

# Population Health & Partnerships Committee

Wed 02 November 2022, 13:00 - 16:00

Virtual Via MS Teams



## Agenda

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13:00 - 13:00  
0 min

### 1. PRELIMINARY MATTERS

#### 1.1. Welcome and Introduction

*Jayne Sadgrove, Chair*

#### 1.2. Apologies for Absence

*Jayne Sadgrove, Chair*

For Noting

#### 1.3. Declarations of Interest

*Jayne Sadgrove, Chair*

For Noting

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13:00 - 13:00  
0 min

### 2. CONSENT AGENDA

#### 2.1. Items for Approval

##### 2.1.1. Unconfirmed Minutes of the Meeting held on 26 July 2022

*Jayne Sadgrove, Chair*


For Approval

 2.1.1 Unconfirmed Mins 26.7.22 PHP Cmt for 2.11.22.pdf (9 pages)

##### 2.1.2. Committee Self Effectiveness Survey Outcome and Improvement Plan

*Director of Governance*

For Approval


 2.1.2 Committee Effectiveness Survey Outcome PHP Committee 2 November 2022.pdf (4 pages)

#### 2.2. Items for Noting

##### 2.2.1. Audit Wales Final Report - Transformation Leadership Programme Board Baseline Governance Review

*Director of Governance*

For Noting

 2.2.1 Audit Wales Final Report - Transformation Leadership Programme Board Baseline Governance Review PHP Committee.pdf (24 pages)

##### 2.2.2. Audit Wales Final Report - Public Sector Readiness for Net Zero Carbon by 2030

*Director of Governance*

For Noting

 2.2.2 Audit Wales Report - Public Sector Readiness for Net Zero Carbon by 2030 PHP Committee 2 November 2022.pdf (25 pages)

### **2.2.3. Post Payment Verification Annual Report (Primary Care Element)**

*Director of Finance*

For Noting

 2.2.3 Post Payment Verification Annual Report (Primary Care Element) PHP Committee 2 November 2022.pdf (4 pages)


 2.2.3a CTMUHB Audit Report PHP Committee 2 November 2022.pdf (2 pages)

### **2.2.4. Revised Committee Terms of Reference**

*Director of Governance*

For Noting

 2.2.4 Amendment to the Standing Orders PHP TORs PHP Committee 2 November 2022.pdf (3 pages)

 2.2.4a Appendix 1 PHP Committee TOR reviewed July 2022 approved by HB 29.9.22 v8.pdf (8 pages)

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**13:00 - 13:00**  
0 min

## **3. MAIN AGENDA**

### **3.1. Action Log**

*Jayne Sadgrove, Chair*

 3.1 Action Log PHP Committee 2 November 2022 v1.pdf (5 pages)

#### **3.1.1. Matters Arising Otherwise Not Contained within the Action Log**

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**13:00 - 13:00**  
0 min

## **4. GOVERNANCE**

### **4.1. Organisational Risk Register**

*Director of Governance*

There are currently no risks assigned to the Committee.

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**13:00 - 13:00**  
0 min


## **5. CREATING HEALTH**

### **5.1. Population Health Organisational Programme Progress Report**

*Director of Public Health*

For Discussion/Noting

 5.1 Population Health Projects Update Report PHP Committee 2 November 2022.pdf (5 pages)

 5.1.a Annex 1 CTMUHB as a Population Health Organisation PHP Committee 2 November 2022.pdf (8 pages)

 5.1.b Annex 2 Population Health Goals PHP Committee 2 November 2022.pdf (3 pages)

### **5.2. Strategy Groups Report**

*Director of Strategy & Transformation/Vicky Wallace*

For Discussion/Noting

 5.2 Strategy Groups Report PHP Committee 2 November 2022.pdf (20 pages)

13:00 - 13:00  
0 min

## 6. IMPROVING CARE

### 6.1. Primary Care Strategic Progress Report

*Director of Primary Care & Mental Health*

For Discussion/Noting

 6.1 Primary Care Strategic Update PHP Committee 2 November 2022.pdf (10 pages)

### 6.2. Learning Disability Progress Report

*Director of Primary Care & Mental Health*

For Discussion/Noting

 6.2 Learning Disabilities Progress Report PHP 2 November 2022.pdf (5 pages)

 6.2.1 Appendix 1 Learning Disabilities Modernisation 1-3 Year Plan Oct 22.pdf (30 pages)

13:00 - 13:00  
0 min

## 7. SUSTAINING OUR FUTURE

### 7.1. Partnerships

#### 7.1.1. Resilient Families Service - Evaluation of Stage 2

*Director of Strategy & Transformation*

For Discussion/Noting

 7.1.1 Resilient Families Service Evaluation of Stage 2 PHP Committee 2 November 2022.pdf (9 pages)

#### 7.1.2. Public Service Board Progress Report

*Director of Public Health*

For Discussion/Review

 7.1.2 Public Service Board Report PHP Committee 2 November 2022 (002).pdf (4 pages)

 7.1.2a Annex 1 Draft Objectives briefing.pdf (6 pages)

 7.1.2b Annex 2 7.2.1b Annex 2 Cwm Taf and Bridgend PSB Governance Workshop IPC Outline 15.11.22.pdf (3 pages)

 7.1.2c Annex 3 Progress Update\_Population Health and Partnerships committee meeting (002).pdf (2 pages)

#### 7.1.3. Regional Partnership Board Annual Report 2021-22

*Director of Strategy & Transformation*

For Noting

 7.1.3 RPB Annual Report 2021 PHP Committee 2 November 2022.pdf (4 pages)

 7.1.3a RPB - Regional Partnership Board Annual Report 2021-22 - Oct 22.pdf (36 pages)

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0 min

## 8. OTHER MATTERS

### 8.1. Forward Work Plan

*Jayne Sadgrove, Chair*

 7.2 Forward work Plan PHP Committee 2 November 2022.pdf (2 pages)

### 8.2. Committee Highlight Report to Board

*Jayne Sadgrove, Chair*

For Discussion/Noting

### 8.3. Any Other Urgent Business

*Jayne Sadgrove, Chair*

### 8.4. How did we do today?

*Jayne Sadgrove, Chair*

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## 13:00 - 13:00 9. DATE AND TIME OF NEXT MEETING

0 min

1st February 2023 at 9:30 am

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE  
POPULATION HEALTH & PARTNERSHIPS COMMITTEE  
HELD ON 26 JULY 2022  
VIRTUALLY VIA TEAMS**

**PRESENT:**

Jayne Sadgrove	- Vice Chair (Committee Chair)
Ian Wells	- Independent Member
Carolyn Donoghue	- Independent Member

**IN ATTENDANCE:**

Linda Prosser	- Executive Director of Strategy & Transformation
Julie Denley	- Director of Primary, Community & Mental Health
Gethin Hughes	- Chief Operating Officer
Georgina Galletly	- Director of Governance
Gemma Northey	- Consultant in Public Health
Sara Thomas	- Consultant in Public Health
Philip Daniels	- Consultant in Public Health
Wendy Penrhyn-Jones	- Head of Corporate Governance & Board Business
Emma Walters	- Corporate Governance Manager

07/22/1

**WELCOME & INTRODUCTIONS**

Jayne Sadgrove welcomed everyone to the meeting including Gemma Northey, Consultant in Public Health for agenda item 4.1, Sara Thomas, Consultant in Public Health for agenda item 4.2 and Philip Daniels, Consultant in Public Health for agenda item 6.1.3.

07/22/2

**APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Kelechi Nnoaham, Executive Director of Public Health, Lauren Edwards, Director of Therapies & Health Sciences, Diane Rogers, Representative CTM Community Health Council, Lynda Thomas, Independent Member, Geraint Hopkins (conveyed post-meeting) and Rowena Miles, Representative CTM Community Health Council (conveyed post-meeting as unable to join via the link).

07/22/3

**DECLARATIONS OF INTERESTS**

J. Sadgrove and C. Donoghue declared an interest in Agenda Item 5.1 Mental Health Strategic Update and advised that it mentioned the Wolfson Centre at Cardiff University and they were both Senior Fellows of the University.

### 07/22/4 **CONSENT AGENDA**

The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting on consent agenda items. On the basis that everyone would have read the agenda papers in advance of the meeting, the Chair asked if anyone wished for any item on the consent agenda to be moved to the main agenda to allow it to be discussed. No such requests were made.

#### Resolution:

- Minutes of the meeting of 4 May 2022 were **RECEIVED** and **CONFIRMED** as an accurate record.
- The Committee Annual Report for 2021-22 was **APPROVED**
- The Committee Terms of Reference Annual Review – The Chair advised that incorrect Terms of Reference had been uploaded and advised that this item would be deferred and that the correct version would be circulated outside of the meeting for comments back to the Chair by 16<sup>th</sup> August 2022. If no suggested amendments were received, the Committee would receive the Terms of Reference at the next meeting under the consent agenda for approval.
- The Committee **ENDORSED** their support for the Cancer Research Strategy for Wales.
- The Transformation Leadership Programme Board Baseline Governance Review, Management Response Draft was **NOTED**. G. Galletly advised that for assurance, the final report had not yet been finalised and it had been agreed with Audit Wales that when the report was issued, it would come back to the Committee for a full discussion along with the management response.
- The Action Log was **RECEIVED** and **NOTED** with the following actions and updates:
  - 05/22/9 – CTM as an Anchor Organisation – L. Prosser advised that the two actions were being reviewed and worked through and would be reported back to the next meeting in the autumn.
  - 05/22/14 – Population Needs & Wellbeing Assessments – P. Daniels advised that these would be referenced as part of the update he would be providing on the Public Service Board and would be distributed to Members of the Committee, once available.
  - 10/21/8 – Vaccination and Immunisation – Development of the Business Case – L. Prosser advised that Welsh Government guidance on future vaccination programmes had not as yet been published and this action would be picked up at the next meeting.

**MAIN AGENDA****GOVERNANCE****05/22/5 ORGANISATIONAL RISK REGISTER**

Resolution: The Committee **noted** that there were currently no risks escalated to the Organisational Risk Register that had been assigned to the Population Health & Partnerships Committee. The Committee **noted** that there was an emerging risk around the capacity to deliver the vaccination programme that would be reviewed outside of the meeting via the Strategic Leadership Group and the Committee would be updated at the next meeting for assurance.

**CREATING HEALTH****07/22/6 POPULATION HEALTH MANAGEMENT**

G. Northey presented the report that provided an update to the Committee on the population segmentation and risk stratification approach to Population Health Management within Cwm Taf Morgannwg University Health Board (CTMUHB).

I Wells commented that he was supportive of the direction of travel and advised that this would require the most up-to-date data and referred to the film Minority Report. In terms of predictive modelling G. Northey advised that this type of modelling was being used which is based on current levels of chronic conditions and previous use of healthcare. G. Northey also referenced another piece of work which looked at the predictive ability of the segments.

C. Donoghue referred to the Business Case noting that this had no time scale and queried when this would be completed without a definite time scale. G. Northey advised that from her discussions with the Director of Public Health, it was hoped that a decision would be received regarding the the Business Case by the end of the calendar year.

J. Sadgrove commented that the programme had been challenging to develop due to data protection and information governance issues but was now starting to move in the right direction. J. Sadgrove went onto say that the key would be to get some of the clusters to recognise that using the data had the potential to impact on resource right now but will see the benefits arising from this investment would be felt in five to ten years' time. In response, J. Denley advised that she had been discussing how to turn segmentation into changing outcomes for the population. Every year there was a refreshed General Medical Services (GMS) contract for General Practitioners (GPs) which was a complicated process of negotiation and in terms of process all health boards across Wales are trying to ensure there was something in the contract about

## Agenda Item 2.1

care co-ordination of the most vulnerable because that has an effect on the segmentation work and could reduce variation. It was about choice and approach and how they built on that locally within existing services and also about how to release capacity in primary care to ensure that it focussed on people that the segmentation drew out in that first cohort of people with chronic and concurrent conditions. She advised that they also need to look at planned care and proactive care for the next generation of people. J. Denley said that there were lots of exciting conversations going on in relation to how this would be woven together nationally and how some of the enhanced services would be reframed locally over the next few years.

J. Sadgrove advised that on visiting parts of the organisation such as community and out-of-hours services, she was really interested in this work.

L. Prosser stated that there were lots of other public health funded teams and with the new operating model in development, there were many opportunities to look at existing resources which could be re-directed to boost capacity. She added that work was also ongoing to look at investing in therapists and other areas that were sometimes overlooked such as pharmacy support in primary care.

In response to the comments made, G. Northey advised that part of the work around segmentation aimed to secure some added value into the modelling work and to bring primary and secondary care data together. With regard to the comments in relation to GP Practices resources, she advised that a task and finish group had been established with primary care colleagues and this could be used to look at redirecting resources and mapping of the services and looking at evidence.

Resolution: The Committee **NOTED, DISCUSSED AND ENDORSED** the Report.

### 07/22/7 **INVERSE CARE LAW PROGRAMME**

S. Thomas presented the report and presentation, which provided the Committee with an update on the Inverse Care Law programme.

J. Sadgrove thanked S. Thomas for the update and referred to the different models that were being applied by CTMUHB and Aneurin Bevan Health Board within the community centre setting and the GP setting. J. Sadgrove queried whether the model would be given more flexibility to capture the younger age groups. S. Thomas advised that they would be bringing a further update to the November 2022 meeting of the Committee as significant work was underway regarding the potential for additional funding to pilot its use in other groups with particular needs such as severe mental illness and also looking at how it could be more flexible, not only looking at community venues but also looking at the



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workforce to use a workforce model and working with partner organisations.

I Wells referred to the comment on insufficient longitudinal data to draw out results and queried whether there would be an extended evaluation to try to answer some of the questions. S. Thomas advised that it had proved to be difficult to evaluate even using the SAIL data. S. Thomas said that when the programme was first established, there was quite an ambitious evaluation programme, which also looked at sub-population data of mortality, particularly cardiovascular disease but other conditions as well. She advised that with the ongoing evaluation a lot had been learned from this experience and how complex it was to get any meaningful data. However, the cohort of patients now in SAIL would remain as long as they registered with their GPs in Wales so the advantage would be that if they decide to commit funding to it these patients could be followed further to look at, for example, did they end up having an MRI or did they end up having a stroke. S. Thomas stated that this could potentially be a good investment over time but this could only be done for CTM patients.

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

### 07/22/8 **WHOLE SYSTEM APPROACH TO HEALTHY WEIGHTS ACROSS CTMUHB**

P. Daniels presented the report that provided the Committee with an update on progress in relation to Healthy Weights across the organisation.

C. Donoghue referred to the comment made on everyone needing to be involved or completely understanding that this was a cultural change and a big part of that would be commercially with retailers and marketing and queried how they interacted with that. She also referred to the public health initiatives and wondered when they would expect to see an impact and demonstrate an outcome. In response, P. Daniels advised that it was critical that they started to see an early impact, as potentially by 2050 nearly every single adult in CTM would be overweight. He advised that there were some things that could be done quickly and a clinical pathway had been developed with targets for individuals for level 2-3 services. The Public Service Board had also identified three priorities and was a joint project moving forward with a whole systems approach to healthy weights.

I Wells referred to the reference that healthy weights was a particular problem for the CTM area and queried whether any research had been undertaken to try to understand why. P. Daniels advised that Wales in particular had a significant challenge with its population being overweight, particularly in deprived areas which was linked to cultural

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issues and very low rates of physical activity. He advised that he would share some research with members outside the meeting.

Resolution: The Committee **NOTED** the whole system approach to Healthy Weights across CTMUHB and supported the need for key internal stakeholders to engage and advocate with external partners and stakeholders in the WSA to healthy weight in CTMUHB.

Action: To circulate the research on obesity in the CTM area outside of the meeting.

### 05/22/09 **STRATEGY GROUPS UPDATE**

L. Prosser provided a presentation that provided the Committee with an update on the progress in relation to the Strategy Groups.

G. Galletly referred to slide 5 of the presentation where it referred to CTM Children's Rights Charter and advised that the Board would holding a development session to discuss how they would ensure that the voice of the younger person is fully integrated into Board decisions, forward planning and the CTM Strategy.

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

## **IMPROVING CARE**

### 07/22/10 **MENTAL HEALTH STRATEGIC UPDATE**

J. Denley presented the report.

The Committee were advised that with the new Care Group Delivery Model now having moved to the implementation phase, the timing was right to revisit the organisation's approach to its mental health strategy and for this to be seen in the context of #CTM30.

J. Sadgrove thanked J. Denley for her report and advised that the benefits of the operational model were now starting to be realised in relation to mental health in terms of a focus on what was to be delivered and ensuring there was equity across the whole of the CTM footprint.

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

### 07/22/11 **A COMMUNITY CENTRE APPROACH (CCA) TO HEALTH & WELL BEING FOR CTMUHB**

L. Prosser, S. Thomas and P. Daniels presented the report, which provided the background to the approach.

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J. Sadgrove commented that this would help to achieve different outcomes for people and a really interesting approach, which underpinned a lot of what, had already been discussed today.

Resolution: The Committee **NOTED** the Report and to continue to support the integration of CCAs into local health plans and service commissioning, through working in partnership with Local Authorities, Third Sector, Social Housing and communities, recognising the contribution of inform family and community networks in enhancing health and wellbeing.

### SUSTAINING OUR FUTURE

07/22/12

#### CTM REGIONAL INTEGRATION FUND (RIF) OUTCOMES AND PERFORMANCE FRAMEWORK

L. Prosser presented the report which updated the Committee on the completed Framework and the requirement to introduce standardised measures across all services commissioned through RIF.

I Wells referred to the indicators and queried how they would be monitored. L. Prosser advised that this would be via the Regional Partnership Board but that updates could be provided to the Committee in due course.

C. Donoghue advised that in terms of breaking all of this down into what they needed to measure and the capacity required to do this work, this was complex. L. Prosser advised that some things were more realistic to measure than others, however, there was a danger that the measurement could overtake the improvement activity.

J. Sadgrove advised that it was pleasing to see the progress made and suggested that it would be helpful to have periodic updates in this regard and asked that consideration be given to this.

Resolution: The Committee **NOTED** the Report and agreed to receive period updates on this topic.

07/22/13

#### MARKET STABILITY REPORT

L. Prosser presented the report that advised the Committee on the preparation and publication of market stability reports that must be carried out on a regional footprint, with Local Authorities and Local Health Boards working together through Regional Partnership Boards (RPBs). The report set out the aim to inform and shape the next five year area plan, along with the 2022 CTMUHB Population Needs Assessment.

J. Sadgrove thanked L. Prosser for the report and advised that it set out the position very clearly particularly with regard to dealing with the consequence of the gaps in housing and the impact it had in the context of the pressures hospital were under around discharges and transfers of

## Agenda Item 2.1

care and this should be contained within the Highlight Report to Board in the alert/escalate section but would be too late for the Board meeting this week. G. Galletly advised that it could be raised verbally at the Board Meeting rather than request a late paper.

C. Donoghue commented that the report illustrated the whole system issue when looking at individual provisions that were either inappropriate or insufficient.

Resolution: The Committee **NOTED** the Report and the recommendations contained within.

07/22/14

### **PUBLIC SERVICE BOARD REPORT**

P. Daniels presented the report that provided the Committee with a highlight report of the work and activity of the two Public Service Boards (PSB).

J. Sadgrove thanked P. Daniels for the report and commented that it would be helpful to have an update on the living wage and what the organisation were doing in relation this and the role of the Anchor Organisation in terms of encouraging people into good quality employment whether it was this organisation or others such as local authorities.

I Wells referred to the key demographics in terms of the aging population recruitment in the workforce, particularly in this area and queried how this compared with the UK as a whole. P. Daniels advised that it was a difficult question to answer, as there was an aging population across the whole of the UK and Europe and were experiencing similar problems.

J. Sadgrove thanked everyone for an informative and enlightening discussion.

Resolution: The Committee **NOTED** the Report

### **OTHER MATTERS**

07/22/15

### **FORWARD WORK PROGRAMME 2020/21**

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

07/22/16

### **COMMITTEE HIGHLIGHT REPORT**

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

**07/22/16**

**ANY OTHER URGENT BUSINESS**

There was no urgent business to raise.

**07/22/17**

**HOW DID WE DO IN THIS MEETING?**

The Committee discussed the meeting and felt that this was the only CTM meeting forum dedicated to the discussion of population health and its related link topics.

**07/22/18**

**DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 2 November 2022 at 9.30 am.

DRAFT FOR APPROVAL

		AGENDA ITEM
		2.1.2
POPULATION HEALTH & PARTNERSHIPS COMMITTEE		
OUTCOME REPORT: POPULATION HEALTH & PARTNERSHIPS COMMITTEE - COMMITTEE EFFECTIVENESS SURVEY		
DATE OF MEETING	2 <sup>ND</sup> November 2022	
PUBLIC OR PRIVATE REPORT	PUBLIC	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Kathrine Davies, Corporate Governance Manager	
PRESENTED BY	Wendy Penrhyn-Jones, Head of Corporate Governance and Board Business	
EXECUTIVE SPONSOR APPROVED	Georgina Galletly, Director of Governance	
REPORT PURPOSE	FOR NOTING	
ACRONYMS		
N/A		

# 1. PURPOSE

- 1.1 The Chair of the Population Health & Partnerships Committee is required to present an annual report outlining Population Health & Partnership business through the financial year to the Health Board to provide an assurance on the monitoring and scrutiny undertaken of Cwm Taf Morgannwg University Health Board (CTMUHB) performance in relation to Population Health & Partnerships. As part of this process, the Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to note the seven responses to the Committee self-assessment questionnaire relating to the activities and performance of the Population Health & Partnerships Committee during 2021/2022.



## 1.3 SUMMARY REPORT

### 1. Committee Effectiveness:

There was consensus that Members/Attendees were aware that:

- There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually. Some members felt that as it was an evolving agenda, the annual review of the Terms of Reference was helpful. A Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit.
- A Committee 'Annual Cycle of Business' had been established and was being used and updated as necessary.
- In terms of improvements to the Committee Effectiveness, some members felt that there should be greater focus on the topic of prevention and health improvement.

### 2. Committee Business

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

- Virtual Meetings have overall been a positive experience in that it was enabling meetings and therefore continued scrutiny. However, some Members felt that it missed out on the 'softer' discussions which may occur during 'in-person' meetings.
- Members felt the Committee was adequately supported by the Meeting Secretariat and they also felt that the quality of reports was appropriate noting that training in report writing was available.
- Members indicated that agenda items were 'closed off' appropriately providing clear conclusions.
- Members felt the Committee Chair provided clear and concise information to the Board on the activities of the Committee and the implication of all identified gaps in assurance and/or control and that there was sufficient authority and resources to enable the Committee to adequately perform its role.
- With regard to Committee meetings held in 'private', the Committee had not had any requirement to hold 'private' meetings.
- Through the development of the Committee Cycle of Business, meetings were scheduled to align with activity where decisions may need to be made and that should there be a need to make a decision between scheduled meetings of Board Committees, there is provision for this to be actioned by email under 'Urgent Chair's Action', which can be ratified at the next meeting.

### 3. Behaviour, Culture and Values

Positive  
Assurance



	<ul style="list-style-type: none"><li>There was a clear consensus that Members/Attendees considered that the behaviours at meetings were courteous, professional and conducive to open and productive debate.</li></ul> <p><b>4. Training &amp; Development</b></p> <ul style="list-style-type: none"><li>There was, in the main, consensus that Members/Attendees considered that they had sufficient training and support to fulfil their role, however for new and external members commented that any training that may be available would help to support them in their role.</li></ul> <p><b>5. Welsh Language</b></p> <ul style="list-style-type: none"><li>Members supported the right for the use of Welsh Language during meetings and whilst not essential it would be good to have as much use of the Welsh Language as possible.</li></ul>
Areas Requiring Further Assurance	<ul style="list-style-type: none"><li>See Areas Requiring Further Action</li></ul>
Areas Requiring Further Action	<p><b>1. Committee Business</b></p> <ul style="list-style-type: none"><li>With regard to the boundaries between this Committee and other Board Committees and whether they were clearly defined with adequate cross referral if required, some Members felt that there was still a degree of duplication between Committees. See Action 1A below.</li><li>Feedback reflected that Members were of the view that the Committee was adequately supported by Executive Directors in terms of attendance, reports content and responses to challenges and questions. However, it was noted that the work of the Committee continued to evolve and with it the requirement for particular types of reports. Some Members commented that certain reports were long and complicated, particularly for external Members of the Committee. See Action 1B below.</li></ul> <p><b>2. Committee Effectiveness</b></p> <ul style="list-style-type: none"><li>In terms of general comments around Committee Effectiveness, some Members felt that there was always more to discuss than time allowed for and suggested that the most important items were prioritised for the longest discussion and debate. See Action 2A below.</li></ul>





<b>Action Plan</b>	<p><b>1. Committee Business</b></p> <p><b>A.</b> The referral process has been improved by adding defined questions for the Chair to raise if a suggestion was made for a topic to be referred to another Committee.</p> <p><b>B.</b> The work of the Committee continues to evolve and with it the requirement for particular types of papers. Both IMs and Executive Directors are working closely together to mature the Committee's remit in practice and thereby the approach and papers required.</p> <p><b>2. Committee Effectiveness</b></p> <p><b>A.</b> Timings for each report would be added to the agenda in order to prioritise each item in accordance with importance.</p>
<b>Appendices</b>	None.

## 2. Recommendation

- 2.1 The Committee is asked to **CONSIDER** the report and **CONFIRM** that the actions set out in this report accurately reflect the further improvements needed in response to the analysis of the survey.

# Transformational Leadership Programme Board – Baseline Governance Review – Cwm Taf Morgannwg Regional Partnership Board

Audit year: 2021 - 2022

Date issued: August 2022

Document reference: 2934A2022.

This document has been prepared for the internal use of the Transformational Leadership Programme Board of Cwm Taf Morgannwg Regional Partnership Board, as part of work performed/to be performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

This document is also available in Welsh.

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# Summary report

## Introduction

- 1 Regional Partnership Boards (RPBs) have been established to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards.
- 2 Following a ministerial decision in 2018<sup>1</sup>, Bridgend County Borough Council moved from the Abertawe Bro Morgannwg Regional Partnership Board to the Cwm Taf Morgannwg Regional Partnership Board (CTM RPB) in April 2019. The boundary change has provided a fresh opportunity for partners to learn from one another and develop more cohesive partnership arrangements to deliver better outcomes for people across the Cwm Taf Morgannwg region.
- 3 The CTM RPB has established a governance framework (**Appendix 2**) which includes a Transformation Leadership Programme Board (TLPB). The purpose of the TLPB is to oversee the transformation, development, and delivery of identified regional services as directed by the RPB. The TLPB has senior representation from Cwm Taf Morgannwg University Health Board (CTM UHB), Bridgend, Merthyr Tydfil and Rhondda Cynon Taf councils, the third sector and regional carer/service user groups. The TLPB also coordinates and oversees the work of three programme boards: Children's, Adults, and a cross cutting programme board<sup>2</sup>. These programme boards are responsible for the operational delivery of the RPB's priorities.
- 4 Our review sought to gain assurance that the health board and the three councils are working together effectively through the aegis of the Transformation Leadership Programme Board to support regional integrated working across the Cwm Taf Morgannwg region. Our review sought to answer the question: **Are the Transformation Leadership Programme Board arrangements supporting the four bodies<sup>3</sup> to develop effective and sustainable approaches to regional working?**
- 5 We undertook fieldwork between November 2021 and January 2022 and met with key individuals from the three local authorities, the health board, as well as third sector partners. We also observed meetings of the TLPB and other sub-groups including the Children's Services Programme Board, the Adult Services Programme Board, and the Finance Sub-group. We presented our findings to representatives from CTM UHB and the three councils in March.

<sup>1</sup> Written Statement: Health board boundary change: Bridgend (25 February 2019) | GOV.WALES

<sup>2</sup> Although this was not operational at the time of our review

<sup>3</sup> Cwm Taf Morgannwg University Health Board (CTMUHB), Rhondda Cynon Taf County Borough Council (RCTCBC), Merthyr Tydfil County Borough Council (MTCBC) and Bridgend County Borough Council (BCBC)

## Key findings

- 6 Overall, we found **that the Transformation Leadership Programme Board is well-placed to develop stronger regional working building on the productive relationships over the past 18 months. However, it needs to ensure its planning is more integrated and longer term, strengthen aspects of its governance arrangements and be more ambitious in using its combined core resources to have a greater impact on the Cwm Taf Morgannwg region.**
- 7 In terms of planning arrangements, we found that:
- there was consideration of the sustainable development principle within strategic plans. However, the four bodies are named bodies under the Well-being of Future Generations (Wales) Act and the RPB provides a vital mechanism to help deliver the bodies' well-being objectives and the national well-being goals. As the Act has been in place for seven years, we would now expect public bodies to be able to demonstrate that the Act is integral to their thinking and genuinely shaping what they do.
  - planning was moving from a short-term basis to a more medium-term basis with an increased focus on a 5-year planning period. However, strategic plans require a more integrated approach to developing a longer-term perspective, which is supportive of partners' plans and will deliver a stronger regional identity. The TLPB needs to ensure that its planning is driven by the population's needs rather than the funding regime.
  - despite a good communications and engagement strategy in place, there is a need to improve the understanding of the RPB's purpose amongst some stakeholders.
  - there are also opportunities to improve the TLPB internal engagement arrangements, especially in relation to increasing the voices of non-statutory partners.
- 8 In terms of governance arrangements, we found that:
- there was a strong working relationship between the key partners and the Regional Commissioning Unit (RCU), which supports the RPB. However, the TLPB needs to consider how it can build capacity to support the TLPB and resolve the over-reliance on one individual within the RCU.
  - chairing of the TLPB Board meetings was effective and we saw strong synergy between the meetings we observed. However, we found some variation in the quality of meeting papers, and limited evidence of scrutiny and challenge.
  - there was a lack of maturity around key performance metrics and milestones, with the new outcomes and performance dashboard yet to be implemented.
  - the finance sub-group was well structured, with constructive discussions and there was detailed financial reporting.

- the Cross-Cutting Programme Board was not yet operational, despite this being a key part of the governance architecture designed to oversee the development and delivery of regional cross-cutting services.
- risk management is an area that needs to be strengthened with the need for better articulation of shared risks, prioritisation, and mitigating actions.

9 In terms of resources, we found that:

- the TLPB was developing its approach to the new Health and Social Care Regional Integrated Funding (RIF) regime including around tapered and match funding and has subsequently met the deadline for submission of its return to Welsh Government.
- whilst there are examples of pooled funding and shared resources, these are limited, and the public bodies need to consider how they can use their combined core resources more effectively to deliver the TLPB's plans and address the significant health and social care challenges in the region. The partners have developed stronger relationships during the pandemic and need to build on these to do this.
- like many areas in the public sector, there are significant workforce challenges in the region and there needs to be a regional and strategic approach to addressing these.

10 Our findings are set out in more detail in Appendix 1 in the form of the presentation we delivered to representatives from Cwm Taf Morgannwg University Health Board, Bridgend, Merthyr Tydfil and Rhondda Cynon Taf councils on 8 March 2022. We have reflected the comments raised by these representatives during the feedback session in the material included in **Appendix 1**.

## Recommendations

11 Recommendations arising from this audit are detailed in **Exhibit 1**. The TLPB management response to these recommendations will be summarised in Appendix 3 once considered by the relevant stakeholders.

### Exhibit 1: recommendations

Recommendations	
<b>Strategic planning and applying the sustainable development principle</b>	
R1	Our work found opportunities for the TLPB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future

## Recommendations

Generations (Wales) Act). The principle should be integral to the TLPB's thinking and genuinely shaping what it does by:

- a) taking a longer-term approach to its planning beyond five years,
- b) ensuring greater integration between the long-term plans of the four statutory bodies of the TLPB, and
- c) improving involvement of all members of the TLPB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally.

## Governance Arrangements

- R2 The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model. The TLPB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB.

## Performance Management

- R3 The outcomes and performance framework was still being finalised at the time of our review. The TLPB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact.

## Risk Management

- R4 Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TLPB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated.

## Regional Commissioning Unit

- R5 Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TLPB. The TLPB needs to consider how it can build capacity and maximise resources to support the TLPB and minimise overreliance on a small team.



## Recommendations

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### Use of Resources

- R6 Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TLPB needs to explore more innovative ways of sharing and pooling core resources across the region to maximise its impact and outcomes for the Cwm Taf Morgannwg population.
- 

### Regional workforce planning

- R7 Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities.

# Appendix 1



**Archwilio Cymru**  
**Audit Wales**

**Transformational Leadership Partnership Board (TLPB)**  
**Baseline Governance Review**

**Feedback**

Cwm Taf Morgannwg Health and Social Care  
Partnership

8th March 2022

## Purpose of feedback session



- To discuss and agree findings
- To discuss and agree next steps including report clearance process

## Purpose and focus of review



- To gain assurance that the health board and the three councils are working together effectively through the aegis of the TLPB to support regional integrated working across the Cwm Taf Morgannwg region.
- Main review question: Are the TLPB arrangements supporting the four bodies to develop effective and sustainable approaches to regional working ?

### Areas of focus

- Is there an effective approach to strategic planning?
- Are the governance arrangements supporting the TLPB to work effectively?
- Is the TLPB using its resources effectively to support the delivery of regional priorities?

## Overall conclusions



**Building on the productive working relationships over the past 18 months, the TLPB is well -placed to develop stronger regional working, but there needs to be more longer-term thinking, strengthening aspects of governance arrangements, and improved regional and innovative use of resources to have a demonstrable impact on the Cwm Taf Morgannwg region**

- Planning is moving from a short -term basis to focussing over a 5 -year period. Strategic planning will require a more integrated approach to developing a longer -term perspective and stronger regional identity.
- Core governance arrangements are aligned and supported by strong relationships and robust support from the RCU; regional scrutiny, performance management and risk management need to be further strengthened.
- TLPB is continuing to develop its approach to regional deployment of its resources in the medium term, it now needs to build on the effective partnership working shown in the pandemic and become more ambitious; using its resources differently to leverage the impact of all partners to address the significant health and social care challenges in the region.

## Is there an effective approach to strategic planning?



**Planning is moving from a short -term basis to focussing over a 5 -year period. Strategic planning will require a more integrated approach to developing a longer -term perspective and stronger regional identity**

### **Strengths**

- Draft plans indicate a strengthening of the integration agenda and longer -term view.
- Evidence of consideration of the Well-Being of Future Generations Act and sustainable development within their strategic plans.
- RCU described as the 'engine room' for coordinating plans.
- Communication and Engagement Strategy demonstrates positive intent, and is externally focused

### **Challenges**

- Whilst the move to a 5 year period is positive, there is still the need to focus more longer term, and align to partner organisations' longer term ambitions
- Need to strengthen demonstration of the integration of the Well -being of Future Generations (Wales) Act
- Communication and engagement strategy cited poor understanding of RPB purpose.
- Internal engagement needs to be strengthened with increased voice of non -statutory partners
- Opportunity to strengthen the regional identity

## Are the governance arrangements supporting the Board to work effectively?



**Core governance arrangements are aligned and supported by strong relationships and robust support from the RCU; regional scrutiny, performance management and risk management need to be further strengthened**

### **Strengths**

- Strong working relationships and effective chairing of Board.
- Good alignment of meetings and timeliness of papers noted.
- Systems and processes of governance and assurance in transition.
- Financial Sub-Group appears well structured with detailed financial information and reporting in evidence.
- RCU's role in governance very highly regarded by interviewees.

### **Challenges**

- Very few examples of challenge observed in meetings attended.
- Cross-Cutting Working Group not operational.
- Variation in quality of Board meeting papers.
- Regional risk management needs further strengthening around shared risks, prioritisation and mitigating actions.
- Lack of maturity around key regional performance metrics and milestones
- Residual lack of clarity around tapered and match funding needs swift resolution.
- RCU are key to success but dependent on one individual
- All partners need to more proactively performance manage their regional priorities

## Is the TLPB using its resources effectively to support the delivery of regional priorities?



**TLPB is continuing to develop its approach to regional deployment of its resources in the medium term, it now needs to build on the effective partnership working shown in the pandemic and become more ambitious; using its resources differently to leverage the impact of all partners to address the significant health and social care challenges in the region.**

### **Strengths**

- Delivery plans demonstrate that resources are being used against their stated aims.
- Some pooled budgets
- Internally, 'the right people are in the room'
- Externally, there is evidence of activities to strengthen public voice and input in line with WFG Act.
- Developing its approach to the new Health and Social Care Regional Integrated Funding regime

### **Challenges**

- Need to improve equity of input and resourcing to reflect needs of smaller non-statutory partners
- Secure further opportunities to unleash potential of 'regional' pooled budgets and mainstreaming programmes
- Need robust assurance of delivery around regional priorities within the plan; and sufficient resources to deliver across the 5 year timeline
- Opportunity to work more collaboratively to develop a regional and strategic approach to addressing regional workforce challenges



## Areas to address



### Strategic Planning

- Create a stronger sense of regional identity and purpose - co-created with all stakeholders
- Structures that support culture change and wider stakeholder input for longer -term planning
- Stronger consideration of the five ways of working including longer term thinking, collaboration and integration.

### Governance

- Increase scrutiny and challenge
- Develop regional roadmap with milestones and objectives
- Improve performance management, including performance metrics
- Strengthen regional risk management arrangements

### Resources

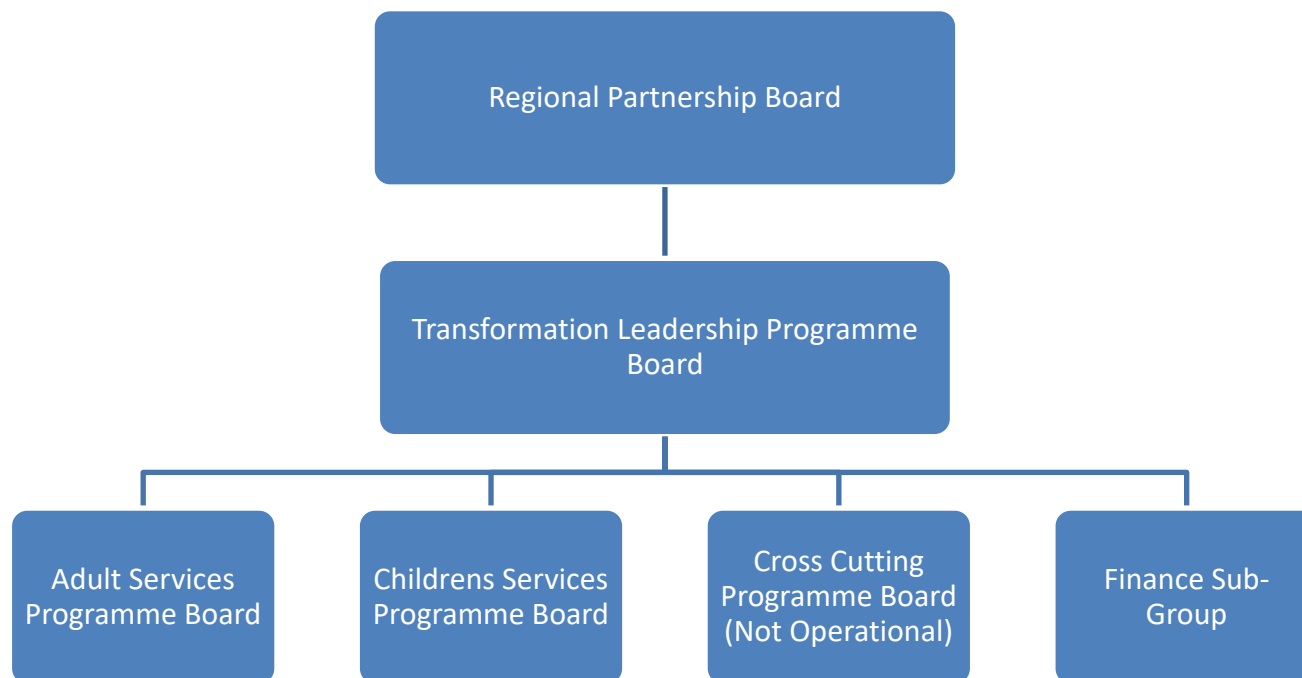
- Use resources differently and consider more innovative ways of sharing resources across the region to maximise their impact.
- Assure that you are maximising resources to enable the TLPB to deliver the priorities within the plan

## Next steps



- Reflect upon discussion and feedback from session
- Draft report
- Clear report

## Appendix 2 – Governance structure



# Appendix 3

## Management response to audit recommendations

Exhibit 1: management response

Ref	Recommendation	Management response	Completion date	Responsible officer
R1	<p><b>Strategic planning and applying the sustainable development principle</b></p> <p>Our work found opportunities for the TLPB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act). The principle should be integral to the TLPB's thinking and genuinely shaping what it does by:</p> <p>a) taking a longer-term approach to its planning beyond five years,</p>	<p><b>Agreed.</b></p> <p>Although the sustainable development principle is a fundamental consideration in all decision making, this will be made more explicit in reports to</p>	31 March 2023	Head of RCU

Ref	Recommendation	Management response	Completion date	Responsible officer
	<ul style="list-style-type: none"> <li>b) ensuring greater integration between the long-term plans of the four statutory bodies of the TLPB, and</li> <li>c) improving involvement of all members of the TLPB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally.</li> </ul>	TLPB and RPB going forward. Transition to a new delivery plan has been completed and work will continue to integrate the long-term plans of the four statutory bodies improve involvement of non-statutory partners		
<b>R2</b>	<p><b>Governance Arrangements</b></p> <p>The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model. The TLPB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB.</p>	<p><b>Agreed.</b></p> <p>The governance arrangements beneath the RPB will be reviewed to establish a new integrated leadership board and integrated resources group.</p>	30 July 2022	Chair TLPB

Ref	Recommendation	Management response	Completion date	Responsible officer
<b>R3</b>	<p><b>Performance Management</b></p> <p>The outcomes and performance framework was still being finalised at the time of our review. The TLPB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact.</p>	<p><b>Agreed.</b></p> <p>Work is ongoing in relation to the performance framework in support of the new delivery plan and this will also need to reflect changes arising from the population needs assessment.</p>	30 September 2022	Head of RCU
<b>R4</b>	<p><b>Risk Management</b></p> <p>Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TLPB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated.</p>	<p><b>Agreed.</b></p> <p>Within the new governance structure there will be an integrated resources group which will be tasked to develop the risk management framework.</p>	31 March 2023	Chair TLPB

Ref	Recommendation	Management response	Completion date	Responsible officer
R5	<p><b>Regional Commissioning Unit</b></p> <p>Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TLPB. The TLPB needs to consider how it can build capacity and maximise resources to support the TLPB and minimise overreliance on a small team.</p>	<p><b>Agreed.</b></p> <p>Additional infrastructure has been agreed to support dementia work and NEST framework and capital. Additional capacity will also be identified from partner organisations to support the programme delivery.</p>	31 December 2022	Head of RCU
R6	<p><b>Use of Resources</b></p> <p>Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TLPB needs to explore more innovative ways of sharing and pooling core</p>	<p><b>Agreed.</b></p> <p>The development of the RIF delivery plan is only one funding stream and TLPB recognises that we will need to align core budgets, for example</p>	31 March 2023	Chair TLPB

Ref	Recommendation	Management response	Completion date	Responsible officer
	resources across the region to maximise its impact and outcomes for the Cwm Taf Morgannwg population.	around children with complex needs. This will be addressed through the planning cycle in advance of 2023/24		
<b>R7</b>	<b>Regional workforce planning</b> Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities.	<b>Agreed.</b> Regional workforce development arrangements exist through SCWDP Board workforce development group and work is underway to strengthen links with RPB and Health	31 March 2023	Chair TLPB





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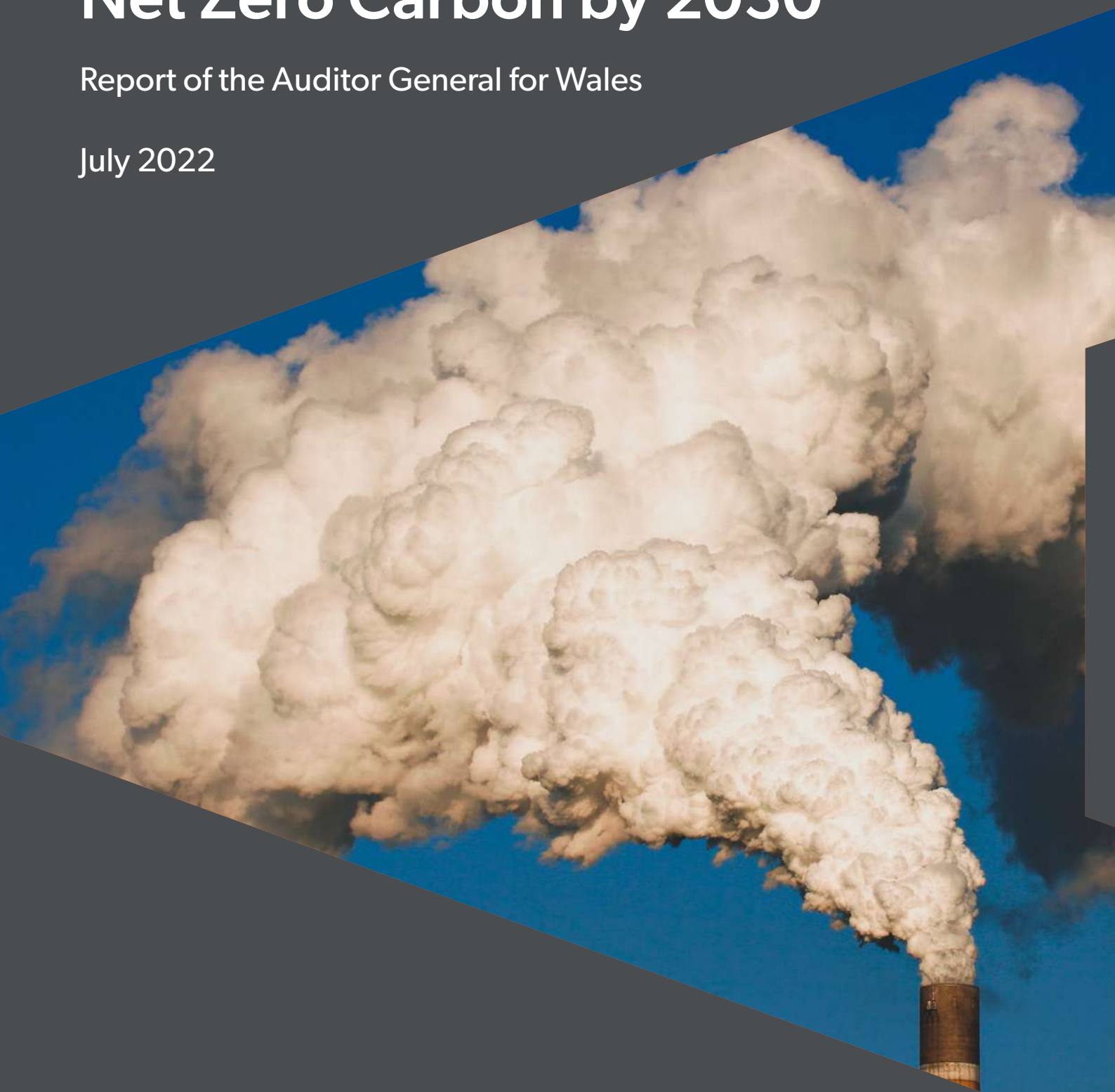
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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

# Public Sector Readiness for Net Zero Carbon by 2030

Report of the Auditor General for Wales

July 2022



This report has been prepared for presentation to the Senedd under the Government of Wales Act 2006, the Public Audit (Wales) Act 2004 and the Well-being of Future Generations (Wales) Act 2015.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Exhibit 2 of this report was amended on 9 August 2022 to correct a minor error.

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# Detailed report

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## Background

- 1 Climate change is one of the world's defining challenges and it requires immediate action from everyone. A landmark report by the United Nations in August 2021 said that human activity is changing our climate in unprecedented ways and that drastic reductions in carbon emissions are necessary.
- 2 The latest climate projections for Wales show an increased chance of milder, wetter winters and hotter, drier summers, rising sea levels and an increase in the frequency and intensity of extreme weather events. The implications are clearly stark.
- 3 A crucial way to mitigate the impacts of climate change is to reduce carbon emissions. In March 2021, following advice from the Climate Change Committee<sup>1</sup> in December 2020, the Welsh Government set new targets for a 63% carbon reduction by 2030, an 89% reduction by 2040, and a 100% reduction by 2050<sup>2</sup>. In addition, the Welsh Government set out a more challenging collective ambition for the Welsh public sector<sup>3</sup> to achieve net zero carbon by 2030 (the 2030 collective ambition).
- 4 In June 2021, the Welsh Government published its Programme for Government 2021-2026 which puts tackling the climate and nature emergencies at the heart of the new government. The Programme for Government also makes a series of commitments to embed a response to climate change in everything the Welsh Government does.

- 
- 1 The Climate Change Committee (CCC) is an independent, statutory body established under the Climate Change Act 2008. Its role is to advise the UK governments on emissions targets and to report on progress made in reducing greenhouse gas emissions and preparing for and adapting to the impacts of climate change.
  - 2 Net zero does not mean eliminating greenhouse gas emissions but balancing the greenhouse gas emissions with the amount of gases being removed from the atmosphere.
  - 3 The Welsh Government's definition of the 'public sector' in this case covers 65 bodies as set out in Appendix 2 of the Welsh Government, Public sector net zero data: baseline and recommendations, June 2022.

- 5 The Welsh Government has also published Net zero carbon status by 2030: A route map for decarbonisation across the Welsh public sector (the public sector route map) to support the Welsh public sector in achieving the 2030 collective ambition. Alongside the public sector route map, the Welsh Government published the net zero reporting guide and associated spreadsheet to allow the public sector to capture and report emissions on a consistent basis.
- 6 The Auditor General has committed to carrying out a long-term programme of work on climate change. Our first piece of work is a baseline review that asks: '**How is the public sector preparing to achieve the Welsh Government's collective ambition for a net zero public sector by 2030?**'. To inform the baseline review, 48 public bodies, including the Welsh Government, completed a call for evidence. **Appendix 1** explains our audit approach and methods.
- 7 We are publishing two reports to share our findings:
  - **this key findings report:** this report targets senior leaders and those with scrutiny roles in public bodies, with the aim of inspiring them to increase the pace of their work on achieving the 2030 collective ambition. We have included questions at the end of each section of this report for organisations to reflect on. While these questions are not exhaustive, they provide important pointers for organisations to consider.
  - **evidence report – to follow:** a report that will provide more detailed findings and data from the call for evidence and our wider work.

## Overall conclusion

- 8 There is clear uncertainty about whether the public sector will meet its 2030 collective ambition. Our work identifies significant, common barriers to progress that public bodies must collectively address to meet the ambition of a net zero public sector by 2030. And while public bodies are demonstrating commitment to carbon reduction, they must now significantly ramp up their activities, increase collaboration and place decarbonisation at the heart of their day-to-day operations and decisions. Organisations need to be bold and innovative and share experiences of their successes and failures. The Auditor General will not criticise organisations for taking well-managed risks to address this unprecedented challenge.
- 9 We have set out five calls for action for organisations to tackle the common barriers to decarbonisation in the public sector. These are:



- 1 Strengthen your leadership and demonstrate your collective responsibility through effective collaboration



- 2 Clarify your strategic direction and increase your pace of implementation



- 3 Get to grips with the finances you need



- 4 Know your skills gaps and increase your capacity



- 5 Improve data quality and monitoring to support your decision making

- 10 We are not making specific recommendations given the high-level nature of our review. However, we encourage public bodies to consider the messages in this report, and through their internal governance structures, set out publicly how they intend to respond to the calls for action.

## Calls for action



### **Strengthen your leadership and demonstrate your collective responsibility through effective collaboration**

- 11 The Welsh Government showed leadership when it declared a climate emergency in 2019. Many of the other public bodies have followed suit, for example, 18 out of 22 Welsh councils have now declared a climate emergency.
- 12 The Welsh Government also demonstrated leadership when it set the 2030 collective ambition and in May 2021 when it established a new Ministerial portfolio for climate change. A related change to the Welsh Government's organisational structure came into effect from 1 April 2022.
- 13 We have found considerable activity by public bodies, supporting the move towards decarbonisation. So, public bodies are clearly taking this agenda seriously.
- 14 Despite this, they must do more because there is considerable uncertainty (and clear doubt from some organisations) about whether the 2030 collective ambition will be met. In the NHS, we found uncertainty that even a 34% reduction in emissions would be achieved across that sector<sup>4</sup>. Bodies told us about significant barriers to progress in decarbonising, such as difficulties in translating strategy into action, uncertainty about finances, a lack of skills and capacity, and issues with decarbonisation data. These matters are discussed throughout this report.
- 15 Now is the time for bold leadership. Public bodies must reduce carbon emissions from their estates, from their services, and from the goods and services they procure. On top of that, they must adopt a wider leadership role in championing the decarbonisation agenda in all sectors within the communities they serve to work towards a 'just transition'<sup>5</sup>.
- 16 Public bodies will need to demonstrate stronger collective leadership because collaboration between organisations will be critical to achieving the 2030 collective ambition. Some respondents told us that a wholesale change of thinking is required, with a more co-ordinated and joined-up approach across the public sector.

---

4 The NHS Wales Decarbonisation Strategic Delivery Plan sets out 46 initiatives that are estimated to reduce carbon emissions by 34% by 2030.

5 A 'just transition' means taking action on climate change and greening the economy in a way that is as fair and inclusive as possible to everyone concerned. Policy 1 in [Net Zero Wales Carbon Budget 2 \(2021-2025\)](#) sets out the Welsh Government's views on a just transition.



- 17 Several cross-organisational panels and programme boards already exist to collaborate on climate issues including decarbonisation. And while public bodies expressed largely positive views about the way they are collaborating, there was also recognition that these efforts need to be ramped up. There is a collective responsibility on the public sector to make existing structures work. Public bodies also need to consider what additional collaboration is needed within sectors and across the public sector.
- 18 Senior leaders must do more to demonstrate they fully grasp the urgency and scale of the challenge and clearly identify this as a top priority for their organisation if they are to achieve their ambitions. Decarbonisation (and wider climate risks) must be at the core of day-to-day business decisions and operations. This agenda must be integrated into all services and operations, so that decarbonisation is delivered alongside other outcomes.
- 19 The frameworks provided by the Well-being of Future Generations (Wales) Act 2015 (including public services boards and the setting of well-being objectives) can be used to help organisations decarbonise. Application of the sustainable development principle in key areas such as procurement, workforce planning and finance will also help delivery of the decarbonisation agenda.
- 20 Those charged with governance and scrutiny roles in individual organisations need to support the direction of travel while at the same time challenging whether enough is being done.

#### **Questions that senior leaders and those who scrutinise them may want to ask**

- Are we treating the climate crisis and the need to decarbonise as a real 'emergency'?
- Can we demonstrate that decarbonisation is at the core of day-to-day business decisions and operations?
- Is the urgency and scale of the challenge well communicated by senior leaders and understood throughout our organisation?
- Do we have specific and effective scrutiny and governance arrangements for managing the journey to net zero?
- Do we understand the main barriers to progress and how well are we collaborating to overcome them?

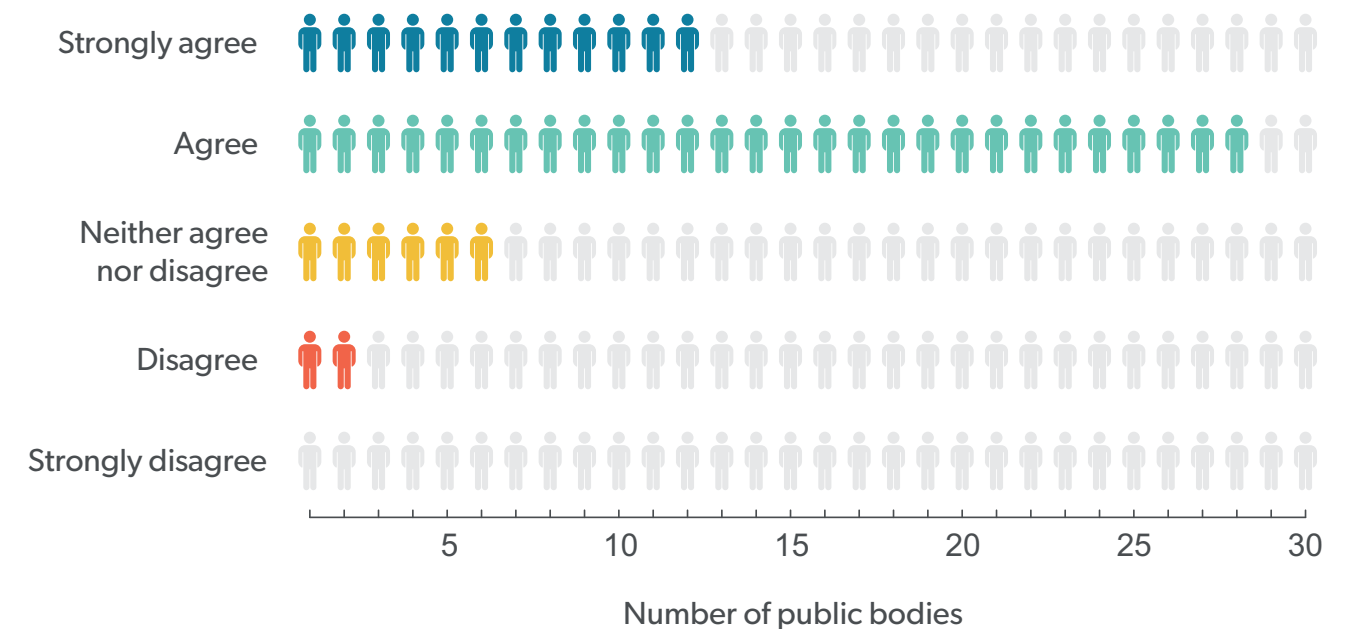




## Clarify your strategic direction and increase your pace of implementation

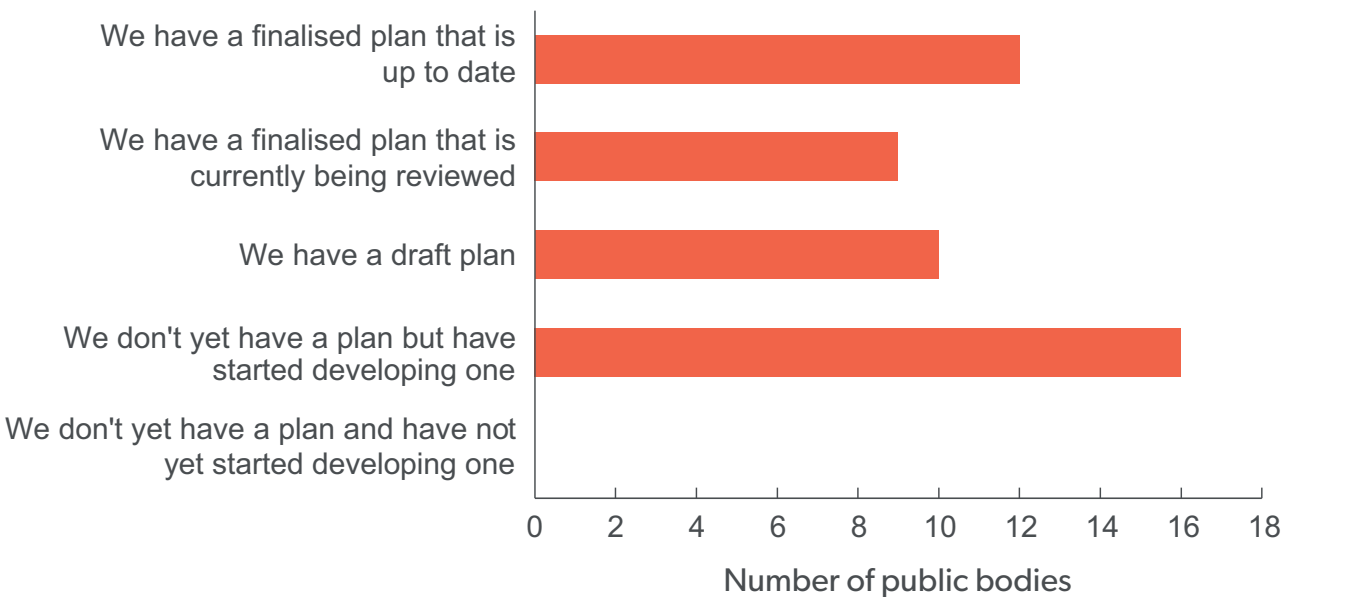
- 21 To deliver the 2030 collective ambition, it is essential that Wales has clear, joined-up, integrated strategies across the public sector. The action plans resulting from those strategies will also have to be implemented at pace.
- 22 In response to our call for evidence, public bodies were generally positive about the strategic direction set out by the Welsh Government and that it had been communicated well through the public sector route map (Appendix 3). In response to our question about the extent to which they were using the public sector route map, most public bodies said they were using it, to varying degrees, and only five said they were not.
- 23 Despite generally positive views about the national strategic direction, public bodies want more help to translate the strategy into action. Several organisations told us that while the public sector route map provides a high-level template, they need more clarity, support and guidance on how to decarbonise.
- 24 The Welsh Government told us that it deliberately designed the public sector route map to be a high-level framework to assist public bodies in developing local solutions based on individual circumstances, rather than a one-size-fits-all approach. The Welsh Government is providing other forms of central assistance on decarbonisation, including support through the Welsh Government Energy Service, grant funding for various programmes and funding of the Welsh Local Government Association transition and recovery support programme.
- 25 Some sector-specific guidance is available to support public bodies to translate the vision into action. For the NHS, the Carbon Trust and the NHS Wales Shared Services Partnership have set out more detailed actions in the NHS Decarbonisation Strategic Delivery Plan. In local government, the Welsh Local Government Association is developing more tailored support and guidance for councils.
- 26 Overall, our work has shown that public bodies are at very different stages in setting out their action plans for decarbonisation. While **Exhibit 1** shows most public bodies feel they have set a clear strategic direction, **Exhibit 2** shows that just over a third of organisations did not have a decarbonisation plan at the time of our call for evidence. All organisations had at least started to develop their plan, and under Welsh Government policy they have until April 2023 to develop one.

**Exhibit 1: public bodies’ responses to the statement, ‘Our organisation has set a clear strategic direction to support the achievement of the 2030 carbon reduction targets’**



Source: Audit Wales call for evidence

**Exhibit 2: status of public bodies’ action plans**



Note: One public body did not respond to this question.

Source: Audit Wales call for evidence

- 27 The public sector route map sets out milestones for 2021-22, during which the Welsh Government expects the public sector to be 'moving up a gear'. The Welsh Government considers there has been good progress and the public sector is picking up the pace. However, the Welsh Government recognises there is still significant work to be done and to date, the public sector has not fully achieved the 'moving up a gear' milestones.

**Questions that senior leaders and those who scrutinise them may want to ask**

- Have we set out a clear strategic approach and action plan for decarbonisation? If not, why not?
- Have we given due consideration to recommendations from the Future Generations Commissioner on decarbonisation, including those within the Future Generations Report 2020<sup>6</sup>?
- Are we involving our staff, stakeholders and citizens in the development and delivery of our strategic approach?
- Have we collaborated with others to develop our overall approach?
- How will our approach to decarbonisation help us deliver against other strategic objectives (including well-being objectives) as well as meeting the 2030 collective ambition?
- Do our other corporate strategies, policies and operations reflect the strategic approach we have set out for decarbonisation?
- Does our action plan set out clear milestones that align with the 2030 collective ambition and is it being implemented at sufficient pace?



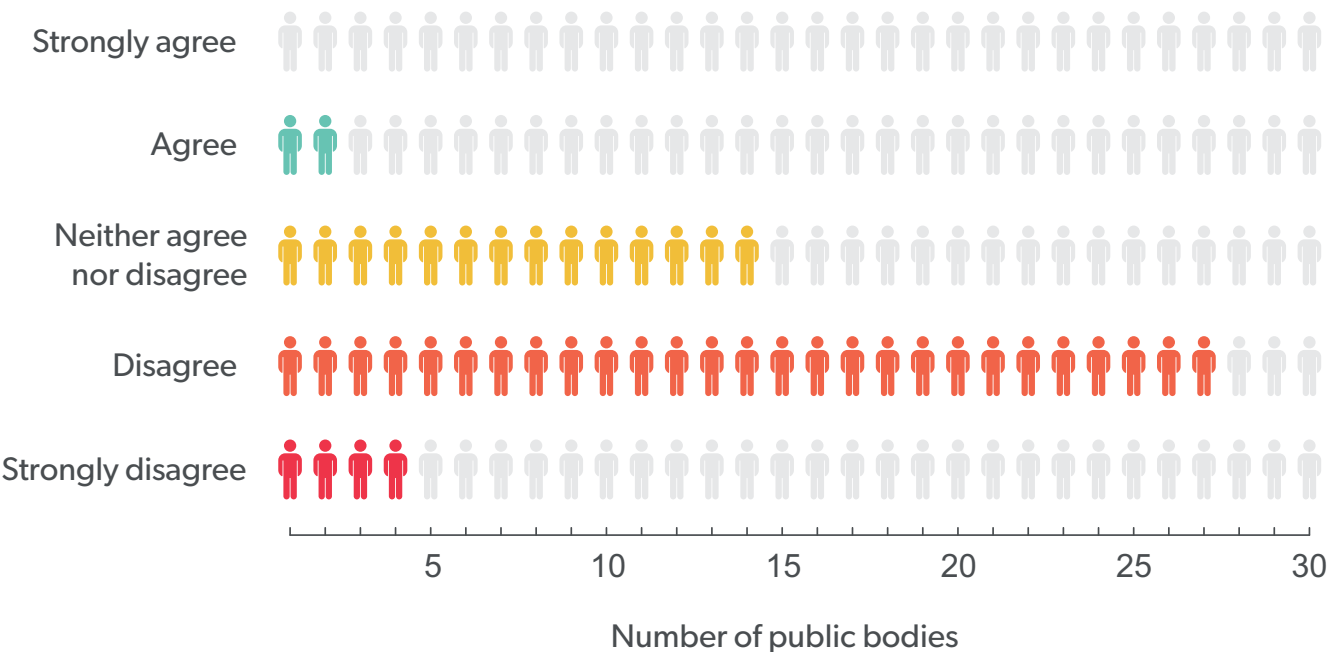
6 The Future Generations Commissioner for Wales, Future Generations Report 2020, May 2020.



## Get to grips with the finances you need

- 28 Public bodies need to plan their finances in such a way that they can deliver their decarbonisation strategies and action plans. This will require long-term planning because decarbonisation will need investment for many years. It will also require immediate expenditure because if the 2030 collective ambition is to be met, urgent action is essential.
- 29 Public bodies recognised that significant investment in decarbonisation will be required, particularly for upfront infrastructure costs. But they were uncertain about where the funding for this investment would come from. The Welsh Government is providing funding to public bodies in various ways, but it has said it cannot fund everything. Public bodies will therefore need to think carefully about how they can use their existing funding in different ways, explore potential additional funding opportunities and consider how they might share costs with partner organisations.
- 30 Overall, public bodies told us that finances are a significant barrier to achieving the 2030 collective ambition. This is because of uncertainty in relation to the long-term additional funding they will have available to them, and about difficulties in getting to grips with the costs of decarbonising. **Exhibit 3** shows that most public bodies have not fully assessed the financial implications of the 2030 collective ambition. In some cases, this is because they have not yet set out a clear set of actions and activities to achieve net zero.

**Exhibit 3: public bodies’ responses to the statement, ‘Our organisation has fully assessed the financial implications of meeting the 2030 carbon reduction targets’**



Note: One public body did not respond to this question.

Source: Audit Wales call for evidence

### Questions that senior leaders and those who scrutinise them may want to ask

- Do we know what we are currently spending on activities to help meet the 2030 collective ambition?
- Do we know how much we would need to spend to help achieve the 2030 collective ambition?
- How are we deciding how much to spend on decarbonisation?
- If we have not yet assessed the financial implications of the 2030 collective ambition, do we understand why we have been unable to?
- What are we doing to collaborate with others, to understand the financial implications, and to share costs?
- Do our budgets and expenditure reflect the need to reduce carbon emissions urgently?
- Are we setting out a good level of detail in our financial statements in relation to decarbonisation spending?  
(See [our blog](#) on this matter).





## Know your skills gaps and increase your capacity

- 31 Within public bodies it is everyone's responsibility to take action towards the 2030 collective ambition. Delivering that ambition will require public bodies to have staff in place with some specialist expertise. Our work found enthusiasm to deliver, but we also found widespread capacity issues and skills gaps. Skills gaps in relation to decarbonisation are not unique and are symptomatic of a wider challenge across the public sector. For example, in our [Picture of Public Services 2021](#) report, we highlight that staffing numbers have fallen and skills deficits have emerged.
- 32 Public bodies told us their resources are stretched in delivering their core services, and they are lacking specialist skills in carbon reduction and in monitoring carbon emissions. In addition, the complex nature of the field means that bodies are competing for limited expertise and knowledge.
- 33 Public bodies need to understand the staff capacity and skills they have in place through robust workforce planning. Training will play a crucial role in ensuring staff understand their decarbonisation responsibilities and are best equipped to deal with the task at hand. There is also an opportunity to share the knowledge, expertise and capacity that exists within the public sector as well as the private and third sectors.

### Questions that senior leaders and those who scrutinise them may want to ask

- Do we know what skills are needed, both now and in the future, to ensure we can deliver against the 2030 collective ambition?
- Do we have a plan in place to deal with any identified skills and capacity gaps through training, recruitment or working with peers and stakeholders to share resources and expertise?







## Improve data quality and monitoring to support your decision making

- 34 Public bodies need to understand where their emissions are coming from so they can check if they are making progress. We found that data issues are a major barrier to having a shared understanding of the problem and to taking strategic decisions about the solutions.
- 35 Carbon emissions monitoring and reporting is a complex and rapidly developing area worldwide. The Welsh Government has published a common reporting methodology for public bodies to report their emissions through the [Welsh Public Sector Net Zero Reporting Guide](#) and the net zero reporting spreadsheet. In doing so, the Welsh Government is trying new ways of improving emissions data. Welsh public bodies responded by putting new arrangements in place and by submitting their first set of annual data in October 2021.
- 36 The Welsh Government commissioned independent consultants, to review the first submission of emissions data from public bodies and in June 2022, the Welsh Government published the consultancy report in full. The report<sup>7</sup> provides the first estimate of the full range of emissions by the public sector in delivering services for the people of Wales. The report states that the figures include significant uncertainty, particularly in relation to supply chain emissions, and that the data has not been thoroughly audited. The figures suggest emissions across Wales for the public sector reduced by 5% between 2019-20 and 2020-21.
- 37 In response to our call for evidence, public bodies recognised the usefulness of having a common reporting methodology. However, some responses pointed to concerns over some calculation methods, particularly regarding supply chain and land use, and called for further clarity of definitions to ensure consistent interpretation and reporting. Some responses also noted that existing systems were not able to capture the required data, and had to be updated, or new systems had to be put into place. This was often time consuming and resource intensive. NHS bodies also raised concerns about duplication with existing reporting arrangements on carbon emissions.

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7 [See Footnote 3.](#)

- 38 It is important to get the data right because this information will underpin decision making and monitoring of progress for decades to come. However, we acknowledge this is the first year of the new arrangements to report a complex issue and the Welsh Government is committed to developing the guidance further to address the issues identified in the consultancy report (**paragraph 36**) and to reflect wider feedback. The Welsh Government published revised [reporting guidance](#) in July 2022. We also acknowledge that while there are concerns about supply chain data, the requirement to report this data reinforces the findings from previous studies that show the importance of reducing emissions from procurement and the supply chain<sup>8</sup>.

#### Questions that senior leaders and those who scrutinise them may want to ask

- Are we playing our part in building a system that will provide consistent, accurate, high-quality data on carbon emissions across the public sector to support transparency and scrutiny?
- Do we know what the existing data is telling us and what further data do we need to support decision making?
- Based on our understanding of our own data, do we have plans in place to take appropriate action?
- How can we improve our understanding of emissions resulting from our supply chain and relevant third parties?



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<sup>8</sup> [Welsh Government, A route map for decarbonisation across the Welsh public sector \(Appendix A\), May 2021.](#)



# Appendices

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- 1 Audit approach and methods
- 2 Legislative and policy framework underpinning decarbonisation
- 3 The public sector route map and reporting guide

# 1 Audit approach and methods

In November 2021, we issued a call for evidence to 48 public bodies, asking questions about their baseline position in achieving the 2030 collective ambition. Most public bodies responded in the period December 2021 to January 2022. We sent the call for evidence to the bodies covered by the Well-being of Future Generations (Wales) Act 2015 at the time. This included all principal councils, fire and rescue authorities, national park authorities, health boards and NHS trusts, and the larger Welsh Government sponsored bodies.

We also sent the call for evidence to the Welsh Ambulance Services NHS Trust, Digital Health and Care Wales, and Health Education and Improvement Wales to ensure we had a more complete picture across the NHS. We also sent the call for evidence to NHS Wales Shared Services Partnership (NWSSP), which is an independent mutual organisation, owned and directed by NHS Wales, that delivers a range of services for and on behalf of NHS Wales. NWSSP is hosted by and operates under the legal framework of Velindre University NHS Trust, which is itself covered by the Well-being of Future Generations (Wales) Act 2015.

We received responses from all bodies that were sent the call for evidence, although in a small number of instances not all questions were answered. Where questions were not answered by all public bodies, this is set out in a note to each relevant graph.

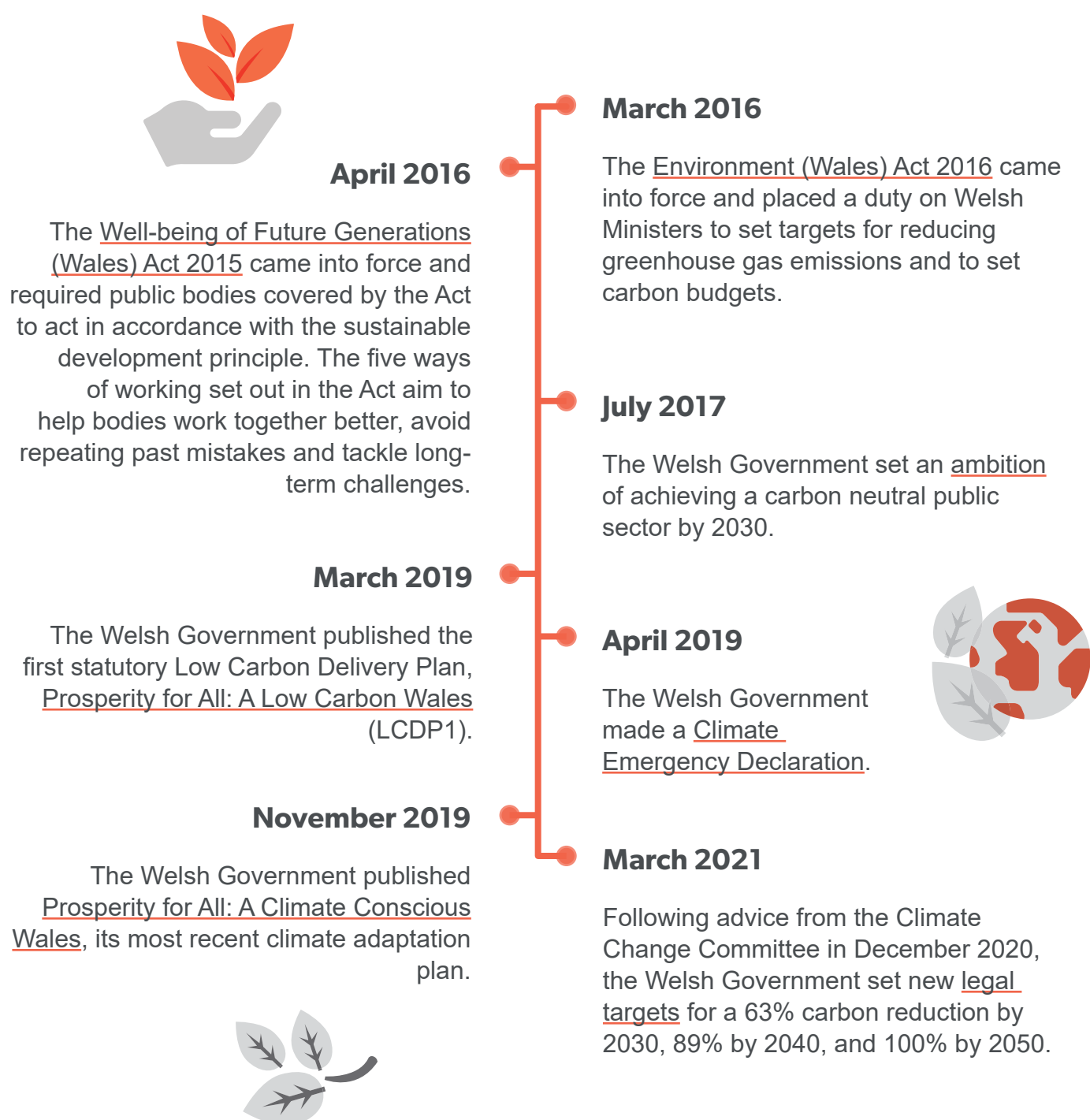
To inform our work, we held discussions with relevant stakeholders including the Welsh Government, the Office of the Future Generations Commissioner for Wales, representatives of NHS Wales and the Welsh Local Government Association. We also reviewed key documents, including policies and guidance, and other relevant information provided to us by the Welsh Government and other stakeholders.

We did not undertake a detailed review at each of the public bodies. While we have largely relied on what they reported through their call for evidence responses and any supporting documentation, we have also sought to triangulate our findings through discussions with stakeholders and evidence from our wider document and data review. We also shared and discussed our emerging findings at a public webinar held in May 2022. 109 people from outside Audit Wales attended the webinar, representing a range of public, private and third sector organisations.

As stated earlier in this report, the Auditor General for Wales has committed to a long-term programme of work on climate change. We have already reported on the decarbonisation efforts of fire and rescue authorities, we have begun to review council decarbonisation action plans and we are preparing a report on flood risk management. Following a recent consultation on our future work programme, we are considering our next steps in relation to auditing actions to decarbonise and to adapt to the changes already happening to our climate.

## 2 Legislative and policy framework underpinning decarbonisation

The graphic below sets out the key legislation, policies and guidance related to decarbonisation and climate change that apply across the Welsh public sector. We refer to sector-specific legislation and policies in the main body of this report where relevant.



### May 2021

The Welsh Government published the Welsh public sector net zero reporting guide and the net zero carbon reporting spreadsheet. **Appendix 3** provides further detail.



### June 2021

The Welsh Government published its Programme for Government 2021-2026 which puts tackling the climate and nature emergencies at the heart of the new government and makes a series of commitments to embed climate change in a number of ways.

### July 2021

The Welsh Government published Net zero carbon status by 2030: A route map for decarbonisation across the Welsh public sector. **Appendix 3** provides further detail.



### October 2021

The Welsh Government published Net Zero Wales Carbon Budget 2 (2021 to 2025). This sets out specific policies for the public sector, including a target for decarbonisation plans to be in place by March 2023, targets relating to buildings, vehicles and procurement, and development of a new health and social care decarbonisation plan.

### July 2022

The Welsh Government published updated versions of the Welsh public sector net zero reporting guide and the net zero carbon reporting spreadsheet.

### 3 The public sector route map and reporting guide

To support the public sector to achieve net zero, the Welsh Government published its [public sector route map](#) in July 2021. The route map sets out four priority areas for action: buildings, mobility and transport, procurement, and land use. It also sets out key milestones for the public sector to achieve, which are:



**Moving up a gear:** Where understanding the context and what needs to be done is vital, and where action needs to accelerate.



**Well on our way:** Where there is an expectation that low carbon is becoming the norm and the public sector is definitely on the way to net zero.



**Achieving our goal:** Where choosing zero carbon has become routine, culturally embedded, and self-regulating.

In May 2021, the Welsh Government published the [Welsh Public Sector Net Zero Carbon Reporting Guide](#). The aim of the guide is to develop a universal set of instructions for use by public bodies to assist in meeting the 2030 collective ambition, in particular to:

- **Baseline:** To understand the current situation and quantify organisational emissions and removals for a consistently drawn boundary. And to quantify the likely emission gap to carbon neutral operations by 2030.
- **Identify mitigation potential:** An assessment to identify significant sources of emissions enabling organisations and the public sector to prioritise action needed to move to carbon neutral operations by 2030.
- **Monitor progress:** A need to gather, collate and analyse data to assess whether organisations are on track to achieving their goal of carbon neutrality by 2030.



Alongside the guide, the Welsh Government published the Net zero carbon reporting spreadsheet for use by public bodies to capture and report their emissions data in a consistent way. The Welsh Government asked public bodies to submit the first data by October 2021 for the 2020-21 financial year. The second submission is required by September 2022 for the 2021-22 financial year.

The guide states that public bodies should report actions to reduce emissions and move to carbon neutral operations by 2030, but the format and narrative of that reporting are not prescribed. The guide does suggest it could be in the form of an annual report on progress against a published action plan or a separate document. It also suggests that management information used in collating an emissions report will provide a good basis for the narrative report. As part of our work, we have not reviewed any narrative reports produced by public bodies, although **paragraphs 34-38** of this report comment on the challenges relating to the carbon emissions data and reporting. Following feedback from public bodies and a review of the first year's data submissions, the Welsh Government published revised reporting guidance in July 2022.



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**AGENDA ITEM**

2.2.3

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**POST PAYMENT VERIFICATION REPORT – APRIL 2022-  
SEPTEMBER 2022 (FOR PRIMARY CARE ELEMENT)**

Date of meeting	2 <sup>nd</sup> November 2022	
FOI Status	Open/Public	
If closed please indicate reason	Not Applicable - Public Report	
Prepared by	Amanda Legge – all Wales Post Payment Verification Manager	
Presented by	Sally May	
Approving Executive Sponsor	Executive Director of Finance & Procurement	
Report purpose	FOR NOTING	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Audit & Risk Committee	24/10/2022	NOTED
ACRONYMS		

**1. SITUATION/BACKGROUND**

- 1.1 The report is being presented to the Population Health and Partnerships Committee of Cwm Taf University Health Board for noting the primary care element.

- 1.2 The report was received by the Audit and Risk Committee at their meeting held on the 24<sup>th</sup> October 2022 for assurance and review by the Committee.
- 1.2 The reports details specific risks as outliers in a traffic light system, and provides the narrative for what PPV, Primary Care, Finance and Counter Fraud consider to be the best approach to support practices in improving. The reports highlight the narrative on how practices have been performing over the current Post Payment Verification (PPV) cycle, and two previous. It also demonstrates the overall performance of the UHB against the national averages. PPV of claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP). Following on from 2021-2022 where we continued to face challenges associated with the COVID-19 pandemic, we effectively responded to challenges identified within Primary Care and have investigated further avenues to enhance our PPV service moving forward into 2022-2023. The decision to halt physical visits to our contractor premises was taken to protect our front-line services, whilst maintaining an excellent level of PPV, which would continue to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.

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

### **General Medical Services (GMS)**

The visit plan runs on a 3-year cycle for GMS and is agreed by Health Boards. GMS was one of the services that has been conducted remotely since 2018 and we have been able to continue with our visits.

Primary Care Services (PCS) have recently transferred to a new Payments system as part of the decommissioning of the NHAIS system and the provision of data from this new system has been a difficult change for our contractors, therefore have been holding up our PPV visits. Communications have gone out to the Heads of Primary Care and others noting "a consequence of the above is that the planned PPV schedule for 2022/23 will be delayed. It was proposed that the PPV program would commence with the team contacting practices in August 2022 to schedule visits, with a view to remote access visits starting in September 2022".

During this time the PPV team been collating the evidence that the practices submit to evidence their payment claims to ensure that there are no

discrepancies in the data and have now successfully begun this years' PPV visit cycle.

### **General Ophthalmic Services (GOS)**

The visit plan for GOS 2022-2023 has been agreed by Health Boards. We explored PPV remote access options during Covid 19 and now with full support from Optometry Wales we have begun to carry out these visits via Microsoft TEAMS which is proving successful. We are hoping to increase the number of contractor visits as we progress in this new way of working which is being encouraged by Welsh Government. As more ophthalmic contractors become electronic and the new GOS reform contract, this will drive the future of PPV in GOS. We also continue to undertake the GOS quarterly patient letter programme across Wales to provide additional elements of assurance to our Health Boards and constantly look at enhancing this service.

### **Pharmacy Services (GPS)**

The Medicines Use Review (MUR) service ceased in March 2020, therefore stopping PPV for this service. In 2022-2023 NWSSP have conducted a pilot for two new service checks by PPV as requested by our Local Health Boards, which are the Quality and Safety Scheme and the Collaborative Working Scheme. These are going well, and we are awaiting sign off and agreement from NESMB (National Extended Services Management Board).

### **Other PPV work**

PPV have been conducting Bonus Payment checks (as requested by Welsh Government) relating to payments claimed and made to Primary Care Health Service staff in 2021. This is near completion with just a few ad hoc remaining staff that we are awaiting evidence.

We have been working on a Dispensing Data Pilot and are now rolling out this service Nationally from October 2022.

Investigating the feasibility to begin a pilot regarding clinical waste checks. The GMS statistics worksheet now separates the routine and the revisit averages as revisits are generally higher percentages due to 100% of the claims being checked over a longer period.

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

- 3.1 Due to Covid-19 we were unsure if 'normal' PPV visits would begin again for General Ophthalmic and Pharmacy Services, but we have explored and proved concept of remote alternatives which are proving successful.



#### 4. IMPACT ASSESSMENT

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

#### 5. RECOMMENDATION

5.1 The PHP Committee is asked to **NOTE** the Primary Care Element of the report.

GMS GOS  
STATISTICS

	Health Board		
	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	4
Average claim error rate	N/a	0.00%	2.67%
Recovery amount	N/a	£0.00	£443.87

	Health Board - ROUTINE		
	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	4
Average claim error rate	N/a	0.00%	2.67%
Recovery amount	N/a	£0.00	£443.87

	Health Board - REVISIT		
	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	N/a
Average claim error rate	N/a	0.00%	N/a
Recovery amount	N/a	£0.00	N/a

	All Wales		
	2020/2021	2021/2022	2022/2023
N/a	N/a	4	19
N/a	N/a	11.41%	3.68%
N/a	N/a	£1,777.37	£2,946.91

	All Wales - ROUTINE		
	2020/2021	2021/2022	2022/2023
N/a	N/a	4	19
N/a	N/a	11.41%	3.68%
N/a	N/a	£1,777.37	£2,946.91

	All Wales - REVISIT		
	2020/2021	2021/2022	2022/2023
N/a	N/a	0	N/a
N/a	N/a	0.00%	N/a
N/a	N/a	£0.00	N/a

Cwm Taff Morgannwg University Health Board

GOS and GMS PPV Progress Report: 1st April 2022 to 30th September 2022

	0-4%	Low risk
	5-9%	Medium risk
	10%+	High risk

UHB GOS Claim error % Ave (Routine)	2.67%
Apr-Sept 2022 recovery amount	£443.87

UHB GMS Claim error % Ave (Revisit)	29.48%
Apr-Sept 2022 recovery amount	£5,330.13

GOS	Visit 1				Visit 2				Visit 3					
Practice code	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
Practice 1	May-15	Routine	3.00%	£109.80	Nov-18	Routine	0.97%	£68.10	May-22	Routine	103	2	1.94%	£126.42
Practice 2	Dec-13	Routine	0.00%	£0.00	Nov-17	Routine	2.00%	£80.20	Jul-22	Routine	103	1	0.97%	£21.22
Practice 3	N/a	N/a	N/a	N/a	Feb-19	Routine	1.94%	£99.70	Apr-22	Routine	103	4	3.88%	£132.80
Practice 4	Jan-18	Routine	3.00%	£161.60	Jun-19	Revisit	4.00%	£521.60	May-22	Routine	103	4	3.88%	£163.43

GMS	Visit 1				Visit 2				Visit 3					
Practice code	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
Practice 5	Jan-19	REVISIT	20.03%	£4,326.44	Nov-20	Routine	11.43%	£1,131.86	Apr-22	Revisit	441	130	29.48%	£5,330.13





**AGENDA ITEM**

2.2.4

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**AMENDMENT TO STANDING ORDERS – TERMS OF REFERENCE**

<b>Date of meeting</b>	2 November 2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Kathrine Davies, Corporate Governance Manager
<b>Presented by</b>	Georgina Galletly Director of
<b>Approving Executive Sponsor</b>	Director of Corporate Governance
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Population Health & Partnerships Committee	26/07/22	ENDORSED FOR BOARD APPROVAL
Health Board	29/09/22	APPROVED

**ACRONYMS**

SOs	Standing Orders
ToR	Terms of Reference
LPF	Local Partnership Forum

## 1. SITUATION/BACKGROUND

- 1.1 The Cwm Taf Morgannwg University Health Board Standing Orders (SOs) form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be made aware of these SOs and, where appropriate, should be familiar with their detailed content.

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

- 2.1 *SOs – Schedule 3 – Terms of Reference (ToR) for the Population Health and Partnerships Committee.*

The ToR (**Appendix 1**) were reviewed and endorsed by the Population Health & Partnerships Committee at its most recent meeting on THE 26 July 2022 and approved by the Health Board at its meeting on 29 September 2022. The changes to the membership are marked in red.

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

- 3.1 The revised Standing Orders will be uploaded to SharePoint and the Health Board's Internet site.
- 3.2

## 4. IMPACT ASSESSMENT

<b>Quality Impact (Quality, Safety, Patient Experience Implications)</b>	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
	Not required



<b>Equality impact assessment completed</b>	
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the Terms of Reference as outlined in Appendix 1 attached to this report that were Approved by the Health Board on the 29<sup>th</sup> September 2022.

## **Schedule 3.7**

### **BOARD COMMITTEE ARRANGEMENTS**

**This Schedule forms part of, and shall have effect as if incorporated in the University Health Board Standing Orders**

### **POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

### **TERMS OF REFERENCE & OPERATING ARRANGEMENTS**

**VERSION 8 (APPROVED BY HEALTH  
BOARD 29.9.22)**

**(REVIEWED BY THE COMMITTEE AT  
THEIR 26 JULY 2022 MEETING WITH  
ONE MINOR AMENDMENT)**

## INTRODUCTION

The Cwm Taf Morgannwg University Health Board's (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Population Health & Partnerships Committee (The Committee)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

## CONSTITUTION AND PURPOSE

The purpose of 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.

## SCOPE AND DUTIES

The Committee will be specifically responsible for providing assurances to the Board around:

- public and population health across both primary and secondary care services through population health needs assessments and healthcare standards. This will include GP and out-of-hours service sustainability.
- national, regional and local statutory and non-statutory partnerships such as the Regional Partnership Board. Also, partnerships such as Public Service Boards, developed around the delivery of the Well-Being and Future Generations Act requirements and other local service based initiatives which are delivered through collaborative arrangements.

- cross-cutting health and mental health themes through System Group work.
- the degree of success achieved in terms of the roll-out of the CTMUHB operating model in terms of population health outcomes as evidenced through CTM cluster working arrangements with Integrated Locality Groups, Systems Groups, public health and statutory and non-statutory partners.
- wellbeing plans and delivery against agreed milestones across primary, community and secondary care including mental health services.
- the organisation's strategic alignment with regard to Welsh Government health and social care strategies in relation to population health.
- regional and local service transform arrangements and plans.
- strategic collaboration and effective partnership arrangements to improve population health and reduce health inequalities.
- Regularly review risks included on the organisational Risk Register and assigned to the Committee by the Board;

## **DELEGATED POWERS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

This Committee has a key role in assisting the Board to fulfil its oversight responsibilities the area of Population Health & Partnership matters.

## **AUTHORITY**

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
  - employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
  - Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements.
- approve policies relevant to the business of the Committee as delegated by the Board.

## Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

## ACCESS

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## MEMBERSHIP

### Members:

A minimum of **(4)** members, comprising

Chair	- Independent Member (IM) of the Board
Committee Vice-Chair	- IM of the Board
Members	-Two IMs

The Health Board Chair shall not be a member of the Committee but may choose to attend any meeting as an observer.

### Attendees

- 
- Executive Director of Public Health
- **Executive Director of Strategy and Transformation**
- Executive Director of Therapies and Health Sciences
- Director of Governance / Board Secretary
- Representative & Senior Member of the Finance Team
- Director of Primary, Community & Mental Health Services
- Chief Operating Officer
- Head of Medicines Management
- Associate Board Member – Chair, Healthcare Professionals Forum
- Chair, Regional Partnership Board
- Chair, Stakeholder Reference Group
- Community Health Council representative.

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed.

**By Invitation:**

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

**Secretariat**

The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

**Member Appointments**

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed for a maximum of three consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure arrangements for succession planning are in place.

**Support for Committee Members**

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.

**COMMITTEE MEETINGS****QUORUM**

A quorum shall be three Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee.

**FREQUENCY OF MEETINGS**



Meetings shall be held not less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

### **WITHDRAWAL OF INDIVIDUALS IN ATTENDANCE**

The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

### **CIRCULATION OF PAPERS**

The Director of Governance / Board Secretary will ensure that all papers are distributed at least seven calendar days in advance of the meeting.

## **REPORTING AND ASSURANCE ARRANGEMENTS**

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports.
- bring to the Board's specific attention any significant matters under consideration by the Committee.
- ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g., where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the Organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees and Groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business: and
- Sharing of information

In doing so, contributing to the integration of good governance across the Organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

## **APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the area relating to quorum.

## **CHAIR'S ACTION ON URGENT MATTERS**

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate,

may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee.

The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee, for consideration and ratification.

Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

## **REVIEW**

These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter.

## POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG (as at 20.10.22)

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
07/22/08	July 2022	Healthy Weights Across CTMUHB	Circulate the research on obesity in the CTM area outside of the meeting.	Philip Daniels	<b>Complete</b> Information provided via email to Members 26.10.22
05/22/05	July 2022	Organisational Risk Register	Emerging risk around the capacity to deliver the vaccination programme would be reviewed outside of the meeting via the Strategic Leadership Group and the Committee would be updated at the next meeting for assurance.	Assistant Director of Governance & Risk	<b>Complete</b> Discussions held and no risk has yet to be escalated to the Organisational Risk Register on this activity.
05/22/09	May 2022	CTM an Anchor Organisation	The Committee agreed that this should be embedded and aligned to the CTM 2030 Strategy.	Kelechi Nnoaham	<b>In Progress</b> Committee advised at July 2022 meeting that the two actions were being worked through and an update would be prepared for the next meeting.
05/22/09	May 2022	CTM as an Anchor Organisation	The Committee noted the potential for the Anchor programme to have resource implications for the Health Board and agreed to receive a further update.	Kelechi Nnoaham	

## AGENDA ITEM 2.2.2

<b>10/21/08</b>	October 21	Vaccination and Immunisation Update	To receive a further update on the development of the business case developed to deliver a sustainable vaccination and immunisation programme across CTMUHB and progress in relation to the workforce capacity issues	Kelechi Nnoaham	<b>Ongoing</b> Update provided at July 2022 meeting. Welsh Government guidance regarding future vaccination programmes not yet received – update to next meeting.
<b>10/21/08</b>	October 21	Vaccination and Immunisation Update	Discussions to be held on the challenges with workforce capacity with the Director for People.	Kelechi Nnoaham	<b>Ongoing</b> Update to be provided to next meeting.
<b>PCCC/20/09</b>  <b>4/21/8</b>	October 2020  April 2021	All-Wales Interim District Nursing Compliance and Principles	<p>Informal feedback had been received from Welsh Government which had been positive and a report would be brought to the next meeting.</p> <p>In light of Covid, WG advised not to progress with the next audit, so no formal update available to the committee. July 22 - Update required as to whether this work to resume and if so a date was required.</p>	Greg Dix	<b>In Progress</b> Draft National Community Nursing Specification out for comment – to be circulated once finalised.

## AGENDA ITEM 2.2.2

### COMPLETED ACTIONS

05/22/14	May 2022	Partnerships Update	Population Needs Assessment and Wellbeing Assessment, once published to be received by the Committee.	Linda Prosser/Kelechi Nnoaham	<b>Completed</b> Referenced as part of the Public Service Board Update at the July 2022 meeting.
10/21/6	October 2021	Healthy Weights	Third Party and Voluntary Sector representatives to be added to the membership of the steering group.	Kelechi Nnoaham	<b>Completed</b> Update Report received at the July 2022 meeting
05/22/4	May 2022	Action Log	Outstanding Action on Healthy Weights to be reviewed outside of the meeting.		
10/21/7	October 21	Housing & Homelessness Update	Members of the Committee to be invited to attend the Health & Housing summit.	Linda Prosser	<b>Completed</b> Summit held in October 2022 with invites extended to Members of the Committee.
10/21/6	October 21	Healthy Weights	Discussions to be held with the RPB on engagement and involvement	Clare Williams	<b>Completed</b> The service has been funded and implementation planning underway.
10/21/11	October 21	Clinical Analysis Backlog from the Primary Care Information Portal	Update on accelerated cluster development to be added to forward work programme	Julie Denley	<b>Completed</b> Received by the Committee at the May 2022 meeting.

## AGENDA ITEM 2.2.2

2/20/013	10.2.20	Inverse Care Law	Agreed to receive further analysis at the next meeting.	Kelechi Nnoaham	<b>Completed</b> On Agenda July 2022 meeting.
7/21/9	07.07.2021	Learning & Disability Strategic Update	Data to be provided on numbers of people with learning disabilities receiving health checks, vaccinations and cancer screening in the last year	Julie Denley	<b>Completed</b> Received by the Committee – May 2022
7/21/12	07.07.2021	Regional Partnership Board Transformation Fund Update	Receive regular updates on how the data from the population segmentation and risk stratification would be used and reflected on the Risk Register	Linda Prosser/ Georgina Galletly	<b>Completed</b> Risk Register on Agenda – October 2021 – new Risk on the Transformation Fund added to the Risk Register.
7/21/11	07.07.2021	Key Findings from HMP Parc Health & social Needs Assessment	Further consideration required from the Executive Team on the process of how the risk would be managed to ensure the Board had oversight due to the complexities and issues that might arise.	Georgina Galletly/ Julie Denley	<b>Completed</b> Report received by the Committee at the May 2022 meeting.  Operational transition will be reported to Management Board and where any risks identified at a level requiring board oversight they will be allocated to the appropriate committee and included on the organisational risk register reported to Board.







**AGENDA ITEM**

5.1

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**POPULATION HEALTH ORGANISATIONAL PROGRAMME PROGRESS  
REPORT**

**Date of meeting**

2/11/2022

**FOI Status**

Open/Public

**If closed please indicate  
reason**

Not Applicable - Public Report

**Prepared by**

Sara Thomas, Deputy Director Public  
Health

**Presented by**

Kelechi Nnoaham, Executive Director of  
Public Health

**Approving Executive Sponsor**

Executive Director of Public Health

**Report purpose**

FOR NOTING

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

**Committee/Group/Individuals**

**Date**

**Outcome**

Choose an item.

**ACRONYMS**

PHO

Population Health Organisation

CTMUHB

Cwm Taf Morgannwg University Health Board

UTP

Unified Transformation Programme

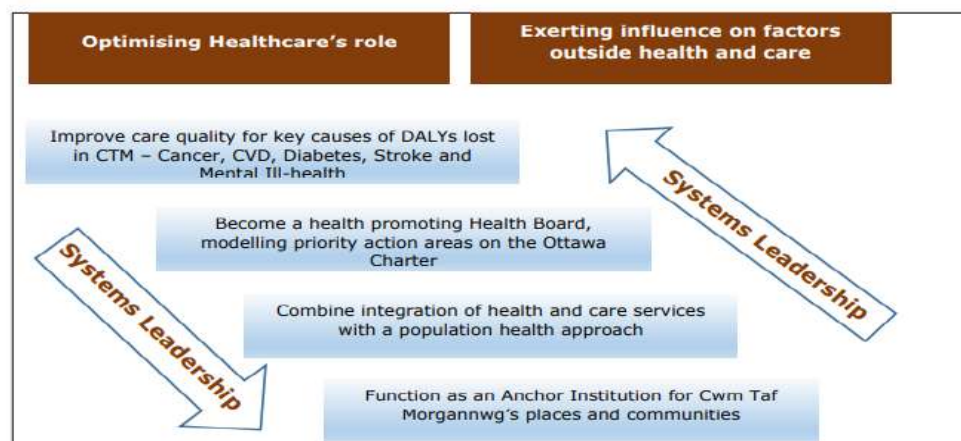
## 1. SITUATION/BACKGROUND

- 1.1 The Board has given its commitment to progress CTMUHB as a population health organisation and endorsed a paper in May 2021, which focused on agreed projects to progress as a Population Health Organisation working to successfully tackle the population health challenges in Cwm Taf Morgannwg.
- 1.2 This report updates the committee on the current status of the 36 population health projects (Annex 1) and conversations to align the work with the Unified Transformation Programme.

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

- 2.1 The 36 projects were identified under the five themes of the CTM Population Health framework (figure 1).

Figure 1: A framework for population health in CTM



<sup>2</sup> J.M. McGinnis et al., "The Case for More Active Policy Attention to Health Promotion," Health Affairs 21, no. 2 (2002):78-93

<sup>3</sup> B. Booske et al., "Different Perspectives for Assigning Weights to Determinants of Health," County Health Rankings Working Paper. Madison (WI): University of Wisconsin Population Health Institute, 2010d

- 2.2 A recent review of the projects has concluded that several of the projects as originally defined have been completed (green). In the case of the population health goals (PHO01) the goals have been refined and their reporting now mainstreamed, as detailed later in this paper (Annex 2). The Stroke Equity Audit has been completed and its recommendations are now being implemented.

- 2.3 Several projects have been aligned and progressed as part of the CTM UHB Anchor Institution Programme. This work is now overseen by the Anchor Institution Steering Group (amber). Also the health promotion policy for staff, which has been developed in response to a staff health needs assessment is shortly to be considered at a CTM Policy Group.
- 2.4 The numerous projects identified under Theme 2 *Improve Care Quality for key causes of DALYs lost in CTM* would benefit from being aligned with other projects that relate to the same disease area e.g. diabetes. Also there is a proposal to widen the scope to include other major causes of DALYs in CTM e.g. cancer and mental ill health
- 2.5 There are few projects that have “stalled” (red) e.g. the inclusion in job descriptions and appraisals of action to reduce inequalities and shift services to prevention across their portfolio areas.
- 2.6 Conversations have taken place within the remit of the Unified Transformation Programme (UTP) to explore the alignment of the Population Health Projects with the raft of other projects falling within the remit of the *Creating Health* pillar. It is proposed that the few projects that require additional support to progress will be a focus for the UTP going forward.
- 2.7 There are currently various governance arrangements in place for these projects including the Primary Care and Public Health Oversight Board, Anchor Institution Steering Group. This will be further reviewed and consolidated under the auspices of the UTP and include a dashboard for reporting progress.
- 2.8 The Population Health Goal measures have been adapted to reflect the availability of data. Annex 2 details the current position (October 2022). Further work is on-going to review the targets and to include additional measures of population health including the All Wales measures identified by the Health Minister.

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

- 3.1 The review of the PHO projects has identified good progress for many of the projects, with several having been completed.
- 3.2 The review of the PHO projects has identified good progress for many of the projects, with several having been completed.
- 3.3 Aligning the remaining PHO projects within the Unified Transformation Programme will provide greater potential for additional support where this is needed.
- 3.4 The Committee will be kept apprised of further developments

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Staying Healthy If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) To be captured and progressed within the Unified Transformation Programme



<b>Link to Strategic Goals</b>	Creating Health
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## 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the progress to date and the future plans under discussion for the Population Health Projects as part of the Creating Health pillar of the Unified Transformation Programme.

## **Annex 1: Cwm Taf Morgannwg University Health Board as a Population Health Organisation Project Update**

*Key: Green =completed or closed; Amber = in progress, red = stalled/need to escalate*

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
PHO 01	Menu of potential goals for CTMUHB's population health system.	Director of Public Health	Table of baseline outcome measures has been developed and has been populated with the most recent data where available. Dashboard being developed to also take account of the Ministerial Goals identified in 2022.  Work continuing on some measures in collaboration with Public Health Wales. Will be updated on an ongoing basis.	Report quarterly to PHPC Committee
PHO 02	Implement Value-Based health in Diabetes.	Director of Finance	Concept paper developed identifying 7 component work streams for a coherent programme of VBHC in diabetes. Progress on a number of elements.	Align with other diabetes under an umbrella of cardiovascular themed projects
PHO 03	Implement pre-Diabetes Pathway improvement across CTM.	Director of Public Health	<b>Prediabetes</b> - South Cynon pilot (phase 1) completed and progressing to include case-finding (phase 2). All Wales Diabetes Prevention Programme (AWDPP) implementation underway, led by Dietetics in 2 clusters (Bridgend West & Merthyr). Further roll out pre-diabetes intervention across the remaining clusters as part of the Inverse Care Law (ICL) programme expanded Health check team. Funding secured from the Strategic Programme for Primary Care Fund	As above

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
PHO 04	Embed the Inverse Care Law Programme in CTM.	Director of Public Health	ICL programme expanding team remit to include prediabetes as there are natural alignments. Also piloting Health Checks in patients with serious mental illness. Bringing together a number of health and wellbeing programmes under one umbrella; developing a comprehensive outcomes framework to monitor overall progress and service delivery	As above
PHO 05	Conduct a Health Equity Audit for stroke in CTM.	Director of Therapies & Health Sciences	Completed and presented to relevant groups. Action plan developed based on recommendations and being implemented by COO.	Completed
PHO 06	Improve detection of atrial fibrillation and anticoagulation for people with atrial fibrillation in Primary Care.	Director of Primary, Community & Mental Health Services	Prioritised actions identified supported by recommendations of the stroke health equity audit. Funding secured from VBHC for joint project with Hywel Dda and SBU	Align PHO06 with VBHC project
PHO 07	Implement an integrated Level 2/3 weight management service for CTM.	Director of Public Health	Plan approved and funded. Programme lead appointed and service will be operational 2023, managed by Dietetics.	Operational delivery 2023
PHO 08	Develop a health promotion policy for CTMUHB and Enable healthy behaviours for staff.	Director for People	CTMUHB Staff Health Needs Assessment completed. Staff wellbeing Policy produced, draft currently with Wellbeing service for progressing through the CTM Policy Group	Awaiting endorsement by CTM Policy Group (date set for reading) and then for implementation lead by wellbeing service
PHO 09	Establish a policy of systematically applying a Brief Intervention to all patient contacts	Director for People	Included within the draft Staff wellbeing Policy. With Wellbeing service for progressing through the CTM Policy Group	As above

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
	throughout our services.			
PHO 10	Identify, incentivise and nurture staff Health Promotion champions in all sites and wards.	Director for People		
PHO 11	Conduct fundamental review of catering services across CTM to ensure that the available food offer promotes healthy eating and makes the healthy choice the easy choice.	Director for People	Initial discussion completed.	Stalled and needs revisiting
PHO 12	Explore the use of CTM UHB facilities for staff to undertake physical activity e.g. use of physiotherapy gyms/pools, large rooms for staff exercise classes.	Director for People	Included in the Anchor Strategy endorsed by PHP committee in May 2022. Steering group commenced July 2022	Transfer Exec lead to DoS&T
PHO 13	Identify clear preventative health target areas as objectives in job plans, and appraise against targets.	Director for People	Initial meetings to discuss the feasibility of this action to meet the goal	To be further explored.



PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
PHO 14 To include PHO 21	Empower and support primary care clusters and GP practices to be 'health promoting' centres as well as 'disease managing' centres within the community.	Director for People	Combining work with PHO 21 Integrated Care Villages. Connecting and reviewing cluster working at present with a view to getting clear to how we further progress the Advanced Cluster Development (ACD) programme in a way beneficial to CTM and key stakeholders.	Closed. Transfer to ACD programme
PHO 15	Make MECC (Making Every Contact Count) training mandatory for all CTM staff.	Director for People	Programme underway and train the trainer model being explored to maximise the impact and reach.	Revisit the potential to make Level 1 MECC training mandatory for all CTM staff
PHO 16	Empower staff to identify personal well-being goals, with risky behaviours and clinical risk factors open for discussion in all appraisals, with access to support to achieve goals.	Director for People	Staff Health Needs Assessment completed Included in Health Promotion policy	Chase sign off from Wellbeing service and implement
PHO 17	Include in job descriptions and appraisals action to reduce inequalities and shift services to prevention across their portfolio areas.	Director for People	Initial meetings to discuss the feasibility of this action to meet the goal.	To be further explored.
PHO 18	Work with HEIW to a focus on health inequalities, brief intervention and prevention in the curriculum for training of health professionals.	Director of Therapies & Health Sciences		To be further explored.

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
PHO 19	Invest sustainably in Population Health Management by establishing a Population Health Management Unit.	Director of Public Health	Unit established comprising of a Consultant in Public Health, principal and senior analysts and three senior public health practitioners. PHM agenda to continue to be socialised as one method of achieving population health gains in CTM.	Insight and learning to be applied from more mature PHM systems in the UK and beyond.
PHO 20	Invest in a Population Involvement Unit to ensure that our population are co-producing their care options.	Chief Executive	Research bid proposing a joint public sector unit across CTM was unsuccessful.	To confirm role undertaken by CTM Engagement Team and CTM Strategy 2030
PHO 21 Included with POH14	In each ILG, create 'Integrated Care Villages' of circa 20k population. A 'care navigator' is aligned to each ICV to oversee community referrals and to help support patients upon discharge from hospital.	Interim Chief Operating Officer  Director of Primary, Community & Mental Health Services	Primary Care and Public Health meeting 24/11/21 determined that this project incorporated in PHO14 – ACD bringing in other areas of partnership working as appropriate.	Review progress and redefine project in line with ACD programme
PHO 22	Engage Community Housing Cymru and CTM's network of Registered Social Landlords to design and implement a 'CTM Healthy Housing' Programme.	Director of Strategy & Transformation	Multi agency Housing and Health Alliance being led by DoST. Regular Housing Health Group meeting Board Development session April 2022; CTM Housing & Health Summit October 2022	Plan in place for delivery under leadership of DoST. Joint appointment with RSLs to progress work going forward
PHO 23	Review CTMUHB's offer and investment in social prescribing.	Assistant Director of Facilities  Director of Strategy & Transformation	TPLB approved all recommendations of SP paper at meeting on 26/10/21; proposal to align work of SP Group with newly formed RPB group "community resilience and health promotion and prevention group". Whilst awaiting clarity on RPB	Take forward as part of Community Centred Approaches (CCA): Clarify Partnership commitment to CCA

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
		Director of Finance	strategy, continue with revision of model informed by national work and principles of allocating funding for community assets. Board Development session: April 22 Ongoing development with 3x CVCs and revising VCS Compact.	Lead with Director of Strategy & Transformation
PHO 24	Widen participation of CTM residents in the workforce.	Director for People	Good practice in this area highlighted in Anchor Institution role. To explore opportunities to further develop this. Included in Anchor Strategy	Transfer Exec lead to DoS&T Define governance and deliverables of Anchor Strategy
PHO 25	Create apprenticeships that target more vulnerable people in CTM.	Director for People	Mapping of Anchor institutions work completed- and reflected in the strategy PHO 25-30 All related in the ambition to strengthen CTM as an anchor organisation Action plan is helpful in taking this forward	. As above
PHO 26	Shift more spend locally.	Director of Finance		
PHO 27	Embed social value into purchasing decisions.	Director of Finance	Covered by new guidance from WG as part of WbFGA and Socioeconomic Duty for public procurement	Closed
PHO 28	Expand community access to CTMUHB's property.	Director of Finance	PHO 25-30 All related in the ambition to strengthen CTM as an anchor organisation Keir Hardie, Dewi Sant and forthcoming Sunnyside development feature provision third sector spaces. A key project in the draft CTMUHB Anchor Strategy is to expand this further. Glanrhyd judged as exemplar accessible greenspace across NHS Wales and Facilities and Estates teams are exploring expanding greenspace to other health board sites via	Transfer Exec lead to DoS&T Define governance and deliverables of Anchor Strategy
PHO 29	Develop accessible community green spaces on CTMUHB's land.	Director of Finance		
PHO 30	Work in partnership across CTM to maximise the wider value of	Director of Finance		

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
	CTMUHB's estates.		forthcoming Biodiversity & Ecosystem Resilience Plan (unpublished). Anchor Strategy proposes to utilise more land transfer and community asset transfer tools if/when disposing of land or estate particularly given emerging Healthy Housing Partnerships and relationships with RSLs.	
PHO 31	Create Housing-Health partnerships with RSLs.	Director of Finance Director Strategy and transformation	Multi agency Housing and Health Alliance being led by DoST. Regular Housing Health Group meeting Board Development session: April 22. Healthy Housing Summit October 22	Plan in place going forward. Transfer Exec leadership to DoST. Joint appointment with RSLs to deliver plan
PHO 32	Increase focus on and invest in embedding the Wellbeing of Future Generations Act Sustainable Development Principle.	Director of Finance	Included in the Anchor Strategy Steering group established July. Plans in place for a healthy travel partnership. CTM2030 strategy will deliver the WBFG Objectives	Included in the Anchor Strategy. Amber rather than green as "sustainability", by definition is an ongoing "attitude" (rather than a discrete activity). -
PHO 33	Use influence to advocate for more resources to tackle health inequalities.	UHB Chair	Options of top-slicing budgets to reinvest was considered to address inequalities in CVD risk factor identification. Also support for VBHC shifting resources from secondary to primary care. Exemplar project being scoped in Bridgend North	Explore through a project in Bridgend North to reduce health inequalities
PHO 34	Instigate Constructive Disruption both in the Health Board and Welsh Government.	UHB Chair	To map formal and informal opportunities and influence of independent members to explore opportunities to share key messages.	Review progress and explore further

PHO Project Number	Project Title	Executive Lead	Progress	Recommendation
PHO 35	Champion action and challenge proposals and Board papers to think of the impact on inequalities in health across the population.	UHB Chair	Opportunity to use Stroke Health Equity Audit for a board Development Session as an example.	Review progress and explore further
PHO 36	Connect with our communities and hold monthly surgeries in different localities to better understand the health issues and experiences of our population so that decisions are rooted in our communities' lived experiences.	UHB Chair	Opportunities to be further discussed with Assistant Director of Engagement.	Clarify progress with Engagement Lead

## **Annex 2: Population Health Goals update – October 2022**

	Goal	Revised goal	Current	Progress/Further information
1	By 2026, in men and women in CTM, Life Expectancy (LE) at birth and Healthy Life Expectancy (HLE) match the Wales average	No change	LE gap (2018/20) 1.4 years lower than Wales for men and 1.4 years for women	Produced by PHW Observatory Gap has widened since 2017-19 for both men and women.
		No change	HLE gap (2018/20) 3.2 years lower than Wales for men and 2.8 years for women	Produced by PHW Observatory Gap has widened since 2017-19 for women and narrowed for men.
2	By 2026, the Slope Index of Inequality (SII) in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	By 2026, the absolute difference in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	Between 2011-2020: the gap in Healthy life expectancy has decreased by 5.5 years for males and 4.8 years for females; (an increase in healthy life expectancy in the 'most deprived' deprivation quintile for both males and females; a decrease in healthy life expectancy in the 'least deprived' deprivation quintile for males, whereas healthy life expectancy in the 'least deprived' deprivation quintile for females has increased).	Updated method and measure as SII is no longer calculated. Observatory published new gap in LE tool.
3	By 2026, Avoidable Mortality in CTM matches the Wales average	No change	Based on 2020 data (latest), CTM is at 339/100,000 population and Wales is at 287/100,000 population	Updated March 2022 from ONS annual report. <a href="#">Avoidable Mortality rates in CTM remain higher than in Wales in the period 2001-2020, although rates have overall decreased.</a>
4	By 2026, Life Expectancy in people with mental health problems in CTM matches that of those without		cannot reliably be calculated as a measure using current data	Not currently calculated and not possible with the current life expectancy methods used. The feasibility of application of WHO research data to CTM has

				been explored but will not provide a reliable measure of success.
5	By 2026, the prevalence of key LTCs (stroke, diabetes, cancer and heart disease) in people with mental health problems in CTM matches that in those without		cannot reliably be calculated as a measure using current data	Not routinely collected. Exploration ongoing into feasibility of calculating this measure from the Population Segmentation and Risk Stratification (PSRS) data.
6	By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and percentage of Low Birth Weight (LBW)	By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and % Low Birth Weight (LBW) is lower than Wales average (6.1% in 2020)	Latest data for IMR in CTM is 4.1 per 1000 live births (2022), higher than in 2019 (3.6 per 10,000). Percentage of live births with LBW in 2022 was 6.6%, lower than in 2020 (7.1%); CTM has the highest percentage of singleton live births with LBW. The average in Wales in 2022 is 5.8%, lower than in 2020 (6.1%).	From ONS data and Observatory, PHOF tool, using WCCHD data. IMR in CTM has increased in 2022 compared to 2019. Percentage of live births with LBW has decreased in CTM and Wales in 2022, although CTM remains the highest.
7	By 2026, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	No change	The current gap in smoking prevalence between the most and least deprived fifths is 9.3% points (2018/19-2019/20)	National Survey for Wales (NSW) contract ending, therefore making comparisons with the data in 5 years' time difficult and potentially not comparable.
8	By 2026, the prevalence of overweight & obesity has been reduced by 5 percentage points from its current levels	No change	Current prevalence of obesity & overweight (BMI 25+) in CTM is 66.9% (2021-22), which is higher than in Wales (62.1%). Current prevalence of obesity (BMI 30+) in CTM is 25.8% (2021-22), which is higher than in Wales (24.5%),	From NSW plus indicators for fewer than 2 healthy behaviours, inactivity levels and healthy behaviour levels. Also see above comment on NSW. Prevalence of obesity & overweight (BMI 25+) and obesity (BMI 30+) in CTM has increased in 2021/22.







**(Agenda Item) 5.4**

**02.11.22**

**Population Health &  
 Partnerships Committee**

**Strategy Group Update**

**Report Details:**

FOI Status:	Open (Public)
If closed please indicate reason:	
Prepared By:	Jane O'Kane, Elle McNeil, Sian Watkins, Dr Emily Payne, Marie Evans, Pam Wilson, Kevin Duff, Rhian Webber, Vicki Wallace
Presented By:	Vicki Wallace
Approving Executive Sponsor:	Linda Prosser
Report Purpose	For Noting
Engagement undertaken to date:	Strategy Group Team meeting – 19.10.22

**Impact Assessment:**

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

# CTM2030: Strategy groups

CYNNAL  
EIN  
DYFODOL  
  
 SUSTAINING  
OUR FUTURE

YSBRYDOLI  
POBL  
  
 INSPIRING  
PEOPLE

GWELLA  
GOFAL  
  
 IMPROVING  
CARE

CREU  
IECHYD  
  
 CREATING  
HEALTH



**STARTING  
WELL**



**GROWING  
WELL**



**LIVING  
WELL**



**AGEING  
WELL**



**DYING  
WELL**

# Starting Well Strategy Group Update: Q2 2022

Authors:  
Jane O’Kane  
Elle McNeil  
Sian Watkins



# Starting Well: Progress overview



## Progress Highlights

- **Pre-conception and Early Years Framework** is being developed, linking to:
  - Maternity and Neonates Strategy
  - Developing Starting Well Family Engagement approach
- **Parent-Infant Relationship Service** development workshop brought together partners from across health, Local Authority and 3<sup>rd</sup> sector to explore the model in more detail and confirm Early Years staff training approach.
- **Resilient Families Service:** stage 2 evaluation complete reviewing processes and infrastructure supporting the new delivery model; Vulnerability Profiling progressing with FRAIT alignment with PHW/ SAIL
- **Resetting Health Visiting service developments** through focused work on: infant feeding agenda (including Starting Well exit planning); developing public information/ web presence; developing Qlik dashboard; recording MECC conversations/ outcomes; FRAIT/eFRAIT and SAIL research
- **Children's Services Programme Board work-streams** have been agreed, inclusive of Parent-Infant Relationship services and PHW led CHOICE programme.



Work Programmes/ Activity	Delivery confidence
Resilient Families Service (RFS) Wellbeing Health Programme	
Preconception Care programme	
Alignment of improvement and special measures programmes	
Parent-Infant Relationship Service	
Oral Health Advisory Board	
Rare Diseases Major Health Condition Delivery Group	
Health visiting: Service development work plan	

## Progress and Achievements

- RFS stage 2 evaluation complete and disseminated. Findings to be presented to November Population, Health & Partnerships Committee. Work has started to address recommendations and improve partnership working between health and RCT CBC.
- Development of an over-arching Preconception and Early Years strategic framework is underway to help embed and support the IMSOP required Maternity and Neonates 2022-2025 Strategy.
- Parent-Infant Relationships (PIR) workshop brought partners face-to-face to explore the regional model in detail and progress the consultation model (go live Q3). The Children's Programme Board agreed to progress PIF funding request as part of a priority work-stream.
- A strategically focused service development plan is being developed with Senior Health visitors in order to progress a number of work-streams.
- Oral Health Advisory Board work has been paused due to operating model changes. Awaiting WG delivery plan and Quality Statement.
- Rare Disease Delivery Group has expanded membership in order to develop localised response.
- MECC training of school nursing and health visiting has been complete - removed from Starting Well work-plan.

## Priorities

- Completing work with Senior Health Visitors to enable hand-over.
- PIR Project Manager post out to advert. Engagement with Children's Programme Board work-stream to secure PIR service development funding to continue regional service development approach.
- To get strategic agreement on the priorities and governance to align with CTM2030.

## Issues

- Uncertainty within the Early Years workforce as a consequence in the operational model (Health Visiting and School Nursing unconfirmed Care Group location).
- Capacity moving forwards due to imminent maternity leave, B7 vacancy and uncertainty of Strategic Lead role (currently on trial return to work).

## Escalations

- None

<b>Overall Delivery Confidence</b>	
<b>Reporting Period</b>	Q2 2022-23

# Growing Well Strategy Group Update: Q2 2022

Authors:  
Dr Emily Payne  
Elle McNeil  
Sian Watkins





# Growing Well: Progress overview

## Progress Highlights

- **CTM's Children's Rights Charter** session held as part of a Board Development day ahead of official launch on 20<sup>th</sup> November.
- **Obesity Level 2/ Level 3** Weight Management Services have commenced at Level 2 using the pre-existing waiting list over 700+ referrals made to the dietetic team. Uptake **of those on this waiting list** has been lower than expected with work underway to understand the reasons behind this. Level 3 services are expected to start in December. All key roles have either been filled or will be imminently recruited in to. The Weight Service Manager role was appointed in to W/C 26/9/2022
- **16-17yr olds admitted into adult settings** policy is reaching conclusion following work across paediatric and adult services to ensure CYP can access safe effective and age appropriate treatment and overnight care.
- **Children's Services Programme Board work-streams** have been agreed, inclusive of neurodevelopmental services and emotional health and wellbeing regional service developments.



**Clinical Strategy Lead: Emily Payne**  
**Head of Planning & Commissioning: Charlotte Thomas**  
**Planning & Commissioning Manager: Sian Watkins**

Work Programmes/ Activity	Delivery confidence
Children's Rights	
Healthy Weight: <ul style="list-style-type: none"> <li>Level 2/ 3 Obesity Services</li> <li>CTM Health Weight Strategy</li> </ul>	
Transition planning: <ul style="list-style-type: none"> <li>CYP to Adult Services</li> <li>Acute care</li> </ul>	
Diabetes	
Neurodevelopmental services: <ul style="list-style-type: none"> <li>Review of 3<sup>rd</sup> sector contracts</li> <li>Once for CTM service</li> </ul>	
Children's Programme Board <ul style="list-style-type: none"> <li>Revenue schemes</li> <li>Capital scheme</li> </ul>	
<b>Overall Delivery Confidence</b>	
<b>Reporting Period</b>	Q2 2022/23

## Progress and Achievements

- Children's Rights Charter update presented with CYP engagement to Board Development Day. 20<sup>th</sup> November launch with website, staff resources, CYP created videos.
- Level 2 Health Weight Management Service has now started. The Level 3 service will commence in December. Plan to increase communication between pre-diabetes pilot, diabetes work and WISE across UHB as well as other key referral points across primary and secondary care. Handover of the project will now begin from LPHT to the Therapies Department.
- Whole systems approach to healthy weight workshop scheduled for 9<sup>th</sup> November with range of stakeholders to develop systems-based response.
- Final policy is being taken to the Quality, Safety and Risk committee for approval regarding 16-17yr olds admitted to CTMUHB estate. To then be removed from work-plan.
- Work to commence on developing once for CTM transition planning approach following presentation to ELT.
- Diabetes VBHC business case funding was not awarded. Work continues within VBHC portfolio (without funding) against previously agreed priorities.
- Neurodevelopmental service development to cover developing once for CTM pathway/ processes, repatriation of service for Bridgend region and 3<sup>rd</sup> sector review.
- Children's Programme Board have prioritised RIF revenue funding for regional neurodevelopmental services. Capital work-streams to be paused due to capacity.
- Children Looked After support to work mainstreamed with OD – removed from Growing Well work-plan.

## Priorities

- Regional neurodevelopmental services - continue at pace CTMUHB service assessment review/ SLA disaggregation and 3<sup>rd</sup> sector service review.
- Develop and launch the Children's Rights Charter with public and staff information.
- Develop CTMUHB transition approach.
- Get strategic agreement on the priorities and governance to align with CTM2030.

## Issues

- Capacity due to continued absence of staff to develop the Starting/ Growing Well portfolios.
- Capacity to develop the RIF capital bids for Children's Hwb at Maesteg and CHC respite facility.

## Escalations

- None



# Living Well Strategy Group Update: Q2 2022

Authors:  
Marie Evans  
Pam Wilson



# Living Well: Progress Overview



## National Learning Events:

- CTM Heart Failure Service represented at Welsh Value in Healthcare Learning Event at Swansea University 28<sup>th</sup> September, contributing and sharing of information with regards to value based healthcare projects and outcomes across Wales.
- National Alcohol Care Best Practice Event run by the National Liver Disease Implementation Group, Chaired by the National Clinical Lead held on 21<sup>st</sup> September. The event was well attended by a range of professionals across CTM i.e mental health, Consultant Gastroenterologist, Strategy and VBHC teams, Alcohol Liaison Nurses, Areas Planning Board and Barod. CTM presented our aspirations for the future model of care for alcohol care services.
- **Liver Disease: Alcohol Care:** Work has continued to establish VBHC formal project arrangements for Alcohol Care Liaison Service. To ensure robust engagement and ownership of the project. Now need to progress the recruitment process at pace.
- **Pre Natal Alcohol Exposure** - Working Group set up to improve the outcomes, to focus on pathway development between the alcohol care service and midwifery services, identifying an assessment tool for identifying excessive drinking levels and to reduce the number of children living with disabilities associated with FASD. A meeting held 3<sup>rd</sup> October focused on developing phased programme of work.
- **Heart Failure (HF):** Positive project updates have been received across all of the Heart Failure Projects. Good progress has been made with recruiting staff in areas which there is a short supply.



Clinical Strategy Lead: Neil Hawkes  
Head of Planning & Commissioning: Marie Evans  
Planning & Commissioning Manager: Pamela Wilson

Work Programmes/ Activity	Delivery confidence
Heart Conditions Planning & Delivery Group: VBHC Projects: Heart Failure Optimisation Heart Failure Palliative Care Heart Failure Rehab Heart Failure NP Pro BNP ACS Pathway	
Respiratory Planning & Delivery Group: Sub groups: Smoking Cessation, Education & Pulmonary Rehab	
Liver Planning & Delivery Group: Hep C, IQILS, Improving pathways with transplant centre	
Alcohol Care Project	
Ukrainian Welcome Centre	

## Progress and Achievements

**Heart Conditions: Optimisation Project:** All Band 7 Nurses now in post. PCH have maintained the reduction in optimisation time from 10 months in 2021 (2 nurses) to 4 - 5 months in 2022 (3 nurses). Patient contact and reviews to increase with extra staff.

**HF Palliative Care:** Good progress now being made across RGH, PCH and POW with recruitment process i.e HF nursing posts, OT, Admin and Palliative care consultant sessions.

**HF Rehab:** Model and pilot site identified. Recruitment ongoing and progressing. Band 7 HF nurse appointed. Increased emphasis on developing outcome measures. Pilot project to form basis for a research project.

**Alcohol Care Liaison Service** - Kick Start" meeting with medicine, mental health, VBHC and Strategy Team members held on 8<sup>th</sup> September 2022. Next meeting planned 3<sup>rd</sup> October 2022 to rapidly progress the recruitment process to enable spend of this years allocation.

**Pre Natal Alcohol Exposure** -Working Group set up to improve the outcomes for pre-natal alcohol exposure, to focus on pathway development between the alcohol care service and midwifery services, an assessment tool for identifying excessive drinking levels, to reduce the number of children living with disabilities associated with FASD. Meeting held 3<sup>rd</sup> October, phased programme of work to be developed for this work stream.

**Respiratory:** Work of the Work Stream groups for respiratory education, COPD mapping and smoking cessation are continuing.

**Ukrainian UHB Plan:** Robust Ukraine UHB Health Plan and developing further in accordance to emerging new guidance.

## Priorities

- Continue to progress all Heart Failure VBHC Projects at pace. complete recruitment processes for newly/expanded funded projects. To commence discussion regarding handover of projects from Strategy Group to operational management when services established.
- Continue to establish VBHC formal project arrangements for Alcohol Care Liaison Service. To ensure robust engagement and ownership of project . To progress the recruitment process at pace.

## Issues

- Recruitment to part time, fixed term posts within the VBHC projects has been difficult, advertising multiple times has cause some delay..
- There are ongoing discussions around where the Alcohol Care Liaison should be located in the future i.e mental health or medicine. Awaiting outcome.

## Escalations

- None

Overall Delivery Confidence	
Reporting Period	Q2 2022-23

# Ageing Well Strategy Group Update: Q2 2022

Authors:  
Kevin Duff  
Rhian Webber



# Ageing Well: Progress overview



## Progress Highlights

- **Regional Stroke Service Development** - CTM UHB Stakeholder engagement event held on 25<sup>th</sup> August engaging range of staff from the Health Board, outlining the national and regional programme. South Wales Central Regional Programme (CTM and C&V UHBs) structure underway with first regional programme board meeting held on 27<sup>th</sup> September and joint CTM and C&V UHBs stakeholder event planned for 26<sup>th</sup> October.
- **AF & Hypertension** – Project implementation process underway. Initial Scoping meeting with Steering Group held. GP successfully recruited to provide clinical support to the project, recruitment to other key posts underway. Planning with regional partners in other health boards to share vital learning and experiences also underway.
- **Frailty** – UEC 6 Goals Programme Governance Structure in process of implementation. Acute Frailty Task and Finish Group has had a number of meetings to take forward development of an acute frailty assessment service.



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

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

### Progress and Achievements

**Stroke:** Stroke Task and Finish Group established as part of UEC six Goals Programme to further develop and implement a robust and resilient stroke pathway within the acute hospital setting. CTM Stroke Strategy Group developed with first meeting scheduled in November to link in with regional programme board and pull together work on acute and rehabilitation pathways and stroke prevention / early intervention.

**Dementia:** Work is continuing to implement the standards and improve our approach across the region. Work plans have been developed and a programme of meetings is being established for each of following work streams: W1. Community Engagement, W2. Memory Assessment Services, W3. The Role of a Dementia Connector, W4. Hospital Charter, W5a Measurements, W5b. Learning and Development of the Workforce.

**Neurological Conditions:** National project underway, as part of Bevan Commission Planned Care Innovation Programme, to improve the journey from symptom onset to diagnosis in Wales. Primary care workshop planned for November to engage GPs in the project.

**Frailty:** Draft Frailty model produced and undergoing further development through Task and Finish group.

### Priorities

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

### Issues

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

### Escalations

- As outlined above.

Overall Delivery Confidence	
Reporting Period	Q2 2022-23

# Dying Well Update: Q2 2022

Authors:  
Kevin Duff  
Rhian Webber





# Dying Well: Progress overview



## Progress Highlights

- **Welsh Government Quality Statement for palliative and end of life care for Wales published.** The quality statement describes what good quality palliative and end of life care services should look like. It sets out high level Welsh Government policy intention for children, young people and adult Palliative and End of Life Care.
- **CTM Local Adult and Children & Young People's End of Life Care Action Plans** – Local implementation of the action plans continues to progress under the CTM Palliative and End of Life Care Delivery Group.





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

## Progress and Achievements

### C&YP Local Action Plan:

- Development of paediatric palliative services to meet emotional, social, spiritual and practical support for all family members: SBAR completed, link nurses developed on PCH, POWH and RGH hospital sites and links established with Chaplain.
- Paediatric Advanced Care Plans continually reviewed and strategic meetings held quarterly.
- Work ongoing to ensure transitional arrangements are in place for seamless transition to adult services, linking to new all Wales transition pathway. Transition clinics ongoing at Ybwythyn Newydd.
- Exploration and development of bereavement support resources available: Bereavement booklet completed and printed copies available.

### Adult Local Action Plan:

Progress being achieved across a range of areas including Just in Case Bag Service, palliative care drug services in Community Pharmacies, implementation of Care Decisions Guidance and Mortality Review Newsletters on SharePoint.

## Priorities

- Continue implementation and delivery of four key priority areas under CTM Palliative and EOL Delivery Group.
- Continue implementation and delivery of CTM Adult and Paediatric EOL Action Plans through the Delivery Group.

## Issues

- Short term national EOL Delivery Plan funding in some key areas.
- VBHC business case for Specialist Palliative Care Front Door Model unsuccessful in gaining WG funding.
- New permanent Chair sought for the CTM Palliative and EoL Delivery Group.

## Escalations

- As outlined in issues above.

**Overall Delivery Confidence**



**Reporting Period**

Q2 2022-23

# CTM2030: Strategy groups – looking to the future



- Refocus on original intentions – population health based, system wide change, long term vision
- Refresh governance arrangements
- Working in partnership with other agencies – especially local authority and third sector
- Build on our relationship with public health team – strategic approach looking at whole population groups and whole pathway approach
- Work with care groups – understand current pressures, their immediate actions and work in partnership with them to establish longer term, population health based solutions

# CTM2030: Strategy groups – looking to the future

- Develop an outcomes framework in partnership with public health –showing our impact
- Undertake prioritisation work – greatest impact & must do's
- Start of each project agree exit strategy
- Have fun and enjoy work!



## Recommendation:

## The Committee are asked to:

*The Committee are asked to:*

- *Receive the update on Quarter 2 progress of the Strategy Groups*
- *Receive the update on the future focus of the Strategy Groups to support the delivery of CTM2030.*



**AGENDA ITEM**

6.1

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**PRIMARY CARE STRATEGIC UPDATE**

**Date of meeting**

02/11/2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Choose an item.

**Prepared by**

Lesley Woakes, Deputy Director Planning  
(Primary Care)

**Presented by**

Julie Denley, Director of Primary Care,  
Mental Health and Community

**Approving Executive Sponsor**

Chief Operating Officer (COO, DPCMH)

**Report purpose**

FOR NOTING

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

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

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
PMCAT	Primary Medical Care Advisory Team
RPB	Regional Partnership Board
SOP	Standard Operating Procedure
SPPC	Strategic Programme for Primary Care
ToR	Terms of Reference
AHP	Allied Health Professionals

## **1.SITUATION/BACKGROUND**

- 1.1** This paper is to update the Population Health and Partnerships Committee on the key priorities for Welsh Government for Primary Care.
- 1.2** The paper will identify where there is an expectation for Local Health Boards and how CTMUHB is in meeting those.

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

### **Multi professional Education and Training in Primary Care**

- 2.1** HEIW in response to 'A Healthier Wales' and the 'Primary Care Model for Wales' with engagement with stakeholders, have developed a Multi Professional Education and Training framework which comprises of two components:
- A new function within HEIW that will work alongside existing Deaneries and Nursing and Health Professional Education colleagues to coordinate and oversee the development of multi-professional education and training programmes within primary and community care.

- Development of an operating model within Health Boards to support the creation or extension of seven Primary and Community Academies. HEIW is providing funding to support Health Boards establish structures for these Academies.

**2.2** CTMUHB recognised the need to invest in training and development of the primary care workforce and developed its own Training Academy back in 2018. The initiative offers multi-professional training environments and training frameworks through the development of Advanced Training Practices (ATP). It includes:

- 6 week placements for pre-registration student nurses based on a hub and spoke model of delivery (Pont Newydd Medical Practice being the Hub) \*
- Pre-registration pharmacy training placements \*
- Funding for backfill for experienced primary care pharmacists to provide mentorship & GP sessions to support advanced pharmacists \*
- 'GPN (GP Nurse) ready' programme to enable recently qualified nurses to consolidate learning \*
- Recruitment and development programme for Advanced Nurse Practitioners
- Recruitment and development of Physician Associates

**2.3** The programmes above marked with an \* were commenced in CTMUHB and have now been adopted into the newly launched HEIW Training and Education Framework.

**2.4** There are obvious benefits to working in this way including improved 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.

**2.5** Priorities identified through working with Directors and Heads of Primary Care where include:

- General Practice Nurse Foundation Programme
- Extending Pre Registration Nursing Placements
- Advanced Practice Competency Tool
- Primary and Community Care Compendium of New Roles
- Practice Management and Administration Tool Kit
- Supporting Educators
- Integrated Care GP Fellowships
- Accelerated Cluster Development – Leadership
- Other areas for development – including Pharmacy, Dentistry, Optometry and AHP
-





## Primary Care Workforce Strategy

### 2.6 HEIW presented to DOPC an options paper for consideration on the Primary Care Workforce Strategy.

The Primary Care Workforce Strategy needs refreshing as it is now out of date, the existing one covering the period 2015 – 2018 and now needs to take account of several factors:

- Sustainability of Primary Care
- Age profile of key professional groups
- Economic and financial context impacting on the delivery of care in specific areas (eg dental)
- Need for significant expansion in primary and community care capacity
- Changing expectations of the workforce and new roles
- Digital and technological advances
- Changes in education and training standards are changing the shape of future workforce (e.g. pharmacy)
- Contract reform of independent contractor models in Wales
- Immigration policy and the impact of Brexit which could have long-lasting implications on the supply of workforce in primary care

The timeline for the work to be undertaken:

- Plan to start work in October 2022 and complete within 12 months
- Steering group to be set up in November 2022
- This would align with IMTP planning cycle for 2024-25 and allow Pan Cluster Planning Groups to take account of national action as well as developing local action plans
- Implementation plan to be developed from October 2023 which would feature in HEIW IMTP for 2024/25 and inform next cycle of Education & Training plan for academic 2025-26

### 2.7 Community Infrastructure

#### 2.7.1 Under the 24/7 workstream a Community Infrastructure and supportive frameworks are in development, including:

- Multi-professional Framework and Virtual Wards
- Care Home Immunisations programme
- AHP and Nursing professional Collaboratives
- Development of a District Nurse National Dashboard
- Community Nursing Specification
- Community Nursing Framework

#### 2.7.2 CTMUHB's is about to review the design and delivery of integrated and collaborative community services now it falls within the remit of



the Primary Care and Community Care and Mental Health Care Group and this national piece of work will help to inform this going forward.

## **Contract Reform**

### **2.8 Community Pharmacy Contract**

2.8.1 The new Community Pharmacy Framework came into being on 1<sup>st</sup> April 2022. There is greater emphasis on delivery of clinical services which focus on encouraging self-care, promotion of health and wellbeing and improved access options for the population. The Framework introduces 2 Nationally Directed services:

- **Core Services:** Service which comprises the Emergency Medicines Service, Common Ailments Service, Emergency Contraception Services and the Seasonal Influenza Service. As from 1<sup>st</sup> November this will also include the Sore Throat Test and Treat service and the QuickStart and Bridging Contraception service
- **Advanced Services:** Independent Prescribing Service for acute conditions and contraception

2.8.2 CTMUHB has fully implemented the Community Pharmacy Framework and is currently working with contractors to maximize the opportunities available to them.

### **2.9 Optometry Contract Reform**

2.9.1 A significant reform of General Optometry Service is in progress which will change the way eye care services are delivered. The current focus for Optometrists are eye sight tests and correcting defects through the provision of spectacles or contact lenses, and examination of eyes for signs of ocular disease and abnormality. The contract reform will change the focus of service deliver to prevention, well-being and quality improvement, facilitating improved patient outcomes and reduced demand on General Practice services as well as specialist hospital eye care services and above all to prevent eye care loss for the population.

2.9.2 The reform will build on services such Eye Health Examination Service (EHEW) where patients can receive a thorough eye examination and advice on prevention and wellbeing. The new service specification will offer a range of tiered services and by virtue of this it will provide Health Boards with a more flexible approach to commissioning specialist eye care services in the community. In the event ocular

disease and abnormality is detected, primary care optometrists will be able to directly offer patients the specialist assessment, treatment and ongoing monitoring or through shared care arrangements with secondary care. Optometrists will be required to hold higher skilled qualifications to do this.

2.9.3 The changes will be introduced in a phased approach starting in the summer of 2023. CTMUHB is in an ideal position to respond to the changes as it already commissions a range of more specialized services over, these include:

- 43 EHEW accredited optometrists – an urgent eye care service avoiding unnecessary GP and A&E appointments. Direct access to acute appointments where urgent need identified.
- 26 Optometrists delivering Low Vision Eye Wales Service
- 10 independent prescribing sites accepting referrals from other Optometrists and discharges from eye hospital
- Shared Care Glaucoma Assessment
- Diabetic Annual Review (in development)
- 9 practices providing Domiciliary Emergency Eye Care Service (DEECs) in homes and care settings.
- WetAMD (age related macular degeneration) – treatment and ongoing management (in development)
- Hydroxychloroquine retinopathy (HCQ) – monitoring of retinal toxicity to prevent eye loss (in development)

2.9.4 There is also an expectation that Optometry Primary Care contractors will engage and participate in Accelerated Cluster Development. Cwm Taf Morgannwg is piloting for the strategic programme an Optometrist Cluster Lead in Taff Ely Cluster. If this role proves successful in bringing more of a collaborative approach to cluster development it will be rolled out to other Health Boards. To date a Regional Optometry Collaborative meeting has taken place and further Local Optometry Collaborative meetings are planned for November. Cluster participation is not yet embedded or mandated in the current contract or reform changes and until this is available a local remuneration package (reflect the funding offered to other primary care contractors) is being made available to encourage participation.

## **GMS Sustainability**

**2.10** Heads of Primary Care have identified that one of their key risks in providing access to GP appointments is the continued sustainability of GP practices.

**2.11** They have agreed to closely monitor the situation across all Health Boards. The action plan covers the following areas that will help identify GP practices at risk of, or find themselves with sustainability issues and provide potential management solutions:

- Support through the contract
- A toolbox for sustainability including contractual levers and financial support
- Workforce
- Service Redesign

CTMUHB now has 46 GP Practices and since April 2018 there have been 8 practice mergers, 1 directly managed practice, 1 Termination and no list dispersals. The Primary Care Team undertake a regular desktop sustainability risk assessment for practices, an action plan is developed identifying the practices for intervention and support.

Briefing Papers detailing the sustainability work, risks and actions have been submitted to through the executive reporting structure and onwards to Board as recently as August 2022. The sustainability plan is in constant review.

## **2.12 Outcomes Framework for Health and Social Care**

Work started in 2018 but due to the Pandemic it has been delayed. This has allowed for further thinking and clarifying the focus of the Framework. It will contribute towards delivering the goals of: A Healthier Wales; the Well-being of Future Generations (Wales) Act 2015 and; Social Services and Wellbeing (Wales) Act 2014.

It will provide all integrated partners with a Framework that enables them to review and prioritise their programmes and activities so that they are progressing the things that matter. It will measure whole system progress so that we understand the effectiveness of everyone's actions.

Three core values to underpin the Outcomes Framework:

1. Better prevention
2. Improve the lives of all
3. Enable individual responsibility

The desired outcome is 'All People in Wales enjoy good health and wellbeing'. It is measured by 13 indicators, some are national indicators such as 'weight at birth', others developed through the working group.



### Next Steps

- It will be embedded into Welsh Government's NHS Planning Framework for 2023-24.
- Develop NHS performance measures to monitor NHS' contribution towards improving the indicators.
- Review the Social Care National Outcomes Framework to ensure it aligns with the Health and Social Care Outcome Framework.
- Strengthen Welsh Government policy development to support integrated whole pathways to deliver the indicators in the Health and Social Care Outcomes Framework.
- The Framework will be continuously reviewed to ensure the right actions are being implemented to improve the indicators.

## 2.13 Transformation of Clusters

The Transformation and vision for clusters workstream are putting in place a Primary Care Governance Steering Group which has oversight of the Primary Care Governance project and its deliverables:

- ✓ Review of PMCAT and production of a report with recommendations
- ✓ Rapid update to the CGPSAT toolkit as end users report difficulties using the tool
- ✓ SOP to support application of the Optometry Performers list regulations. Respond to any concerns arising from current Medical Performers List regulations and facilitate action
- ✓ Report on models for effective learning systems in primary care National Governance Framework for contractual quality assurance for independent contractors
- ✓ Development of a specification for a national data analysis unit.
- ✓ Options appraisal for relationship between SPPC and academic researchers in quality and safety

The SPPC team, working in consultation with the WG RPB policy leads and the NHS planning policy team have drafted guidance and FAQ and a suggested cluster plan template to shape the development of the PCPG Plan and the Cluster Plan for 2023 onwards.

CTMUHB has just submitted its second Readiness Checklist to the SPPC which reflects that it is on course to deliver ACD in terms of structures in place by April 2023:

- GP Collaboratives have met and Clusters are convening.
- Optometry Collaborative is meeting in one cluster and engagement sessions are in the diary for early November.
- Dental engagement sessions are also in the diary for November.
- AHP and Nursing Collaboratives are forming.
- PCPG development sessions are planned for November/ January/ March



- Engagement with the RPB is beginning and will be progressed to include the PCPG representative.
- The governance structure has been put in place.

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

- 3.1** GP Practice Sustainability – if we are not able to support practices to continue to provide services then we will not be able to implement the transformational change that is required to meet our population's health needs.
- 3.2** Workforce – recruitment, retention and skilled to be able to deliver new models of care will be a barrier to transformation.
- 3.3** Accessible data for the multi-disciplinary team at collaborative, cluster, PCPG and RPB levels to be able to robustly plan services is not timely enough.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	Where there is local delivery, EIA will be completed for each individual area.
<b>Legal implications / impact</b>	Yes (Include further detail below)
	There is potential within the specific areas covered in the report for there to be legal



	implications/impact and this will be assessed for each individual area.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	There is potential within the specific areas covered in the report for there to be a financial impact and this will be assessed for each individual area when that applies.
<b>Link to Strategic Goals</b>	Sustaining Our Future

## 5. RECOMMENDATION

- 5.1** The Committee is asked to **NOTE** the contents of the Primary Care Strategic Update and where relevant note CTMUHB's delivery against strategic milestones.



**AGENDA ITEM**

6.2

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

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

**Date of meeting**

(02/11/2022)

**FOI Status**

Open/Public

**If closed please indicate reason**

Choose an item.

**Prepared by**

Caitlin Jacob, Interim Partnerships and Planning Lead for Mental Health and Learning Disability Services.

**Presented by**

Julie Denley, Deputy Chief Operating Officer Primary, Community and Mental Health

**Approving Executive Sponsor**

Chief Operating Officer (COO, DPCMH)

**Report purpose**

FOR NOTING

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

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

C&VUHB

Cardiff and Vale University Health Board

CTMUHB

Cwm Taff Morgannwg University Health Board

SBUHB

Swansea Bay University Health Board.





## **1. SITUATION/BACKGROUND**

- 1.1 Swansea Bay University Health Board (SBUHB) provides the specialist adult services for people with a learning disability within CTMUHB through a commissioner and provider relationship. SBUHB also provide learning disability services for the population of Cardiff and Vale University Health Board (C&VUHB).
- 1.2 The services provided by SBUHB are:
  - community services
  - specialist residential units
  - acute assessment and treatment units.
- 1.3 Learning Disability services for children and young people are delivered within CTMUHB through its paediatric services.
- 1.4 The CTM Regional Partnership Board Learning Disability Working Group, within the governance structure of the CTM Regional Partnership Board, have responsibility for identifying and implementing regional priorities for learning disabilities.

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

- 2.1 In 2017 CTMUHB, C&VUHB and SBUHB established a Joint Adult Learning Disability Commissioning and Performance Group to give assurance to the two commissioning Health Boards on effective and high quality healthcare services to meet the needs of the population. An agreement has been made to restructure the Group and instead establish a strategic oversight group and an operational group to oversee the detailed activity. This will allow more focus to be given to the strategic planning of regional Learning Disability services.
- 2.2 Historically any direct allocation of funding for learning disability services was transferred from Welsh Government to SBUHB. The agreed future approach is that any learning disability funding allocation from Welsh Government will go directly to each health board who will then allocate that funding to SBUHB. There have been delays in enacting the disaggregation of finances as previously agreed but this remains a priority and is an important step in resetting and formalising the commissioning relationship.



- 2.3 In previous years there has been underspend in pay budgets largely due to vacancies. There have been recruitment difficulties historically across all professional groups, especially nursing, and within community and inpatient services. Once the financial disaggregation is actioned any underspends would be retained by the commissioning Health Board unless otherwise agreed and used to bring pace to strategic priorities.
- 2.4 The current specialist learning disability service will struggle to meet future needs for the provision of modern Learning Disability services. The regional strategic intent for commissioning of learning disability services was developed and agreed in 2018 and this continues to provide the broad basis for the modernisation of services.
- 2.5 The overriding aim is for community based support for all people with a learning disability to be the norm with the flexibility to increase support for people to meet their needs in the short term where necessary before returning to the long term plan for maximising their independence and autonomy.
- 2.6 The modernisation programme will mean a change in the ratio of resources between inpatient and community care. It will not be a linear transformation programme but will require changes to be implemented across inpatient and community services in parallel.
- 2.7 The modernisation programme has so far focussed on changes to acute assessment and inpatient care, including adapting Hafod Y Wennol Assessment Unit to meet the needs of individuals with complex health needs.
- 2.8 Developments to implement recommendations of the Coupland review of community services have been more challenging to effect and the acceleration of this work will now be the focus of the modernisation programme to improve health outcomes.
- 2.9 A short-term (1 -3 year) plan (provided as an appendix) has been presented by SBUHB to the Learning Disability Commissioning and Performance Group as a basis for discussion and agreement with partners. A programme structure and detailed action plan will need to be developed to drive forward the changes. The first step agreed is to present it to Local Authorities and other key partners for discussion and further development.
- 2.10 The learning disability estate is not fit for purpose and to achieve the modernisation programme in the medium-long term a capital

programme will be required to develop purpose built facilities across community and inpatient for learning disability services. SBUHB along with commissioners are exploring the current options within a challenging NHS capital landscape and the feasibility of alternative funding streams.

- 2.11 CTMUHB and C&VUHB have long highlighted the need for improved and earlier collaboration and joint working with Local authorities to plan and progress the integration of services as part of the strategic modernisation programme.
- 2.12 A joint post between CTMUHB and C&VUHB is being explored to increase capacity to support the pace of the Learning Disability regional modernisation agenda.

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

- 3.1 Good progress has been made in some areas of Learning Disability modernisation despite the competing challenges of the last few years however, there is more to do to realise the regional Learning Disability modernisation programme and improve health outcomes for people with a learning disability.
- 3.2 The disaggregation of funding is a priority to action and is key to formalising the commissioning relationship.
- 3.3 The Modernisation Plan will be presented to Local Authorities and other key partners for discussion and further development.
- 3.4 The integration of community services, coproduced with CTM and in partnership with local authorities, should now be progressed at pace.
- 3.5 Workforce pressures remain a high concern and is a risk monitored through the Joint LD Commissioning and Performance group Risk Register.

### **4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.



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

## 5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to **NOTE** the contents of this report.
- 5.1 Any additional information or documents are available upon request.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## Short term plan (1-3 years) – Learning Disabilities Service

### Learning Disabilities Division

### Mental Health and Learning Disabilities Service Group

Report compiled by: Jordan Tucker, Directorate Manager

On behalf of: Dr Penny Letchford, Clinical director

Paula Hopes, Head of Nursing

Gareth Bartley, Divisional Manager

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## Background: our Service and Service users

The people we serve:

*“Once you have met one person with a learning disability, you have met one person with a learning disability.”*

Each individual you meet with a learning disability will have unique skills, strengths and abilities. People with learning disabilities sometimes need extra help to stay healthy, safe and have the best life they can. The level of support needed will look different for each person. Predominantly this support is delivered by Local Authorities through social care and housing support.

People with a Learning Disability aspire to live independent lives, as productive members of society; they have wants, needs and wishes that are unique and personal to them and their situation.

There are barriers for People with learning disabilities in acquisition to good quality of life and health.

People with a Learning Disability often experience health inequalities and can have co-morbid physical health conditions alongside cognitive impairment and significant mental health issues. A proportion of people also exhibit behaviour that challenges as a method of communication or sensory function, and a small number of people have profound and multiple Learning Disabilities.

People with a learning disability can have any of the same health problems that every other member of society might have. It is important that people with learning disabilities get support from the right people to know about their own health and know when they might need help. Specialist learning disability services have expert knowledge and understanding of these needs and can work in partnership with primary and secondary care to support access to health.

Some people with learning disabilities might be more likely to have:

- Chest infections and breathing problems
- Ear infections and eye problems
- Constipation
- Epilepsy (seizures or fits)
- Diabetes
- Weight problems
- Swallowing difficulties
- Mobility issues- problems with joints, body position and postural care needs
- Mental health issues
- Communication difficulties
- Memory problems and dementia
- Sensory needs

It is important to remember that good mental health is as important as good physical health.

#### Specialist learning disability services:

There are times when people with learning disabilities may need the input of specialist learning disability services. This might be for a short amount of time involving specific assessment and intervention or there may be a need for longer periods, sometimes within acute admissions units or longer term with a more thorough multi-disciplinary assessment and intervention plan.

Specialist learning disability health services deliver:

- Support to primary or secondary services to make reasonable adjustments to meet needs of people with Learning Disability e.g. advice on LD specific needs, education, mobility, health promotion, communication advice.
- Provision of specialist acute Learning Disability inpatient care to address specialist psychiatric needs or complex challenging behaviours.
- Hospital based rehabilitation for people with the most complex needs as part of a pathway to long-term successful community living.
- Functional understanding of challenging behaviour, person centred, positive behaviour support plans and holistic understanding of needs.
- Assessment for commissioning and monitoring long-term placements for people with Learning Disability related continuing healthcare needs.
- Rights based approaches, working within a Human Rights Framework and ensuring the HB are compliant with the legal requirements of the Mental Capacity Act (2005) and MHA 1983 (Court of protection, deprivation of liberty and care co-ordination are particularly complex for this service user group).

#### Swansea Bay University Health Board Adult Specialist Learning Disability Services:

NHS Learning disability services are commissioned from Swansea Bay University Health Board and are provided across three Health Board areas, Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay and are provided in partnership with the 7 local authorities serving these areas.

It is long acknowledged that the current specialist learning disability service delivery is not fit for purpose for the provision of modern Learning Disabilities services and there is need for a programme for transformation. Key principles to transform services were agreed by the 3 Health Boards in 2018 that are aligned with Good Practice Guidelines and were set out in a joint commissioning intent statement (appendix 1).

The statement built on the recommendations of a number of reports for service improvement and set out the elements of the service where there is need for transformation.

This report seeks to provide a position statement for and all next steps in relation to each identified element and to outline a clear three-year plan for Adult Specialist Learning

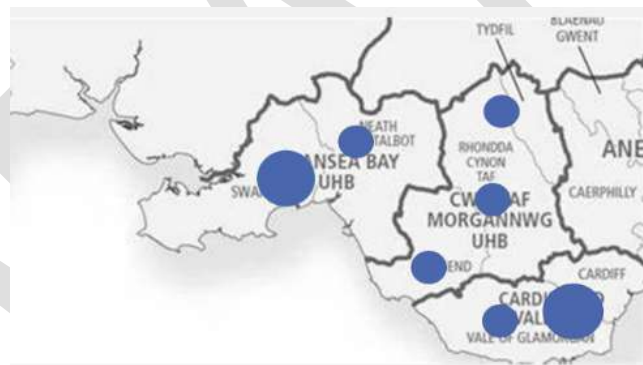


Disability Services and how this will prepare the way to transform our Services to reflect the long term vision for the Service.

The composition of our services is outlined below:

<b>Community based Services</b>	7 Community Learning Disability Teams
	1 Specialist Behaviour Team
	1 Intensive Support team (Swansea Bay only from additional HB funding)
	Specialist Epilepsy service
<b>Hospital based Services</b>	2 Acute Assessment Units – 16 Beds in total
	1 Assessment Unit with a focus on reassessment of repatriated people with complex needs from independent hospitals – 6 beds
	7 Specialist Residential Service Units – 35 Beds in total
	1 inpatient area for patients with PMLD – 8 beds (2 designated respite beds)
	Acute Liaison nurse service in DGHs across all Health Boards

The seven Community Learning Disability Teams are spread across SBUHB, CTM and C&V, a Specialist behaviour support team covering all Health Boards and an intensive support service (for Neath, Swansea and Bridgend only).



The CLDTs are composed of Psychiatrists, Psychologists, Learning Disability Nurses, Speech and Language Therapists, Physiotherapists and Occupational Therapists and Therapy Technicians. Each profession is specifically trained to support the complex needs of People with Learning Disabilities. The team enables the person to access primary and secondary care





services with additional input from the CLDT or LD liaison nurses.

When a person with a Learning Disability experiences severe mental illness or severe challenging behaviours, the CLDT will work to support and maintain the person in their own home. If this is not possible they may then require admission to an Acute Assessment Unit (AAU). The aim of these admissions are for a short period of assessment and treatment, often under the Mental Health Act or the Mental Capacity Act, to enable them to return home as soon as possible. The two AAUs include Llwyneryr (Swansea) and Rowan House (Cardiff). Each has eight beds and people go to the most suitable unit depending on their presentation, patient compatibility and the geographical location in which they live.

The service also has an Assessment Unit, Hafod Y Wennol, with specific MDT input, five beds and a seclusion suite. This unit supports highly complex and often challenging individuals return to local NHS services from secure private hospitals.

There are eight inpatient Specialist Residential Services. These are five bedded units where individuals who have more complex mental illness or challenging behaviours are managed with a view to enabling them to eventually move to a home in the community.

[The case for change:](#)

[Proposal for Transformation](#)

The overriding aim is for community based support for all people with a learning disability to be the norm with the flexibility to increase support for people to meet their needs in the short term where necessary before returning to the long term plan for maximising their independence and autonomy.

This will see a change in the NHS ratio of resources between inpatient and community care.

The overall strategic intent for learning disability services has been agreed through the work that the partnerships have undertaken locally in developing commissioning strategies or plans. When assessed in 2019, it was found that there was a high degree of commonality between the high level aims and intended outcomes set by each partnership.

The framework for the operational transformation of community services has been provided through the Coupland Review (appendix 2), the findings of which have been engaged upon across services during 2019/20 and more recently in 2022 following the height of the pandemic.

The framework for the transformation of inpatient services is based upon the latest evidence base and commissioning good lives guidance which has at its heart the principle of dignity and that all people should be supported to live in their own home.

This will not be a linear transformation programme but will require changes to be planned and implemented across inpatient and community services in parallel whilst at the same time not attempting to change everything all at the same time.

The strategic intent for commissioning of NHS learning disability services was developed and agreed by each Health Board in 2018 and this continues to provide the broad basis for the transformation of services. It is now recognised that there is an underspend in the LD budget allocation in the Learning Disabilities direct allocation that can be used to fund the costs of the desired transformation.

It is important to recognise the key drivers influencing the need for change in how we work with people with learning disabilities and their families.

*Welsh Government Learning Disability Improving Lives Programme (2018)*

The Improving Lives Programme (June 2018) outlines key areas of improvement in support for early years, housing, social care, health and education, skills and employment. It emphasises support across the life course based on principles of health promotion, prevention and equality. The key aim for health environments is to lead on the health equalities agenda by developing and promoting reasonable adjustments across other services and sectors with consistent specialist support where needed. This includes developing a clear process for annual health checks and work to prevent avoidable and premature deaths.

The Improving Lives Programme (2018), builds on earlier Welsh Government guidance that highlights the importance of a multi-disciplinary assessment and promotes the annual health check and the recommendations to:

- Provide specific specialist health skills where needed, such as in the fields of challenging behaviour, mental health, epilepsy, mobility, speech and language therapy, forensic needs
- Facilitate a person's progress through an episode of care
- Support and educate families and carers
- Recommend and provide specialist aids, adaptations and establish and monitor specific treatment programmes which promote a fuller and longer life

*The Social Services and Well-being (Wales) Act (2016)*

The Social Services and Well-being (Wales) Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. The Act applies to health services and social services to provide a basis for delivering equality for those with a learning disability including:

- Voice and control – putting the individual and their needs at the centre of their care and giving them control in achieving the outcomes that help them experience well-being
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support

- Co-production – encouraging individuals to become more involved in the design and delivery of services

### *Commissioning Context*

The National Commissioning Board for Wales (2017) produced “Commissioning Services for People with a Learning Disability: Good Practice Guidance” to help Regional Partnership Boards develop their own approaches to the integrated commissioning of services for people with a learning disability. It promotes person-centred planning, placing emphasis on people with a learning disability having equitable access to services and being able to live in their own homes within their own communities and encourages commissioners to think long-term when planning learning disability provision. It further endorses early intervention, prevention, PBS and specialised support.

### *Reducing Restrictive Practice*

As a Service Group, we have been working on a multi-faceted approach to reducing restrictive practice, following the publication of the reducing restrictive practice framework in 2021.

The people who use our services need to have confidence that their rights will be upheld. People deserve to be supported in safe and person-centred ways, we expect our services to be pro-active, values based and to implement the PBS framework.

We believe in a rights based approach to the care and treatment of people who use our services. Our Health Board values are written in a simple, easily relatable, values based way: caring for each other, working together and always improving and this must be reflected in the way that we work with those who are vulnerable and described as challenging.

### *Wider UK policy*

In addition to the Welsh policy, there has been much policy and guidance relating to learning disability practice produced within the UK in recent years. The National Learning Disability Senate (2015) provided guidance on the role and purpose of Community Learning Disability Services, outlining five essential functions as follows:

1. Supporting positive access to mainstream services, including being involved in strategic development work across the wider healthcare setting
2. Targeted work with individuals and services enabling others to provide effective person-centred support to people with learning disabilities and their families/carers
3. Specialist direct clinical therapeutic support for people with complex behavioural and health support needs, in particular those with severe challenging behaviours, mental health difficulties, dementia, dysphagia, long-term conditions, epilepsy, autism, personality disorder or those who are part of the criminal justice system
4. Responding to crisis and urgent demands of those who present with behaviours that challenge on at least 3 levels:

- Proactive crisis prevention
- Reactive crisis management and immediate resource deployment
- Proactive Strategic planning and service development (informed by the first 2 levels)

5. Supporting commissioners in quality assurance and strategic service development

The guidance further suggested that Specialist Community LD Services should include clinical psychologists, learning disability nurses, occupational therapists, physiotherapists, psychiatrists and speech and language therapists.

*Standards for Adult Community Learning Disability Services*

In 2019, the Quality Network for Learning Disability (QNLD) piloted standards developed with relevant stakeholders as a guide for new or developing services. Services in SBUHB aspire to meet the standards.

*Guidance on Learning from Deaths*

The National Guidance on Learning from Deaths (NHS England, 2017) advises on how NHS Trusts should review the deaths of all NHS patients and share any learning. It refers to the Confidential Enquiry into Premature Deaths of people with a Learning Disability (Heslop et al., 2013) and calls for additional scrutiny about the deaths of people with a learning disability across all settings. In addition, The Learning Disability Mortality Review annual report (University of Bristol, 2019) made recommendations based upon the local reviews of deaths. Recognising health inequalities and providing a skilled workforce to deliver health facilitation, health promotion and reduce premature death in partnership with universal services is an essential role of the community learning disability team. More recent targets for health promotion based on updated common causes of death suggest control of cardiovascular risk factors, epilepsy, dysphagia, management of thrombotic risks and colorectal screening.

*Coupland review of CLDTs:*

The Coupland review of CLDTs highlighted various recommendations to be considered and addressed which have been incorporated within the wider LD Transformation agenda. A detailed overview of our initial response to Coupland's report is outlined in appendix 3.

The summative outcomes outlined in the report are noted below which are expected to be achieved following the formative work stated within the review.

1. An Operational Document that describes the core functions of a specialist Community LD Service – the aim should be for the function and purpose of the Teams to reflect national best practice, as described within the National Learning Disability Senate (2015) Community Team guidance
2. Pathways for Challenging Behaviour, Epilepsy, Mental Health, Autism, Complex Physical Health, Dementia and Forensic Needs as agreed with commissioners regarding core functions of the service

3. A Framework describing a clear model of support for health facilitation including a process for supporting health checks in wider communities and services, and further development of hospital liaison roles
4. A Cross Service Framework for working with Service User and Carers that reflects best practice principles of partnership and co-production
5. A Forum to support quality improvement, development of research, and sharing of best practice
6. Sharing learning from incidents, events and deaths linked to current governance systems in the Health Board

These outcomes and community learning disability services are to be delivered on the foundational principles as follows, with people at the heart:



**Pathway:** We will have clear and simple processes which are transparent and easily orientated. Decisions will be made in a single point access formulation and agreements will be clearly communicated in a timely and person centred

**Engaging:** Co-production will be fundamental to the way we design and deliver our services.

**Outcomes:** Best evidence should be used in delivery of all services, ensuring that there are clear outcomes focussed approaches underpinning practice

**Person- centred:** People with acute mental illness and or behaviours described as challenging who require a brief period of intensive support will, where possible remain in the community and be supported to avoid a hospital admission. All decisions will be made in partnership keeping the persons wants, needs and wishes central.

**Living:** The people we work with should be supported to live in a place of their choosing, ensuring that no hospital becomes a home, and that assessment and treatment will be delivered as close to home as possible.

**Experience:** We will actively seek feedback on the service user experience, using this to improve and further develop services that people with a learning disability in Wales will be proud of.

### *Community Enhancement*

To achieve our collective aims it is acknowledged that community services for people with a learning disability need to be enhanced to:

- Ensure comprehensive assessment that enables people to receive the support they need to live as independently as possible
- Deliver additional support flexibly that enables people to remain in their own place of residence when their needs are temporarily increased.
- Provide the advice and support that enables people to access the same services and achieve the same health outcomes as the whole population



- Provide early intervention for families that enables them to develop understanding of the behaviours exhibited by some children and young people and to adopt interactions to prevent the behaviours becoming challenging

The review of Community Learning Disability services has identified a preferred option, agreed through engagement, for groups to deliver 'mental health and behaviour assessment and intervention' and 'specialist community health facilitation and promotion'. The goal being to reduce inequalities in health and reduce restrictive practice, maintaining people in their own homes and reducing the need for specialist inpatient care.

The core services of the Community Learning Disability Service will be expanded in the first instance to increase availability over 7 days and to make available the intensive support function in each Health Board area.

The operational service model for the provision of Specialist Behaviour Support requires further consideration alongside that of the children focused Facing the Challenge service to determine the most effective model of delivery for long term sustainability.

#### *Inpatient Transformation*

The overall inpatient service model needs to be reviewed alongside a capital programme to address the current estate provision which is outdated, is not fit for purpose and makes it more difficult to meet the needs of people with a learning disability who have complex needs related to offending behaviour, mental illness and particularly those with Autistic Spectrum Disorders.

As a specialist provider, our aim for the people with the most complex needs is to provide equivalent or better clinical care to current private placements for individuals through local NHS provision as part of a long term plan for each individual to live as independently as possible in a place that is their home.

The proposed model of care is intended to deliver a shift from long stay provision to a rehabilitation model where there is a focus on the key components of Positive Behaviour Support. To enable this model to be sustainable and to be able to meet the future needs of our population a comprehensive review of staffing levels based on individual service user need and a broader mix of staff to ensure effective MDT input was required.

However, there is already an understanding through person centred need assessments of an opportunity now to undertake a programme of work for a cohort of individuals with a learning disability currently detained under the Mental Health Act in independent sector low secure and locked rehab units whose needs could be met closer to home. This initial work was prioritised whilst undertaking work for the modern inpatient service model and provision to be agreed.

#### *Outcomes and Impact*

The future model of operational delivery aims to achieve the following positive outcomes:-

- Reducing Restrictive Practices
- Reducing Health inequalities

- Clear clinical pathways for efficient, patient centred services
- A workforce that is skilled to meet the complex needs of the service population (whole systems approach to workforce planning)
- Closer to home/repatriation schemes to reduce commissioning of out of area/private provider services
- Environments that are fit for purpose to meet the complexities and challenging risk behaviours of the population

#### *Cross Cutting work*

Across the Transformation programme there will be a number of shared principles and common tasks that will enable the programme to be successful.

Effective engagement is fundamental to the success of the Programme and will continue to be achieved through a comprehensive communications and engagement strategy and supporting action plan which reflects local partnership arrangements as necessary.

Principles for co-production in the development of operational service models and implementation plans are set out and agreed collaboratively across the different stakeholder groups.

Workforce planning will continue to be essential to the delivery of the new service models within a modernised service. We need to ensure that our workforce has the time, resources, support and the right approach to care to offer quality support to people with a learning disability. In addition, we need to explore the opportunities for new roles and skills to provide future services as well as having robust strategies for recruitment and retention that will ensure the services are sustainable in the long term.

It is also acknowledged that Positive Behaviour Support is central to the delivery of quality services and that all staff working within Learning Disabilities receive training in Positive Behaviour Support as well as being available to carers and families.

#### *Partnership approach to change:*

At the Learning Disability Transformation workshop on the 14<sup>th</sup> of March 2019, it was agreed that it would be beneficial to have a position statement derived from existing commissioning strategies/plans for each partnership area to see the commonalities and differences.

All partners emphasise the Social Services and Wellbeing Act 2014 as key legislation driving the strategic direction and unsurprisingly there is a common focus on activities or services that contribute to the prevention of difficulties or to reduce the likelihood of a person's needs increasing. There is also a common thread of improving general wellbeing for people within communities and a focus on involvement of citizens in planning their own care, supporting themselves or influencing commissioning decisions.

There is a consist focus to deliver the key outcome of offering alternative interventions to those currently provided that would mean the need for escalation of a person's care to more institutional settings is reduced. This is true across the continuum of needs from low level to

complex and is intended to offer both offer choice and maximise opportunities for people to be as independent as possible.

#### Changing Demand for Specialist LD Services: What does the data say?

In Wales 2.1% of the population have a Learning Disability.

14% of people with a Learning Disability will demonstrate behaviour that challenges which can affect access to universal services and increases likelihood of social exclusion.

5% of people with a learning Disability will exhibit significant challenging behaviour.

People with learning disabilities account for 7% of the prison population in England and Wales.

People with learning disabilities are living longer with increasingly complex conditions.

There has been a surge in the number of people eligible for learning disability services in recent years. This is due to the increase in survival of premature babies who now reach adulthood but can have significant needs associated with their learning disability; and the increased length of life of people with learning disabilities due to advances in social and health care over recent decades. Snell et al. (2011) highlights changes in mortality within the disabled population and the characteristics of new entrants into adult services transitioning from children's services.

Emerson (2005) projected a 32.2% rise in frequency of learning disabilities between 2010 and 2030, which is 5 times the rate of growth of the general population (estimated at 6.1%). This is derived from a central estimate of the change in the number of adults eligible for care services based on individuals with critical and substantial levels of need only (Emerson 2008).

#### *Local changes in demand:*

Across the UK there has been a government driven policy to close NHS beds for people with Learning Disabilities. Many people with significant support needs can successfully have them met in non-hospital settings (Residential Care, Supported Living etc.).

#### *Bed-based models*

We believe that SBUHB is upholding an outdated, bed heavy Learning Disability service with eight separate specialist residential units distributed across the three health board areas. The physical environment of these units has been repeatedly criticised by HIW. The internal design is not fit for meeting needs of most complex individuals and the isolated nature of the units represents a service risk in terms of maintaining workforce for safe and quality services. As a specialist Learning Disability service we do not have the facilities to currently deliver for the most complex needs at low secure level and therefore discharge this responsibility by spot purchasing low secure placements from the independent hospital sector. We do have staff with the skills and potential for delivering a low secure service and meeting the most complex needs as part of a pathway to long-term placements.



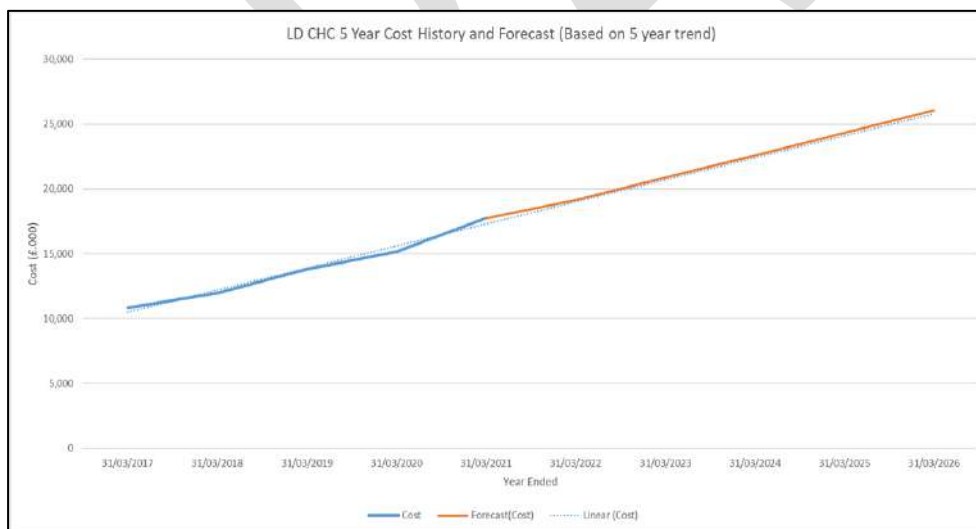
### *Intensive community support*

Our acute hospital occupancy has reduced during the pandemic and capacity could be reduced, subject to appropriate agreement through the joint commissioning board and the Community Health Council engagement. To ensure this is sustainable the resource within the community learning disability teams needs to be realigned and expanded to meet the complexity of the service group post COVID. This requires input over a 7 day basis to people in their own homes which is flexible for increasing and decreasing input to avoid the need for hospital care. This has been operating in the Swansea Bay area of Learning Disability Services through Health Board investment and shows benefits for avoiding hospital admissions.

### *Commissioning care at the correct level*

We currently commission and monitor long term placements for people with continuing healthcare needs. Although eligible for CHC they do not all require nursing home or hospital settings. This is an appropriate model to meet people's needs and this approach to commissioning placements will continue under the new CHC Framework for Wales. What is important, is commissioning care at the correct level. Care scandals in the UK, e.g. Winterbourne View, Whorton Hall and Muckamore Abbey Hospital highlight the importance of a robust monitoring and quality assurance process in commissioned care, improving safety and quality, as well as our ability to evaluate financial value. We therefore want to make sure that processes are effective and resources are appropriately allocated.

In recent years the changes in demand associated with complex health needs for people with Learning Disability has led to a year on year increase in the number of people eligible for Continuing Healthcare and an increase in spend over and above inflationary growth.



If growth is linear, associated with population expansion, and increased demand continues at the rate of the last 5 years this would translate into approximately 47% increase in spend over the next 5 years. Whilst we are content that the upwards trend is correct, as a service group this analysis needs to be thoroughly tested and expert support would be beneficial to provide confidence in the prediction for future service planning to minimise the risk.

#### Proposed changes:

The strategic intent for commissioning of NHS learning disability services was developed and agreed by the three Health Boards in 2018. This continues to provide the broad basis for the transformation of services.

Our assessment, based on clinical views and commissioning guidance, is that due to economies of scale a future modern Learning Disability service should be provided on behalf of the three Health Boards and includes high level changes such as:

- Expanded community Learning Disability services to fulfil assessment and commissioning demands
- Out of hours community Intensive support services in all areas to offset demand for acute inpatient care by supporting families and providers preventing placement breakdown.
- Acute inpatient care with bed numbers reduced in line with demand
- Low Secure inpatient care and Challenging behaviour rehabilitation units in line with predicted future demand
- New and evolving roles within all professions delivering specialist learning disability services based on people working to the “top of their license”

#### Objectives – our plan for the next three years:

##### Community Services:

***“Good quality learning disability services have an approach based on strong community support services, planned around people in the environment that they are in, focussing on person-centred care, and looking at each individual’s needs.”***

*LD Professional Senate Guidance 2019*

Community Learning Disability services are the keystone of personalised care that seeks to ensure people receive what they need, where they need it, at a time that they need it. This plan focuses on continuing to evolve the current service model from being overly based to community centred. This will improve patient satisfaction and outcomes and to do this requires the targeted expansion of community services linked through Community Learning Disability Teams. The Welsh Government Specialised Services action plan recognises this with actions aimed at early intervention and crisis response alongside timely transition between different levels of care.

#### Community Learning Disability Teams

As part of the Coupland Report recommendations, the division set out to fully review current operational methods and process in all CLDTs, as part of the overall review of the current CLDT offer it was quickly established that the current Operational Policy was not reflective and required updating to also reflect current practice and core business. It has been

paramount that this is reviewed alongside all members of the multi-disciplinary team to ensure an accurate reflection all disciplines within Learning Disability services.

It has been agreed that the core role and function of community teams is:

- To provide multidisciplinary specialist assessment, treatment, interventions and support to people whose complex needs cannot be met by primary health care and local supported living schemes.
- The core business of a community learning disability service is to work in person centred ways to promote service user's rights, choice, independence, social inclusion and skill development to maximise quality of life.
- Assessment for commissioning and monitoring long-term placements for people with Learning Disability related continuing healthcare needs.
- Working within a Human Rights Framework for the benefits of people and ensuring the Health Board is compliant with the legal requirements of the Mental Capacity Act 2005 and Mental Health Act 1983. Court of protection duties, safeguards for deprivations of liberty and care co-ordination are particularly complex for this service user group.
- Develop more coproduced ways of working with service users, family and carers to ensure that people are supported in an evidence based way. Improve individual experience, evidenced by positive feedback, reduction in complaints or concerns raised.

Through a project approach we identified key aspects that would benefit from focused task and finish group work to improve and streamline current working practices which involved:-

- Undertaking a review of the referrals allocation and development of a single referral process for health team involvement reflective of the current offer and core business of the CLDT's ensuring parity across all teams within the Learning Disability Division
- Agreement of operational policies for teams and services that are currently in place (to be reviewed in line with service vision)
- Commencing work on a business case for the development of LD Intensive Support services in each Directorate (see section below)
- A suite of clinical pathways to provide clarity on access and offer for people with a learning disability.

### Next Steps

Expansion of capacity across community teams to increase access to clinical assessment and intervention that reflects the objective of enabling more people able to receive personalised care in the community, closer to home which avoids placement breakdown and escalation to higher levels of care. This is outlined in more detail in relation to LDIST and positive behaviour support functions below.

Multidisciplinary completion of operational policies and clinical pathways to provide clarity on the offer and standards for the provision of services for people with learning disability.



Project/Work	Completion by
Mental Health Pathway	Q3 2022/23
Child Transition Pathway	Q4 2022/23
ASD pathway	Q4 2022/23
Dementia Pathway	Q4 2022/23
Forensic LD Pathway	Q1 2023/24
AATU Operational Policy	Q3 2022/23
Hafod y Wennol Operational Policy	Complete
CLDT Operational Policy	Q3 2022/23
SRS's operational Policy	Q3 2022/3

#### Learning Disabilities Intensive Support Team

The Learning Disability Intensive Support Team (LDIST) provides rapid, short term, intensive support to adults with learning disabilities who are experiencing episodes of mental health and/or behaviours that Challenge and could be attributed to a number of factors.

Intensive support teams have been implemented across the UK to provide high-quality responsive care aimed at avoiding unnecessary admissions and reducing lengthy in-patient stays. In Swansea Bay, LDIST delivers a 7 day service alongside the core CLDT provision into the evenings which provides additional support to the service user at times of increased need or crisis to reduce the impact on the service user, their carers and/or family. This in turn reduces unnecessary admissions to inpatient services and decrease the risk of placement breakdown.

The service also supports service users in the discharge process to ensure timely transfer through additional support during transition back home or to alternative placements in order to reduce bed day usage.

The system and patient experience benefits to be achieved by LDIST provision across all three Health Board areas are:-

- Extended hours of access for patients, carers and other service providers to specialist Learning Disabilities services
- Fewer people in hospital is a better outcome and experience for people with a Learning Disability as they remain in their own homes to receive care
- Reduction of demand for hospital admission due to the extended working hours and the speciality of the team to deal with higher level of care needs within the community

- Timely discharge and move on from assessment units and also for some of the patients within our specialist residential units
- Enhancement of core community service by working closely with them to manage patients on their caseloads out of hours thus preventing the development of crisis.

### **Next Steps**

Investment has already been agreed for the expansion of LDIST across the 3 Health Board areas and a phased expansion is underway to enable the management of the recruitment process, and to ensure effective training is provided.

Directorate Managers have already communicated the enhanced offer with stakeholders from Local Authorities and Health Board's, but will work towards creating additional opportunities for more detailed discussion. The additional staff will be situated within the CLDT's in order to embed fully with the teams and their service users. It is anticipated that services will be embedded and operational in Quarter 3 2022/3.

### **Specialist Behavioural Team**

SBT continue to provide their existing service of enhanced PBS input to those with significant behaviours that challenge. SBT continue to review and refine their processes and update these in accordance with best practice in key areas relevant to the team to include: restrictive practices, PBS Plan templates and SBT pack of documents. The team continue to lead the role out and development of the Behaviours that Challenge (BthC) care pathway and training related to this across the service. SBT continues to provide support to inpatient services via PBS support and psychological input and consultation as well as service development project input.

The operation of the specialist behaviour team is the next area for focus in terms of the recommendations from Coupland. This requires joint working and a shared approach to the implementation of the review of the core business of specialist services.

We recognise that it is essential that our staff have the skills needed to meet the complex needs of individuals who use our services. Embedding those skills within teams means that we are able to support individuals with behaviours described as challenging in a variety of ways, the challenging behaviour pathway supports the ownership of the assessment and intervention needed by all professionals who have a role with those whose behaviour is described as challenging. We are committed to growing the skills across all parts of the service, embedding the values and intentions of positive behaviour support to improve outcomes, experience and impact on the pathway for those whose behaviour is described as challenging.

### **Next Steps:**

We will expand the provision of positive behaviour support within the CLDTs, enhanced by the close working relationship between the CLDT and SBT. In addition, the SBT operational model will be revised to reflect the required developments.

### Acute Hospital Liaison Services

Acute liaison nurses have been appointed to all hospital sites across the 3 Health Board areas on the basis of the additional funding provided by Improving Lives direct to each Health Board but it is recognised that this is a limited resource.

The Paul Ridd Foundation was established by Jane and Jonathon Ridd after the preventable death of their brother Paul. Paul's family have campaigned to improve the quality of care for people with a learning disability when they need to access acute hospital care. They campaigned for implementation of reasonable adjustments (Equality Act, 2010), enhanced training for staff and Learning Disability Liaison nurses being available in each hospital. There are currently 7 WTE Acute Learning Disability Liaison Nurses to work across 3 Health Board areas in 7 hospitals.

The role of ALNs is valued by the hospital staff and community teams as well as the patients and their families, noted by complaints and escalation when they are not available as well as regular recognition and compliments for a job well done.

### Next Steps

Work is needed to formulate an understanding of demand and capacity that can inform confident business case development for expansion to deliver a cohesive and sustainable service.

Consideration should be given to the skill mix of the Liaison Service and the usefulness of non-registered additions to the team for administration and training purposes.

### Transition from childhood to adulthood

A Transition Process has been in place in all CLDTs for some time and the standards set out have been audited. Information from the audit suggests the following themes.

- Coordination and collaboration between services acknowledged as being key to the success of a transition but often poor.
- Not starting transition planning early enough.
- Lack of person centred focus, involving the young person and their families in decision making.
- Providing a single point of contact for young people and their families to access specialist health.
- A lack of information about services available.

We are aware that in teams where a lead was identified there appeared to be better oversight of a database and the needs of children and young people coming through to adult services.



However, the role is always assumed rather than designated and varies in function. A number of varying professions have taken particular responsibility for transition. However, nursing generally take more of a lead as they start to work with the individual from age 18. Therapists will generally start active interventions once education has ended at age 19.

We now need to consider what good Transition looks like for individuals and families with varying needs. In the past it appears that we have tried to apply an identical process to all children and young people. We need Transition services to be weighted towards those with the greatest and most complex needs and provide better information about access to our (and other) services to those who may only occasionally require specialist interventions.

The development of specific transition roles within CLDTs for the holding of information and managing the process with partners is required.

An established Pathway Group will look at the transition process for our most complex service users and consider an 'enhanced' pathway for those children and young people with an already established Primary Health Need.

#### Inpatient Services:

##### Acute Assessment and Inpatient Care

The original model operated with 24 beds for inpatient assessment and treatment which was acknowledged to be at the upper end of suggested acute bed provision. The repurposing of 8 of those beds for a 6-bedded specialist assessment Unit has allowed patients in independent sector hospital placements to have their needs met within NHS provision. The model is for them to be assessed and also considered for referral to one of the Specialist Residential Units (SRs) or if applicable, non-hospital care in community settings.

Additional investment has been released into Hafod y Wennol in order to move from the 8-bedded AATU to the 6-bedded Assessment Unit. The investment into the Unit has come from existing resource within the delegated budgets for learning disabilities that are funded by the direct allocation.

Currently there are therefore two 8 bedded acute assessment units (Rowan and Llwyneryr). This total number of acute beds is now therefore similar to the recommendations of 10-15 beds per million total population. The service has been operating with this number of beds for a considerable period of time and although bed occupancy is high, there has not been a need to source a health bed from elsewhere. Additionally, on review of the current acute in-patients, several of these are delayed transfer of care and hence further supports the evidence that we are working with an appropriate number of acute beds.

The specialist residential service units are having a further review of the support needs of the current inpatients, to determine their pathway out of hospital provision. Initial overview has enabled the planned movement of several patients to improve patient flow.

Hafod Y Wennol continues to assess out of county patients who are in private hospital provision, bringing back suitable patients for further assessment and treatment in order to

optimise their quality of life and move forwards with a plan for eventual discharge from hospital provision.

Plans have been scoped out and implemented to enable Hafod Y Wennol to adapt its assessment function for people with complex health needs and challenging behaviour that had previously led them to be placed in the independent hospital sector from all three Health Boards.

### **Next Steps**

The objective for NHS inpatient services is to provide acute inpatient care for people with a learning disability with co morbid severe mental illness and challenging behaviour due to vulnerability and learning disability specific needs, as well as providing specialist rehabilitation services as part of a pathway to community support for people with the most complex challenging behaviour, health issues and forensic needs.

This cannot be provided effectively by upgrading existing facilities in the long term and a capital programme will be needed that would represent the first purpose built facilities across community and inpatient care for learning disability care since the decommissioning of the long stay hospitals in the 1990s. This is a long term approach however and there are interim steps that can be taken alongside this.

Meadow Court is still planned to become a specialist Autism Unit however, due to an absence of capital funding the proposed building works will be unable to take place during the financial year 22-23. This has restricted some of the plans for patient movement, but staff feel that they will still be able to operate as a 3 bedded autistic unit with the current design in the short term. Such a reduction in inpatient capacity would be subject to appropriate engagement and views of Community Health Councils.

The anticipated impact of the expansion of the intensive support service across all Health Board areas would be felt in a further reduction in acute assessment demand, possibly allowing a further reduction in the total number of acute assessment unit beds to 16 (subject to appropriate engagement and views of Community Health Councils) operating across 2 sites now that 3 bedded single point of access Dan Y Deri no longer performs this function and is instead currently closed for refurbishment with a short to medium term plan to develop the site to support delivery of interim service delivery plans whilst the long term plan is developed and manifested.

The removal of the single point of admission pathway places our acute bed provision within a UK benchmarked range and has released Dan Y Deri for potential development into a further specialist challenging behaviour hospital provision that would increase our options for repatriating people from private hospital care or avoiding placement in the private sector in the first place.

This proposal follows the recognition of more recent demand which reflects an overall increase in the number of people with a learning disability, coupled with a projected increase in patients with a learning disability who present with extremely complex challenging behaviours and/or offending behaviour and require hospital provision to meet such needs.



At the current level of demand in 2022, significant numbers of patients are being placed in private hospitals as due to our estate we are unable to provide a service to meet their needs. As this population grows this will increase further leading to spiralling CHC costs.

As highlighted previously, we do have staff with the skills and potential for delivering a high quality service to meet the needs of the most complex individuals, that support a pathway to long-term placements. The current estate is not fit for purpose and requires change in order to meet the increasing complexity and demand for highly specialist learning disability provision. The physical environment of the specialist residential units has been repeatedly criticised by HIW. The internal design is not fit for meeting needs of most complex individuals and the isolated nature of the units represents a service risk in terms of maintaining workforce for safe and quality services. As a specialist Learning Disability service we do not have the facilities to currently deliver for the most complex needs at low secure level and therefore discharge this responsibility by spot purchasing low secure placements from the independent hospital sector.

The proposed model of care is intended to deliver a shift from long stay private hospital provision to a rehabilitation model where there is a focus on the key components of Positive Behaviour Support.

Developing this service is subject to capital investment to upgrade and provide safe facilities appropriate to the levels of need displayed by the individuals in the private sector. We have started to explore further options for what is possible within a challenging NHS capital landscape and the feasibility of alternative funding streams whilst also sharing this intention with commissioning partners.

The development of Dan Y Deri complements our proposed vision for transformation of the whole learning disability service as part of our interim activity and service model that will enable facilitation of achieving our long term plan. Importantly, the interim plan will utilise existing opportunities due to the increasing pressure and demand for specialist placements.

The transformation of the Dan Y Deri site would enable patients who are currently unable to be brought back to any of the inpatient units due to complexity and/or compatibility to be accommodated going forwards. Additionally, patients currently in Hafod Y Wennol for assessment who are identified as requiring further support in a specialist environment such as this would then be able to have their needs met and their ongoing rehabilitation needs supported. It has been noted that the current SRS provision in general will not be able to meet the needs of several repatriated individuals due to their need for a robust building and a placement that can increase staffing numbers at short notice.

Currently there are 18 individuals who are placed in private hospitals due to the level of challenging behaviours they are presenting with. Many of these have spent years in hospitals and therefore, a step down to the community in the foreseeable future is an unrealistic expectation. These individuals are likely to require a lengthy period of rehabilitation in a robust specialist hospital unit where the staff are able to meet their challenging needs and the building is robust to withstand their presentation also. From there, they may then have a planned step down into a community placement.

Further consideration and reviews of the existing inpatient estate have taken place to determine the period of time each respective unit is required to fulfil its role within Learning Disabilities inpatient provision as an interim measure to facilitate the transition to the long term vision and Service model. The respective plans for each unit has been outlined in the table below:

[Outline view for existing inpatient Estate](#)

Unit	Position	View
Dan Y Deri	<p>DYD is an SRS unit that was used as the SPA during COVID19. It is a 5 bedded unit.</p> <p>Discussions are currently under way for redesigning DYD to provide accommodation in the form of flats/annex for 6-8 beds for patients with severe challenging behaviours.</p> <p>With the proximity to Llwyneryr and space available on the site this is estate that is to be retained for the long term.</p>	<b>Long term</b>
Swn Yr Afon	<p>SYA is an SRS which currently has an all male patient population. It is a 5 bedded unit. Despite the challenges that its remote location poses for workforce recruitment and retention it could be appropriate for this to be used as a 4 bed male forensic rehabilitation unit. There are currently patients who require this approach living there and it has also been used as a step down from HYW with the addition of an activities coordinator. Step down rehabilitation will continue to be a function we should provide.</p> <p>The environment requires upgrading but the boiler has recently been replaced with a heat exchange unit.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	<b>Medium Term</b>
Meadow Court	<p>MC is a 5 bedded SRS unit. The staff there have significant skills in working with people with ASD in the moderate/severe LD range. Due to the space required for these patients it would need to become a 3 bedded unit, each of which is an individual annex area which was already planned out with sketch plans developed by capital planning. With the cancelation of the IFAB capital resources the proposed building works will be unable to take place in the coming year. This has restricted some of the plans for patient movement, however staff feel that they could still operate as a 3 bedded autistic unit in the short term.</p> <p>This unit has a medium term usage whilst developing the long term new build solution.</p>	<b>Medium Term</b>
Ty Garth Newydd	<p>Currently a 5 bedded SRS Unit which provides care for females only. The staff team have expertise in working with women with Personality Disorder who display behaviour that challenges. Providing specialist interventions and trauma based carer to prepare people for community placements of this cohort of patients will continue to be a function of specialist inpatient</p>	<b>Medium Term</b>



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



Unit	Position	View
	build solution and the tenure of the unit's usage within LD specialist services will be subject to commissioning discussions.	

In light of the assessment above, the potential bed state changes have been considered and outlined in the table below.

In Patient area	Current Beds	Possible Future Beds
Acute Assessment	16	16
Reassessment (HYW)	6	6
SRS	35	25/30*
PMLD	8	0
Total	65	47/52

\*Lletty Newydd consideration

#### LD Modernisation investment Plan

The following have been identified as key investment areas to underpin the service improvement work identified above for the next 3 years for delivery out of existing funding.

Area	What	Why	How	Indicative investment
Community	Expansion of community LD Service Offer by enhancing the availability of positive behaviour support in each community learning disability team linked to	<p>Increasing Core offer to support community placements to reduce likelihood of placement breakdown increase levels of complexity that providers can manage.</p> <p>Embedding and enhancing skills in CLDT</p> <p>Supporting partner agencies to avoid escalation and more people able to receive personalised care in the community, closer to home.</p>	Population proportionate increase of Behaviour specialists and assistant behaviour specialists in each HB area.	£0.48m



		Key recommendation of Coupland report		
	New Role development to diversify skills for meeting needs of people with the most complex needs.	<p>Ensuring a contemporary workforce that can respond to the new models of care.</p> <p>Increased expertise accessible for increasing complexity</p> <p>Prudent healthcare ensuring people operate at the top of their license.</p> <p>Reducing risk associated with future availability of medical workforce</p>	<p>Advanced Nurse Practitioner posts in each HB area.</p> <p>Independent Prescribing Pharmacist</p> <p>Physician associates in each HB area</p>	£0.33m
	Increasing capacity for delivering health facilitation for people with LD	<p>Increasing support for primary care.</p> <p>Actions to reduce health inequalities</p> <p>Prudent healthcare</p>	<p>Population proportionate increase of HCSW roles to support CLDTs and acute liaison roles.</p>	£0.36m
	Enhancement of infrastructure to support CLDT operation and maximisation of clinical skills	<p>Reflects the increase in clinical staffing</p> <p>Supports prudent healthcare to reduce non clinical demands on registered staff.</p>	<p>Population proportionate increase of non registered staff to support administration of clinical reviews, DST and careplan development. (taking account of new ways of working and digital technology)</p>	£0.08m
In-patient	Increasing multidisciplinary staffing for the delivery of Challenging behaviour unit.	<p>Better patient outcomes</p> <p>Meeting needs of people with complex health problems in NHS</p>	<p>Increase of SALT, OT, Behaviour Specialist, physio and nursing resource proportionate to bed numbers (both</p>	£0.5m



Enabling Resources		rather than independent sector.  Improving clinical quality for preparing people for community placements.	registered and non registered).	
	Review of establishments for existing inpatient services in line with proposed specific purposes to improve ability to improve move on and preparation for community placements.	Improving ability for transition and transfer within NHS care in preparation for community placement.  Increased community access  Improving quality and delivery of safe care for people with more complex needs.  Resources can be transferred to future service model.	Increase of activity coordinator roles.  Targeted increase of MDT input dependent on role and function of units in the short term.	£0.12m
	Education and training function to support workforce development and skills acquisition for delivery of revised services.	Better patient outcomes  Multidisciplinary Continuing professional development.  Evidence based workforce development.  Improved recruitment and retention  Improved wellbeing	Practice development resource specific to LD.	£0.05m
	Increasing Programme management capacity available across all three Health Boards to support transformation planning and implantation.	Additional planning resource specific to LD  Project and Risk management  Joined up approach to planning and delivery.	Programme management	£0.07m
<b>Total</b>				<b>£1.99m</b>



## Benefits Realisation

Achieving positive outcomes for people is central to the operation of the learning disability service and overall the model of operational delivery aims to achieve the following positive:-

- Reducing Restrictive Practices
- Reducing Health inequalities.
- Clear clinical pathways for efficient, patient centred services.
- A workforce that is skilled to meet the complex needs of the service population (whole systems approach to workforce planning).
- Closer to home/repatriation schemes to reduce commissioning of out of area/private provider services and reducing rate of growth of CHC spend.
- Environments that are fit for purpose to meet the complexities and challenging risk behaviours of the population.

Measures to monitor the impact as a consequence of service development are as follows:-

Objective	Measure	Standard

***[Note: The SLA group are looking at outcomes and performance measures which it is suggested can agree the specific measures for benefits realisation]***

## Longer term plan:

### Medium term development

An interim position will provide time and space for actions to meet long term service need which relates to the first purpose built facilities across community and inpatient care for learning disability care since the decommissioning of the long stay hospitals in the 1990s. This will require a capital programme and business case development in order to deliver our long term plan for the Service (appendix 4).

The NHS will continue to provide acute inpatient care for people with a learning disability with co morbid severe mental illness and challenging behaviour due to vulnerability and learning disability specific needs.

Meeting the needs of ongoing behaviour that challenges and providing care to people with forensic needs will be a low volume high cost activity and the NHS is best placed to meet these complex needs directly.

Fulfilling this would see the development of two purpose built Hubs (East and West) covering the three Health Board areas which will require a capital business case to be agreed by Welsh Government.

Each Hub would provide a small facility with a number of self-contained units, sized according to assessed future demand and with flexibility to deliver multiple purposes. The units would employ technology and resources to be robust in structure and designed to be suitable for the cohort of patients who will require the services over the coming decades.

There would be flexibility related to the number of patients within the units depending on acuity and service compatibility issues. One unit will be an acute admission unit whereas, another would also have a seclusion suite for use when required. A multi-disciplinary approach to assessment and intervention will maximise the therapeutic approach.

Each Hub is likely to have people with similar needs e.g. males with severe ASD; forensic patients; personality disorder however, these will be supported through skilled MDT working and careful bed management to enable acute and planned admissions for people to flow freely through the system and enable timely discharge into the community when appropriate.

The Hub sites would also provide a mix of community staff to enable a fluid use of workforce between the inpatients and the community and also between the individual units. This will allow rapid response to changes in staffing needs.

There are actions required within the next 3 years for commencing planning for the development of a capital programme supported by all three Health Boards to secure support from Welsh Government. This is referenced in the project plan.

#### Timescales for change:






Objectives included in this report have been set realistic timescales for completion which has been outlined in the Gantt chart embedded below. This chart reflects the complexities associated with achieving our short and long term plans and reflects the importance of embedding an interim plan as the vehicle to transforming our services from their current to long term future state (appendix 5).

#### Recommendations for endorsement:

- That the Long term vision for Specialist Learning Disability service provision is in line with National and local strategies.
- Recognition of need for interim 3 year plan to move the modernisation agenda forward
- Agreement of the areas for development and timescales set out within the three year plan



## Appendices:

Appendix 1: Joint commissioning statement	 18 08 Specialist Adult Learning Disal
Appendix 2: Coupland review	 Review of Comm LD Teams - Tim Couplar
Appendix 3: Coupland Summary – our response to Coupland (2020)	 CTLD report final.docx
Appendix 4: Long term vision for Learning Disability Services	 Presentation to exec board August 2022.ppt
Appendix 5: Milestone projected timelines	 Milestone projected timelines vs2.xlsx

<b>(Agenda Item)</b>	<b>(2.11.2022)</b>	<b>(Population, Health &amp; Partnerships Committee)</b>	<b>Resilient Families Service (RFS): Evaluation 2</b>
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Report Details:	
FOI Status:	Please select: <b>Open</b>
If closed please indicate reason:	
Prepared By:	Jane O’Kane
Presented By:	Jane O’Kane
Approving Executive Sponsor:	Linda Prosser
Report Purpose	Please Select: <b>For Noting</b>
Engagement undertaken to date:	Evaluation workshops were held by ISOS Partnership in July 2022 with stakeholders from across health, Local Authority and 3 <sup>rd</sup> sector

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Improved patient experience and outcome
Related Health and Care Standard	Accountability
Has an EQIA been undertaken?	No – Not Applicable
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health



# Starting Well Strategy Group update: Resilient Families Service (RFS) Evaluation Stage 2

## Background

- Integrated approach to early years service model– ambitious collaboration between RCT Local Authority and the Health Board (Initial development:2018 PSB with WG via Co-construction Programme)
- Underpinned by model of *Universal progressivism* & UHB added 2 HCWP contacts
- Approach moved away from geographical allocation of services (Flying Start:UHB-Mat/HV & SALT) to one where services are allocated according to need with clear focus on resilience
- Progressed with oversight thro Early Years Transformational Board
- Piloted during Covid wave RFS was launched in Oct 2020

# Starting Well: *RFS* alignment with our priorities

## Starting Well Agreed Ambitions

- Infants and children reach their full health and wellbeing potential.
- Families are resilient and are able to access the advice and support they need in the right place at the right time.
- Children are ready for entry into Nursery at age 3 and have confidence in their own abilities.
- A regional multi-agency vision for Early Years provision is in place that is focused on positive outcomes for children.

# The Evaluation

- Governance & leadership
- Service configuration
- Staff understanding & skills
- Interface across organisations
- Information systems & Data
- Culture

# The Evaluation: Overarching issues & recommendations

cwmtafmorgannwg.wales

Key areas	Governance & Leadership	Cross organisational working	Staff skills & understanding	Information & Data	Culture
<b>Overview of findings</b>	<p>Strong &amp; continued commitment from PSB &amp; Snr leaders</p> <p>Clear focus upon improving resilience</p>	<p>Positive but impeded by COVID &amp; associated workforce changes</p> <p>Positive feedback to joint Management / agency training</p>	<p>Reported positively but reinforcement of processes required (due to COVID &amp; workforce)</p>	<p>Duplication (LA) as lack of national outcome / indicators</p> <p>Poor data quality from Health Visitors (paper based)</p>	<p>Ongoing challenges to pursue but overall positive change management</p>
<b>Recommendation</b>	<p>Renewed focus needed for Management Operational group</p>	<p>Continue to develop <i>Vulnerability profiling</i> to refocus resilience vs Need</p> <p>Ongoing training</p>	<p>Resetting of overall objectives</p> <p>Referral &amp; assessment process to be re-visited (LA &amp; UHB)</p>	<p>All Wales Early Years Framework required (WG)</p> <p>Data improvement &amp; development (UHB)</p>	<p>Develop suite of supporting staff information</p> <p>Joint workshops</p>



# Impact and Key Findings

- *Over 60% of respondents said they strongly agreed or agreed that RFS is currently helping more RCT families get the right support at the right time.*
- *The figure rose to over 80% when respondents were asked to rate their confidence that RFS would deliver the right support at the right time in future*

- Puts the child at the centre of support.
- Focuses on improving resilience
- Parents/families can self-refer.
- A keyworker (Intervention Worker) identified for all families accessing support
- Flexible model with extension of interventions.

# Moving Forwards

## Resetting

- Workshops to review evaluation outputs with the teams.
- Agree approach to continue to build operational team alignment

## Parent /Family Engagement

- Development of Starting Well Engagement approach to align with RFS activity building on CTM 2030 engagement work programme.
- Development of RFS parent champions.

## Performance and Data management

- In light of WCCIS challenges – develop CYPRIS within the UHB to improve data quality / reporting / analysis and determination of the **so what?**
- Align the resilience assessment tool (FRAIT) within Vulnerability Profile.



*"Our own recent research in England has highlighted that making big change happen in this space is typically a three-to-five year endeavour, as integration involves relationships between multiple systems with many moving parts. Given the scale of ambition of the RFS service, we think the progress made already in early intervention integration puts RCT ahead of many local areas."*

*Beyond Boundaries (2022) <https://bit.ly/BeyondBoundariesLondon>*



## Recommendation:

## The Board or Committee are asked to:

- *Note the evaluation findings presented*
- *Note the implications from the RCT LA based pilot with regards to ensuring equitable health service offer across CTMUHB (pending WG review of Evaluation)*



**AGENDA ITEM**

7.1.2

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**Public Service Board Report**

**Date of meeting**

2<sup>nd</sup> November 2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

Sara Thomas – Interim Deputy Director Public Health from information provided by Kirsty Smith, PSB Officer

**Presented by**

Kelechi Nnoaham – Executive Director Public Health

**Approving Executive Sponsor**

Executive Director of Public Health

**Report purpose**

FOR NOTING

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

**Committee/Group/Individuals**

**Date**

**Outcome**

Choose an item.

**ACRONYMS**

CTM

Cwm Taf Morgannwg

PSB

Public Service Board

**1. SITUATION/BACKGROUND**

- 1.1 Cwm Taf and Bridgend Public Service Boards (PSB) were separately established in 2016 as one of the requirements of the Wellbeing of Future Generations 2015 (Wales) Act.



1.2 Their responsibilities include:

- Assessing the state of economic, social, environmental and cultural well-being.
- Setting objectives that are designed to maximise the PSB partners contribution to the social, economic, environmental and cultural well-being goals outlined in the Act.
- Doing this in accordance with the sustainable development principle and the impact they could have on people living their lives in Wales in the future.

1.3 Whilst there are currently two Public Service Boards in operation, work is well under way to combine these into a single CTM PSB to align to the boundary of the health board and enable them to be more effective and more joined-up in their work.

1.4 Public Services Boards are required to undertake and publish an assessment of the state of economic, social, environmental and cultural well-being in its area no later than a year before it publishes its local well-being plan.

1.5 The Board must explain in their local well-being plan how their local objectives and any steps they propose to take have been set with regard to any matters mentioned in the assessment and should be reassured that those objectives are sufficiently robust to stand up to local scrutiny.

## 2. Specific areas for consideration

2.1 Bridgend and Cwm Taf PSBs collaborated to produce the Assessment of Well-being for the region, and also worked with the Cwm Taf Morgannwg Regional Board (RPB) in engaging with the communities that we all serve to inform the work

2.2 The [Cwm Taf Morgannwg Well-being Assessment](#) was published bilingually and in line with statutory deadlines.

2.3 The findings from the Assessment have been used to inform stakeholder sessions carried out across CTM. A statutory 14-week consultation period was also undertaken with colleagues from the Office of the Future Generations Commissioner.

2.4 The feedback from this consultation and the stakeholder sessions was reviewed by the support teams for the two PSBs and a framework was created.



- 2.5 The framework (Annex 1) outlines the two proposed priority areas for the Objectives, i.e. 'Safe' and 'Green'. These priority areas were endorsed by the PSB on 18 October 2022. The framework also sets out commitments for the PSB in how it will work, broadly in line with the Ways of Working set out under the Act.
- 2.6 At the same PSB meeting Members supported taking a 'Health Impact Assessment' approach to writing the Plan which was a recommendation from the Office of Future Generations Commissioner.
- 2.7 A report accompanying the framework (Annex 2) also laid out recommendations to the Board in terms of the merger. A session has been planned with Professor Keith Moultrie on 15 November 2022 to consider the form and function of the new merged PSB.
- 2.8 PSB support officers successfully applied for additional funds from Welsh Government to support the merger process and this session will provide the opportunity for Members to consider the form, function, structure, and membership of a regional PSB as well as the support requirements moving forward.
- 2.9 It is the intention for the PSBs to be formally merged ahead of the publication of the Well-being Plan in May 2023. The 15 November session will be integral to maintaining this schedule (Annex 3).

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

- 3.1 No specific risks are identified in this paper

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Staying Healthy
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	



<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Creating Health

## 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the activities of the Public Service Boards and progress in merging to form one Cwm Taf Morgannwg PSB by May 2023.



## CWM TAF PUBLIC SERVICES BOARD (PSB)

Date 18 October 2022

### Item 9: Draft Objectives 2023 – 2028 and Board Merger

<b>Author/s:</b>	<b>Bridgend and Cwm Taf PSB Support Officers</b>
<b>Contact:</b>	<b>Kirsty Williams, <a href="mailto:Kirsty.smith3@rctcbc.gov.uk">Kirsty.smith3@rctcbc.gov.uk</a></b>
<b>Classification:</b>	<b>None</b>
<b>Reason for exemption:</b>	<b>N/A</b>

## 1. PURPOSE OF REPORT

To provide Members of Bridgend and Cwm Taf PSB with a summary of the work done to date in drafting the regional Well-being Objectives for Cwm Taf Morgannwg, drawing on learnings from the [Cwm Taf Morgannwg Well-being Assessment](#) and stakeholder sessions.

To provide Members with an update on bringing together the two Public Services Boards and gain commitment for the proposed next steps for the merger and development of the Cwm Taf Morgannwg Well-being Plan 2023 - 2028.

## 2. RECOMMENDATIONS/TASK

Members are asked to:

1. Agree to the framework set out below (appendix one) based on the demonstrated evidence base from the Assessment and stakeholder sessions.
2. Consider the two thematic areas identified and agree to them as the basis for the regional Well-being Objectives for 2023 – 2028. Consider the draft wording.
3. Agree to using a Health Impact Assessment approach to developing the Plan and to the creation of a working group to support this, ensuring PSB commitment and ownership (nominations to PSB Officers by 28 October).
4. Ensure attendance (or that of an appropriate representative) at 15 November session to consider structure, form and vision for the merged PSB.
5. Commit to the engagement and involvement work needed for the development of the Plan.

## 3. BACKGROUND

**3.1** Ahead of the publication of the Cwm Taf Morgannwg Well-being Plan 2023 – 28, the PSB needs to develop its Well-being Objectives. Based on learnings from the Assessment, conversations with our communities, dialogue with other partnership structures (such as the Regional Partnership Board), consultation with the Office of Future Generations Commissioner and feedback from stakeholder sessions, there have been two clear emerging priorities around ‘Safe’ communities and ‘Green’ communities – see appendix one.

**3.2** We ask that Members consider these thematic areas and agree to them as Objectives for the region. The framework set out in appendix one demonstrates the evidence base for arriving at these Objectives under the over-

arching ambition of creating ‘A more equal Cwm Taf Morgannwg’. We would welcome discussion for the wording and language used for naming and describing these Objectives to be used in both the Plan and in engagement work.

**3.3** We have met with colleagues from Public Health Wales and have been offered support in taking a Health Impact Assessment approach to develop the Plan. We believe that this approach will encourage broader system-wide thinking and considerations of the wider determinants of health. It will also help us to understand the health and well-being impacts and consequences that our Objectives, and the steps we take to meet them, could have. A practical guide to Health Impact Assessments has been included in the Information Papers pack.

We ask that Members approve this approach and nominate officers to be part of a working group to support the drafting of the Well-being Plan. This will ensure that buy-in, commitment and ownership of the Plan from across the partnership.

- 3.4** A joint planning workshop is scheduled for 15 November to:
- consider the experience of both Boards about what they have learnt about governance, terms of reference, meeting arrangements, working and business support, engagement and communications.
  - propose and agree initial working arrangements for the joint board drawing on these lessons.

This will be a vital session for the creation of one, regional Cwm Taf Morgannwg Public Services Board operating in early 2023 ahead of the publication of the Well-being Plan by May 2023. We urge Members to attend the session, or in the event of being unavailable to ask an appropriate colleague to attend as your representative.

**3.5** As Members will be aware, as a region we were successful in securing support from Coproduction Network Wales for a five-year project. This started with the Well-being Assessment and continues as we develop the Plan. We are committed to improving how we involve and work with our communities to draft and deliver on the Well-being Plan. As per the timeline created for the Plan, we will be starting statutory consultation in November following approval of the Objectives and ask that Members consider how they can support this involvement work.

Action	Start Date	End Date
Agree a set of draft local objectives (based on the assessment of well-being) (3 monthly sessions plus 4 weeks drafting)	06/5/22	31/7/22
Drafting and seeking advice from Commissioner (14 weeks)	1/8/22	7/10/22
Community and Stakeholder Involvement (14 weeks)	1/8/22	7/10/22
Final draft (4 weeks)	7/10/22	4/11/22
Statutory Consultation (12 weeks)	7/11/22	27/1/23
Analysis and final drafting and sign off by PSB (approx. 6 weeks)	30/1/23	10/3/23
Formal approval at meetings of the statutory members (4 weeks)	13/3/23	7/4/23
Translation and publication (3 weeks)	10/4/23	28/4/23

Along with colleagues from the Coproduction Network, we will be holding a workshop to bring together communication and engagement leads from across the region and partnerships, as we did with the Assessment. We ask that Members commit to this approach and identify relevant colleagues within their organisation and networks to involve.

#### 4. CURRENT AND FUTURE REQUIREMENTS

The publication of a Well-being Plan by May 2023 is a statutory requirement for Public Services Boards. The recommendations set out in this paper detail the requirements needed from the partnership to meet this requirement and achieve the intention of being one Cwm Taf Morgannwg in early 2023.



## 5. CONCLUSION

Members are asked to:

1. Agree to the framework set out below (appendix one) based on the demonstrated evidence base from the Assessment and stakeholder sessions.
2. Consider the two thematic areas identified and agree to them as the basis for the regional Well-being Objectives for 2023 – 2028. Consider the draft wording.
3. Agree to using a Health Impact Assessment approach to developing the Plan and to the creation of a working group to support this, ensuring PSB commitment and ownership (nominations to PSB Officers by 28 October).
4. Ensure attendance (or that of an appropriate representative) at 15 November session to consider structure, form and vision for the merged PSB.
5. Commit to the engagement and involvement work needed for the development of the Plan.

## A More Equal Cwm Taf Morgannwg

Our Well-being Assessment told us that the communities in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have a lot to be proud about. However, not all communities have fair access to opportunities and face different challenges that impact on well-being. We've taken learnings from the Assessment to identify two areas where we will work together locally to tackle these inequalities in relation to our lifestyles, our communities, and our environment to improve the well-being for people living here now and building towards a fair future.

### In delivering the Plan, the PSB commits to:

- Involvement and citizen voice shaping design and provision, maximising opportunities for working with Coproduction Network.
- Members acting as anchor organisations (assets, workforce, procurement practices).
- Establishing a *regional* governance (based on form and function "spirit of Covid") that drives *local* delivery (based on need and improving equity) and campaigns at a *national* level on behalf of our communities.
- Knowing: Improving intelligence across the region, agencies and partnerships. Understanding the wider determinants of health and behaviours.
- Systems thinking and being outcome focused.

### Objective One: SAFE

#### Example wording

Cohesive Communities  
Belonging, Connecting  
Living well

Communities feel safer and fairer for everyone

#### Outcome / Future Ambition:

Communities are safe, inclusive and feel cohesive (for everyone living, working, and visiting there / where people are happy and healthy)

Healthy local neighbourhoods

### Objective Two: GREEN

#### Example wording

Sustainable Communities  
Protecting  
Living a sustainable life

Valuing and using what we have (responsibly),  
changing what we can

#### Outcome / Future Ambition:

Communities are managing the impact of climate change in their area (and preventing the emergency getting worse)

Sustainable and resilient local neighbourhoods

<p><b>From our workshops</b></p> <ul style="list-style-type: none"> <li>• Community ownership of local assets, spaces, decisions</li> <li>• Local businesses, supporting town/community centres/ keep spend local</li> <li>• Social prescribing, wellbeing on the doorstep, community support</li> <li>• Local culture, valuing distinctive, diverse expressions of culture, sport, music etc. tourism offers</li> <li>• Free local opportunities to come together</li> <li>• Impact of substance misuse, violence, domestic violence in our communities.</li> <li>• Young people feeling part of the community</li> <li>• Opportunities to come together, be outside together</li> <li>• Fun on the doorstep – local activities, community activities, cultural opportunities, local tourism offer</li> <li>• 20-minute neighbourhoods</li> </ul>	<p><b>From our workshops</b></p> <ul style="list-style-type: none"> <li>• Transport and service planning that means that much of what we need is accessible locally, hubs, active travel, connected communities, digital inclusion</li> <li>• Local food, accessibility of affordable food, local growing, local producers</li> <li>• Acting locally to improve places for nature and enhance biodiversity</li> <li>• Reducing pollution and waste</li> <li>• Future skills</li> <li>• Learning about living healthily, locally, sustainably</li> <li>• Access to healthy choices locally</li> <li>• Physical activity opportunities, local activities, green spaces</li> <li>• Staff health and wellbeing</li> </ul>
<p><b>From our Well-being Assessment</b></p> <ul style="list-style-type: none"> <li>• Percentage of ethnic minority groups in the area is lower than Wales average</li> <li>• Pride in place (who we are and where we've come from)</li> <li>• Young people don't feel listened to.</li> <li>• Men most likely to feel safe, over 75s least likely. Perceptions of increase in crime in least affluent areas</li> <li>• Sept 2019 – Aug 2020 more reports of DA</li> <li>• Belonging, cultural well-being of communities</li> <li>• Volunteering</li> <li>• Welsh language and culture, eisteddfod</li> <li>• "Cost of living is going up but my wage isn't". Men earn more than women</li> <li>• Quality of rented accommodation was low. Buying houses was linked to feelings of security.</li> <li>• Socialising linked to mental health</li> <li>• Dementia rates likely to increase</li> <li>• Ageing population, fewer younger people</li> <li>• Balance of data showing poverty but people showing pride</li> <li>• Transport links are needed for people to socialise and use leisure and arts, and jobs</li> <li>• Safe affordable leisure is important</li> <li>• Affordable childcare will help people into work.</li> <li>• Equal opportunities: More people with disabilities want to enter work and have opportunities, carers and young people</li> <li>• Mental ill health higher in least affluent areas. Worrying about money is one of the biggest contributors to poor well-being</li> </ul>	<p><b>From our Well-being Assessment</b></p> <ul style="list-style-type: none"> <li>• Concerns that changing population puts pressures on the environment, and changes housing needs</li> <li>• Volunteering</li> <li>• Industrial past shaping our future: opportunities and challenges</li> <li>• Successfully attracting investment due to nature</li> <li>• Used green spaces more during Covid. Those less well off used green spaces less</li> <li>• 40,000 properties at risk from flooding and likely to increase</li> <li>• Biodiversity needs strengthening</li> <li>• Using resources better, costliness of flytipping</li> <li>• Quality housing will help with heating, fuel poverty, noise insulation and exposure</li> <li>• Green spaces are valued for family time</li> <li>• Responsible planning, including fast food outlets (littering)</li> <li>• Success of food prosperity networks</li> <li>• Increasing number of people in work have an income below the poverty line</li> <li>• High levels of diabetes, more men than women. Levels of obesity are high in all age groups (South Cynon intervention pilot).</li> </ul>

<p><b>Our communities told us: local voices</b></p> <ul style="list-style-type: none"> <li>• The importance of socialising – reduced loneliness and contributions to good mental health</li> <li>• Role of communities on mental and physical well-being</li> <li>• The ability to socialise was noted as being beneficial to specific groups including parents of disabled children and adults.</li> <li>• Access of leisure (and entertainment) featured prominently. Safe, affordable leisure important – and the transport to get there.</li> <li>• Importance of family, friends and social cohesion. Good relationships increased community participation.</li> <li>• Generational opinions of ‘acceptable behaviour’ and ‘respect’</li> <li>• Promotion of Welsh language and culture important. Pride in cultural identity.</li> <li>• Need for safe spaces for younger people.</li> <li>• Equality in employment</li> <li>• Importance of belonging</li> <li>• A living wage would improve people’s standard of life. Better jobs out of area, and employment needed for self-esteem and independence.</li> <li>• Training and skills linked to prospects and confidence.</li> <li>• Investment in town centres and high streets important</li> <li>• Negative perceptions (of the area) impact on people’s well-being</li> <li>• Crime rates, ASB and drugs were a cause for concern. Desire for increased police presence, lighting and CCTV</li> </ul>	<p><b>Our communities told us: local voices</b></p> <ul style="list-style-type: none"> <li>• More can be done about recycling: awareness (soft plastics) and personal responsibility</li> <li>• People feel fortunate for the green spaces on their doorstep and use them for a range of reasons, inc mental &amp; physical health</li> <li>• Poor pathways and maintenance are a barrier to people using the outdoors.</li> <li>• People talked about climate change, but in the context of flooding and flood prevention</li> </ul> <p>Quality of (rented) accommodation</p> <ul style="list-style-type: none"> <li>• Issues of safety outside were linked to environmental wellbeing. Spaces feel less safe after dark.</li> </ul>
<p><b>From the previous Plans / since 2018 / Building on:</b></p> <ul style="list-style-type: none"> <li>• Community Safety Partnerships</li> <li>• Workforce wellbeing</li> <li>• Community Hubs</li> <li>• Healthy Weight Healthy Wales</li> <li>• Community response to Covid (and Cost of Living)</li> <li>• Connected Communities Strategy and Loneliness and Isolation development officer role</li> </ul>	<p><b>From the previous Plans / since 2018 / Building on:</b></p> <ul style="list-style-type: none"> <li>• Green Networks</li> <li>• Social prescribing</li> <li>• Carbon Zero Plans</li> <li>• Area Statements</li> </ul>

## Annex 2

# Cwm Taf and Bridgend PSBs Joint Planning Workshop 15 November 2022

## 1 Introduction

Cwm Taf and Bridgend Public Service Boards (PSB) were separately established in 2016 as one of the requirements of the Wellbeing of Future Generations 2015 (Wales) Act. Their responsibilities include:

- Assessing the state of economic, social, environmental and cultural well-being.
- Setting objectives that are designed to maximise the PSB partners contribution to the social, economic, environmental and cultural well-being goals outlined in the Act.
- Doing this in accordance with the sustainable development principle and the impact they could have on people living their lives in Wales in the future.

They are currently exploring how they might best merge their responsibilities and their tasks under one single PSB to enable them to be more effective and more joined-up in their work. Plans are developing well. Colleagues are currently working towards a joint wellbeing plan, and it is intended that an initial meeting of the joint Board will take place in early 2023. Prior to this, a workshop is planned on 15 November for members of both PSBs to consider future governance and working arrangements.

## 2 Workshop purpose and deliverable

The purpose of the workshop is:

- To share the experience of both Boards about what they have learnt about governance, terms of reference, meeting arrangements, working and business support, engagement and communications.
- To propose and agree initial working arrangements for the joint board drawing on these lessons.

Following the workshop the discussions will be written up into a set of working arrangements for the joint board members to review at their first meeting and hopefully adopt to steer it for the first year of operation.

## 3 Workshop programme

The following programme for the workshop is proposed:

**Part 1: Introduction and overview**

- Welcome and Introductions – Chair (10 minutes)
- A brief overview of progress on the joint board to date including the joint plan (20 minutes)

**Part 2: A review of learning from both Boards**

- Introduction to review session and key areas to cover including governance, terms of reference, meeting arrangements and style, working and business support, engagement and communications (15 minutes)
- Small mixed groups to share learning (things to keep and things to avoid) and propose key elements of future working on flipchart (30 minutes)
- Plenary feedback on learning on flipcharts (30 minutes)

**Part 3: Future arrangements**

- Different small mixed groups to work up proposals for future working in key areas agreed in the plenary – one area per group (30 minutes)
- Plenary sharing and testing of proposals (45 minutes)
- Final review of work completed and to be done (15 minutes)
- Close and working lunch.

## 4 Logistics

- The meeting is planned for 9.30am to 1pm followed by lunch until 1.30pm on Tuesday 15 November
- It will be held at a venue to be agreed and attendance is face-to-face only.
- The space will need to include seating at tables (cabaret style) for up to 45 people
- We will need space to break the meeting into up to 6 small working groups during the morning.
- We will need one projector and one screen and up to 6 flipcharts or pads of paper and pens.
- It would be helpful for badges to be provided for participants and for a register to be kept of attendance.
- The workshop facilitation will be prepared, undertaken and written up by Keith Moultrie

## 5 Preparation

If the above outline is agreed then the following actions will be needed:

- Relevant materials on the draft plan and any other relevant materials or updates on progress sent to Keith.
- Keith prepare a set of slides to steer the meeting based on the above.
- Arrange a liaison meeting early November to confirm arrangements and key messages from Chair.

**Institute of Public Care**  
**6 October 2022**

## Annex 3

Bridgend and Cwm Taf PSBs collaborated to produce the Assessment of Well-being for the region, and also worked with the Cwm Taf Morgannwg Regional Board (RPB) in engaging with the communities that we all serve to inform the work

The [Cwm Taf Morgannwg Well-being Assessment](#) was published bilingually and in line with statutory deadlines.

The findings from the Assessment have been used to inform stakeholder sessions carried out in Bridgend College, led by Bridgend PSB, South Wales Fire and Rescue Service Headquarters, facilitated by Toby Rhodes, and a Three Horizons Futures workshop in the Orbit Centre in Merthyr Tydfil carried out with support from Natural Resources Wales. A statutory 14-week consultation period was also undertaken with colleagues from the Office of the Future Generations Commissioner.

The feedback from this consultation and the stakeholder sessions was reviewed by the support teams for the two PSBs and a framework was created. This outlines the two proposed priority areas for the Objectives, i.e., 'Safe' and 'Green' and how these areas were arrived at. Some draft wording for the Objectives were proposed to PSB Members for using in the draft Well-being Plan which is required for beginning consultation in November.

The framework also sets out commitments for the PSB in how it will work, broadly in line with the Ways of Working set out under the Act.

The framework was presented to PSB on 18 October for comment and there was no opposition to the priority areas.

At the same PSB meeting Members were asked to support taking a 'Health Impact Assessment' approach to writing the Plan which was a recommendation from the Office of Future Generations Commissioner. There was no opposition to the proposal.

The report accompanying the framework also laid out recommendations to the Board in terms of the merger. A session has been planned with Keith Moultrie on 15 November to consider the form and function of the new merged PSB. PSB support officers successfully applied for additional funds from Welsh Government to support the merger process and this session will provide the opportunity for Members to consider the form, function, structure, and membership of a regional PSB as well as the support requirements moving forward.

Timescales for developing the Well-being Plan are tight but so far on schedule:



## Progress Update: Bringing together the Cwm Taf and Bridgend PSB cycle going forward



Action	Start Date	End Date
Agree a set of draft well-being objectives based on the assessment of well-being (3 monthly sessions plus 4 weeks drafting)	06/5/22	31/7/22
Drafting and seeking advice from FG Commissioner (14 weeks)	1/8/22	7/10/22
Community and Stakeholder Involvement (14 weeks)	1/8/22	7/10/22
Final draft (4 weeks)	7/10/22	4/11/22
Statutory Consultation (12 weeks)	7/11/22	27/1/23
Analysis and final drafting and sign off by PSB (approx. 6 weeks)	30/1/23	10/3/23
Formal approval at meetings of the statutory members (4 weeks)	13/3/23	7/4/23
Translation and publication (3 weeks)	10/4/23	28/4/23

Bridgend PSB meets again in December but there are no scheduled meetings for either PSBs following this. The intention is to confirm a schedule of joint, or shadow, merged PSB meetings from early 2023 with a view to be formally merged ahead of the publication of the Well-being Plan by May 2023. The 15 November merger session will be integral to maintaining this schedule.

If there are any questions on the merger and planning cycles, please contact PSB Officers:

Kirsty Williams	Cwm Taf PSB	<a href="mailto:Kirsty.smith3@rctcbc.gov.uk">Kirsty.smith3@rctcbc.gov.uk</a>
Lisa Toghil	Cwm Taf PSB	<a href="mailto:Lisa.toghil@rctcbc.gov.uk">Lisa.toghil@rctcbc.gov.uk</a>
Helen Hammond	Bridgend PSB	<a href="mailto:Helen.hammond@bridgend.gov.uk">Helen.hammond@bridgend.gov.uk</a>



**AGENDA ITEM**

7.1.3

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**Cwm Taf Morgannwg Regional Partnership Board Annual Report 2021**

<b>Date of meeting</b>	2 November 2022
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Linda Prosser – Executive Director Strategy and Transformation
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<b>Presented by</b>	Linda Prosser – Executive Director Strategy and Transformation
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<b>Approving Executive Sponsor</b>	Executive Director of Strategy and Transformation
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<b>Report purpose</b>	FOR NOTING
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Regional Partnership Board	13/10/2022	ENDORSED FOR APPROVAL

**ACRONYMS**

CTM	Cwm Taf Morgannwg
RPB	Regional Partnership Board

**1. SITUATION/BACKGROUND**

- 1.1 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.

- 1.2 Annual plans are usually required to be published by 30<sup>th</sup> June each year however the report timetable was amended in the previous two years owing to continued pressures relating to the Covid-19 pandemic that required publication by the end of September.
- 1.3 Additional guidance was expected from Welsh Government for the 2021/22 report which delayed the development however this was never issued and RPB asked to develop plans based on last year's format.

### Specific areas for consideration

The report must

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

The format and delivery of the Annual Report should;

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

The Welsh Government would not expect to comment formally on the Annual Report.

The Annual report was approved by the RPB in their meeting on the 13<sup>th</sup> October 2022.

## 2. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

**2.1** The Committee are asked to note the requirements and the Annual Report.

## 3. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Staying Healthy
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Not required.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Creating Health

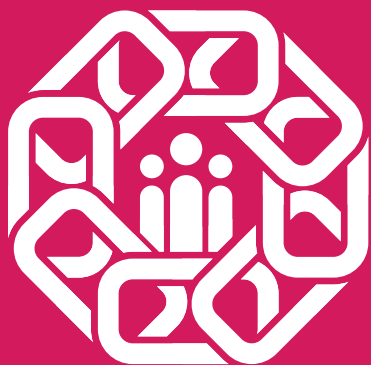
## 4. RECOMMENDATION

4.1 That the Committee **NOTE** the RPB Annual Report.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



**Cwm Taf Morgannwg**  
**Bwrdd | Regional**  
**Partneriaeth | Partnership**  
**Rhanbarthol | Board**

# **ANNUAL REPORT**

## **2021/22**





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# Foreword from the Chair

I am delighted to present the Cwm Taf Morgannwg Regional Partnership Board's annual report for 2021/22.

As a Regional Partnership Board we strive to make a difference to people's lives by involving them, listening and taking action together to transform the way services are delivered.

2021/22 continued to be a challenging year for health and social care.

As we move forward we must recognise the challenges and opportunities within our communities when looking at how we can improve services.

Our priorities include providing better care closer to home, supporting people to live independently, and improving provision of services.

To do this, we must continue to work effectively together in partnership, by developing integrated community services and teams that will meet the needs of the most vulnerable people in our communities.

Every person in our community has their own story to tell. Finding ways to empower, listen to and understand these diverse range of experiences is the only way we can truly understand what services and support is needed.

As members of Co-Production Network for Wales, we are committed to co-producing with our communities. Over the past year, we have led meaningful and creative engagement activities that help people from all backgrounds find their voice, and have a say about things that matter to them.

We are now in the process of working with these communities to create our Regional Co-Production Charter; a pledge and an action plan that empowers and gives shared responsibility to our communities, so we can have an equal, reciprocal and caring relationship when developing, running and evaluating services.

This work has influenced a number of key pieces of work that shape our future plans. We have used both community experiences and data to develop our Population Needs Assessment (PNA), Market Stability report (MSR), Social Value report and a Regional Integration Fund investment plan that sets out how resources will be aligned with the 6 models of care.

We welcome the increase in capital funding made possible through the Housing with Care Fund and are looking to build on the successful capital programme delivered across the region.

This report is a reflection of our achievements so far and is a solid base to build from.

We know there are many more challenges to come, but by working together with our resilient and passionate communities we can build a strong, sustainable future for Cwm Taf Morgannwg.



**Luke Takeuchi**

**Vice Chair of Regional Partnership Board**





## Highlights and achievements

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Engagement and communication remain a key focus for the Regional Partnership Board. We are committed to working with our communities to improve health, social care and wellbeing services. Creating an environment where people feel genuinely listened to, advocated for and involved.

In 2014, the Welsh Government published the Social Services and Well-being (Wales) Act 2014. The Act put a 'duty' on Local Authorities, Cwm Taf Morgannwg University Health Board and partners (including the voluntary sector) to think about the overall 'well-being' of people who use care and support services and the carers who help them.

As part of the Act, there was a requirement to jointly carry out an assessment of the care and support needs of our population and the needs of carers. The range and level of services required to meet those needs as well as the range and level of preventative services.

This year we worked with the Cwm Taf and Bridgend Public Services Boards to produce a **Population Needs Assessment** and Wellbeing Assessment. By working together with our residents and community groups, we can listen to and understand our communities' needs, and then recommend to Welsh Government what health, social care and wellbeing services should be created or improved over the next five years (2023-2028). It is important for us to ensure community experiences and stories directly influence decisions on health, social care and wellbeing services.

Over a period of 100 days we worked with our partners to gather lots of data on our local population, and undertook activities to help us have meaningful conversations with our residents. We heard about our communities' experiences, current needs and aspirations for the future so we can build on services that are working well, and also work together to address the challenges.

Through this work we gave people an opportunity to collaborate with song writers, artists, poets and story tellers to bring to life their experiences, feelings and ideas for the future.

At least 1,183 residents across Cwm Taf Morgannwg were engaged through a variety of different engagement methods, including engagement toolkits, group discussions, a roadshow, an online survey and a series of 'hack-a-thon' events. We included these experiences in our Population Needs Assessment. However, we also wanted to showcase these diverse range of stories in a meaningful way that would bring both communities and professionals together.

As a result, we launched 'Hear Our Voices', six powerful performances of songs and stories written by our communities to inspire positive change.

**You can watch our film below:**

<https://youtu.be/e-6vaUxIkM>



We were delighted to bring together health and social care leaders, residents and frontline staff to watch the performances.

Those attending included the Children's Commissioner for Wales; the office for the Older Person's Commissioner for Wales; Cllr Declan Sammon, Mayor of Merthyr Tydfil; Xander Payne, Youth Mayor, Bridgend; Deputy Mayor, Cllr William Kendall, and Deputy Mayoress, Mrs June Kendall; Kelechi Nnoaham, Director of Public Health, Cwm Taf Morgannwg UHB.

A separate report on 'Hear Our Voices' will be available soon.

In addition to a Population Needs Assessment, we are required to prepare and publish market stability reports (Section 144B of the Social Services and Well-being (Wales) Act 2014).

The Market Stability report will help inform and shape the next five-year area plan which will set out the priorities for delivery to address needs.





# Role and purpose

Regional Partnership Boards have been established as part of the Social Services and Wellbeing Act Wales (2014) to improve the well-being of the population and improve how health and social care services are delivered.

It is important people are able to live happy and healthy lives for as long as possible. To ensure this happens, Welsh Government has recognised the need to bring health and social care together, so that services can be developed around the needs and preferences of individuals.

To meet this ambition, Welsh Government has developed a strategy called '**A Healthier Wales**', which outlines a plan to develop better health outcomes for people of all ages and backgrounds.

We support this plan by bringing together partners from health, social care, education, housing, third sector and the private sector. These partners work together strategically to develop approaches that will create better health, social care and wellbeing services.

You can see who sits on our RPB here.

<http://www.ctmregionalpartnershipboard.co.uk/wp-content/uploads/2022/09/Cwm-Taf-Morgannwg-Regional-Partnership-Board-Membership.pdf>



# Vision

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

#ByYourSide

# Values

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Cwm Taf Morgannwg Regional Partnership Board have worked to identify core values, that strengthen our commitment to providing the best services to people at the right time and place, which are:

## Inclusivity:



**Our work is led by our communities and we commit to ensuring everyone has the opportunity to be involved.**

## Equality:



**We believe in creating a fair and equal society. Every person should have access to services that support them to live happy and healthy lives.**

## Integrity:



**We promise to be honest, open and transparent in everything we do.**

## Collaboration:



**Our communities are at the heart of what we do. We will continually work in partnership with local people to design and deliver services to ensure they are receiving the right support and services.**

## Innovation:



**We will do things differently to better work with and support local communities.**

# Governance Structure



\*There are a number of subgroups that support and feed into the established boards.



# Cwm Taf Morgannwg Regional Priorities

The regional Adults and Children's Service Boards have identified a number of key themes as a focus for priority work streams.



For the regional **Children's Service Board** the priorities are:

## **Developing an integrated approach to accommodation and care and support for those children with complex needs**

- To develop Regional Integrated Children's Residential Accommodation for children and young people for young people with complex emotional needs.
- Review of existing collaborative arrangements between health and social care for support packages for children and young people with complex needs.
- Commission regional multi-agency Placement Support Service for Children Looked After.

## **Integrated approach to promote emotional and physical resilience in children and young people**

- Implement Early Help and Support Framework (NEST Model).
- Develop mobile phone app, to improve communication between social care staff and children looked after.



For the regional **Adult's Service Board** the themes and priorities are:

## **Care Homes**

Consider and implement recommendations from the market stability study for residential and nursing care for older people.

The study gathered an extensive body of quantitative and qualitative data on the residential and nursing care home market for older people in Cwm Taf Morgannwg. It examined the challenges and opportunities from the three main perspectives, namely providers (independent and local authority-owned homes), commissioners and operational staff, and the public, including families of residents.

## **Optimum Model for Community Services**

- Implementation of Optimal Model for community services
  - To review best practice, and the learning from the transformation programmes, to develop an optimal and financially sustainable operating model across the region as part of a single regional programme.
- Dementia Action Plan
  - To oversee local implementation of the key actions in the national and local Dementia Action Plan.
  - To review services to ensure that they meet the All Wales Dementia Care Pathway of Standards (March 2021)
- Discharge to Recover and Assess (D2RA)
  - Implementation and Monitoring of the Winter Protection Plan including the D2RA

# Learning disabilities priorities

(led by Our Voice Matters, a RPB funded project.)

Across CTM we undertook an extensive consultation with people with learning disabilities, their families and carers and services that support them to review the existing priorities. The outcome of these exercises informed the development of a new set of priorities for learning disabilities, which will inform service priorities moving forward. The following 10 priorities were identified:



# Co-production

Co-production is a working model that allows for the re-balancing of power structures. It creates a level playing field that opens opportunity for diverse and uniquely qualified minds to come together, discuss and identify shared solutions to overcome any issues, problems or barriers that may exist, whilst driving improvement across all areas of the Health and Social Care sector.

In practice, co-production involves people with lived experiences (users of services) working alongside other key stakeholders as equals to make collective decisions and inform positive change that benefits all in a meaningful and purposeful way.

A report has been written by the Our Voice Matters project to highlight good examples of co-production in our region.

You can see this here:

**Our-Voice-Matters-CO-PRODUCTION-IN-CRISIS**

As an RPB, we are members of Co-Production Network for Wales and four members of our Regional Commissioning Team are now co-production champions.

We are committed to working with our communities to improve health, social care and wellbeing services, and will be working with our partners to develop a Co-Production Charter and plan that will create an environment where people feel genuinely listened to and advocated for.





Regional Involvement Pathway

In 2020, we commissioned Co-Production Network Wales to support us in creating a Regional Involvement Pathway, which will ensure there is genuine representation from our priority groups at local, regional and national levels. The Regional Involvement Pathway will ensure our communities’ voice is advocated for at Regional Partnership Board level, and equally feedback from the RPB is fed into community groups. The Regional Involvement Pathway will include a support mechanism for community advocates to create an equal and reciprocal environment.

We created a podcast series called ‘CTM Community Voices’ to bring to life the voices of our community.

This can be listened to [here](#).



# Integrated Care Fund (ICF) Capital Programme

£5,771,000 of ICF capital funding was invested across the region during FY 21/22, seeing investments into both large scale and smaller discretionary capital projects, benefitting a wider range of residents, including older people, people with learning difficulties, children with complex needs including children looked after, care leaving and children's disabilities. The development of a wide range of large-scale capital schemes will support and provide housing and accommodation models of care which enable vulnerable people to live independently or regain independent living via intermediate care settings and provide care for children looked after and those leaving care.

## Progress under the Main Capital Programme (MCP)

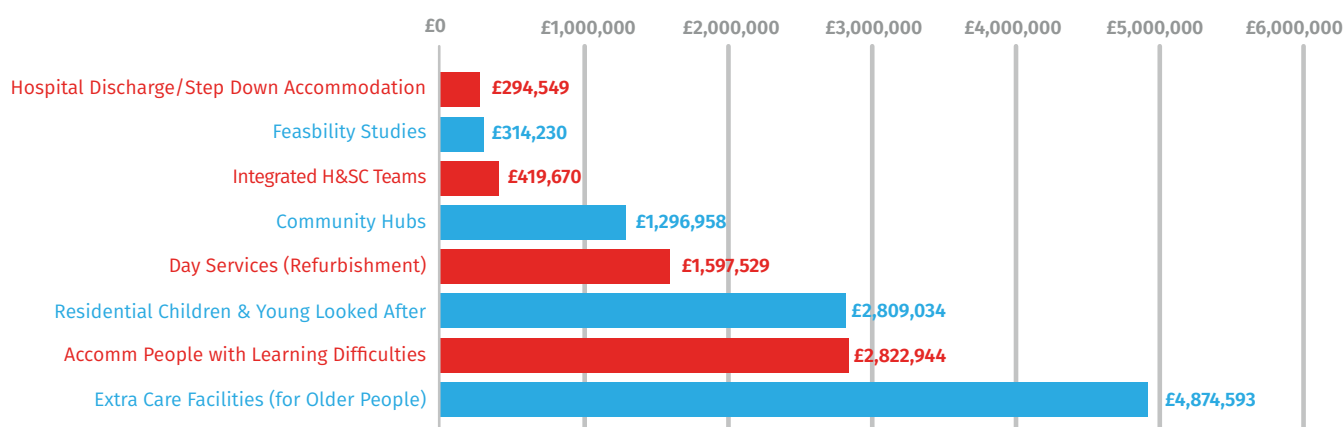
The majority of large scale projects saw significant delays caused by COVID-19-during FY 20/21 which impacted on progress during to schemes in FY 21/22. However, the majority of large scale projects are progressing with revised completion dates expected during FY 22/23. Progressing schemes include:

- Extra Care accommodation facilities for older people in Porth.
- Accommodation for people with learning disabilities, in Tonypanydy
- Children's residential accommodation for care leavers aged 16+ years, who otherwise would become homeless, in Rhondda Cynon Taff.
- Children's residential placement hub, in Bridgend, which will provide a range of accommodation options, including the ability to assess children's accommodation and care needs, short term accommodation on site prior to finding longer term permanent term accommodation.
- Supported living accommodation in Merthyr Tydfil for care leavers aged 16+, sited alongside a vocational training facility, which affords accommodation and training/employment opportunities for young people leaving care.



The graph below brings together the investment made across the region during the past 4 years within Cwm Taf Morgannwg, under the large scale MCP Main capital programme:

**ICF MCP CAPITAL INVESTMENT FY 2018/19 TO 21/22**



## Progress under the Discretionary Capital Funding (DCP) Programme

Over 50 applications for funding for small scale projects were received by the Regional Unit, with the available funding initially being over-subscribed. However, priority projects were funded with a number of successful smaller schemes completed by March 2022.

These included:

- 2 x newly created children's residential accommodation at Hillsboro in Bridgend and Bryndar in Rhondda Cynon Taff.
- Small refurbishment of a British Sign language room with a third sector agency, allowing people with hearing difficulties access to a bespoke fit for purpose facility where BSL sign language classes can be delivered amongst other services.
- Installation of wellbeing therapy outside facilities, allowing for the delivery of intensive therapeutic support in calm, specifically designed environments, promoting the wellbeing of children with complex needs and those with care experience.
- Purchase of a range of ICT and assistive technology for people with learning and physical disabilities.
- Installation of pool pod facilities allowing people with physical difficulties to access swimming pools and services in an inclusive manner within the community, promoting their health, wellbeing and independence.



**You can read about the refurbishment of Carnegie Child and Family Clinic below:**

<http://www.ctmregionalpartnershipboard.co.uk/wp-content/uploads/2022/09/Annual-report-case-study-Carnegie-Child-and-Family-clinic.pdf>



ICF capital ended 31st of March 2022 and was replaced but two further capital programmes (difference criteria):

Housing with Care (HCF) capital funding, with an allocation to Cwm Taf Morgannwg of £8.729M, which can be invested into 3 priority areas:

**Objective 1 –**

**Extra Care Schemes for older people and supported living accommodation for people with learning disabilities.**

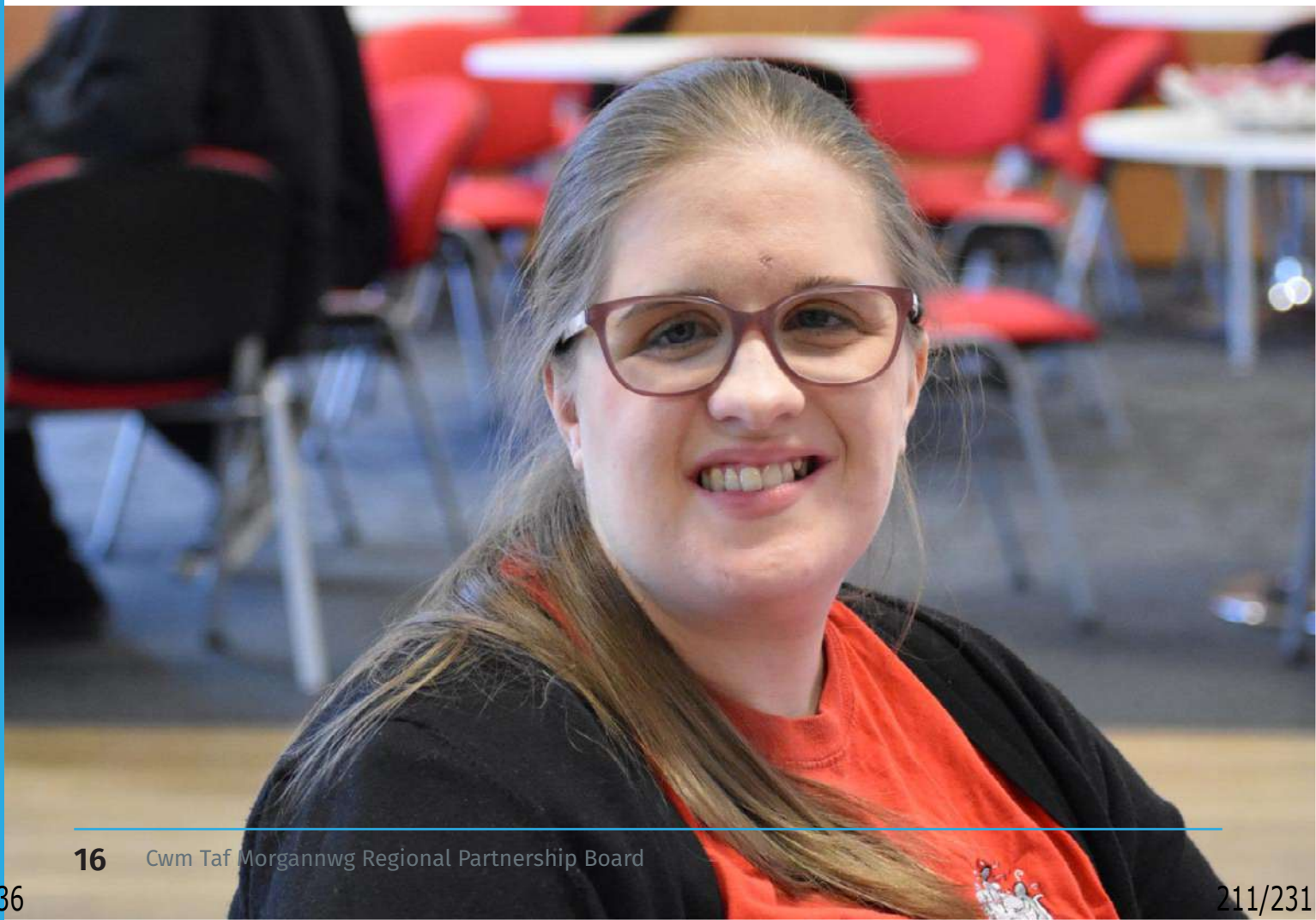
**Objective 1 –**

**Residential care for children with complex needs and other intermediate short term care facilities.**

**Objective 3 –**

**Small scale projects, refurbishment, equipment etc.**

Additional funding across Wales of £50M (Health and Social Care Integration and Rebalancing Capital Fund) will give opportunities across the region to develop integrated health and social care hubs and centres and support the re-balancing of residential care market and eliminating profit from children's residential care. Work to progress against the opportunities these further funding streams bring, will be progressed during FY 22/23.















# Integrated Care Fund Revenue 2021/22

ICF Revenue funding is used to support new or additional provision of services and ways of working. In Cwm Taf Morgannwg, the ICF Revenue Fund has been used to build on good practice, and increase the scale of effective integrated working across the region. In addition to this, we have also tested new models that will support the wellbeing outcomes of our communities.

The information below shows how ICF Revenue funding was spent during 2021/2022, and the impact on our communities.

## BREAKDOWN OF ICF REVENUE 2021/22

Stay at Home / Return Home = <b>£5,184,436</b> 	Access to Services = <b>£2,094,221</b> 	Early Help & Prevention = <b>£1,578,458</b> 	Dementia = <b>£1,211,164</b> 
Emotional Health & Wellbeing = <b>£1,115,666</b> 	Accommodation Solutions = <b>£1,119,141</b> 	Family Support = <b>£419,261</b> 	IAS = <b>£367,000</b> 
Social Prescribing = <b>£235,221</b> 	Regional Infrastructure and Commissioning = <b>£220,000</b> 	Assessment & Diagnosis (MAS) = <b>£459,514</b> 	

Investment for Key Welsh Government priorities:

- Regional spend = £5,048,073 (38%)
- Direct Support for Carers = £1,892,856 (15%)
- Social Value spend = £2,200,320 (16%)
- In-direct Support for Carers = £2,791,239 (21%)

## What difference has this funding made?

It's important we evaluate the impact of Integrated Care Fund support. Here are a series of examples that highlight how the fund has supported people across our communities:

 **Click below for more information:**

- Connecting volunteers with older people who feel lonely and isolated.
- Funding for Green Gym provided outdoor activities for young people with, or at risk of, poor emotional wellbeing.
- Giving children and young people a chance to have some fun during the pandemic.
- Befriending older people living in Cwm Taf

Does this need to stay - it was in last years? or does it need to be updated?



# Integrated Care Fund

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The Integrated Care Fund supports the below six priority areas.  
Click each one to see the impact the fund has had.

PRIORITY

1

Children at risk of becoming looked after



PRIORITY

2

People with Learning Disabilities /  
Children with complex needs / Carers



PRIORITY

3

Older People with Complex Needs



PRIORITY

4

People with Dementia Action Plan



PRIORITY

5

Integrated Autism Service



# Dementia

The Dementia Steering Group oversee the delivery and implementation of the Dementia Action Plan (DAP) for Wales across Cwm Taf Morgannwg; guiding and monitoring progress to coordinate the cross-cutting co-productive approach required across local statutory agencies, the third and independent sectors, service users and carers.

The DAP, which is currently undergoing an evaluation period, is supported by The All Wales Dementia Care Pathway of Standards (the standards) published by Improvement Cymru in 2021. 20 standards were identified for implementation which can be broadly disseminated into 5 work stream areas (below):

- Work Stream 1: Community Engagement
- Work Stream 2: Memory Assessment Services
- Work Stream 3: Dementia Connectors
- Work Stream 4: Hospital Charter
- Work Stream 5: Workforce development and measurements\*

\*Within CTM Work Stream 5 has been separated into 5a – work force development and 5b – measurements.

The standards have a two year delivery programme with 2022-23 seen as a preparedness year. There is an expectation that regions will deliver on the standards during the period 2023-25 led by the Dementia Steering Group supported by the work streams which sit underneath.

In order to support implementation of the standards each work stream will be expected to have a work plan on how they will seek to implement the standards associated with their area. There will be an expectation that they operate task and finish arrangements to respond to any areas of work assigned to them.

The Dementia RIF funding is managed through the CTM regional commissioning unit. Currently the Dementia RIF allocation for CTM is circa £1.7M which is committed to funding a



range of projects to support people living with a dementia. There were a total of nine projects funded through the Dementia Action Plan including a specialist dementia intervention team, an occupational Therapy Memory assessment, an integrated day service and a range of community capacity grants delivered by the third sector. A number of short term projects were also funded through the Memory Assessment funding.

Moving forward it has been made clear that the Dementia RIF needs to be aligned to implementation of the standards. Welsh Government (WG) are seeking to implement robust outcome monitoring of projects in order that the effectiveness of the grant funding can be assessed and reported. Within CTM we are also seeking to ensure parity of service across the region.

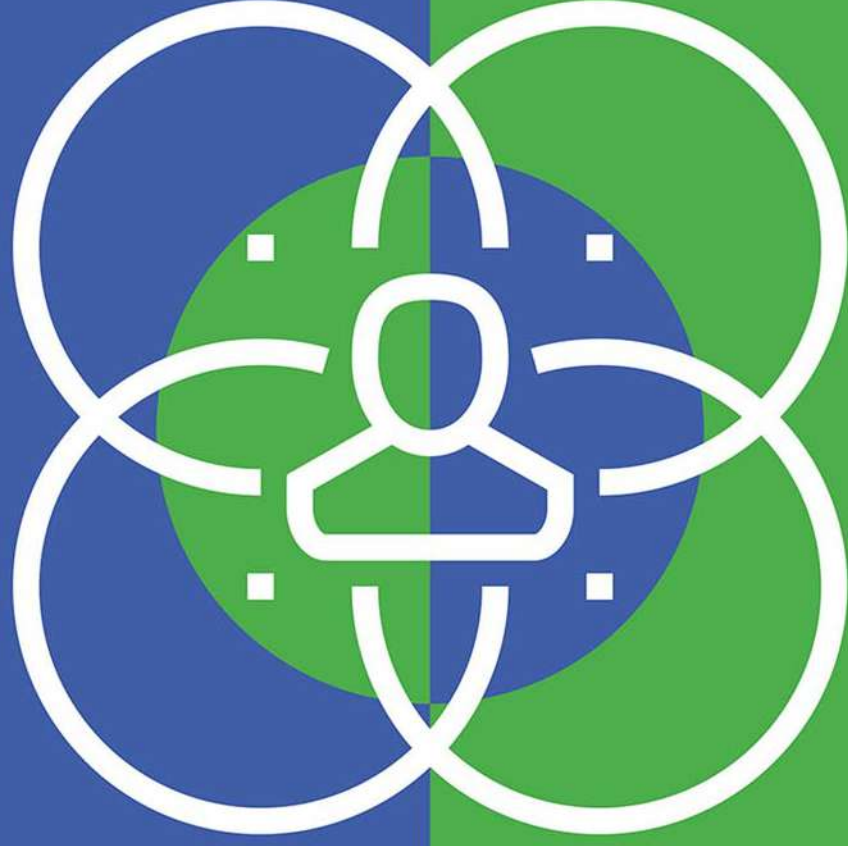
## Click for more information:

- **Read about the Carers Integrated Support project, led by Bridgend Carers Centre.**
- **Read about the Community Development Hubs, led by Rhondda Cynon Taf County Borough Council.**
- **Read about the Senior Social Worker role to support complex care in Merthyr Tydfil.**

## ➤ Performance data



# Transformation Programme



# Transformation Programme

In 2018 the Welsh Government established a £100m Transformation Fund to help Regional Partnership Boards support its 'A Healthier Wales' ambition.

The purpose of the Transformation Fund is to improve health and social care services by scaling up models that are successful and replacing less successful or outdated ones.

The Cwm Taf Morgannwg Regional Partnership Board transformation programme comprised two components which originally began independently:

- Accelerating the Pace of Change in Integrated Services in Bridgend
- Stay Well in Your Community in RCT and Merthyr Tydfil

The CTM Transformation Programme was originally made up of eight projects being delivered across the Regional Partnership Board footprint that covers Bridgend, RCT and Merthyr Tydfil (MT). Three of the projects are located in Bridgend and five are located in RCT and Merthyr. Note the Urgent Primary Care Out of Hours work stream was mainstreamed prior to April 2021.

All the remaining transformation projects share common approaches and common aims. All are focused upon improving the performance and effectiveness of community services in order to both improve the experience, wellbeing and health of the local population and to reduce the reliance upon acute and in-patient health services to meet the needs that people have.



In Bridgend, BCBC in partnership with Bridgend Association of Voluntary Organisations (BAVO), have sought to build on their previous record of partnership working and integration. The overall ambition is to have fully operational accessible community services over seven days and over an extended day, as well as providing care and support at night. This, they believe, will help them towards achieving 'coordinated health and social care services seamlessly wrapped around the needs and preferences of individuals'.

To support this, they have three deliverable ambitions that they intend will transform their community services:

**AMBITION**

**1**

Seven Day Access to Community Health and Social Care Services – “Every Day Is Tuesday”, delivering extended alternative community-based service options to hospital and long-term care.

**AMBITION**

**2**

A Primary and Community Care Multidisciplinary Team approach, delivering a one team approach around people, coordinating Primary Care and Community Services Cluster responses.

**AMBITION**

**3**

Developing and Delivering Resilient Coordinated Communities; with key organisations, their partners and the communities that they serve developing benefits, by working collaboratively to apply preventative approaches that enhance the wellbeing of the population of Bridgend.



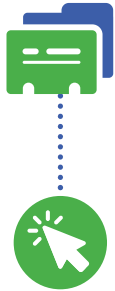
In Merthyr Tydfil and RCT the two councils and Cwm Taf University Hospital Health Board (CTUHB) are pursuing similar aims with their workstreams that were designed to build upon and ‘scale up’ work done previously. The MT and RCT programmes are part of the “Stay Safe in Your Communities Transformation Programme” and focus on delivering a cohesive approach to supporting people with complex needs and who are at risk of unscheduled admission to hospital in the community.



### ➤ Performance data

You can read about these below:

**Website link is here:**  
<https://www.ctmregionalpartnershipboard.co.uk/transformation-programme/>



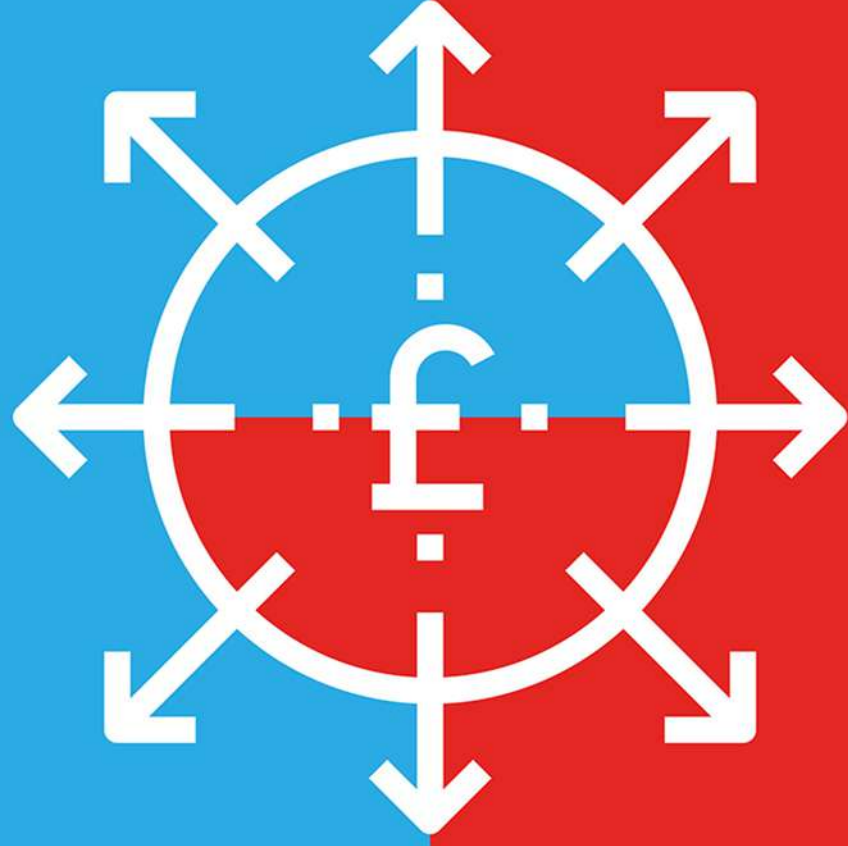
**In July 2019, £22.7m of funding was awarded to the CTM RPB to expand successful projects across RCT, Merthyr Tydfil and Bridgend.**

These projects aim to provide greater choice and independence for individuals, whilst reducing pressure on social care, GP surgeries and hospitals.



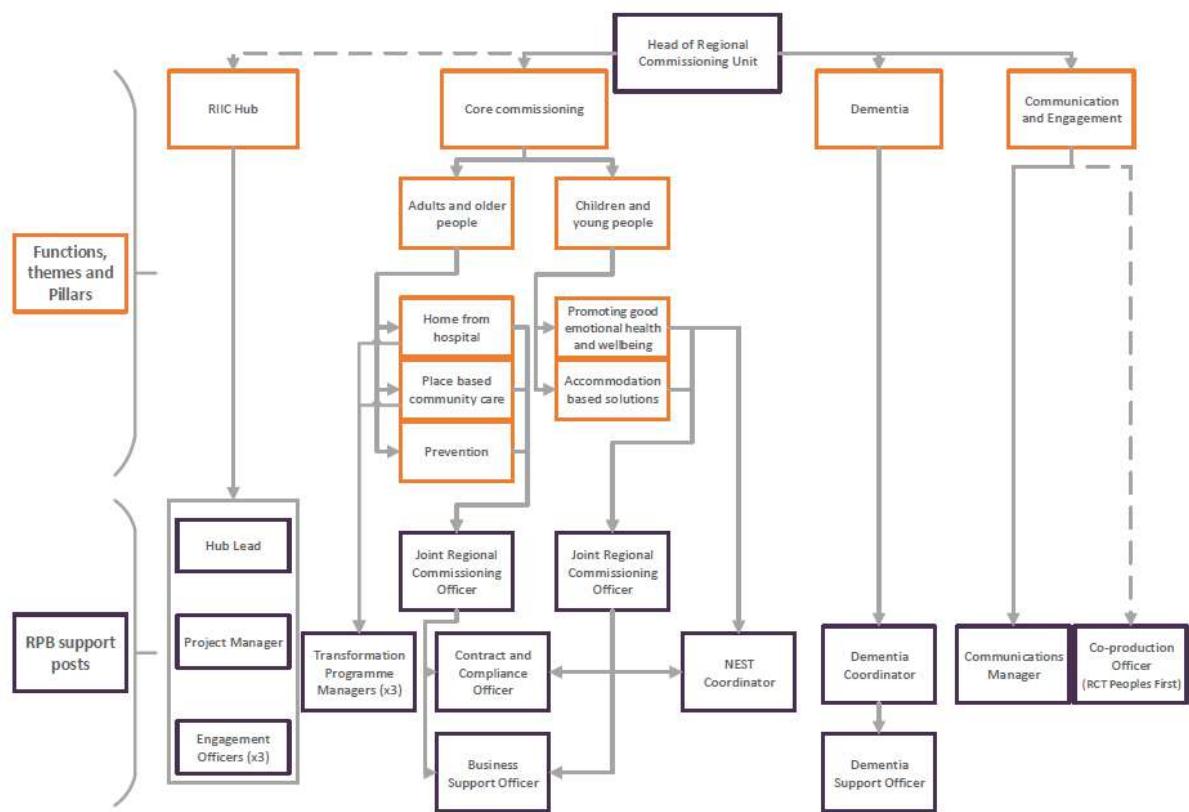
Note that the key elements of transformation programme have been aligned across the region and embedded within the new Regional Integration Fund (RIF).

# Regional Commissioning Unit



# Regional Infrastructure

The CTM Regional Partnership Board is supported by a number of teams and Officers:



## Regional Commissioning Unit (Created March 2019)

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

The Regional Commissioning Unit is responsible for managing and coordinating a range of Welsh Government funding that is directed through the Regional Partnership Board.

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

The funding includes the Transformation Fund and the Integrated Care Fund.

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

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



# Research, Innovation and Improvement Co-ordination Hub

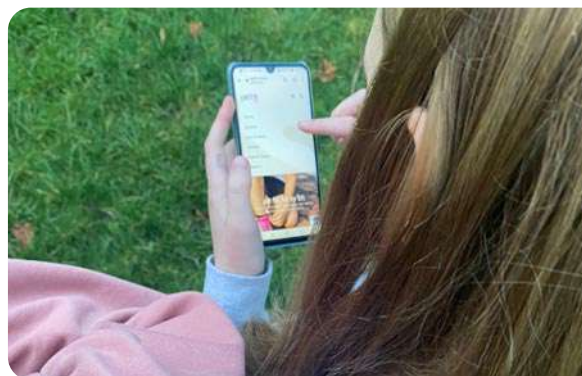


# Research, Innovation and Improvement Co-ordination Hub

The RIIC hub plays a crucial role in supporting the CTM Regional Partnership Board to reflect on and improve existing health and social care projects, while identifying good practice that we can be inspired by.

You can read the RIIC Hub's annual report here:

➤ **RIIC Hub's  
Annual  
Report**



# Workforce Enabling Group

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One of the four quadruple aims outlined in Welsh Government's aforementioned strategy document, 'A Healthier Wales: Our Plan for Health and Social Care', is to have a motivated and sustainable health and social care workforce.

This workforce needs to deliver a truly seamless system of health and care, to shift the definition of what constitutes a workforce, and how we support the contribution that each individual makes. Requiring not only 'greater parity of esteem' (valuing mental health equally with physical health) between health and social care professionals, but also recognising and supporting the vital role played by the informal workforce of unpaid carers and of volunteers.

To meet this need, Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy, in partnership with NHS and Local Government, the voluntary and independent sectors, as well as regulators, professional bodies, and education providers. The workforce strategy aims to address the Parliamentary Review's call for joint regional workforce planning.

The Transformation Programme's Workforce Enabling Group was focussed on delivering operational elements of the programme; supporting the recruitment of approximately 270 roles comprising of clinical and non-clinical health and social care professions spread across the eight work streams, also monitoring any risks and issues that may have arisen however as the next phase of development closer working relationships need to be forged between organisations and closer links with Cwm Taf Morgannwg Social Care Workforce Development Partnership (SCWDP).

To support the next phase of activity, a workforce framework and model has been developed, along with a proposed work plan and revised terms of reference for the group, with plans to develop a Regional Workforce Strategy for Health and Social Care that aims to support the ambition for an integrated health and social care system.



# Cwm Taf Morgannwg Social Care Workforce Development Partnership (SCWDP)

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

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

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

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



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

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

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

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

Not all of these will be addressed through the work of SCWDP. Social Care Wales has identified the following themes that inform our use of grant money

Building a Digital Ready Workforce  
Excellent Education and Learning  
Leadership and Succession  
Workforce Supply and Shape

The objectives for the Cwm Taf Morgannwg SCWDP remain challenging as we continue to work with the implications of Covid and the region will have to continue to ensure that the combined resources are targeted to maximum effect and that the service continues to work collaboratively with other regions and Social Care Wales. Additional funding sources will continue to be explored to enhance the workforce development opportunities of the sector.

Delivery continued through the pandemic through the use of new digital platforms as well as some limited face to face training to support frontline workers to be ready for employment.

# Winter Planning

The Cwm Taf Morgannwg Regional Winter Protection Plan sets out the region's response to the Welsh Government Winter Protection Plan. The plan was developed with input from all of the regional statutory and voluntary sector partners and was created to demonstrate an integrated regional plan that is deliverable and addresses the challenges associated with both the COVID pandemic and usual winter pressures across the region.

The plan built on existing plans that focus on preventing five harms by;

- **Protecting communities and health and social care staff against COVID.**
- **Keeping people well.** In addition to concerns around covid 19, there is a significant risk that the levels of respiratory disease will increase this year including the impact of seasonal influenza and RSV.
- **Maintaining safe health and social care services.** Including those which support:
  - Vulnerable groups;
  - Mental health and wellbeing;
  - Primary and community care;
  - Long Covid;
  - Children and young people;
  - Essential services – ensuring that the provision of services is maintained services that are urgent and life threatening or life impacting as well as services that without timely intervention could result in harm over the longer term;
  - Planned Care – ensuring patients who have been waiting extended times as a result of the pandemic are treated as soon as possible, in a prioritised manner with appropriate infection prevention controls and within the context of managing variation in the needs of COVID cases;
  - Urgent and Emergency Care – the six goals set out by the Welsh Government which outline longer term plans for this area as well as some short term measures including NHS 111.



- **Protecting the rights of people who need care and support** and carers who need support, including through developing a National Plan for Carers
- **Supporting Our Health and Social Care Workforce** recognising the unrelenting challenges and pressures strive to look after their physical and mental health and wellbeing.
- **Keeping everyone informed.** Choosing the right type of care will be vital for services to continue to work well over the winter and the Region will contribute to making this a reality via consistent messaging to our population.
- **Support and retain new ways of working** adopted through the pandemic COVID which support integrated working between health, social care and third sector.

The plan also looked to support and retain new ways of working adopted in the first COVID wave which supported integrated working between health, social care and third sector.

This means:

- A whole system approach where seamless support, care or treatment is provided as close to home as possible
- Services designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes
- People only going to a general hospital when it is essential, with hospital services designed to reduce the time spent in hospital
- A shift in resources to the community that enable hospital-based care, when needed to be accessed more quickly; using technology to support high quality services.

A range of resources contributed to the RPB Winter Plan. For winter 2021/22 a total of £1.812m RPB resources was deployed across the region.



## Moving forward

The Integrated Care Fund and Transformation programmes ended on the 31st March 2021 and Ministers approved a new five-year revenue investment fund to build on the work and learning of the Integrated Care Fund and Transformation Fund to date.

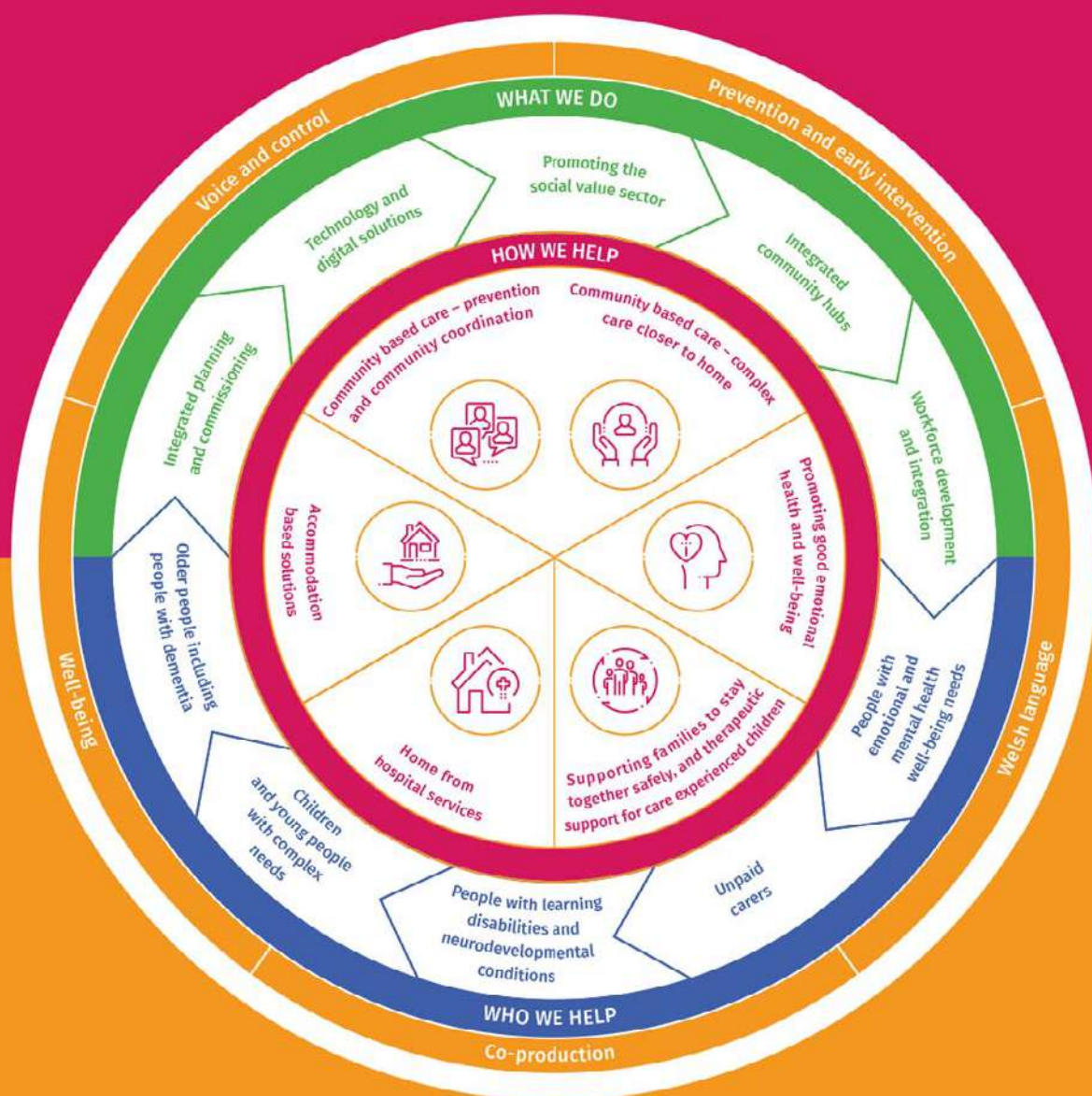
The new fund will run from April 2022 to March 2027 and will further focus integrated delivery of health and social care services across Wales.

Cwm Taf Morgannwg Regional Investment Plan was developed during 2021 for commencement 1st April 2022.

Agreement has been reached by the Regional Partnership Board that programmes of work will be established mirroring the 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





The region is committed to delivering an integrated community model of health, care and wellbeing, which will be the main delivery model for out-of-hospital health and social care services in Cwm Taf Morgannwg

The proposed integrated community model responds to two key priorities:

- Urgent community response
- Population health management

System-wide conditions need to be in place for integrated care to flourish: effective systems leadership; coproduction and resident involvement; joint commissioning and integrated workforce strategies.

Under the direction of the RPB we will move at pace towards a regional integrated model of delivery that will improve the lives of people living in the region through seamless support for health, care and wellbeing.



**Urgent Community Care**

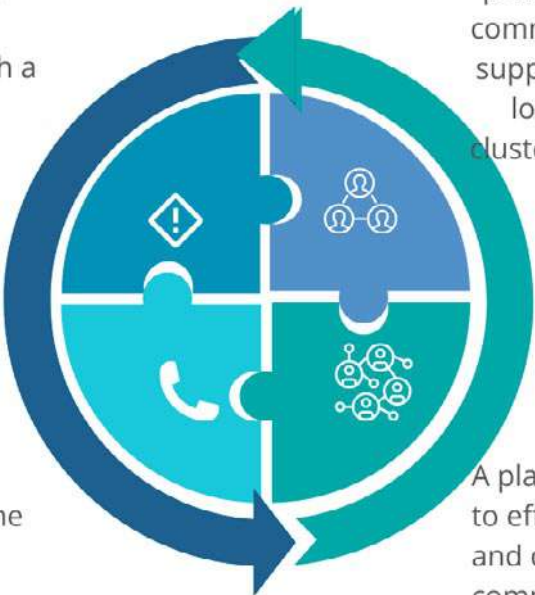
Responding to need within specified time frames based on effective triaging with a wrap around intermediate care MDT .

**Cluster / Locality**

Integrated cluster teams pull together delivery at community level and are supported by integrated localities through pan cluster planning groups.

**Navigation hub**

Triaging, navigating and responding to the right care, the right place, the right time



**Community Network**

A place based approach to effective MDT support and collaboration with community assets and need at a hyper local



# ANNUAL REPORT 2021/22

JN: 51713-61 October 2022



**Cwm Taf Morgannwg**  
**Bwrdd** | **Regional**  
**Partneriaeth** | **Partnership**  
**Rhanbarthol** | **Board**

## CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

## POPULATION HEALTH &amp; PARTNERSHIPS COMMITTEE

## FORWARD WORK PLAN 2022/23

Meeting	Governance	Standing Items & other Reports for Scrutiny	Items For Information
2 November 2022	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• Action Log</li> <li>• Declarations of Interest</li> <li>• Forward Work Programme</li> <li>• Committee Effectiveness Survey Outcome and Improvement Plan</li> <li>• Audit Wales Final Report – Transformation Leadership Programme Board Baseline Governance Review</li> <li>• Audit Wales Final Report – Public Sector Readiness for Net Zero Carbon by 2030</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Strategic Update</li> <li>• Population Health Management Update</li> <li>• Public Service Board Update</li> <li>• Resilient Families Service – Evaluation of Stage 2</li> <li>• Regional Partnership Board Annual Report</li> <li>• Post Payment Verification Annual Report (Primary Care Element for noting)</li> <li>• Strategy Groups Update</li> <li>• Learning Disability Update</li> </ul>	
1 February 2023	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• Action Log</li> <li>• Declarations of Interest</li> <li>• Forward Work Programme</li> <li>• Committee Annual Cycle of Business 2023-24</li> <li>• Assurance on Risks Assigned to the Committee</li> <li>• Director of Public Health Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Strategic Update</li> <li>• Population Health Management Update</li> <li>• Regional Integration Fund and Integrated Care Board Report</li> <li>• Strategy Groups Update</li> <li>• Developing Relationships and Partnerships with Universities (deferred from November Meeting)</li> <li>• CHOICE Programme (Deferred from November Meeting)</li> <li>• Sustainability Update</li> </ul>	

Meeting	Governance	Standing Items & other Reports for Scrutiny	Items For Information
3 May 2023	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• Action Log</li> <li>• Declarations of Interest</li> <li>• Forward Work Programme</li> <li>• Committee Annual Report 2022-23</li> <li>• Committee Terms of Reference Annual Review</li> <li>• Assurance on Risks Assigned to the Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Strategic Update</li> <li>• Population Health Management Update</li> <li>• Strategy Groups Update</li> <li>• Learning Disability Update</li> </ul>	
2 August 2023	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• Action Log</li> <li>• Declarations of Interest</li> <li>• Forward Work Programme</li> <li>• Committee Annual Self Assessment Outcome and Improvement Plan</li> <li>• Assurance on Risks Assigned to the Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Strategic Update</li> <li>• Population Health Management Update</li> <li>• Regional Integration Fund and Integrated Care Board Report</li> <li>• Strategy Groups Update</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>