters for Consideration

Risk Review

- 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 and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in **red** in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 3rd May 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.5 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk



- Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.5 To date **627** members of staff trained to date since training commenced in 2021.
- 2.6 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.7 Feedback on the training continues to be positive, please see below:
- 40 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
 - 78% (31/40) provided a score of 5/5 in terms of content of the session
 - 20% (8/40) provided a score of 4/5 in terms of content of the session
 - 3% (1/40) provided a score of 3/5 in terms of content of the session
 - 100% of the 40 attendees providing formal feedback found that:
 - The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
 - 98% of the 40 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
 - Some of the recent comments received through evaluation have been included below:
From the session on the 2nd May 2024.
 - *"Clear guidance on what risks are how to score and actions."*
 - *"Clear explanations with good examples"*
 - *"All new info (to me), well presented. Thank you"*
 - *"Great insight clearly explained and would advise my team to attend"*.
 - *Really good session. Friendly and informative."*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

No new risks as assigned to this Committee.

3.2 CHANGES TO RISKS

No changes to risk score to those risks assigned to this Committee.









3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

No closed risks as assigned to this Committee.

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

Consequence	5					
	4				5579 5374	5462
	3					
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

3.5 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory <i>(since the last report received by the Board)</i>
1.	Community and Partner Engagement Click Here for Risk 4	Creating Health 	Director of Communications, Engagement & Fundraising	Population Health & Partnerships	12 (C4xL3)	No change as at May 2024 
2.	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 8	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)	No change as at May 2024 
3.	Healthy Life Expectancy Click Here for Risk 9	Creating Health 	Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)	No change as at May 2024 



4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) See detail captured for each risk	

5. Recommendation

5.1 The Committee are asked to:

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

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1																	
5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Adult weight management service - Insufficient capacity to meet demand	If there is insufficient capacity within the adult weight management service to meet the demand Then patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years. Resulting in missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	People are offered the lowest intervention required in line with the Health Weight Healthy Wales pathways. Those that are waiting are being supported with 'waiting well' signposting. Digital opportunities are being explored to maximise efficiencies within pathways as well as maintaining communication with patients to manage expectations on waiting list times. Existing services, both within the Health Board and with community partners are being maximised and integrated within pathways.	Update April 2024 - Demand & Capacity continues to be reviewed each quarter. Q4, March 2024 showed a waiting List of 1500 patients, an increase from 1300 at Q3. Group education evaluation is positive, showing it is a suitable service model for 75% of patients requiring a level 3 service. This has increased service capacity by 50% compared to original service specification, however referral rates continue to exceed service capacity. Prescribing capacity for high-cost medications and implications for demand exceeding current funding has been agreed in collaboration with Medicines Management. Next rv 20.5.24	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	29.04.2024	20.05.2024
9																	
5579	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Head of Nutrition and Dietetics, Therapies, PCH	Creating Health	Patient / Staff /Public Safety	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	If there is no children and young person's weight management service to manage their overweight and obesity Then the Health Board will be unable to support children and young people to manage their overweight and obesity Resulting in non-compliance with national standards and pathways, significant risk to patients with increase in childhood obesity rates, obesity related conditions, healthcare costs and no improvement in the health of the most disadvantaged.	Some Level 1 weight management service exist across the Health Board, namely PIPYN (3-7yrs Merthyr only) and Henry (0-5 CTM wide), these programmes are currently fixed term funded until end March 24. There is no level 2 - multicomponent service or level 3 - specialist MDT service. An option appraisal for the introduction of a children and families weight management service has been undertaken.	Update April 2024 - Risk descriptor changed on this risk review. Business case finalised, and presented to Creating Health Steering Group 18.04.24. Proposal endorsed and the agreed next steps are to identify sources of funding. Next rv 25.7.24.	Population Health & Partnerships Committee Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	13.10.2023	29.04.2024	25.07.2024
20																	
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	If the health board's decisions fail to reflect our values or consider the long term environmental or social impact Then: we will not fulfil our socio-economic duty, our Wellbeing of Future Generations objectives or our value based healthcare principles Resulting in: negative environmental and social impacts and loss of trust and confidence among stakeholders	<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. Established a CTM Environmental Sustainability Group which will have oversight and delivery of CTM's decarbonisation agenda CTM becoming established as an Anchor Organisation. Decarbonisation Action Plan Established a CTM Environmental Sustainability 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 Use of less environmentally impactful anaesthetic gases CTM representatives attend the Welsh Government Green meeting Update of the DAP by March 2024 Board and Committee cover papers also now include environmental impact against SRs. 	Update April 2024 - Sustainability post approved and soon to go live for recruitment. Further mitigation action is to undertake work to assess the environmental impact of projects and programmes that are not classed as "sustainability" projects/programmes. Currently score remains unchanged.	Population Health & Partnerships Committee	16	C4xL4	8 (C4xL2)	↔	21.2.2023	19.04.2024	31.07.2024
26																	

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

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

Creating Health aims

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

OVERALL RAG



STATUS UPDATE, ACTIONS TAKEN:

Workstream	Status Update	RAG
Key Projects/Programmes reported to April Creating Health Board	Catering Services Transformation	Yellow
	Making Every Contact Count (MECC)	Green
	Social Prescribing	Green
	3P's Programme	Green
	Eliminating Hepatitis B and C	Yellow
	Smoking Cessation	Green
	AF & Hypertension	Yellow
	Weight Management Service	Yellow
Creating Health Metrics	New workstream established to support the development of key metrics across the Creating Health programmes. National metrics and CTM 2030 associated performance measures identified. Local and annual metrics under development to ensure services can be planned to ensure deliverable, incremental improvement towards the standards identified.	
All Workstreams	<p>Detailed Presentations received from; Catering Services Hepatitis Elimination Children and Young People Weight Management Service Diabetes</p> <p>All work streams focussing on assessing RAG rating and a new rhythm for reporting is being established. Programmes developing appropriate metrics</p>	

KEY METRICS:

- Long Term:** Cwm Taf Morgannwg Population Health Measures.
- Annual/medium term:** Work over the next month will focus on development of local metrics for each workstream both with regards to the local geography/demographics of the CTM population and short and medium term deliverable targets to enable incremental change

ISSUES AND RISKS:

Risks	Mitigation	RAG
If there are data accuracy and availability issues, then metrics and measures required by the Portfolio may not be available resulting in inability to appropriately track and report on Portfolio benefits	Early identification of metrics/measures needed to track benefits	12
If there are Portfolio resource constraints then this may lead to reduced levels of resource able to support the development and delivery of the Creating Health Portfolio resulting in delay and reduced organisational benefits	Management / Exec advice to be sought on any prioritisation issues Review redeployment	12
If there is lack of funding available to support the development of the Creating Health Portfolio then this may lead to lack of resources being available resulting in delays in the development and delivery of the Portfolio objectives	Monitor available funding and resource requirements	9
If there are establishment gaps and organisational uncertainty due to OCP Phase 2, then this may lead to reduced levels of resource resulting in reduced Portfolio progress	Management / Exec advice to be sought on any prioritisation issues	9
If there is a conflict with other Organisational Priorities (COVID, Sickness, ability to recruit, Recovery programmes, National priorities, Winter Pressures etc, OCP Phase 2), then resources may not be available to support the Creating Health Portfolio resulting in delays against the plan and milestones being jeopardised	Monitor other organisational commitments Monitor staff sickness Management / Exec advice to be sought on any re-prioritisation issues	12

ESCALATIONS/ DECISIONS TO BOARD:

Healthy Weight Business case to be presented to OMB

Goal	Description
By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average	Life expectancy and healthy life expectancy are good summary measures of the overall health of the population. The inequality gap should be measured in comparison to Wales as well as between deprivation groups within CTM
By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average	Healthy life expectancy represents the number of years a person might expect to live in good or very good health and is an estimate for the general population.
By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20%	Health inequalities are avoidable, unfair and systematic differences in health between different groups of people and the difference in life expectancy is a good measure of population level health inequalities
By 2030 Avoidable Mortality in CTM matches the Wales average	Avoidable mortality is a good summary measure of the performance of wider public health (preventable) and health & care (amenable) systems
By 2030, cardiovascular and cancer mortality in CTM matches the Wales average	Cancer and cardiovascular deaths are two of the most common causes of mortality and are often preventable
By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births	Early life experience is predictive of future health and wider social outcomes. IMR is an important indicator of population health as it reflects the structural factors affecting population health
By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average (6.5% for CTM in 2022, compared to 6.1% in Wales)	
By 2030, the smoking prevalence in CTM is down to 5% (rates have decreased in CTM compared to 2021-22)	Smoking rates are the largest single cause of inequalities in health
By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	The UK and Welsh Governments have introduced plans and policies that aim to reduce the number of smokers. These include the smoking ban in 2007, the smoking in vehicles with children ban in 2015 and the Tobacco Control Delivery Plan for Wales 2017-20. Although smoking rates have been decreasing steadily, smoking is still a major cause of premature death in Wales.
By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase (missing CMP 2021-22 data for CTM, due to COVID-19 impact)	Obesity influences life expectancy and is an important proximal risk factor for many long term conditions
By 2030, the percentage of adults who are obese will decrease (no trend data available due to changes in the survey method)	

Life expectancy at birth, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020
Produced by Public Health Wales Observatory using AFS, 2011 Census, PHM, MYE (ONS)



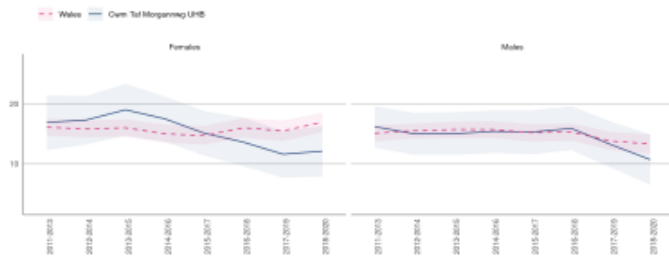
Healthy life expectancy at birth, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020
Produced by Public Health Wales Observatory using AFS, 2011 Census, PHM, MYE (ONS)



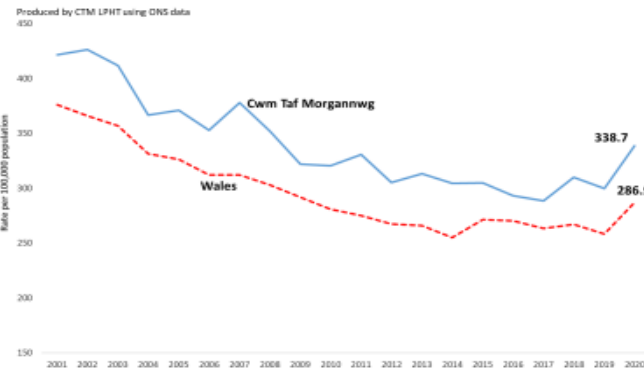
The gap in life expectancy at birth between the most and least deprived, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020
Produced by Public Health Wales Observatory using AFS, 2011 Census, PHM, MYE (ONS)



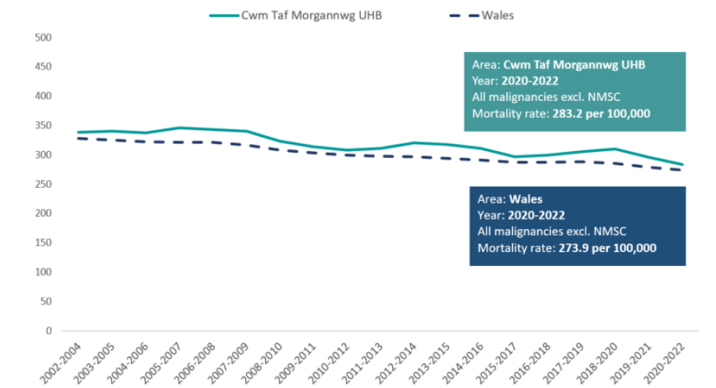
(NI) The gap in healthy life expectancy at birth between the most and least deprived, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020
Produced by Public Health Wales Observatory using AFS, 2011 Census, PHM, MYE (ONS)



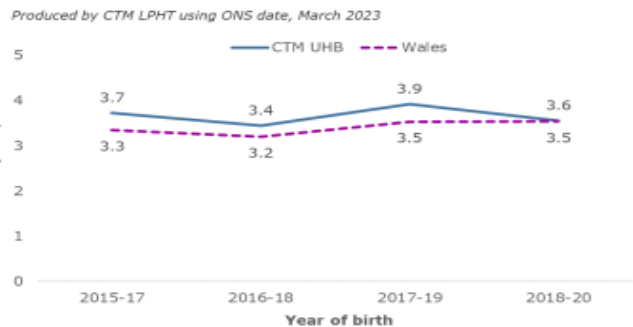
Trends in Avoidable age-standardised mortality in 2001-2020, CTM and Wales



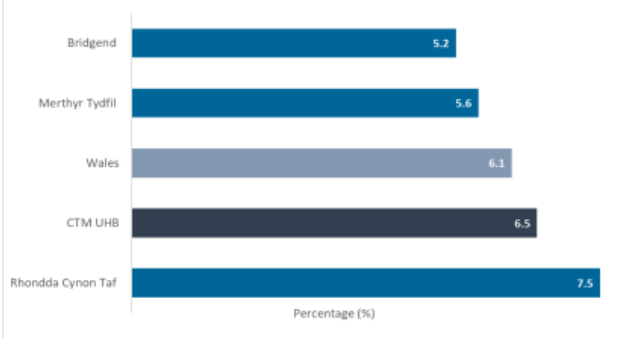
Cancer mortality trends for all malignancies excl. NMSC, EASR per 100,000 – Persons, all ages, Wales and CTM UHB, 2002-2022



Infant mortality (under 1 year) per 1,000 live births



Singleton live births with low birth weight by area, percentage, 2022



Singleton live births with low birth weight by area, percentage, 2022

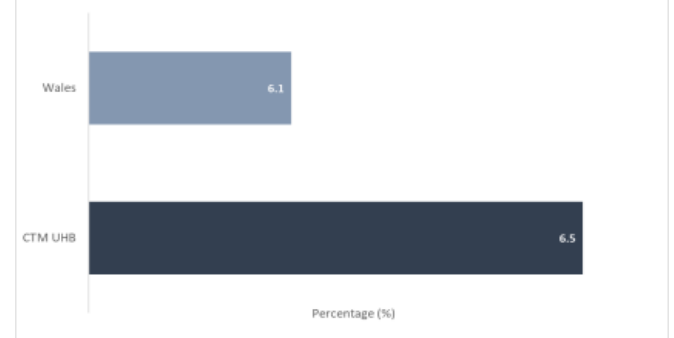
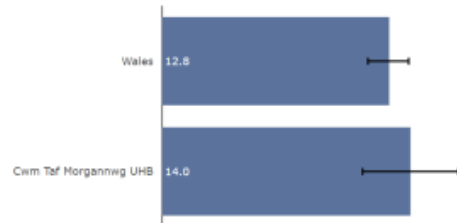


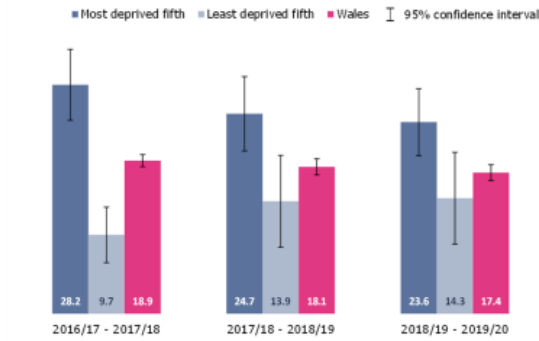
Figure: Adults who smoke, age-standardised percentage, persons aged 16+, Wales, Health Board, 2022/2023

Produced by Public Health Wales using NSIW (WG)



Adult smoking prevalence, age standardised percentage, persons aged 16+, Cwm Taf Morgannwg, by deprivation fifth, 2016/17 - 2019/20

Produced by Public Health Wales Observatory, using NSIW (WG)



Percentage of children, aged 4 to 5 years who are a healthy weight, by health board, Child Measurement Programme for Wales, 2018/19

Produced by CTM LPHT using CMP (DHCW)

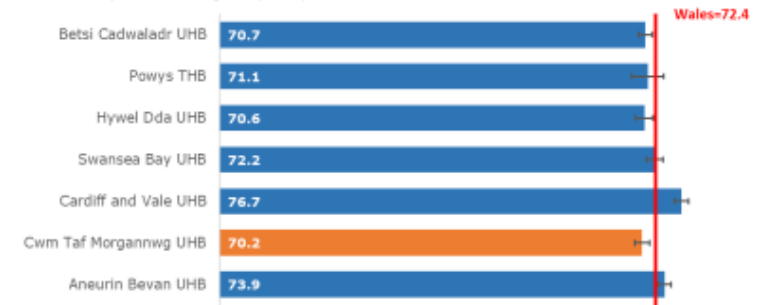
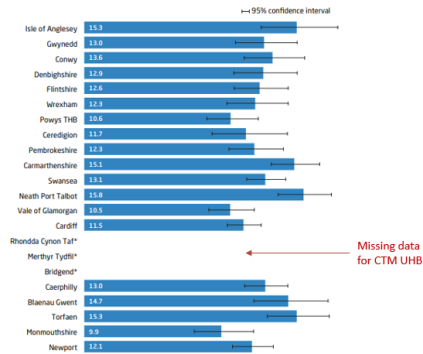


Figure 3 Percentage of children aged 4 to 5 years who are obese, Child Measurement Programme, local authorities, 2021/22



Produced by Public Health Wales Observatory, using CMP data (DHCW) *Due to the COVID-19 pandemic impact and its effects on priorities and staffing Cwm Taf Morgannwg UHB have not able to submit measurements for the 2021/22 academic year. This also impacts the ability to produce national figures for Wales.



Agenda Item

5.2

Population Health & Partnerships Committee

POPULATION HEALTH MANAGEMENT: UPDATE

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Gemma Northey, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Gemma Northey, Consultant in Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Population Health and Partnerships Committee	07/03/2024	NOTED

Acronyms / Glossary of Terms	
PSRS	Population Segmentation and Risk Stratification
PHM	Population Health Management
DHCW	Digital Health and Care Wales
GP	General Practitioner
IGRP	Information Governance Review Panel (for SAIL)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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

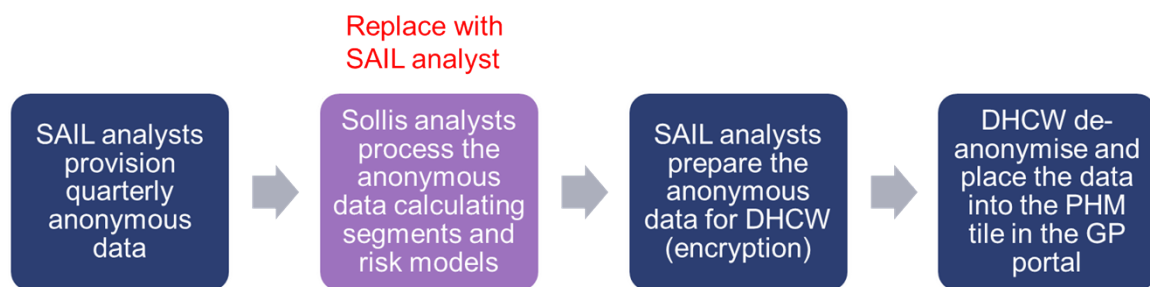
1. Situation / Background

- 1.1 This report provides an update on the changes to 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, as well as presenting updated data from the most recent extract.

2. Specific Matters for Consideration

2.1 Changes to PSRS infrastructure and data flows to GP practices following processing company Sollis' closure and exit from the project

- Our processing partner Sollis Ltd are closing and our contract with them ended at the end of March 24.
- We have agreed to replace most of Sollis' processing work by contracting additional analyst capacity from our existing partner in Swansea University (SAIL databank), as illustrated in the diagram below



- Changes regarding information governance are needed, specifically the data processing agreement (signatures needed from all participating GP practices again), data processing impact assessment and practice privacy notices. To do this the PHM Unit are working closely with information governance leads in CTMUHB, DHCW and SAIL.
- The latest extract was uploaded to the Primary care portal on 19/04/24. This was still produced based on previous agreements including processing by Sollis and to the same specification as before.
- From the next quarterly extract onwards (likely June) we will need to lose some of the variables that we previously received via Sollis. Specifically those we have to drop are the risk models (i.e. risk of emergency admissions), probabilities (e.g. high pharmacy cost), case-mix adjustment (not used much) and costs. These variables were based on data from the risk model licenced by Johns Hopkins University that we no longer have access to.
- GP practices will see minor changes to their front end access, with the patient search function for case-finding still including most variables as before (segments, deprivation, chronic conditions, frailty etc).



- To provide further information on the population need, the PHM Unit are planning to include a new comorbidities index (tbd), with scoping and development work over the summer.
- Currently the PHM Unit is working with SAIL analysts to apply the processing specifications – next extract is likely due in June but may need to be delayed if new setup not ready or not yet passed quality checks.
- Changes have been communicated to primary care colleagues via email and a Q&A session was offered to all and delivered online on 23/04/24.

2.2 Recent data analysis of variation in health care utilisation and chronic condition prevalence by primary care cluster, as well as chronic condition combinations for CTM

- Recent data analysis shows there remains substantial variation amongst GP clusters in health care utilisation and prevalence of chronic conditions. For example, patients in Bridgend North have statistically significantly higher prevalence of most chronic conditions such as diabetes and depression/anxiety than the CTM average, followed by Bridgend West and Rhondda clusters (see table below).

Statistical significance compared to CTM

Statistically significantly higher
Similar to CTM
Statistically significantly lower

		Primary Care clusters								
Summary measures		Bridgend East	Bridgend North	Bridgend West	Cynon North	Cynon South	Merthyr	Rhondda	Taf Ely	CTM
Prevalence of chronic conditions (QOF, diagnosed since 1990)	Asthma	12.8%	13.6%	15.2%	11.7%	10.9%	11.3%	11.7%	12.4%	12.4%
	Atrial Fibrillation	2.7%	2.9%	3.4%	2.8%	2.5%	2.5%	2.6%	2.3%	2.6%
	Cancer	4.0%	4.3%	5.8%	4.3%	3.7%	3.8%	3.8%	4.0%	4.1%
	Coronary Heart Disease	3.5%	4.2%	4.6%	3.9%	3.6%	3.5%	3.9%	3.2%	3.7%
	Chronic Kidney Disease	3.6%	4.8%	2.0%	2.7%	2.5%	2.4%	3.7%	3.1%	3.2%
	COPD	1.8%	3.1%	2.7%	3.0%	3.3%	2.9%	3.0%	2.0%	2.6%
	Dementia (QOF)	0.6%	0.7%	1.0%	0.7%	0.5%	0.6%	0.7%	0.5%	0.6%
	Depression/Anxiety	19.7%	26.0%	19.2%	17.4%	19.3%	20.3%	20.9%	20.4%	20.5%
	Diabetes	6.6%	8.2%	7.2%	7.6%	7.8%	7.3%	7.7%	6.5%	7.2%
	Epilepsy	1.2%	1.5%	1.3%	1.4%	1.4%	1.4%	1.5%	1.2%	1.3%
	Heart failure	1.2%	1.8%	1.6%	1.1%	1.2%	1.1%	1.0%	0.8%	1.1%
	Hypertension	16.0%	20.2%	17.7%	17.2%	17.8%	16.9%	18.2%	15.7%	17.2%
	Learning Disability	0.5%	0.6%	0.6%	0.5%	0.6%	0.5%	0.6%	0.4%	0.5%
	Non haemorrhagic stroke cerebral infarction	0.7%	0.7%	1.1%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%
	Osteoporosis	1.9%	2.0%	2.6%	1.6%	1.3%	1.5%	1.8%	1.7%	1.8%
	Mental health (severe)	1.1%	1.3%	1.5%	1.2%	1.1%	1.0%	1.2%	1.1%	1.1%
	Rheumatoid arthritis	0.8%	0.8%	0.9%	1.0%	0.9%	0.9%	0.8%	0.8%	0.9%
	Stroke or TIA	2.6%	2.8%	3.3%	2.3%	2.0%	2.2%	2.3%	2.1%	2.4%
Dementia (non-QOF)	1.6%	1.6%	2.4%	1.5%	1.2%	1.5%	1.5%	1.3%	1.5%	
Moderate/severe frailty (eFI)	6.8%	8.6%	9.4%	6.5%	7.0%	7.6%	6.9%	6.7%	7.2%	



Statistical significance compared to CTM

- Statistically significantly higher
- Similar to CTM
- Statistically significantly lower

Primary Care clusters

Summary measures		Bridgend East	Bridgend North	Bridgend West	Cynon North	Cynon South	Merthyr	Rhondda	Taf Ely	CTM
Demographics	Patients	83,220	43,426	34,480	31,929	30,817	61,448	79,935	96,334	461,589
	% population	18.0%	9.4%	7.5%	6.9%	6.7%	13.3%	17.3%	20.9%	
	Avg Age	41.97	42.23	45.90	42.49	41.45	41.32	41.97	42.08	42.22
	% Female	50.4%	50.1%	50.9%	51.0%	50.0%	49.9%	50.2%	49.7%	50.2%
	% in 40% most deprived	23.6%	71.4%	45.1%	70.1%	78.4%	68.1%	83.4%	36.9%	55.6%
Utilisation	Avg Estimated GP Practice contact days	3.75	4.41	3.54	4.95	4.20	4.09	4.52	3.91	4.12
	Avg Unique Prescriptions Count	4.32	5.18	5.06	5.05	4.74	4.64	4.68	4.03	4.58
	Avg OP First Attendance Count	0.38	0.39	0.37	0.46	0.40	0.41	0.42	0.38	0.40
	Avg OP Follow-Up Attendance Count	0.84	0.87	0.87	1.03	0.94	0.95	0.96	0.85	0.90
	Avg Inpatient Emergency Admission Count	0.09	0.10	0.08	0.12	0.11	0.13	0.12	0.10	0.11
	Avg Inpatient Elective Admission Count	0.16	0.16	0.17	0.14	0.13	0.13	0.12	0.12	0.14
	Avg A&E visits	0.33	0.36	0.33	0.39	0.40	0.38	0.40	0.29	0.35
	Avg Number of QOF chronic conditions	0.81	0.99	0.91	0.81	0.81	0.81	0.86	0.79	0.84

- The Rhondda cluster (albeit excluding one practice) has the highest proportion of patients in the two most deprived quintiles (83.4%) followed by Cynon South (78.4%) compared to 40% in the whole of Wales. The CTM average is 55.6%, however, there are pockets of deprivation in all primary care clusters.
- Data by cluster and segment show a variation in the proportion of the population in each segment by cluster area. Data can be used for planning proactive services by segment. For example, where frailty services might test proactive referral routes on certain segments to provide preventative care (such as segments 4 and 7), an estimate of numbers can be provided and considered when developing the inclusion criteria for referral.

Summary measures		Bridgend East	Bridgend North	Bridgend West	Cynon North	Cynon South	Merthyr	Rhondda	Taf Ely	CTM
Segments	Segment 1	27.0%	22.3%	25.0%	23.1%	23.8%	26.6%	23.3%	28.9%	25.6%
	Segment 2	17.0%	15.1%	15.9%	20.1%	19.0%	16.7%	17.6%	17.4%	17.2%
	Segment 3	11.8%	11.9%	14.0%	8.1%	10.1%	10.4%	9.7%	10.3%	10.8%
	Segment 4	9.2%	11.7%	10.6%	9.0%	9.5%	8.8%	9.5%	9.3%	9.6%
	Segment 5	8.1%	7.8%	7.6%	8.8%	9.6%	8.3%	9.7%	7.1%	8.3%
	Segment 6	10.9%	11.9%	10.4%	12.5%	10.8%	11.1%	11.1%	11.5%	11.2%
	Segment 7	6.7%	8.0%	6.7%	6.5%	6.2%	6.1%	7.1%	5.5%	6.5%
	Segment 8	2.8%	2.9%	2.4%	4.1%	4.1%	4.6%	4.0%	3.1%	3.5%
	Segment 9	4.4%	6.0%	5.0%	5.0%	4.3%	4.4%	4.9%	4.5%	4.7%
	Segment 10	2.1%	2.6%	2.3%	3.0%	2.6%	3.1%	2.9%	2.4%	2.6%

3. Key Risks / Matters for Escalation

3.1 There is a need to identify a more suitable, sustainable and stable data flow that can be used for PHM approaches. As previously highlighted, this may



come from a national data architecture solution (the National Data Resource), however this is still a number of years away and there is not assurance at this stage that it will be suitable. Alternative data mechanisms are being trialled, however these are dependent on complex information governance conversations at national and local levels.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below: Applies across whole life course, initial focus on living well and aging well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient
	If more than one applies please list below: Equitable and person centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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



Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>		Not required as this report is an update to population health management approach previously agreed.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: EIA not required as this report is an update to population health management approach previously agreed.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resource and capacity implications for Analysts in the LPHT to provide processing and checking function.	

5. Recommendation

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

6. Next Steps

- 6.1 Next steps are to undertake new data processing with SAIL partner, update and re-sign information governance documentation and scope and develop multimorbidity model for inclusion.



Agenda Item

6.1

Population Health & Partnerships Committee

A PRIMARY CARE STRATEGIC UPDATE

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Sarah Bradley, Service Director for Primary Care & Community
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley, Director of Primary Care, Mental Health and Community
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

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



DOPC/HOPC	Directors of Primary Care/Heads of Primary Care
HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
PCPG	Pan Cluster Planning Group
JPB	Joint Partnership Board
PMCAT	Primary Medical Care Advisory Team
RPB	Regional Partnership Board
SOP	Standard Operating Procedure
SPPC	Strategic Programme for Primary Care
SWPPC	Strategic Workforce Plan in Primary Care
ToR	Terms of Reference
AHP	Allied Health Professionals
WGOS	WGeneral Optometry Services

1. Situation /Background

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

2. Specific Matters for Consideration

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

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

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

2.2 Multi Professional Education and Training - HEIW have developed a Multi Professional Education and Training framework to encourage Health Boards to establish multi-professional academies. The aim of the frame work is to improve recruitment and retention for the primary care workforce, shared learning and development, quality and availability to improved training and

clinical placements which is expected to improve patient experience and care.

- 2.3 Progress to date: Funding for key posts to take the work forward has been given to Health Boards by HEIW and recruitment into these posts has been undertaken. The 1 WTE Primary and Community Care Academy Manager Band 8a has now been appointed and the successful candidate commenced in post in February 2024. There has been an interim Multi-Professional Primary and Community Care Education Lead (Clinical Lead) in post. This post has now been advertised to appoint into a permanent post. Interviews are due to take place in June.
- 2.4 Work has commenced to progress the opportunities for the Training Academy. A steering group has recently been established with representation from nursing, therapies, pharmacy and primary care There is also a representative from workforce to ensure the priorities identified for Academy align with the wider objectives of the organisation
- 2.5 *Primary Care Workforce Strategy* – HEIW is leading this programme across Wales. The first phase of the programme focused on a series of workshops across each of the Health Boards. The purpose is to provide a local and regional view on the key issues & priorities for the development feeding into the National strategic workforce plan for primary care, as well as secure buy in from stakeholders. The outputs will also help to inform our local workforce transformation plans going forward.
- 2.6 Progress to date: To conclude the engagement phase, a national primary care workshop was held in Cardiff with a parallel broadcast to colleagues in North Wales on 18 July 2023. This final event was an opportunity to present the emergent themes from the preceding events and provide another opportunity to gather experience, views and opinions. The event was successful with 250+ people in attendance. Workshops were held throughout the day to allow for in-depth discussions.
- 2.7 The plan was endorsed by the National Primary Care Board in December 2023 and shared with Health Boards to inform planning for 2024-25. The plan was approved by the National Primary Care Board on 15 February 2023 and it is proposed to launch in Spring 2024
- 2.8 On 7th May 2024 there was a SPPC team/HEIW team discussion on primary care to discuss respective priorities of the SPPC Programme / HEIW Trust and to consider areas for co-operation and joint working during 2024/25 in addition to the delivery of the Strategic Workforce Plan for Primary Care. The SWPPC formal launch is the 15th May 2024 at the HEIW Primary and Community Care Education Training Conference, with Judith Paget giving a key note speech. The team are continuing to try to secure funding to support delivery of the 14 actions in scope during year 1. HEIW are currently allocating leads to each of the actions. They are looking at



implementation plan arrangements via the Workforce and Organisational Development workstream of the SPPC.

2.9 **Optometry Contract Reform** - The new Welsh NHS Optometry Contract commenced on the 23rd October 2023. From the 1st April 2024, all Health Boards are required to implement WGOS 4 Services within practices, this includes Glaucoma, Diabetic Retinopathy, Wet AMD and HCQ screening. These services will support Hospital Eye Care Services [HES] in the shared management and/or discharge of patients from Ophthalmology waiting lists. Referral refinement services will also be implemented to avoid and reduce inappropriate referral into HES. This will improve access to timely care, treatment closer to home, avoid long waits and reduce risks to vision loss for patients.

2.10 Progress to date: The CTM Primary Care Team has successfully implemented the national WGOS 5 service, formally Independent Prescribing Optometry Service [IPOS]. This service has been in place in CTM since 2020. CTM has 12 IPs currently working in practice and a further 5 optometrists currently undertaking IP training placements. This service manages acute presentations in practice and prevents 95% of patients being referred to eye casualty.

- 1. WGOS 4:** Local schemes are already active in CTM. Work is currently being undertaken to align local schemes to the national WGOS specifications.
- 2. Glaucoma:** To date this local scheme has resulted in only 25% of patients assessed in practice being referred back into the HES system. By June, it is anticipated that a Glaucoma referral refinement scheme will be introduced to prevent inappropriate referrals into HES, this will reduce referral rates and manage more patients in practice.
- 3. Urgent Wet AMD-** referral refinement prevented 34.9% of inappropriate referrals being made into HES- this scheme will be rolled out to further practices across CTM when the national training is developed for optometrists. Those currently providing this service have been trained by a CTM Consultant.
- 4. Diabetic Retinopathy-** local scheme is in place and will roll out to further practices when the national training is available, the service will transfer to the national specification. Scheme has shown that only 19.3% of the patients assessed in practice were referred back into the HES system.
- 5. HCQ Screening-** this is a service requires development during 24/25.

It should be noted as part of the WGOS, the national roll out of Microsoft 365 is essential to enable practices to have access to NHS email. This will improve communication and efficiency of patient management between practices and HES. The Open- Eyes system is also a necessity to roll out higher WGOS services to enable a shared patient record to support shared care between services/transfer of patients and electronic referral.



2.11 **Dental Contract Reform** – Similar to the new optometry contract dental contract reform is focused on facilitating improved patient outcomes, prevention and wellbeing and access based on risk and need. The Reform programme started in September 2017 and after a pause, as a result of the pandemic, resumed in April 2022. Contract variation agreements remain in place and are revised year on year. A new contract variation has been issued for 2024/25 whilst the new dental contract continues to be negotiated between Welsh Government, British Dental Association and Health Boards. It is anticipated negotiations may continue into 2025, although the expectation was that a new contract would be introduced in 2024/25.

2.12 Progress to date:

- Nationally, there continues to be unrest amongst the profession, due to the continuation of changing measures annually under contract variation.
- Despite this, in CTM 96% of practices holding NHS contracts have opted to work under contract reform, with only 2 practices remaining under the original UDA contract.
- There were two large practice closures during 2023/24 in the Bridgend area, however a new practice opened in the centre of Bridgend in October 2023 and a second practice is due to open in June 2024. All patients will be allocated from the health board dental waiting list to help improve access for those wanting to access NHS care.
- To support access to NHS dentistry whilst some patients may need to wait to be allocated to an NHS dentist- practices working under contract reform in CTM are obliged to provide urgent access and take urgent referrals via the health boards dental urgent access hub. These practices are also required take no less than 25% of their New Patients from the health board waiting list, which again will increase access and reduce the numbers of the waiting list.
- An Oral Health Plan is also being written to identify and prioritise the development /integration of dental services to improve access to meet the needs of the CTM population. The plan will identify the resources [workforce and funding] required to improve access and enable high quality care to be delivered to CTM patients.

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



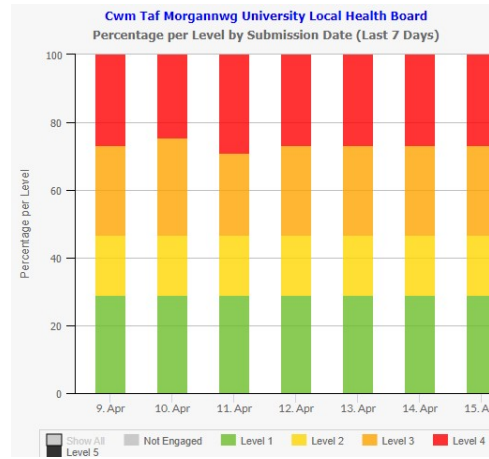
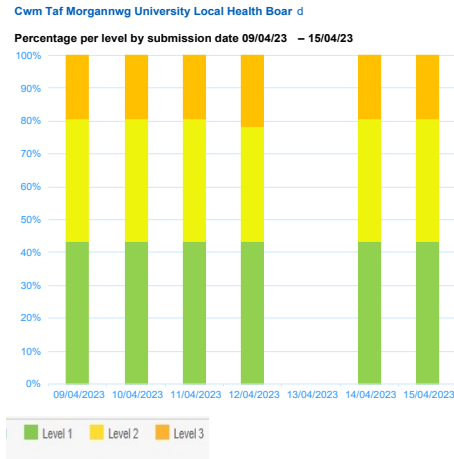
2.14 Progress to date: The latest position is as follows:

Indicator	Frequency	Mar-24
Practice Population		470,850
No. of Contracts in place	Monthly	44 <small>cwm Taf m</small>
No. of Managed Practices	Monthly	1
Care Home uptake	Monthly	80%
Sustainability Applications	Monthly	0
No. of practices with closed list	Monthly	1
List Closure Applications	Monthly	0
	<i>No. of Patients affected</i>	
No. of GMS Contract Resignations	Monthly	0
	<i>No. of Patients affected</i>	
No. of Boundary Change Applications	Bi-Monthly	0
	<i>No. of applications agreed</i>	
No. of removal of outliers applications	Bi-Monthly	3
	<i>No. of applications agreed</i>	
	<i>No. of patients affected</i>	
No. of branch closure requests	Bi-Monthly	0
	<i>No. agreed</i>	

Over the past 12 months we have seen an increase in the number of practices who are asking for patients who live outside their boundary area to be removed from their patient list as a way of managing their workload. This is something they can request under the GMS contract.

2.15 All practices across Wales are encouraged to report via a National Escalation tool on a weekly basis (or if levels change) and anyone reporting in at a level 3 (levels being 1 for slight change, level 2 modest impact, level 3 for pressures negatively impacting ability to deliver services, level 4 for significant pressures having to change the way in which services delivered and level 5 for in business continuity) will receive a call from the GMS team to seek to understand the issues and offer support.

The table on the left shows the escalation data for the period 09/06/23 – 16/04/23 and the table on the right is for the same week in 2024. As you can see there has been a substantial increase in the number of practices reporting level 4. Reasons being sighted are the increase in patient demand and staff vacancies. Something that is being reported more often now than before is that practices are having difficulty recruiting and retaining administrative staff.



2.16 Transformation of Clusters - Accelerated Cluster Development (ACD)

Focus continues on the transformation of clusters through the Accelerated Cluster Development. The roles of Regional Partnership Boards and PCPGs are emerging, and it is important that strong partnership working and leadership achieved. There still remains a good deal of variation in maturity between clusters and between Cluster leads, and this needs to be appreciated by the Health Board.

2.17 Progress to date:

- The annual peer review process has now completed with Bridgend North Cluster being reviewed for CTMUHB. The final reports are yet to be published, but all participants found it a very informative and useful process.
- All Optometry collaboratives are established (with Terms of References) and meeting a minimum of four times a year.
- Workshops for both the Nursing and Mental Health Professional collaboratives have taken place and there will be a CTM wide Nursing collaborative and three Mental Health collaboratives mirroring the 3 Joint Partnership Board areas. Representatives have been identified and will be attending the next Cluster meetings.

- An engagement evening for Dental contractors was held in March 2024 and expressions of interest for Collaborative leads have been submitted. Funding for participation in ACD has been identified from the successful SPPC Transformation Bid as it is still not included in the Dental contract. It is hoped that there will be a representative from the Dental collaborative at the next Cluster meetings.
- All Joint Partnership Boards have met at least twice over the Winter/Spring of 2024 and now bi monthly dates have been agreed. Bridgend has held a further workshop and RCT has a date in June for a workshop. This is to identify their workstreams over the next year to deliver on identified priorities.

3. Key Risks / Matters for Escalation

Key risks for us in delivering against the Primary Care strategic ambitions include the following:

- 3.1 GP and Dental Sustainability – This remains key risk and we will continue to explore the support we can offer practices; however more innovative ways are being explored in making primary care in CTM an attractive place to work.
- 3.2 Workforce – recruitment and retention are key risk for primary care workforce and the demands and pressures for contracts are putting off people choosing primary care as a career choice. However new models of care may actually help address this issue.
- 3.3 Gaps in the current primary care team are impacting on the ability of the team to respond to the rapidly changing contract changes and supporting contractors with the change, especially for dental and optometry and sustainability which all resource intensive.

4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	Improving Care Sustaining our Future
Dolen i Feysydd Strategol BIP CTM Link to CTMUHB Strategic Areas	Living Well
	Ageing well Growing well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales



Dolen i Hwyluswyr Ansawdd Link to Enablers of Quality	Whole-systems Perspective
Dolen i Feysydd Ansawdd Link to Domains of Quality	Effective
	Efficient
	Equitable
	Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment	
Ansawdd - Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? Quality - Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome: If no, please include rationale below: QIAs will be completed as required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome: If no, please include rationale below: EIAs will be completed as required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau - (Pobl /Ariannol) / Resource Impact - (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

6. Recommendation

The Committee are asked to **NOTE** the contents of the Primary Care Strategic Update and where relevant note CTM Health Board's delivery against strategic priorities.



Dying Well Palliative and End of Life Care Strategic Development

Kevin Duff

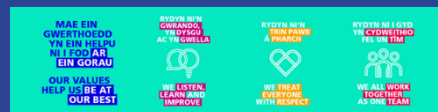
Head of Strategic Planning and Commissioning

Dr Pola Grzybowska

Consultant Palliative Care Medicine

Julia Wilkinson

Directorate Manager Community Services





STARTING WELL



GROWING WELL



LIVING WELL



AGEING WELL



DYING WELL



WE LISTEN,
 LEARN AND
 IMPROVE



WE TREAT
 EVERYONE
 WITH RESPECT



WE ALL WORK
 TOGETHER
 AS ONE TEAM

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



CREATING
 HEALTH



IMPROVING
 CARE

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

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



INSPIRING
 PEOPLE



SUSTAINING
 OUR FUTURE

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



Palliative and EOL Care Definition

Palliative care is an approach that improves the **quality of life** of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the **early identification, correct assessment and treatment** of pain and other problems, whether physical, psychosocial or spiritual.

(WHO, 5th August 2020)



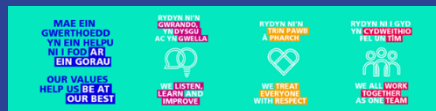
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATHL YSB CYMUNEDAU
IAOHACH GYDA'N GILYDDO



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



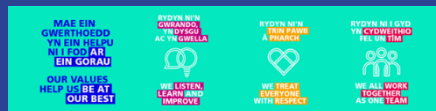
SUSTAINING
OUR FUTURE

ctmuhb.nhs.wales

Quality Statement

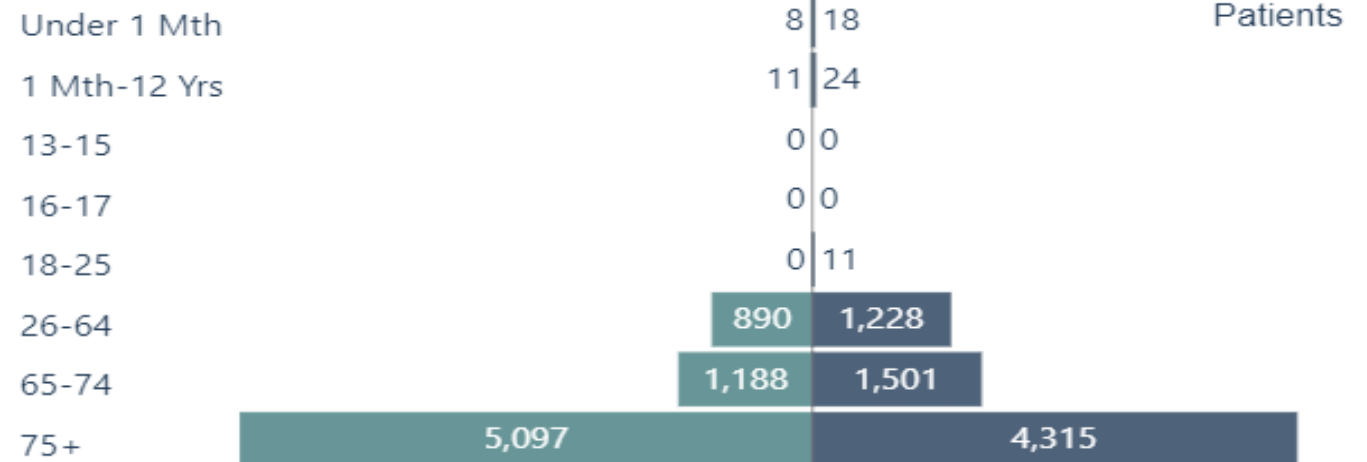
- Safe
- Timely
- Effective
- Person Centred Care
- Efficient
- Equitable

[The quality statement for palliative and end of life care | GOV.WALES](#)



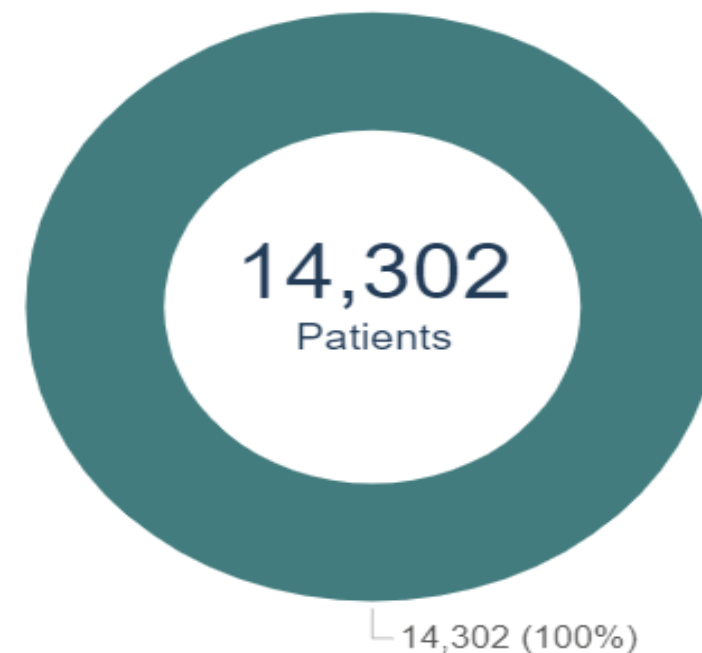
Patients by Age and Sex

● Female ● Male



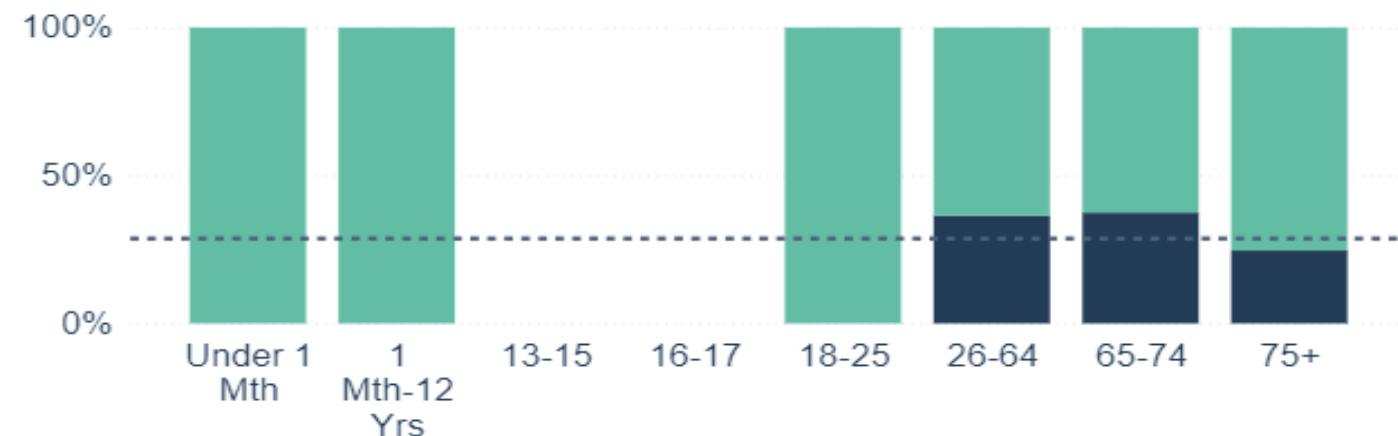
Patients by Diagnosis and/or Underlying Cause of Death

● Include all records



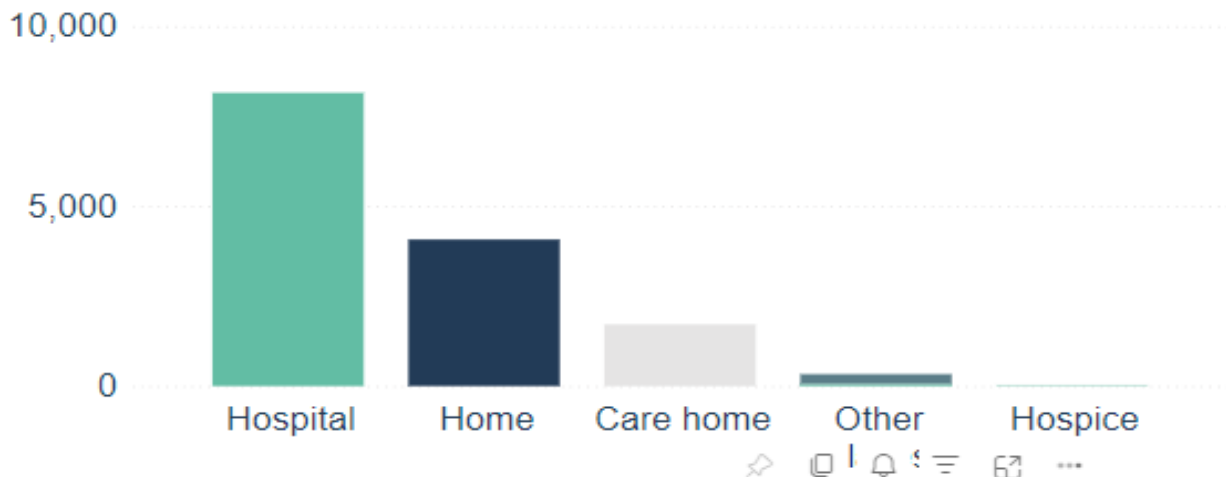
Patients by Age and Specialist Palliative Care

● Received SPC ● No SPC



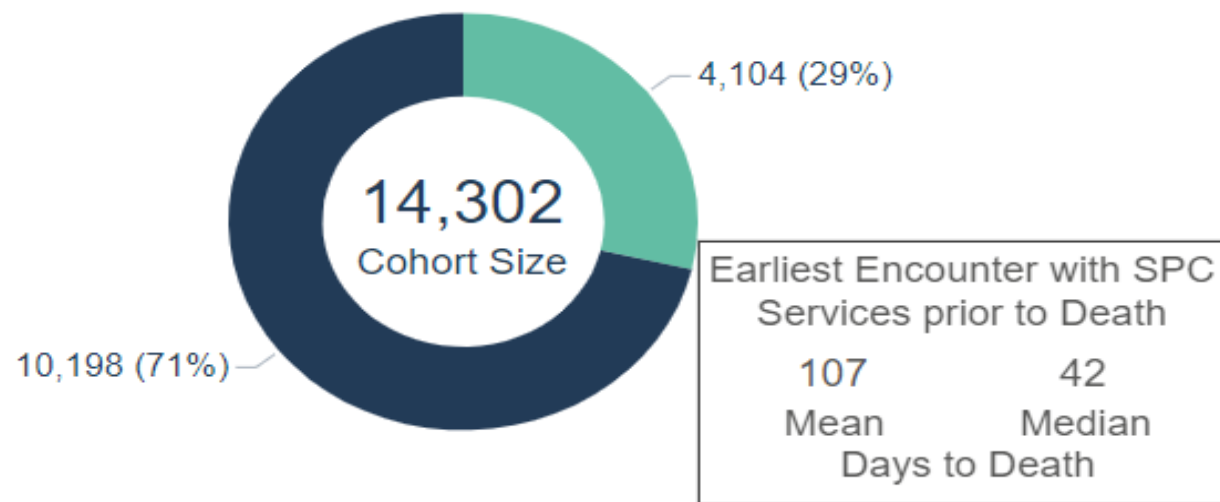
Patients by Place of Death

Detail ● Home ● NHS ● Non-NHS ● Not Known

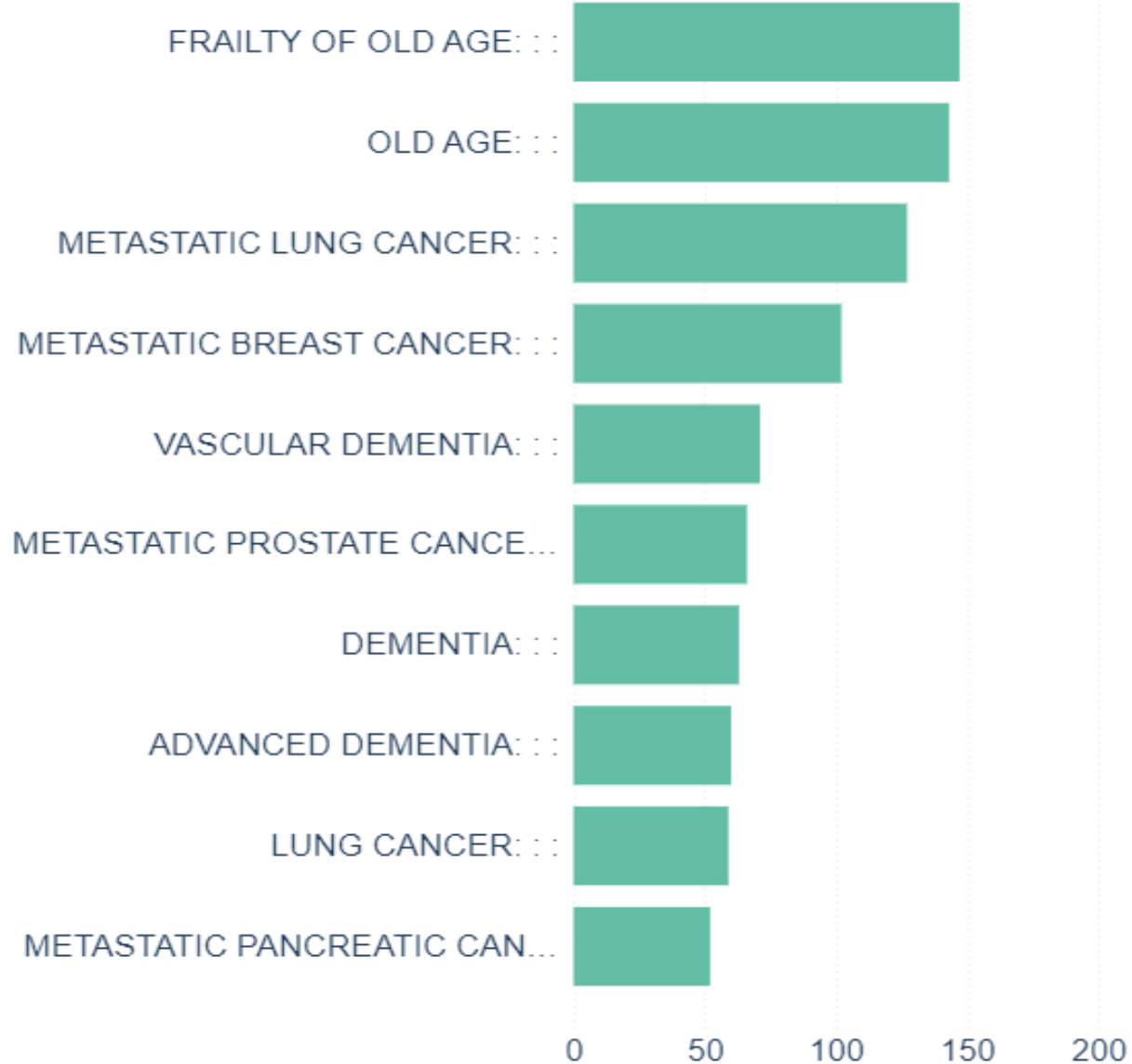


Patients by Specialist Palliative Care

● Received SPC ● No SPC



Top 10 Most Common Causes of Death (ONS)



View by Health Board

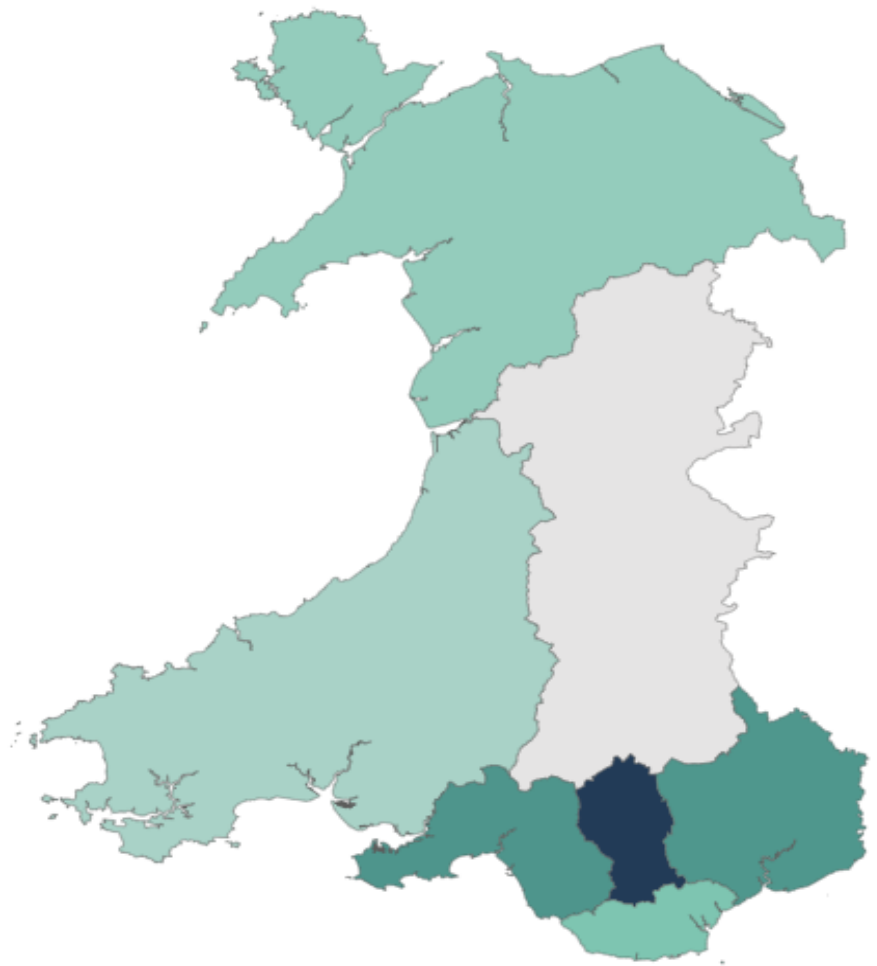
View by LA

View by GP Cluster

Death Rate per 100,000 Population by Health Board (?)

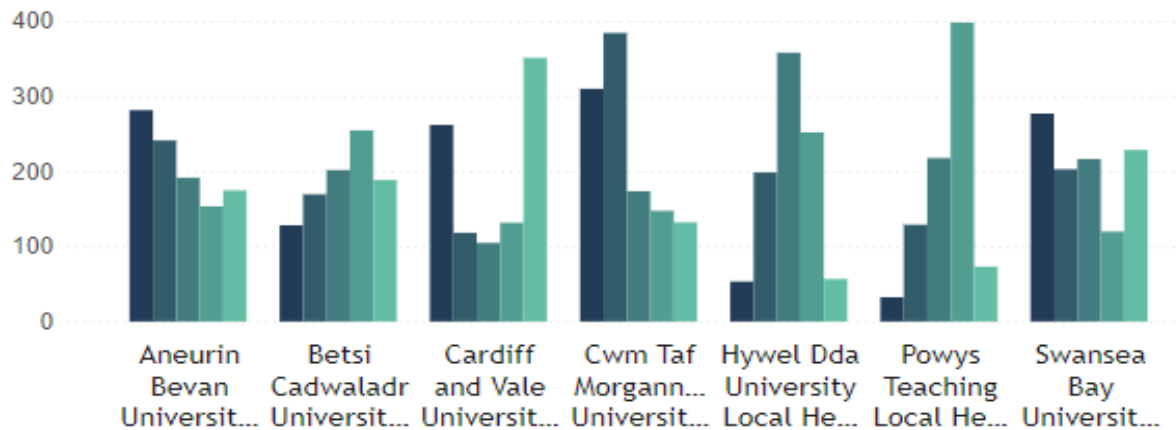
Area	Crude Rate	Rate per 100,000
Aneurin Bevan University Local Health Board	1,039	1,042
Betsi Cadwaladr University Local Health Board	1,099	942
Cardiff and Vale University Local Health Board	814	967
Cwm Taf Morgannwg University Local Health Board	1,091	1,146
Hywel Dda University Local Health Board	1,137	918
Powys Teaching Local Health Board	1,166	850
Swansea Bay University Local Health Board	1,060	1,044
Wales	1,044	993

Death per 100,000 Population by Health Board



Deaths per 100,000 by Deprivation

● Quintile 1 (most deprived) ● Quintile 2 ● Quintile 3 ● Quintile 4 ● Quintile 5 (least deprived)



[h903d-beol-wales.pdf \(mariecurie.org.uk\)](http://mariecurie.org.uk/h903d-beol-wales.pdf)

Recent Areas of Work in CTM UHB Palliative and End of Life Care

Development of CTMUHB End of Life Care Delivery Group

- Detailed MDT action plan co-designed, with clear implementation plan mapped to quality statement areas
- Aligned to the CTMUHB Improving Care Board

Summary of Key Achievements:

- **Improving Bereavement care** - Bereavement lead nurse appointed to develop and progress a system wide strategy
- **Improving patient feedback and communication** – PROMS and PREMS

Areas of development in Palliative and End of Life Care in Wales.

- National Palliative and End of Life Care Programme within the NHS Wales Executive.
- Underpinned by the Quality Statement for PEOLC for Wales
- Programme Board supported by series of Advisory Groups:
 - Support Organisations
 - Children and Young People
 - Policy and Third Sector
 - Community Services
 - National Bereavement Steering Group – National Framework for the Delivery of Bereavement Care [National framework for the delivery of bereavement care \[HTML\]](#) | [GOV.WALES](#)

Covid Pandemic impact on workforce.

- Specialist staff rapid knowledge, skills, guideline, formulary development in all settings, 'front door' working.
- Specialist staff pivoted to usual care of population via OPD, ambulatory settings to support of shielded patients at home, hospital and SPC units. No less f2f community work.
- Whole clinical population had to switch to more deaths overall and more deaths in particular community settings.
- All teams in primary and secondary care saw a lot.
- Still in a post covid resetting phase.
- Less face to face interactions likely to continue, for some specialties.
- Evolving evidence on negative impact on particular populations.

Ambitions for Palliative and EOL Care in CTM UHB

- Education and Awareness - all services and professionals providing good palliative and end of life care
- Balance between beds and community provision to support the dying person, families and carers in their desired place of death
- Consistent model of SPC across CTM UHB and fair access to all regardless of geography, age, sexual orientation, disability or ethnicity
- Strong partnerships with Third Sector, Local Authority and Independent Care Sector
- Accessible and responsive bereavement care extending more for adults, building on the excellent work to date
- Care that is coordinated – right help, right time, from the right person



Agenda Item

7.1

Population Health & Partnerships Committee

Public Service Board (PSB) Update- May 2024

Dyddiad y Cyfarfod / Date of Meeting	30/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Kirsty Smith, Partnership and Community Safety Partnership Manager, Bridgend CBC
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Exec Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
MT	Merthyr Tydfil
RCT	Rhondda Cynon Taff
CSP	Community Safety Partnership
PSB	Public Services Board
NRW	Natural Resources Wales



1. Situation / Background

1.1 This report provides an overview of the current activities of the Cwm Taf Morgannwg Public Service Board (CTM PSB) and update of the board's activities since the last meeting of the Population Health and Partnerships Committee.

2. Specific Matters for Consideration

Workstream	PSB lead	Update March 2024	Update May 2024
Climate change risk assessment	Executive Director of Strategy & Transformation, CTM UHB	Consultant beginning work 4/4/24 for 9 month contract to produce a climate change risk assessment for the Cwm Taf Morgannwg area. A small task group has been established is using the NRW framework to identify stakeholders, contacts and evidenced of past events and training undertaken.	Consultants have been appointed. A workshop with 65 participants was held on 29 th April to set out the risk assessment and explore key issues, what related plans, policies and project are in place that address climate risk, what data is available to help us judge risk, and who else should be involved, specialists and community networks and local contacts across CTM.
Workforce well-being sub board	Valleys To Coast Housing	A standing sub board for the PSB, building on a group from Bridgend PSB, with leads on workforce well-being from partners. Forward work programme includes neurodivergence, menopause and	As small task group on Neuro-divergence has been set up to look at how we support current staff and recruit future staff. Last meeting also looked at support for menstruation from BCBC and fed into the annual report for the PSB. The next session will explore community volunteering for staff and the active travel charter. Work on signing up to be foster friendly is ongoing individually with organisations with support from the Foster Wales team.



		menstruation, bereavement, healthy and well-being and cost of living. Working with Foster Wales on getting PSB partners to sign up to be foster friendly.	
Active Travel Charter	Director of Public Health, CTM UHB	Developing a charter with PSB members to support active travel for health and sustainability benefits. A workshop is being held this week and a larger conference is planned to finalise the charter.	A final draft charter has been prepared for approval by the PSB organisations.
Young Voices	Vice Principal, Bridgend College	A project to bring young voices into the PSB activity. A conference was held with young people from across the area in November. A small number of young people are working with us on a mentoring and work experience project with the PSB members.	A few PSB members have come forward for the reverse mentoring and arrangements are being made.
Collaboration	Chair, Public Service Board	With support from Project Dewi Co-production network for wales a 5 year	The PSB is holding a review of the first 12 months of the regional board at their June meeting that will reflect on how things have gone this last year and where work needs to focus going ahead.



		project with the PSB. Working on the culture and ways of working of the PSB. A workshop held last summer and changes to meetings, 121 meetings with members and support with engagement across the PSB activity. A review of the first year of the PSB will be held shortly.	
Website	PSB Support team	Refreshing the Cwm Taf PSB website to be a focus of information about the CTM PSB. Joining up with the Area Planning Board and Early years programmes to host partnership and related activity. Working with Data Cymru to develop the site and future plans to link to national data and build on the wellbeing assessment.	Work ongoing with Data Cymru. https://www.ctmpublicservicesboard.wales/
Bridgend Food partnership	Bridgend Association of Voluntary Organisations (BAVO)	Development in Bridgend to link with work already in place in RCT and MT in the longer term	The mapping of the food system in Bridgend will be completed this month. The draft charter will also be finalised shortly to become a Sustainable Food Place.



Forward work plan

- Regional CSP – update to next PSB on new structure coming into place in April
- PSB Joint Overview and Scrutiny Panel – update from panel to each meeting on their focus on involvement and collaboration ways of working.
- Budget pressures – an open conversation across PSB members
- PSB support Grant supporting engagement and PSB development
- PSB Annual Report on the well-being plan
- Right care, right person – presentation to last PSB and due to have updates from regional safeguarding board who are leading

3. Key Risks / Matters for Escalation

- 3.1 As a partnership, progress on these work packages are contingent on ongoing collaboration between partners. Work is planned, supported by Public Health Wales through the Shaping Places for Wellbeing programme, run by Public Health Wales with support from the Health Foundation, to provide a national resource to support Public Services Boards (PSB) in taking a theory and evidence informed systems approach in their work to influence wider determinants of health as they implement their well-being plans, sharing learning between PSB and across the UK.
- 3.2 A Workshop for the Shaping Places for Wellbeing programme, drawing members from all PSBs across Wales, will be held in June 2024 in Cardiff. A report of this event will be provided at the next committee meeting

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: All



Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Equitable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

5. Recommendation

5.1 That the Committee **NOTE** the above updates.

6. Next Steps

6.1 Progress will be reported at subsequent committee meetings.



Agenda Item

7.2

Population Health & Partnerships Committee

Regional Partnership Board (RPB) Update 2023/24

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Mills, Head of Regional Commissioning Unit
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Acronyms / Glossary of Terms	
RPB	Regional Partnership Board
RIF	Regional Integration Fund
SSWA	Social services and Well-being Act 2014
HCF	Housing with Care Capital Funding
IRCF	Integration and Re-balancing Care
WG	Welsh Government



1. Situation / Background

- 1.1 Across Wales Regional Partnership Boards were established under Part 9 of the Social Services and Wellbeing Act (2014) requiring local authorities and health boards to secure a strategic planning partnership to support the integration of services for a range of priorities groups.
- 1.2 The board brings together partners from health, social care, education, housing, third sector and the private sector as well as carers and citizen representatives.
- 1.3 These partners work together strategically to develop approaches that will create better health, social care and wellbeing services with a clear focus on co-production and engagement to influence strategic plans and population assessment of need.
- 1.4 The Social Services and Wellbeing Wales Act require RPBs to report annually on delivery against planned objectives. These reports provide an opportunity to demonstrate to a wide audience the work of the RPB.
- 1.5 Annual plans are required to be published by 30th June each year. The information noted below provides a summary of the capital and revenue programme delivered under the RPB for 2023/24 and highlights some key priority programmes for 2024/25.

2. Specific Matters for Consideration

- 2.1 Regional Integration Fund (RIF) end of year financial position is detailed below. The programme achieved a full spend as reported to Welsh Government on 30th April 2024.
- 2.2 A total of **£22,292,742** was allocated to CTM for financial year 2023/24, which includes funding of **£196,732** for Short Breaks for Unpaid Carers and **£1,703,000** for Dementia Action Plan and Integrated Autism Service.
- 2.3 RIF is a Match funded programme and the total match funding forecast for the programme for 2023/24 was **£2,530,245** (note this includes match in kind not just cash match).
- 2.4 RIF supports the development of 6 models of care;
 - Community based care – prevention and community coordination.
 - Community based care – complex care closer to home.
 - Promoting good emotional health and well-being.
 - Supporting families to stay together safely, and therapeutic support for care experienced children.
 - Home from hospital services.
 - Accommodation based solutions



2.5 There is a national reporting framework for RIF. Summary of the key measures is shown below.

Measure	Total
No. of individuals accessing the project	35050
No. of new individuals accessing the project for the first time	4988
No. of referrals received	16684
No. of contacts (count multiple contacts per individual)	52715
No of people received IAA	17552
No of people receiving early help support	21761
No of people receiving Intensive Support	5344
No of People Receiving Specialist Intervention	736
No of individuals feeling less isolated as a result of project support	6945
No of individuals maintaining or improving their emotional health and well-being	6162
No of individuals who feel they have influenced decisions that affect them	13142
No of individuals whose independence has improved or remained the same with the support of the project	3039
No of individuals who feel more confident accessing services following project support	1723
Number of individuals who received support that has prevented them from escalating their level of need	2281

2.6 In addition to the common statistical measures there is a requirement to report 'story of change' templates as part of Welsh Government reporting framework. These reports are available on request.

2.7 To better demonstrate the impact of the programme a series of films have been commissioned. See links below

Complex Care – Community Prevention: BAVO community navigators	https://youtu.be/KIJsJWEq6_o
Complex Care Closer to Home: Cwm Taf Care & Repair – health case worker project	https://youtu.be/NjiNXAD1Mbs
Complex Care Closer to Home: Bridgend Care & Repair – Dementia First project	https://youtu.be/FA4kWovXEp8
Home from hospital: RCT Hospital Discharge Project	https://youtu.be/M_n2lvyOKs8



- 2.8 A summary of capital investment overseen by the RPB is provided below.
- 2.9 Introduced in April 2022, the new Housing with Care Capital Funding (HCF) and Integration and Re-balancing Care Funding (IRCF), are seen by Welsh Government as enablers to support the development of regional Capital pipeline programmes for investment.
- 2.10 The Housing with Care (HCF) programme has very specific criteria for large scale Objective 1 and 2 schemes that focus on accommodation where tenancies exist, e.g. for older people and people with learning difficulties (Objective 1), along with residential homes type facilities for children with complex needs, plus other similar schemes (Objective 2).
- 2.11 In addition to this there is a minor projects Objective 3 programme, that can support small capital works, adaptations and assistive technology that cost up to £100,000 per scheme. The annual budget for this programme to CTM is **£8,729,000**.
- 2.12 The capital programme enabled the creation of 40 new accommodation beds with a further 97 in trail for 2024/25.

Type of Accommodation Scheme	Population Group	HCF Investment	No of Beds
Extra Care Accommodation Schemes (early stages)	Older People	£2,000,000	60 (at early stages of development)
Supported Living Accommodation for People with Learning Disabilities	People with Learning Disabilities	£391,000	22 (at early stages of development)
Prevention & Assessment/ Hospital Discharge Temp Home	Older People/ Various	£208,184*	4 (reconfigure) 2 (new)
Children's Residential Homes	Children Looked After/Complex emotional needs	£2,131,139	29 beds (new completed)
Children's Residential (at early stages)	Children Looked After/ Complex needs	£366,929	15 (early development)
Children Leaving Care Accommodation (16+ years)	Children looked after Leaving Care	£284,362	5 (new completed)
Minor Projects (Objective 3 Programme)	Various (Older people)	£1,410,987	



	HCF BUDGET:	£8,729,000	
	PREDICTED END OF YEAR COMMITMENTS:	£6,792,601	40 Total New beds 97 (beds at early stages)
	Predicted Unallocated Funding:	£1,936,399**	(figures rounded)

*includes Dan yr Allt Scheme, completed in FY 23/24, funding awarded in FY 22/23, agree by WG.

- 2.13 2023/24 continued to be a difficult year for the construction industry with escalating costs and contractors going into administration impacted on the ability of the programme to achieve full spend.
- 2.14 Under the Direction of the Capital board, there has been a recognition from Welsh Government for the requirement to overcommit the capital programme for 2024/25 to provide greater options and flexibility at end of year position if scheme timescales slip.
- 2.15 The Integration and Re-balancing Care (IRCF) programme focusses on Welsh Government’s ambitions to develop 50 integrated health and social care hubs across Wales and to support the move towards not-for-profit models of accommodation, re-balancing of the residential care home sector and children’s residential homes. This programme requires large scale capital projects to submit business cases to Welsh Government on a bidding process.
- 2.16 The region has secured two significant investment programmes under IRCF;
 - Re-development of Maesteg Community Hospital into an integrated Health and Wellbeing Hub with £476,000 funding awarded to support the development of a Strategic Outline Business Case and joint Outline Business Case. Scheme has been identified as requiring circa £15M to re-develop the former Maesteg Hospital.
 - Sunnyside Health and Wellbeing Centre (Bridgend) awarded £17.1M

3. Key Risks / Matters for Escalation

- 3.1 Community Pathways Implementation is a key programme being taken forward.
- 3.2 The aim of the programme is to implement a target model of integrated community care services consistently across the region. This will consist of Urgent Community Response and Population Health Management Pathways, and a Clinical Navigation Hub. Pathway development will be



underpinned by progress on enablers including streamlined governance, finance and outcomes, digital and engagement.

- 3.3 Linked to 3.2, the potential role of new organisational forms in an Integrated Community Care System are being explored. Expansion of a Section 33 agreement and the practicalities of a formal public sector Joint Venture are being explored as part of the enablers within the Integrated Pathways implementation Programme.
- 3.4 Over the past 18 months performance leads from across Wales have been meeting with WG, to discuss the current external reporting process and templates as there has been several issues since the implementation of RIF, including:
- Fitting local projects into models of care restricts ability to demonstrate what’s happening on the ground.
 - Finance & performance reporting is separate.
 - Current reporting regime has significant resource implications.
 - Case studies for MOC don’t work.
 - Report stencils don’t allow sufficient narrative.
 - Difficult to aggregate national and local data.
- 3.5 Significant concerns continue, especially in relation to the resource requirements for completing these templates at all levels. Discussions with WG to resolve these are ongoing.

4. Assessment

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



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

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



Resource Impact
(People / Financial)

5. Recommendation

- 5.1 The Committee are asked to **NOTE** the work under the RPB for 2023/24.
- 5.2 Note the future direction of travel linked to community pathways.

6. Next Steps

- 6.1 Formal RPB annual report to be produced by 30th June 2024.

Agenda Item Number: 8.1.1

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board

**Population Health & Partnerships Committee Held on Thursday
7th March 2024 at 14:00 Via Microsoft Teams**

Members Present:

Carolyn Donoghue	Independent Member (Chair)
Lynda Thomas	Independent Member (Vice Chair)
Mel Jehu	Independent Member
Ian Wells	Independent Member
Kath Palmer	Independent Member

In Attendance:

Linda Prosser	Executive Director of Strategy & Transformation
Gethin Hughes	Chief Operating Officer
Julie Denley	Deputy Chief Operating Officer – Mental Health, Primary Care and Community Services
Lauren Edwards	Executive Director of Therapies & Health Science
Philip Daniels	Consultant Public Health
Gemma Northey	Deputy Director of Nursing, Midwifery & Patient Care
Richard Hughes	Director of Improvement & Innovation
Marc Penny	Senior Local Public Health Practitioner
Julie MacDonald	Research & Development Manager
Rhian Beynon	Head of Corporate Governance & Board Business
Emma Walters	Corporate Governance Manager (Secretariat)
Kathrine Davies	

**Agenda
Item**

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.

The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.

1.2 **Apologies for Absence**

Apologies had been received from:

- Greg Padmore-Dix – Executive Director of Nursing/Deputy Chief Executive

1.3 **Declarations of Interest**

- K. Palmer declared an interest as a Board Member of Natural Resources Wales

2. **CONSENT AGENDA**

2.1 **Consent Agenda Business**

The Committee Chair reminded Members that the consent agenda items had been moved to the end of the agenda and noted that there were no items that Members wished to move to the main agenda for discussion.

3. **MAIN AGENDA**

3.1 **PHP Committee Action Log**

Resolution: The Action Log was **NOTED**.

3.2 **Matters Arising not Contained within the Action Log**

There were no matters arising.

3.3 **Shared Listening & Learning Story – CHOICE**

P. Daniels introduced J. MacDonald who provided a presentation on the CHOICE Project.

M. Jehu commented that it was fantastic work and queried how they evaluated success. J. MacDonald advised that the key focus was with regard to 'Looked After Children' where they reviewed the Data App, she advised that in 2021-22 there was a reduction of 35% of children going into Local Authority Care for under one year old and an 18% reduction of children going into care for ages one to four. She added that the service was run on a multi-agency approach with lots of partners that have had a significant impact on looked after children figures.

J. MacDonald also advised that they look at the numbers of contraception that are taken up and last year they were able to supply 647, which equated to 82% of engagement with clients.

M. Jehu sought assurance that if any of the team suspected that a child was in any danger or vulnerable that there was a fast track process. J. MacDonald confirmed that there was a process in place where if it was

suspected a referral was made to social services immediately. She added that safeguarding was first-and-foremost in everything that they did.

I Wells queried what sort of take up they had from clients, as sometimes people can be suspicious of authority. J. MacDonald advised that they work on a referral basis with partners so that they were aware of what services they could offer. She added that every referral that was received was consented and the staff do not wear uniform to make it less authoritative.

R. Hughes referred to the multi-agency working around safeguarding and advised that it was good to see health and social care working together in partnership. He queried whether they were in regular contact with the perinatal mental health team. J. MacDonald advised that maternity were one of their biggest referrers and they regularly go along and meet the teams to advocate the service.

K. Palmer queried if they had any numbers in relation to unmet need. J. MacDonald confirmed that it was really important that they continued to make partners as aware as they could about the service. She advised that two new clinics were being introduced in the Bridgend area, in Caerau and Brackla and they were constantly looking for new networks, such as the women's prison service. They also link in with the social services pre birth services and revisit at 3 weeks and 6 weeks post birth.

K. Palmer commented that she liked the title of CHOICE, however, she advised that she did not understand the term of reproductive autonomy and whether the use of that language in the community would be understood. J. MacDonald advised that they would not use that word with clients and they had an anagram that sits around the title CHOICE to introduce the service.

L. Thomas queried whether there was a provision in place for people who did not qualify for CHOICE. J. MacDonald advised that every referral was triaged and if they did not fit the criteria for CHOICE they would be referred into the Integrated Sexual Health Service which the CHOICE team also sit under which allows good links to transfer clients in.

The Chair advised that she was at a meeting yesterday where they were discussing reducing cancer inequality and cervical screening was raised so the presentation had resonated with her. She added that this was a fantastic model that other people should be using and an inspirational presentation that demonstrated on how to build services around people that need them.

Resolution: The Presentation was **NOTED**.

4. GOVERNANCE

4.1 Organisational Risk Register

E Walters presented the Risk Register to Members and highlighted the key matters for Members attention.

The Chair advised that it was pleasing to see the updates that had been added to the Risk Register.

I Wells referred to the risks with regard to weight management service and queried whether there was an update on progress. L. Prosser advised that during the discussions for the Integrated Medium Term Plan (IMTP) process they had not able to introduce any new service developments and if they had, this would have been one of them.

L. Edwards, in response echoed L. Prosser's comments and advised that they had to make very difficult decisions in relation to the challenges they were facing. She confirmed that the teams were doing everything they could in terms of a generic lower level offering.

The Chair advised that the Committee should note their concerns with regard to the weight management service in the Committee Highlight Report to Board.

Resolution: The report was **NOTED**.

4.2 University Health Board Designation Status

M. Penny presented the report that provided a six monthly update on progress with regard to University Health Board Designation Status.

The Chair commented whether sitting underneath this would be action plans so that when the 'so what' question was asked you could see what had actually happened as a result of this and that there were concrete outputs in place.

The Chair referred to the opportunities for recruitment into CTMUHB from student populations outside of traditional clinical, medical and AHP graduates which was very encouraging.

I Wells referred to the main document that was talking exclusively about the University of South Wales (USW) and queried why this was the main focus. M. Penny advised that this was the main focus of the document as they were trialling it with just one partner initially which was USW.

L. Edwards referred to the Memorandum of Understanding and those positive relationships and what the deliverables might be at the end of it and advised that they have been linking in with USW who were keen to work with the Health Board on a collaborative project.

Resolution: The Committee **NOTED** the report and progress being made.

5. CREATING HEALTH

5.1 Creating Health

P. Daniels provided a presentation on the Creating Health transformation.

L. Thomas queried whether there was any evidence that they could add to the narrative about what could be prevented with an effective weight management programme and that a lot of this was down to individual behaviour preferences as well as the public health prevention methods. P. Daniels advised that in terms of evidence he confirmed that yes they did and advised that if you treat someone clinically then their situation would change and improve. He referred to Amsterdam as an example, where there was a concerted effort and whole system approach where people have access to healthy food and opportunities for exercise.

K. Palmer referred to the IMTP and the discussions with Welsh Government on the services that the Health Board were unable to provide and queried whether the weight management programme was listed as one of them. L. Prosser confirmed that it was and that they continually raise the risks on what services they were not able to fund and provide.

L. Edwards advised that there was a whole host of programmes and projects contained with regard to Creating Health, but they were focussing on only four today. However, for clarity she advised that they would provide a summary and RAG rating on the full range of projects for the Committee going forward.

K. Palmer requested that the Strategic Plan Strategy be circulated to the Committee and queried how they were focussing on some of the causes of these issues. P. Daniels advised that the purpose of the Creating Health Board was about how they raised visibility, he added that over the next few months they would be consulting with Officers and this would be brought back to the Committee.

P. Daniels advised that they were working with the Local Authority and other partners such as Transport for Wales and feeding into local development plans of the local authorities enabling people to lead healthier lives.

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

Action To circulate the Strategic Plan Strategy to Members.

5.2 Health Protection Service

P. Daniels presented the report to Members which provided an update on the Health Protection Service.

I Wells expressed his concern with regards to the Welsh Government per capita funding received which was the lowest in Wales for probably the highest deprivation area. P. Daniels advised that the allocation was made on 80% of the projected spend for Month 8 when they still had the vaccination teams in place, however, he advised that there was a potential to review this in future years.

L. Prosser added that P. Daniels had argued long and hard on this issue and had shown a prudent approach due to it being non-recurrent and it was disappointing that the allocation for this year had been provided again as non-recurrent.

K. Palmer commented that the allocation of the funding was unfair and not on a needs basis and should be strongly highlighted in the report from this meeting to the Board.

The Chair referred to the contract that had only been extended to June 2024 that could mean the potential of losing staff.

Resolution: The Report was **NOTED**.

5.3 **Population Health Management**

G. Northey presented the report which provided an update on Population Health Management.

I Wells commented that he was very supportive of this work but was concerned about the fragility in terms of funding and queried whether they had plans for any quick wins in other areas, picking a specific topic and working with university partners who would be keen to receive data such as this. G. Northey advised that the projects that they had ongoing at the moment were all looking at that and the quick wins both in terms of what the population outcomes could be but also the capabilities of what population health could offer within the current system. The learning from this has been that from very early on they realised that they could not create extra demand at the GPs front door and it was more about what they could do to tailor more effectively those services such as frailty.

G. Northey added that in terms of the funding this would be a shorter term solution while they waited for the National Programme to pick this up.

L. Thomas queried whether they were taking a two-risk approach in terms of information governance and looking at the risk profile to stop that being a barrier. G. Northey advised that this was not necessarily a CTM issue but more of a national issue on how they link the data with primary care colleagues and building that trust.

Resolution: The report was **NOTED**.

5.4 **Building Healthier Communities (BHC) Group Update**

L. Prosser presented the report that provided a specific focus on the work being taken forward on housing, which is a key part of the BHC portfolio.

K. Palmer commented that it was pleasing to read and really good in terms of engaging with social housing landlords. She advised that it would be helpful to see what the key challenges were, for example, dentists and the smile programme and how you get landlords to communicate and engage with their tenants to ensure that families get to see a dentist. She also

referred to mental health and the Child and Adolescent Mental Health Service (CAMHS) and the Shine Programme which was being run in schools.

Resolution: The report was **NOTED**

6. IMPROVING CARE

6.1 Mental Health Strategic Update

J Denley presented the report that updated Members on the key priorities

The Chair referred to the recommendations of which 32 out of 40 had been completed, and queried what the timescales were for completion of them all and whether they relate to the clinical record. J. Denley advised that some of them did relate to the clinical record but not all of them. She advised that some had taken much longer to complete due to the audit trail and that only two had breached the timescale for completion.

Resolution: The Committee **NOTED** the report and the Health Board's delivery against strategic priorities.

6.2 Learning Disabilities Strategic Update

J. Denley presented the report that updated the Committee on key priorities.

K. Palmer commented that people with disabilities do not often have a voice, which had been an ongoing challenge for decades and particularly around the inpatient and the quality of the estate where people were actually living. She advised that she was pleased to see that progress was now being made and keen that they do as much as they possibly can in this area.

K. Palmer advised that she would keen to visit some of the Learning Disability areas within the health board. She also referred to funding and queried whether they had to put in a capital bid into Welsh Government. J. Denley confirmed that the bid was submitted jointly through the Regional Partnership Board. She added that they had been successful in the past with small dwellings and that the accommodations were very different now for young people and needed refurbishing to meet their needs.

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

6.3 Strategy Groups Update – Living Well/Adulthood

L. Prosser introduced Marie Evans who provided a presentation.

L. Edwards commented that it was good to see the huge amount of work that had been covered for the community and population of CTM and pleasing to see the plan for patient reported outcomes and experiences (PROMS) and patient reported experience measures (PREMS).

L Prosser congratulated the team and advised that there were only two people undertaking the whole project. She commented that there had also been constraints on funding.

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

7. SUSTAINING OUR FUTURE

7.1 Partnership Boards Remit & Responsibilities

L. Prosser presented the report that outlined the remit, responsibilities and terms of reference for the Partnership Boards.

K. Palmer advised that the report was very helpful in terms of outlining the different Boards.

The Chair advised that this would be a useful report for all Members to See and suggested that it should be circulated.

Resolution: The report was **NOTED**.

7.2 Decarbonisation Action Plan

L. Prosser presented the report that outlined to the Committee progress in relation to the Decarbonisation Action Plan.

K. Palmer queried what the baseline was in relation to carbon emissions and whether there was a carbon assessment of the baseline data. She added that it would be helpful to understand where the biggest impacts were given the lack of capital funding and that they could make further improvements if there was more funding for decarbonisation agenda. L. Prosser advised the baseline was contained within the actual plan. She added that there were additional complications with the Princess of Wales Hospital and that they would require fundamental changes as to how they deliver this.

K. Palmer requested a copy of the Strategy.

Resolution: The Committee **ENDORSED FOR BOARD APPROVAL**.

Action: To circulate the Strategy.

8. CONSENT AGENDA

8.1 ITEMS FOR APPROVAL

8.1.1 Unconfirmed Minutes of the Meeting held on 7TH November 2023

Resolution: The Minutes were **APPROVED**.

8.1.2 Unconfirmed Minutes of the In Committee Meeting held on 7th November 2023

Resolution: The Minutes were **APPROVED**.

8.1.3 Committee Annual Cycle of Business 2024-25

Resolution The Annual Cycle of Business was **APPROVED**.

9. OTHER MATTERS

9.1 Forward Work Plan

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

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

9.2 Committee Highlight Report to Board

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

9.3 Any Other Business

There was none to report.

9.4 How did we do today?

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

10. Date of Next Meeting:

20th May 2024



Agenda Item

8.1.2

Population Health & Partnerships Committee

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE
ANNUAL REPORT 2023-24**

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval
---	----------------------------

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

Acronyms / Glossary of Terms

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 2023-2024.
- 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 2023-2024 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 May 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/standing-orders-cwm-taf-morgannwg-university-health-board).
- 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 August 2024 meeting

2. Specific Matters for Consideration

- 2.1 The Committee is asked to approve the PHP Committee Annual Report for 2023-2024.

3. Key Risks / Matters for Escalation

- 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. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
	Not Applicable



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable.



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee are asked to **ENDORSE FOR BOARD APPROVAL** the Population Health & Partnerships Committee Annual Report for 2023-24

6. Next Steps

6.1 Members of the Committee to undertake its Annual Self Effectiveness Survey to be reviewed at the August 2024 meeting.



Population Health & Partnerships Committee

Draft Annual Report 2023-2024

POPULATION HEALTH & PARTNERSHIPS COMMITTEE DRAFT ANNUAL REPORT 2023-24

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 2023-2024.

Following a revisit of the Committee structures and membership, I took over as Chair of the Committee during July 2023 following the departure of Jayne Sadgrove, Health Board Vice Chair. Jayne has been succeeded by Kath Palmer, Vice Chair as a Member of the Committee as of November 2023 and Lynda Thomas replaced myself as Vice Chair of the Committee from August 2023.

During this year we also welcomed Mel Jehu, Independent Member as a new Member of the Committee whose knowledge and expertise helped to strengthen the membership of the Committee. Mel's term of office as an Independent Member came to an end in March 2024 and he has been succeeded by Rachel Rowlands, Independent Member.

During the year all my fellow Independent Members – Ian Wells, Lynda Thomas, Geraint Hopkins, Mel Jehu and Kath Palmer have once again offered their considerable knowledge and wide-ranging experience to the Committee and for this, I extend my thanks.

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 the information being reported in order to provide the Board with assurances.

In accordance with our Committee Business, I can confirm that at the meeting held in March 2024 the Committee received and approved the Annual Committee Cycle of Business, which outlined the forward planning for the work of the Committee for 2024-2025.

Carolyn Donoghue
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 Executive Leadership Group or through reports from Committee Chair at full Health Board meetings.

Key areas of activity for the Committee during 2023-2024 are outlined below:

- Primary Care Strategic Update
- Mental Health Strategic Update
- Learning Disabilities Strategic Update
- Strategy Groups Update
- Strategy Groups Update – Living Well Adulthood
- Partnership Updates:
 - Partnership Boards Remit & Responsibilities
 - Regional Integrated Fund Update
 - Public Service Board Update
 - Area Public Service and Public Service Board
 - Resilient Communities & Anchor Institution Update
 - Regional Partnership Board Further Faster Pathway
- Building Healthier Communities Group Update
- Population Health Management and Population Health Profiles for Accelerated GP Clusters and Local Authority Area
- Green Scholar Programme
- Post Payment Verification – Mid Year Update
- CHOICE Year 3 Service Report
- Health Protection System

- Creating Health Strategic Pillar
- University Health Board Status Progress Report
- Intermediate Care with Allied Health Professionals (AHP) Funding
- Platinum Corporate Health Standard
- Breast Feeding in Cwm Taf Morgannwg
- 111#2 Service
- Closure Report HM Prison Parc and Youth Offenders Institute
- Listening & Learning Stories:
 - CHOICE Project
 - Homelessness Service
 - Cardboard Recycling Project
 - Veterans Health

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 2023-24 was as follows:

- Jayne Sadgrove, Health Board Vice Chair (Chair of the Committee)(Until August 2023)
- Carolyn Donoghue, Independent Member (Chair of the Committee) (From July 2023)
- Ian Wells, Independent Member
- Lynda Thomas, Independent Member (Vice Chair of the Committee) (From July 2023)
- Geraint Hopkins, Independent Member
- Kath Palmer, Health Board Vice Chair
- Mel Jehu, Independent Member

3. MEETINGS

During the period 2023-24 the Committee met on four occasions, namely:

- 3 May 2023
- 2 August 2023
- 7 November 2023
- 7 March 2024

Independent Member attendance at these four meetings was follows:

Name	Population Health & Partnerships Committee
Jayne Sadgrove (Committee Chair) (Until August 2023)	1 out of 2
Carolyn Donoghue (Committee Chair) (From July 2023)	4 out of 4
Ian Wells	4 out of 4
Lynda Thomas	3 out of 4
Geraint Hopkins (Until July 2023)	1 out of 1
Mel Jehu (From July 2023)	3 out of 3
Kath Palmer (From November 2023)	1 out of 1

The above meetings were quorate.

4. 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 2022/2023 and self-assessment questionnaire
- Committee Terms of Reference
- Committee Annual Cycle of Business 2023-2024
- Director of Public Health Annual Report 2020-2023
- Decarbonisation Action Plan
- Active Travel Charter

Following the presentation of the results of the annual Committee Self Assessment questionnaire at the meeting of the Committee in August 2024 a corresponding action plan will be developed to seek to 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
- 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.

5. 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.

6. 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

7. 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 2023-24, following which an action plan will be developed arising from this for the purposes of Committee improvement.

8. TERMS OF REFERENCE

The existing Terms of Reference were approved most recently by the Board in May 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/standing-orders).



Agenda Item

8.2.1

Population Health & Partnerships Committee

**Population Health & Partnerships Committee Annual
Cycle of Business 2024-25**

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

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

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The Population Health & Partnerships Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 March 2024 to 31 March 2025.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Population Health & Partnerships Committee are asked to **NOTE** the Annual Cycle of Business.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

6. Next Steps

6.1 There are no next steps required.

Population Health & Partnerships Committee

Cycle of Business (1st March 2024 – 31st March 2025)

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

The Cycle of Business covers the period 1st March 2024 to 31st March 2025.

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

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

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

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

Population Health & Partnerships Committee Cycle of Business (1st March – 31st March 2025)

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2023	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Preliminary Matters																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings			R		R			R			R			R	
Action Log	Director of Corporate Governance	All Regular Meetings			R		R			R			R			R	
Governance																	
Organisational Risk Register	Director of Governance	All Regular Meetings			R		R			R			R			R	
University Health Board Designation Status Progress Report	Executive Director of Nursing, Midwifery & Patient Care	Six Monthly			R					R						R	
Population Health & Partnerships Committee Annual Report	Director of Corporate Governance	Annually								R							
Population Health & Partnerships Committee Annual Self-Assessment	Director of Corporate Governance	Annually											R				
Population Health & Partnerships Committee Terms of Reference	Director of Corporate Governance	Annually								R							
Population Health & Partnerships Committee Annual Cycle of Business	Director of Corporate Governance	Annually			R											R	
Director of Public Health Annual Report	Director of Public Health	Annually					R										
Post Payment Verification Annual Report (Primary Care Element for noting)	Executive Director of Finance & Procurement	Annually											R				
Creating Health/Improving Care																	
Primary Care Strategic Update	Deputy COO/Director of Primary, Community, Mental Health & LD	Bi Monthly					R						R				
Mental Health Strategic Update	Deputy COO/Director of	Bi-Monthly			R					R						R	

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2023	Dec 2024	Jan 2025	Feb 2025	Mar 2025
	Primary, Community, Mental Health & LD																
Strategy Groups Update	Systems Groups Directors	All Regular Meetings			R		R			R			R			R	
Learning Disability Update	Deputy COO/Director of Primary, Community, Mental Health & LD	Six Monthly			R					R						R	
Population Health Management Programme Update	Director of Public Health	All Regular Meetings			R		R			R			R			R	
Health Protection System	Director of Public Health	All Regular Meetings			R		R			R			R			R	
Building Healthier Communities Group Update	Executive Director of Strategy & Transformation	Bi-Monthly			R					R						R	
Sustaining Our Future																	
Public Service Boards Progress Reports	Executive Director of Strategy & Transformation	All Regular Meetings			R		R			R			R			R	
Regional Integration Fund Update	Executive Director of Strategy & Transformation	All Regular Meetings			R		R			R			R			R	
Regional Partnership Board Annual Report	Executive Director of Strategy & Transformation	Annually											R				



Agenda Item

8.2.2

Population Health & Partnerships Committee

Strategy Group Update

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy and Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Acronyms / Glossary of Terms	
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

2.1 Each strategy group has 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.

2.3 A deep dive will be given this quarter to the Dying Well Strategy Group.

3. Key Risks / Matters for Escalation

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

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Will be considered as part of each separate development.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Will be considered as part of each separate development.



Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) There are different resource implications for each individual piece of work. This is included as part of each project plan. .	

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the update from the Strategy Groups.
- 5.2 The Committee is asked to **NOTE** the deep dive update from Dying Well Strategy Group.

6. Next Steps

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

APPENDIX 1 – Strategy Group Update May 2024 Presentation



STARTING
WELL



GROWING
WELL

Starting Well & Growing Well Strategy Group Update: Q4 2023/24

Authors:

Lucy Smothers

Elle McNeil

Sian Watkins

Heather Smith



Starting Well: Progress Highlights



- **Lucy Smothers appointed as Clinical Lead** to the Starting Well and Growing Well Strategy Group
- **Parent and Infant Relationship Service (PAIRS) development**
 - Collaboratively developed Baby & Toddler Voice Statements completed in final T&F session. Statements to be presented at internal committees to enable adoption.
 - 12 month RIF funded posts starting April 2024 – work ongoing to secure future funding to continue the regional development. A Clinical Lead 0.4WTE, Project Manager 0.6WTE has been appointed.
- **Early Years Transformation Programme (EYTP)**
 - Regional agreement for Starting Well Strategy Group establish continuation of EYTP.
 - The “Box Sets” developed as part of the EYTP will sit within the CYP website.
- **Diabetes** patient engagement with Value Based Health Care team; progressing the T1DM service transformation project ‘Models of Care’.



Work Programmes/ Activity	Delivery confidence
Healthy Weight: <i>Infant Feeding Strategy</i>	
Regional PAIRS Development	
Diabetes Models of Care	
Children's Rights Charter	
Neurodevelopment Improvement Board: <ul style="list-style-type: none"> Work-stream 1 & 4 	
Overall Delivery Confidence	
Reporting Period	Q4 2024/25

Progress and Achievements

- **Healthy Weight** - final draft of the Infant Feeding Strategy completed ready for final sign off. Starting Well involvement ending as this moves into delivery phase.
- **Early Years Transformation Programme (EYTP)** work in the region ceased (funding ended March 2024). Starting Well will now look to absorb and lead elements of the programme with support from key partners.
 - PAIRS work-stream absorbed; RIF funding secured for a Clinical Lead and Project Manager for 2024/25 to continue the collaborative upskilling of the Early Years workforce in Parent-Infant Relationship and designing a regional service.
 - Work commenced to enable adoption of the Baby & Toddler Voice Statements. The Baby & Toddler Voice will be presented at the forthcoming Executive Leadership Group, Quality & Safety and the CTM Board for formal adoption.
- **Diabetes Model of Care** - Patient engagement sessions held linked to the service transformation for T1DM patients. Work is ongoing to identify T1DM service costs, capacity, eligible patient cohort and understand the inter-linkage with NICE guidance in relation to Sensor Augmented Pump technology.
- **Children's Rights Charter** – Gap analysis completed and shared with the leads of the Working Group. Work commenced to: recruit Children's Rights Champions; continue staff engagement; and re-launch of Charter.
- **Neurodevelopmental improvement programme** Early Years Communication Task & Finish Group is reviewing current communication and ways to improve engagement with patients.
- **CYP Website** development ongoing following the life-course cycle. Regionally developed EYTB material to be hosted by CTMUHB.

Priorities

- EYTP replacement board to be established. Scoping work to be complete for Q3 relaunch agreed by Chairs
- PAIRS 12 month work-plan to be agreed
- Staff and parent engagement sessions on Baby & Toddler Statements for launch during Infant Mental Health Week (June)
- Diabetes: establishing service cost, capacity and procurement to inform PID and business case developments

Issues - NA

Escalations - None



Growing Well: Progress Highlights



- **Neurodevelopment Improvement Programme** work progressing at pace; all 2023/24 projects completed within budget; and work ongoing to ensure funding for 2024/25 is allocated to ensure impactful outcomes
- **Children's Services Programme Board**
 - Complex Care Needs working group completed joint pathways; viability funding secured to continue complex care regional integration agenda.
 - Emotional Wellbeing and NEST/ NYTH working group revamp complete; F2F Task & Finish group approach established.
- **Healthy Weight** CYP Steering Group established feeding into the Whole Systems Approach; finalisation of the paediatric weight management service final business case for services Level 1-3.



Work Programmes/ Activity	Delivery confidence
Healthy Weight: <i>Whole Systems Approach</i>	
Neurodevelopment Improvement Board: • WG reporting • Work-stream 2, 3, 4 & 5	
Transition	
Children's Programme Board: • Emotional health & Wellbeing • ICRF funding	
Overall Delivery Confidence	
Reporting Period	Q4 2023/24

Progress and Achievements

- **Healthy Weight** CYP Steering group set-up complete to feed into the relaunched Healthy Weight Strategy Group developing the regional Whole Systems Approach. Business case finalisation work completed with stakeholders
- **Neurodevelopmental improvement programme** all work-streams (except Workforce) established with agreed priorities each (including delivery of outcomes from: hackathon; scoping study recommendations; and Autism Code of Practice actions). Agreed with LA Education representatives to engage in relevant work-stream groups rather than a separate work-stream; structure revised to reflect this.
- CYP waiting list was set to achieve the target of <102weeks by end of March, demand continues to exceed capacity for both CYP and Adult services. Agreed to pilot the Portsmouth model for CYP in 2024/25; IAS reviewing evidence based models of care to streamline the referral process.
- Plans for disaggregation of IAS SLA for Bridgend patients completed with 376 patients transferring to CTM service on 1st April . Key role of work-stream 5 to consider provision of support for patients pre- and post-diagnosis.
- Funding for 2024/25 confirmed as £725k – work ongoing to allocate according to WG guidelines building on progress achieved to date and using lessons learnt to ensure impactful outcomes.
- **Transition** work ongoing to ensure current transition processes are documented with SOPs being developed for specialist nursing teams.
- **Children's Programme Board** complex care sub-group reviewed completed work and has began scoping next steps for health and social care integration; funding secured to commission external review of regional respite needs of CYP with complex healthcare needs and explore potential for regional integrated specialist facility support.

Priorities

- Regional Neurodevelopmental Improvement Programme to agree 2024/25 spend, key actions and deliverables
- All Wales Transition Framework – working with senior clinicians to consider areas of non-compliance and agree action required

Issues

- Capacity remains constrained while HealthPathways is delivered by Heather Smith

Escalations None

Adulthood/Living Well Strategy Group Update: Q4 2023/24 (April update)

Authors:
Marie Evans
Leanne Baylis



Adulthood/Living Well: Progress Overview Highlights:



Collaborative Strategic Plan for Elimination of Hepatitis B&C by 2030

- Feedback received from National Oversight group which included:-
 - Positive to note that a harm reduction clinical nurse specialist has been funded for a two-year period with recruitment underway.
 - Positive that testing rates for hepatitis C have exceeded pre-pandemic levels (and shown significant improvement since 2015).
 - Positive to note the planned High Intensity Test and Treat (HITT) projects although routine testing in key services needs to be sustainable going forwards.
 - Positive to see the commitment to develop and implement a service specification for pharmacy, which will be implemented in a minimum of 15 community pharmacies by the end of 2023/24.
 - Positive to see the significant work and investment made in working to achieve micro-elimination in HMP Parc.
- Progress report submitted 31st March 2024 which demonstrated huge progress over previous 6 months
- Revised plan required by 31st May 2024, deadline for this is tight with Easter holidays, new plan to incorporate addressing the feedback received from National Oversight Group
- Scoping meeting held in Jan 24 to consider roll out of testing in probation and to learn from Evaluation of Swansea project. Short and longer term solution being focussed upon
- Fortnightly task and finish group BBV Testing and treatment to achieve micro elimination at HMP Parc, proposal submitted Prison Partnership Board during March 2024 which was approved for commencement of the elimination work for the patient centred approach
- Meetings set up to look at improving access to Hep C medicines, number of options being scoped by pharmacy colleagues



Adulthood/Living Well: Progress Overview Highlights:



Alcohol Care Project

- Benefits and metrics - Work has commenced in defining the benefits and associated data/metrics. Work is progressing on understanding and defining the patient group of interest in line with previous reports and data from ABUHB.
- Discussions ongoing Nationally about continuation of funding, information packs are being co-ordinated for submission to Welsh Value in Health Team for meeting on 14th March 2024- Awaiting feedback.
- Service fully operational 7 days a week on PCH and RGH site; 170 patients referred and seen within a 40 day period.
- On 26th January 2024 members of the Team attended the CTM Community Leaders' Network, a partnership forum of voluntary sector organisations who work alongside CTM to engage our communities in our strategic priority CTM2030 – Building Healthier Communities Together. The team raised awareness of the new service and provided a wide range of support materials which were well received.



OVERALL RAG



SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

- A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy. Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service.
- A delivery plan was submitted in June 2023 which demonstrated a considerable programme of work for Year 1 and beyond, for which resources have been identified. A project management approach has been implemented to ensure delivery and monitoring of the plan. Formal feedback of local plan is expected imminently from WG.
- A HB progress update report to be submitted by 31st March 2024 and new delivery plan for 2024/25 to be delivered by 30th May 2024.

Workstream	Status Update	RAG
Governance	<ul style="list-style-type: none"> Executive Lead, Clinical Lead and Project Manager in place. Multi-agency / professional steering group established and meetings held monthly supported by Adulthood Strategy group planning team. 	Green
Prevention	<ul style="list-style-type: none"> PHW has been commissioned to provide costed options for nationally co-ordinated awareness raising initiatives starting in 2024, factoring in any potentially join up with current awareness raising in relation to substance misuse, sexual health, vaccination, HIV elimination and inclusion health. Work is ongoing to ensure that the population of CTM has appropriate levels of access to needle and syringe services across the health board. The health board is developing a process to routinely monitor service provision from community pharmacy, and to develop provision in line with best practice. 	Green
Testing	<ul style="list-style-type: none"> Successful High Intensity Test and Treat (HITT) Projects undertaken across 5 Community Drug & Alcohol Team (CDAT) sites using a two-tiered Point of Care Testing (POCT) pathway. Local colleges attended during Freshers welcome week to raise awareness. Work continues with Wallich Bus Project to increase uptake in testing and with homelessness outreach team to undertake testing within hostels Scoping work commenced with potential of BBV Testing in Probation services across CTM Testing in A&E has been identified as an area that would benefit from a national focus, PHW have been commissioned to provide options for a single pilot in Wales in order to inform feasibility of any future roll-out Testing in Community Pharmacies – a national service specification for BBV testing in community pharmacies has been agreed and is currently being implemented in a minimum of 10 community pharmacies by end of 23/24. Testing ongoing in substance misuse services, partners working to improve testing rates. Re-engagement programme actions undertaken by already stretched BBV nurses – would benefit use of Health Protection Team. DPIA being developed. Issue of DBS testing for under 18's as it is not validated and venepuncture is not an option – awaiting clarification from PHW therefore at a halt to rolling out in Young Persons Drug and Alcohol Service (YPDAS) 	Green
Treatment	<ul style="list-style-type: none"> Substance Misuse and Hepatitis B & C Treatment Pathway developed and approved. Task & Finish group established to look at improving access to Hep C Medicines Target for CTM is 135 people to receive treatment per annum – this has not been achieved in 2019/20 or 2021/22 and modelling undertaken for this has been questioned. PHW have been commissioned to support this area which includes estimating the prevalence of hepatitis B and C in line with work underway for HIV. During 2023/24 56 patients treated for Hepatitis C. 	Green
Data Improvement	<ul style="list-style-type: none"> National Electronic form has been adopted locally Significant amount of training and awareness raising has been undertaken on the importance of reporting on NEO the Harm Reduction Database PHW are in the process of developing a Progress to Elimination Tool – a data platform which will aim to support monitoring of progress towards achieving elimination in Wales – first version of this is due to go live during Q4 2023/24. 	Green

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
CTM Health Protection Service	Health Protection Team is in development stage, is a key resource to delivering the testing required to provide a service and meet KPIs.	Yellow
Needle Syringe Programmes (NSP)	No pharmacy in Porthcawl willing to provide NSP. May need to consider non-pharmacy sources of NSP (e.g. vending machines).	Yellow
Recruitment	Delays in recruitment for APB funded Harm Reduction Nurse	Yellow
Financial constraints of UHB	Future funding for testing equipment	Yellow
3 rd Sector Results	Significant issues with receiving testing results by 3 rd sector – being resolved nationally	Yellow

KEY METRICS

WHO progress to elimination targets:



Microsoft Excel
Worksheet

ESCALATIONS/ DECISIONS TO BOARD:

None at present

Use corporate RAG rating for risks



SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

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

OVERALL RAG



STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Governance	<ul style="list-style-type: none"> Executive Lead, Clinical Leads and Project Manager in place. Local 3Ps Implementation Group established and meetings held monthly supported by Adulthood Strategy group planning team. Local sub groups have now been established. 3Ps workshop held 1st March 2024 whereby priority areas were agreed. On 6th March 2024 progress meeting held with WG who noted a positive pace of progress across a number of areas. 	Green
WG Self-Assessment	<ul style="list-style-type: none"> CTMUHB required to complete a self assessments against deliverables to be submitted to Welsh Government and Policy Lead on a regular basis. Current assessment demonstrates that CTMUHB have many services in place that align with the policy either partially or completely, however other services require further development to meet the recommendations. . Self Assessment was submitted on 26 February which showed considerable progress. 	Green
Funding Proposal	<ul style="list-style-type: none"> 168,660k was allocated for 2023/24 which was utilised in the following areas: <ul style="list-style-type: none"> Support the training required to upskill the existing Keeping in Touch Team (KITT) to deliver the Single Point of Contact (SPOC). Funding of existing KITT team plus recruitment of 2 additional staff Project management support for the planning & implementation of Phase 1 / clinical input AHP Clinical Lead Funding of a 3rd sector scoping exercise CTM wide to determine how the 3Ps programme will work across with 3rd sector support Support and development for an awareness framework and involvement of Primary Care with the 3Ps work Allocation funding committed to until 2025/26 in accordance with progress made. Letter received March 2024 outlining £340k for 2024/25. Funding of existing KITT team and project manager to be included proposar for full spend to go to OMB in April 2024n and plan to be submitted to WG by 30th April 2024. 	Green
Single Point of Contact (SPOC)	<ul style="list-style-type: none"> KITT Team currently in place with plans to become a single point of contact following feedback on funding proposal to WG. KITT are currently contacting stage 1 patients waiting over 52 weeks. MECC training completed for members of the team. Funding secured from WG for CTM Public Health team to develop a bespoke MECC Level 2 training package for the 3Ps policy, and call handlers to be delivered over the next 6 months. 	Green
Once For Wales Initiatives (inc. PREMS and PROMS)	<ul style="list-style-type: none"> New IT system being procured for VBHC measures. Discussions ongoing regarding how it could be used at point of referral and use of PROMs to support waiting well. Dee Lowry, Head of VBHC to chair National Implementation Group for new system, Once for Wales solution to be considered linking in the 3Ps and Healthy Pathways work. Will take time to be implemented due to contracting and implementation of new IT system, however in the meantime development of an appropriate PROM can be undertaken. 	Green

KEY METRICS:

- Delivery of outcomes in phase 1 which encompass:
 - UHBs 3Ps leadership structure
 - Assessment of services
 - Formation of Single Point of Contact (SPOC) to those patients waiting
 - Holistic needs assessment, PROMS and PREMS
 - Communication and information support both to patients and staff
 - Integration with Once For Wales approaches
 - Implementation plan developed which will need prioritisation due to size of the project to be delivered by March 2026.

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Access to funding	A proposal for 2024/25 funding to be to be submitted by 30 th April 2024, this funding is only committed up and until 2025/26	Green

ESCALATIONS/ DECISIONS TO BOARD: None at present

Ageing Well Strategy Group Update: Q4 2023/24 (March update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



Working in partnership with the newly formed Unscheduled Care Group in CTM UHB to develop the Clinical Services Plan. Second set of workshop completed across January, February and March for:

- Respiratory
 - Cardiology
 - Emergency Medicine
 - Acute Medicine
 - Stroke
 - COTE and General Medicine
 - Diabetes and Endocrinology
 - Gastroenterology and Endoscopy
 - Dermatology and Rheumatology, Neurology and Sports Medicine to be Scheduled for January/February 2024
- Feedback completed to each speciality from first set of workshops identifying priorities, challenges and opportunities.
 - Plan on a page developed for each speciality to inform the Clinical Service Plan
 - Newly appointed directorate managers will take up the plan on a page for development of their service area



Acute Frailty Workshop, 26th January 2024 in the Hub, RGH:

- Reviewed good work across the three main hospital sites in CTM UHB, bringing experience together, looking at the various models and how we can work together to further enhance them.

Acute and Community Frailty Workshop, 15th March 2024 in MPEC, POW

- Presentation on the Development of a Community Frailty Model.
- Benchmarking Frailty Outcomes.
- Quiz – with a difference.
- Case Studies.
- Discussion – Barriers, Opportunities and Solutions. Consider the Case Studies.
- Next Steps
- How to take forward the development of Frailty services
 - 3 categories – JDI, Medium, long term



Work Programmes/ Activity	Delivery confidence	Progress and Achievements	Priorities
Neurological Conditions Delivery Group	High	<p>Frailty</p> <p>Fracture Liaison Service (FLS):</p> <ul style="list-style-type: none"> ➤ WG funding for 2024/25 liaising with Dr Inder Singh (All Wales Clinical Lead for FLS and Orthogeriatrics) ➤ Job Descriptions compiled and to be advertised for 3 x Practitioners and 3 x Admin posts. Working with Sarah Follows and Jade Gooch. ➤ First Task and Finish Group set for 30th April 2024. ➤ Membership set. ➤ Terms of Reference to be set. ➤ Mapping to be undertaken. <p>Meetings with key partners:</p> <ul style="list-style-type: none"> ➤ Rheumatology ➤ Primary Care ➤ Public Health ➤ Care of the Elderly <p>Neurological Conditions</p> <ul style="list-style-type: none"> ➤ Initial discussions on development of a review of provision of neurology services commissioned from Cardiff and Vale UHB and draft project initiation document. 	<p>Issues</p> <ul style="list-style-type: none"> • Costed proposals for improvements to stroke pathway dependent on IMTP funding, including implementation of AI software to improve timely access to thrombectomy requires £20k • Risks associated with provision of Neurology Services in CTM UHB.
Stroke Strategy Group	High		
Together for Mental Health Partnership Board	Medium		
Dementia Steering Group	Medium		
Frailty	Medium		
Fracture Liaison Service (FLS)	Medium		
Overall Delivery Confidence	High		
Reporting Period	Q4 2023-24		<p>Escalations</p> <ul style="list-style-type: none"> • As outlined above.

Dying Well Update: Q4 2023 (March update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



- National Palliative and End of Life Care Programme Board workshop held in Cardiff with multi-disciplinary attendance from CTM UHB.
- Addressing Palliative and End of Life Care in development of CTM UHB Frailty model with involvement of key nurse, consultant and manager colleagues from Primary and Community Care Group in both acute and acute/community frailty workshops. Development of Palliative and EOL in frailty model will continue with key involvement of Specialist Palliative Care colleagues Frailty Group going forward.
- Specialist Palliative Care workshop held with CTM UHB SPC Team begin to development of a plan for Palliative and EOL in CTM UHB.
- Ongoing work in SPC Business planning meetings to develop SPC provision in CTM UHB.



Delivery Group Chair: Dr David Miller
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

National Palliative and EOL Programme Conference March 2024 – National Picture:

Where have we got to?

- Strong multiprofessional specialist services across Wales for adults & children
- Equity in provision of some degree of 7/7 & 24/7 specialist support
- Close link with the non specialist workforce which does most of the palliative care
 - 66% of people with some PEOLC need are never referred to a specialist
 - The 34% are referred late
 - Even with specialist support much of their care is undertaken by non specialists
- And a Quality Statement which points the way ahead

But

- Persisting inequity
- Persisting concern about funding
- Relative dearth of systematic measurement of experience
- Near complete dearth of systematic measurement of outcomes
- Uncertain timely identification
- Uncertain track record on translating research into practice
- Pretty much no idea what it all costs

Priorities

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

Issues

- Challenges in recruitment to key posts in SPC and further development of the model in CTM UHB.
- Current funding for bereavement lead post in CTM UHB is fixed term. Head of Nursing is currently trying to identify funds to make the post permanent as they recognise the risks of losing this post

Escalations

- As outlined in issues above.

Overall Delivery Confidence



Reporting Period

Q4 2023-24

POPULATION HEALTH & PARTNERSHIPS COMMITTEE– FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	20 May 2025
Action from November 2023 meeting	Additional Item	Accelerated Cluster Development	Deputy COO/Director of Primary, Community, MH & LD	20 May 2024
Agreed at Agenda Planning meeting	Additional Item	Shared Listening & Learning Story - Appreciative Inquiry for Population Health	Director of Public Health	20 May 2024
Agreed at Agenda Planning Meeting	Additional Item	Strategy Groups – Deep Dive in Dying Well Palliative and End of Life Care Strategic Development	Executive Director of Strategy & Transformation	20 May 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Assessment Survey & Improvement Plan	Director of Governance/Board Secretary	1 August 2024
Annual Cycle of Business 2024-25	Annual Item – deferred from May 2024	Director of Public Health Annual Report 2023-24	Director of Public Health	1 August 2024
Action agreed at November 2023 meeting	Additional Item	Regional Partnership Board Further Faster Pathway – Implementation Plan	Executive Director of Strategy & Transformation	13 November 2024

Completed Activity from the Forward Work Programme

Action from November 2023 meeting	Additional Item	Share Listening & Learning Story – CHOICE Project	Interim Director of Public Health	7 March 2024 - Completed
Annual Cycle of Business 2023-24	Six Monthly Report	University Health Board Status	Deputy Chief Executive/Executive Director of Nursing, Midwifery & Patient Care	7 March 2024 - Completed
Request via email	Additional Item	Decarbonisation Action Plan	Executive Director of Strategy & Transformation	7 March 2024 - Completed
Agreed at agenda planning meeting	Additional Item	Partnership Boards Remit & Responsibilities	Executive Director of Strategy & Transformation	7 March 2024 - Completed
Annual Cycle of Business 2024-25	Annual Item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 March 2024 - Completed
Requested via agenda planning meeting	Additional Item	Green Scholar Programme	Executive Director of Strategy & Transformation	7 November 2023 - Completed
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
Annual Cycle of Business 2023-24	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	7 November 2023 - Completed
Requested via email.	Additional Item	Creating Health Strategic Pillar	Director of Public Health	7 November 2023 - Completed
Requested at Agenda Planning	Additional item	Shared Listening & Learning Story – Homelessness Service	Director of Primary, Community, MH & LD	7 November 2023 - Completed

meeting October 2023				
Requested at Agenda Planning meeting October 2023	Additional Item	Vaccination & Immunisation Strategic Plan and Equity Plan	Director of Public Health	7 November 2023 – Completed
Requested at Agenda Planning meeting October 2023	Additional item	Health Protection Service	Director of Public Health	7 November 2023 – Completed
Requested via email.	Additional Item	Active Travel Charter	Director of Strategy & Transformation	7 November 2023 – Completed
Requested via email.	Additional Item	CHOICE Year 3 Service Report	Director of Public Health	7 November 2023 – Completed
Annual Cycle of Business 2023-24	Annual item	Regional Partnership Board Annual Report	Director of Strategy & Transformation	7 November 2023 – Completed