

# Population Health & Partnerships Committee

Thu 01 August 2024, 13:00 - 16:00

Virtual Via MS Teams



## Agenda

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

#### 1.1. Welcome and Introductions

*Information Carolyn Donoghue, Chair*

#### 1.2. Apologies for Absence

*Information Carolyn Donoghue, Chair*

#### 1.3. Declarations of Interest

*Information Carolyn Donoghue, Chair*

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

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

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

#### 3.1. Action Log

*Discussion Gareth Watts, Director of Corporate Governance/Board Secretary*

 3.1 Action Log PHP Committee 1 August 2024.pdf (3 pages)

#### 3.2. Matters Arising Otherwise Not Contained within the Action Log

*Discussion Carolyn Donoghue, Chair*

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### 13:30 - 14:00 **4. GOVERNANCE** 30 min

#### 4.1. Organisational Risk Register

*Discussion Gareth Watts, Director of Corporate Governance/Board Secretary*

 4.1a Org Risk Register PHP Committee 1 August 2024.pdf (7 pages)

 4.1b App 1 Org Risk Register PHP Committee 1 ~August 2024.pdf (1 pages)

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### 14:00 - 14:45 **5. CREATING HEALTH** 45 min

## 5.1. Population Health Management Programme Update

*Discussion Philip Daniels, Director of Public Health*

 5.1 Population Health Management Programme Update PHP Committee 1 August 2024.pdf (7 pages)

## 5.2. Health Protection System

*Discussion Philip Daniels, Director of Public Health*

 5.2 Health Protection System PHP Committee 1 August 2024.pdf (8 pages)

 5.2a Appendix 1 Health Protection System PHP Committee 1 August 2024.pdf (1 pages)

## 5.3. Building Healthier Communities Update

*Linda Prosser, Executive Director of Strategy & Transformation*

 5.3 Building Healthier Communities PHP Committee 1 August 2024.pdf (5 pages)

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14:45 - 15:20  
35 min

## 6. IMPROVING CARE

### 6.1. Mental Health Strategic Update

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

 6.1 Mental Health Strategic Update PHP Committee 1 August 2024.pdf (9 pages)

### 6.2. Learning Disabilities Strategic Update

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

 6.2 Learning Disabilities Progress Report PHP Committee 1 August 2024.pdf (6 pages)

 6.2a Appendix A 2024-7-12 Specialist LD Interim Services Specification DRAFTv5.pdf (37 pages)

### 6.3. Strategy Groups - Spotlight on Starting Well and Growing Well

*Discussion Linda Prosser, Executive Director of Strategy & Transformation*

 6.3 Starting Well and Growing Well Strategy Group Updates v2 July 2024 PHP Committee 1 August 2024.pdf (11 pages)

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15:20 - 15:45  
25 min

## 7. SUSTAINING OUR FUTURE

### 7.1. Public Service Boards Update

*Discussion Linda Prosser, Executive Director of Strategy & Transformation*

 7.1 PSB annual report PHPC 1 August 2024.pdf (7 pages)

### 7.2. Regional Partnership Board - Community Care System Development

*Discussion Linda Prosser, Executive Director of Strategy & Transformation*


 7.2 RPB Community Care System Development PHP Committee 1 August 2024.pdf (5 pages)

### 7.3. Consultation response - Rebalancing Care and Support Programme

*Discussion Linda Prosser, Executive Director of Strategy & Transformation*

Requested via email from Vicki Wallace

 7.3 Rebalancing Care Consultation Cover Report PHP Committee 1 August 2024.pdf (4 pages)

 7.3a Appendix 1 Rebalancing care consultation response.pdf (3 pages)

 7.3b Appendix 2 Rebalancing care consultation response.pdf (9 pages)

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15:45 - 15:55 **8. CONSENT AGENDA**  
10 min

**8.1. Items for Approval**

**8.1.1. Unconfirmed Minutes of the Meeting held on 20 May 2024**

*Decision Carolyn Donoghue, Chair*

 8.1.1 Unconfirmed Minutes 20.05.23 PHP Committee 1 August 2024.pdf (9 pages)

**8.1.2. Unconfirmed In Committee Minutes of the Meeting held on 20 May 2024**

*Decision Carolyn Donoghue, Chair*

 8.1.2 Unconfirmed IC Minutes 20.05.24 PHP Committee 1 August 2024 - CH.pdf (2 pages)

**8.1.3. Outcome of the Committee Annual Self Effectiveness Survey and Improvement Plan**

*Decision Gareth Watts, Director of Corporate Governance/Board Secretary*

 8.1.3 Outcome of Committee Self Effectiveness Survey PHPC 1 August 2024.pdf (4 pages)

**8.2. Items for Noting**

**8.2.1. Committee Annual Cycle of Business 2024-25**


*Discussion Gareth Watts, Director of Corporate Governance/Board Secretary*

 8.2.1 Annual Cycle of Business Cover Report PHP Committee 1 August 2024.pdf (4 pages)

 8.2.1a Committee Annual Cycle of Business 2024-25 PHP Committee 1 August 2024.pdf (3 pages)

**8.2.2. Strategy Groups Update**

*Discussion Linda Prosser, Executive Director of Strategy & Transformation*

 8.2.2 Strategy Group Updates v2 July 2024 PHP Committee 1 August 2024.pdf (12 pages)

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15:55 - 16:00 **9. OTHER MATTERS**  
5 min

**9.1. Committee Forward Work Plan (to include a discussion on Shared Listening and Learning Stories)**

*Discussion Carolyn Donoghue, Chair*

 9.1 Forward Work Plan PHP Committee 1 August 2024.pdf (2 pages)

**9.2. Committee Highlight Report to Board**

*Discussion Carolyn Donoghue, Chair*

**9.3. Any Other Urgent Business**

*Discussion Carolyn Donoghue, Chair*

**9.4. How Did We Do Today?**

*Discussion Carolyn Donoghue, Chair*

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16:00 - 16:00 **10. DATE AND TIME OF NEXT MEETING**

0 min

13 November 2024 at 1:00 pm

## AGENDA ITEM 3.1

### POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
4.1	20 May 2024	Organisational Risk Register	To escalate the Child Obesity Risk 5579 to the Board in the Committee Highlight Report.	Corporate Governance Team	<b>Complete</b> Risk has been escalated within the report and will be presented to the July 2024 Board Meeting.
5.1	7 November 2023	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Philip Daniels Interim Director of Public Health	<b>In Progress</b> Added to Forward Plan
6.1	7 November 2024	Primary Care Strategic Update	To receive a report on the Clusters and Accelerated Cluster Development at a future meeting of the Committee.	Julie Denley Deputy COO/Director Primary, Community, Mental Health & LD	<b>Complete</b> Received at the May 2024 Meeting
7.2	7 November 2024	Regional Partnership Board Further Faster Pathway Update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Linda Prosser Executive Director of Strategy & Transformation	<b>In Progress</b> Added to Forward Work Plan
02/23/11	May 2023	Mental Health Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes	<b>Ongoing</b> In light of the current status with regard to WCCIS, the Health Board is reviewing the

**AGENDA ITEM 3.1**

					feasibility of implementation within an 18 month timescale.
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**COMPLETED ACTIONS**

<b>7.2</b>	7 March 2024	Decarbonisation Action Plan	To circulate the Decarbonisation Strategy.	Linda Prosser Executive Director of Strategy and Transformation	<b>Complete</b> Strategy was circulated following the March 24 meeting and has also been uploaded onto the Website.
<b>5.3</b>	7 November 2024	Health Protection Service	To review the risk in relation to the vaccination programme and escalate to the organisational risk register, if required.	Philip Daniels Interim Director of Public Health	<b>Complete</b> The Public Health Team reviewed this risk and it is no longer considered critical as recurring funding has now been confirmed and therefore this risk will not be escalated to the Organisational Risk Register.
<b>7.1</b>	7 November 2024	CHOICE Year 3 Service Report 1	To receive a further update via a patient story at a future meeting of the Committee.	Philip Daniels Interim Director of Public Health	<b>Completed</b> Received at March 2024 Meeting

**AGENDA ITEM 3.1**

<b>5.1</b>	7 November 2023	Active Travel Charter	Share the work by Cardiff & Vale UHB on active and sustainable travel charters with the Committee`	Philip Daniels Interim Director of Public Health	<b>Completed</b> Shared via email 9 November 2023
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**Agenda Item**

4.1

**Population Health & Partnerships Committee**

**Organisational Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Emma Walters, Head of Corporate Governance & Board Business
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Review
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	June/July	RISKS REVIEWED
Operational Management Board	12 <sup>th</sup> June 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	15 <sup>th</sup> July 2024	MANAGEMENT SIGN OFF RECEIVED

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation / Background

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

## 2. Specific Matters for Consideration

### Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5<sup>th</sup> July 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

### Training

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



Practical Approach to Managing Risk  
Risk Assessment and Scoring  
Datix Risk Management Module

- 2.8 To date **637** members of staff trained to date since training commenced in 2021.
- 2.9 Focused sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.10 Feedback on the training continues to be positive, please see below:
- 2.11 47 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
- 70% (33/47) provided a score of 5/5 in terms of content of the session
  - 26% (12/47) provided a score of 4/5 in terms of content of the session
  - 4% (2/47) provided a score of 3/5 in terms of content of the session
- 2.12 100% of the 47 attendees providing formal feedback found that:
- The session provided the right amount of information.
  - They gained more confidence and knowledge in risk management having attended.
  - They would recommend this training to a colleague.
- 2.13 96% of the 47 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *"Useful to understand escalation processing more detail";*
  - *"Very well delivered with a lot of information included";*
  - *"I realised in the session that I don't have a good understanding of how risk is assessed in the organisation and potentially our team should be utilising this more so it initially started as confusing for me but is still very helpful";*
  - *"Right amount of information given in the presentations and well explained by the presenter"; and*
  - *"Good comprehensive information and resources to refer to".*



### 3. Key Risks / Matters for Escalation

#### 3.1 NEW RISKS

##### Public Health – Health Protection

- Datix Risk ID 5820 - Reduced Health Protection Funding allocation 2024-2025. Risk score of 12. Whilst this risk is not scored at a level of 15 and above - the Executive Lead considers this risk to be of a contentious nature that should be escalated to the Board via the Organisational Risk Register.

#### 3.2 CHANGES TO RISKS

##### Risk Score Increased

No risks that had been escalated to the organisational risk register were increased in score in the July iteration.

##### Risk Score Decreased

Nil as assigned to this Committee.

#### 3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

No risks that had been escalated to the organisational risk register were closed in the July iteration.

#### 3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5						
	4			5820	5374	5579	5462
	3						
	2						
	1						
CxL	1	2	3	4	Likelihood		5






### 3.5 EMERGING RISKS

No emerging risks notified for inclusion in the July iteration Organisational Risk Register.

### 3.6 EMERGING RISKS

No emerging risks notified for inclusion in the July iteration Organisational Risk Register.

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

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory (since the last report received by the Board)
4.	<b>Community and Partner Engagement</b> <a href="#">Click Here for Risk 4</a>	<b>Creating Health</b> 	Director of Communication s, Engagement & Fundraising	Population Health & Partnerships	<b>12</b> (C4xL3)	↔
8	<b>Fulfilling our Environmental and Social Duties and ambitions</b> <a href="#">Click Here for Risk 8</a>	<b>Sustaining our Future</b> 	Executive Director of Strategy and Transformation	Population Health and Partnerships	<b>16</b> (C4xL4)	↔
9	<b>Healthy Life Expectancy</b> <a href="#">Click Here for Risk 9</a>	<b>Creating Health</b> 	Executive Director of Public Health	Population Health and Partnerships	<b>20</b> (C5xL4)	↔

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
	A Resilient Wales



<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	If more than one applies please list below:	
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research	
	If more than one applies please list below:	
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Safe	
	If more than one applies please list below:	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	

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



	POSITIVE/NEUTRAL NEGATIVE	
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below)	
	See detail captured for each risk	

## 5. Recommendation

5.1 The Committee are asked to:

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

## 6. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Index ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence & Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1	5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Adult weight management service - Insufficient capacity to meet demand	<b>If</b> there is insufficient capacity within the adult weight management service to meet the demand  <b>Then</b> patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years.  <b>Resulting in</b> missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	People are offered the lowest intervention required in line with the Health Weight Healthy Wales pathways. Those that are waiting are being supported with 'waiting well' signposting. Digital opportunities are being explored to maximise efficiencies within pathways as well as maintaining communication with patients to manage expectations on waiting list times. Existing services, both within the Health Board and with community partners are being maximised and integrated within pathways.	Update July 2024 - All mitigating actions are in place, no further actions can be taken, demand continues to exceed service capacity. Business case to expand service is in development. Next rv due 22.7.24.	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	05.07.2024	22.07.2024
11	5579	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Head of Nutrition and Dietetics, Therapies, PCH	Creating Health	Patient / Staff /Public Safety Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	<b>If</b> there is no children and young person's weight management service to meet the demand  <b>Then</b> the Health Board will be unable to support children and young people to manage their overweight and obesity  <b>Resulting in</b> non-compliance with national standards and pathways, significant risk to patients with increase in childhood obesity rates, obesity related conditions, healthcare costs and no improvement in the health of the most disadvantaged.	Some Level 1 weight management service exist across the Health Board, namely PIPYN (3-7yrs Merthyr only) and Henry (0-5 CTM wide), these programmes are currently fixed term funded until end March 24, 25.7.24. There is no level 2 - multicomponent service or level 3 - specialist MDT service. An option appraisal for the introduction of a children and families weight management service has been undertaken.	Update April 2024 - Risk descriptor changed on this risk review. Business case finalised, and presented to Creating Health Steering Group 18.04.24. Proposal endorsed and the agreed next steps are to identify sources of funding. Next rv 25.7.24.  Update July 2024 - no further changes to mitigation since April update. Review remains scheduled for the 25.7.2024.	Population Health & Partnerships Committee Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	13.10.2023	05.07.2024	25.07.2024
22	5374	Executive Director of Strategy & Transformation	Central Function - Environmental Sustainability	Deputy Director of Strategy and Transformation	Sustaining Our Future	Environment /Estate/ Infrastructure Fulfilling our environmental and social duties	<b>If:</b> the health board's decisions fail to reflect our values or consider the long term environmental or social impact  <b>Then:</b> we will not fulfil our socio-economic duty, our Wellbeing of Future Generations objectives or our value based healthcare principles  <b>Resulting in:</b> negative environmental and social impacts and loss of trust and confidence among stakeholders	<ul style="list-style-type: none"> <li>Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.</li> <li>CTM 2030' delivery focusses on community developments, employment and local procurement where possible.</li> <li>CTM becoming established as an Anchor Organisation.</li> <li>Decarbonisation Action Plan</li> <li>Established a CTM Environmental Sustainability Group which will have oversight and delivery of CTM's decarbonisation agenda</li> <li>CTM 2030' seeks to ensure that services take account of the impact on the environment</li> <li>All-Wales approach to sustainable procurement</li> <li>Green CTM Staff Forum</li> <li>Fleet emissions reduction programme and trial of electric vehicles</li> <li>Tree planting initiatives</li> <li>Waste management - elimination of landfill for foodstuffs</li> <li>Use of less environmentally impactful anaesthetic gases</li> <li>CTM representatives attend the Welsh Government Green meeting</li> <li>Update of the DAP by March 2024</li> <li>Board and Committee cover papers also now include environmental impact against SRs.</li> </ul>	Update July 2024 - Mitigating action continues to undertake work to assess the environmental impact of projects and programmes that are not classed as 'sustainability' projects/programmes. Timeframe is 30th April 2025.  Currently score remains unchanged.	Population Health & Partnerships Committee	16	C4xL4	8 (C4xL2)	↔	21.2.2023	14.06.2024	31.08.2024
26	5820	Executive Director of Public Health	Public Health - Health Protection	Health Protection Team	Improving Care & Creating Health	Patient / Staff /Public Safety Reduced Health Protection Funding allocation 2024-2025	<b>If</b> the reduced allocation of Health Protection resource is insufficient to deliver a safe and sustainable service.  <b>THEN</b> there may not be sufficient resources to deliver all elements of vaccination and immunisation (which is the first line of defense against infectious disease) in accordance with the NIF. The health board response to infectious disease or environmental hazards will also be significantly hindered and work to address gaps in equity of access will be limited.  <b>RESULTING in</b> avoidable harm to patients in vulnerable groups and harm to the public as a result of insufficient health protection interventions delivered. This also poses a reputational risk as a consequence	Governance structure agreed in Health Protection. Health Protection Board established. Recruitment underway to Health Protection structure. A series of planning workshops with partners agreed to review resources available, develop Health Protection strategy and highlight ongoing gaps	A workforce structure has been approved by ELG and work to identify gaps is ongoing which will be reviewed once recruitment is complete. Work with partners is ongoing to reduce inefficiencies and develop A collaborative Health Protection (HP) plan based on all resources available to ensure priorities can be clearly defined and delivered. Work with CTM finance is needed to ensure the HB allocation is maximised to support HP priorities. Welsh Government discussions are ongoing with regards to the reduced allocation  N/B - Whilst this risk is not scored at a level of 15 and above - the Executive Lead considers this risk to be of a contentious nature that should be escalated to the Board via the Organisational Risk Register.	Population Health & Partnerships Committee Quality & Safety Committee	12 Please see note in column J	C4xL3	8 (C4xL2)	New risk escalated to the Organisational Risk Register in July 2024.	01.07.2024	01.07.2024	01.09.2024
41																	



**Agenda Item**

5.1

**Population Health & Partnerships Committee**

**POPULATION HEALTH MANAGEMENT: UPDATE**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Andrea Gartner, Principal Public Health Intelligence Analyst, on behalf of Gemma Northey, Consultant in Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Interim Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Population Health and Partnerships Committee	07/03/2024	NOTED
Population Health and Partnerships Committee	20/05/2024	NOTED

<b>Acronyms / Glossary of Terms</b>	
PSRS	Population Segmentation and Risk Stratification
PHM	Population Health Management
DHCW	Digital Health and Care Wales
GP	General Practitioner



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

IGRP	Information Governance Review Panel (for SAIL)
DHCW	Digital Health and Care Wales
DPA	Data Process Agreement
DPIA	Data Protection Impact Assessment
SAIL	Secure Anonymized Information Linkage
LPHT	Local Public Health Team

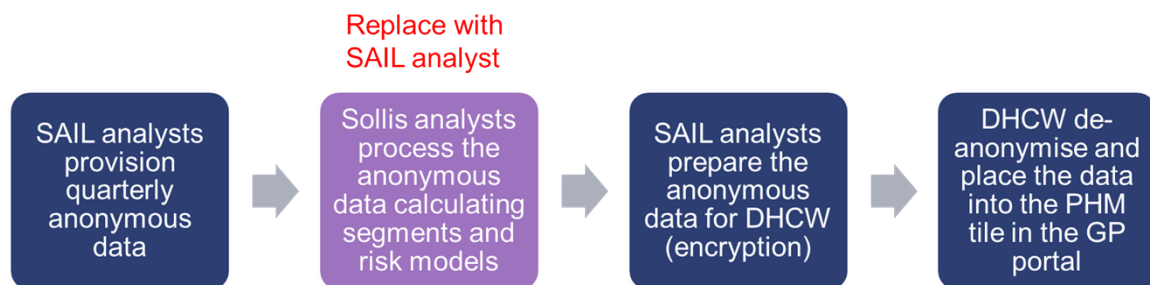
## 1. Situation / Background

- 1.1 This report provides an update on the changes to the population segmentation and risk stratification (PSRS) approach to Population Health Management in Cwm Taf Morgannwg University Health Board (CTMUHB) for the committee to note.

## 2. Specific Matters for Consideration

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

- Our processing partner Sollis Ltd closed and our contract with them ended at the end of March 2024 in an orderly exit.
- We have agreed to replace most of Sollis' processing work by contracting additional analyst capacity from our existing partner in Swansea University (SAIL databank), as illustrated in the diagram below



- Changes regarding information governance were needed, specifically amending the data processing agreement (signatures needed from all participating GP practices again), data processing impact assessment and practice privacy notices. The PHM Unit worked closely with information governance leads in CTMUHB, DHCW and SAIL and due to some delays in reviews, will shortly be in a position to go out to practices for signatures.
- The latest extract was uploaded to the Primary care portal on 19/04/24. This was still produced based on previous agreements including processing by Sollis and to the same specification as before.
- GP practices will see minor changes to their front end access, with the patient search function for case-finding still including most variables as before (segments, deprivation, chronic conditions, frailty etc).
- To provide further information on the population need, the PHM Unit are planning to include a new comorbidities index (likely the



Cambridge multimorbidity score), with scoping and development work over the summer.

- Currently the PHM Unit is working with SAIL analysts to implement the processing specifications. Due to work needed to embed the new setup as well as information governance document delays the next update to the GP practice systems will be in September/October without the summer update.
- Changes and updates have been communicated to primary care colleagues via recent emails, including the imminent requests for renewed signature.

## **2.2 Academic journal article published on the development of the CTM segments (deployed to GP practices) and their ability to predict future health care utilisation and chronic condition comorbidity**

- The team have had an article published in the academic journal BMC Public Health on [How predictive of future healthcare utilisation and mortality is data-driven population segmentation based on healthcare utilisation and chronic condition comorbidity? | BMC Public Health \(springer.com\)](https://www.springer.com). This describes the work on the development of the ten CTM segments that are deployed quarterly to GP practices in CTM and used for PHM projects to help with case-finding. The study specifically looks at what the segments can tell us about the future health care utilisation and mortality.
- The study demonstrates the scientific approach to the CTM segment development and that the segments can be a useful tool in helping to identify specific groups of need to target with anticipatory care. Identification may be refined with selected diagnoses or more specialised tools such as risk stratification.

## **2.3 Scoping of two new implementation projects in Taf Ely cluster for October start**

- The first project is testing the use of PSRS data in secondary care by pharmacy in the Royal Glamorgan Hospital for diabetes. This project is operating in collaboration with AstraZeneca. The project seeks to test a medicines optimisation review of patients by a pharmacist, to improve patient outcomes and alignment with latest NICE guidance (NG18).
- The second project is a service development seeking to implement a PHM approach to frailty services preventatively, where the PHM Unit supports with cohort definition.



### 3. Key Risks / Matters for Escalation

- 3.1 **Risk to data flows from withdrawal of Audit+:** DHCW notified us on the unexpected withdrawal of the Audit+ software on 31/12/2024. This software is used for general medical practices' auditing, and a variety of reporting services for practices and the wider NHS and Welsh Government, and to provide quarterly GP data to the SAIL databank. We rely on this flow into SAIL to produce quarterly data flows of segmentation and related data to the GP practice portal. There is a risk that our data flows will be disrupted and that planned projects by GP clusters for late autumn/winter 24 could be affected if staff leave, or otherwise from spring 2025 onwards. Mitigation may initially be to use older GP data for one quarter, but we await further information on plans for the interim and the long-term solution from DHCW. This risk was communicated to GP practices signed up for the project.
- 3.2 There is a need to identify a more suitable, sustainable and stable data flow that can be used for PHM approaches. As previously highlighted, this may come from a national data architecture solution (the National Data Resource), however this is still a number of years away and there is no assurance at this stage that it will be suitable. Alternative data mechanisms are being trialled, however these are dependent on complex information governance conversations at national and local levels.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below: Applies across whole life course, initial focus on living well and aging well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales
<b>Dolen i Hwyluswyr Ansawdd</b>	Data to Knowledge



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

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



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

Resource and capacity implications for Analysts in the LPHT to provide processing and checking function.

## 5. Recommendation

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

## 6. Next Steps

- 6.1 Next steps are to undertake new data processing with SAIL partner, re-sign the amended information governance documentation, scope and develop the multimorbidity model for inclusion as well as support for the development of the two planned implementation projects in Taf Ely cluster due to start in October.



**Agenda Item**

5.2

**Population Health & Partnerships Committee**

**Health Protection System**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kate May, Assistant Director Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
CTM Health Protection Board	18/07/2024	TBC

<b>Acronyms / Glossary of Terms</b>	
PHW	Public Health Wales
JCVI	Joint Committee for Vaccination and Immunisation
TTP	Test, Trace and Protect
NIF	National Immunisation Framework
CVC	Community Vaccination Centre
FTC	Fixed term Contract



WIS	Welsh Immunisation System
POCT	Point of Care Testing
ELG	Executive Leadership Group
CTMUHB	Cwm Taf Morgannwg University Health Board

**1. Situation /Background**

- 1.1 For the financial year 2024/25, for the first time, Welsh Government has provided a core allocation for Health Protection to all Health Boards, based on 80% of month 8 full year 2023/24 forecast spend. Due to the uncertainty of future funding at the time, CTM managed the financial risk associated with this by holding vacancies and spend during 23/24. Consequently, the CTM spend was less than the £9.1m allocation, this has resulted in a reduced allocation to CTM for 2024/25.
- 1.2 The value of the 2024/25 allocation for CTM is £6.01m, which includes costs for Health Protection, Vaccination delivery and also Personal Protective Equipment (PPE). This is the lowest allocation per capita (at £13.65), compared to all other Health Boards in Wales, despite our levels of deprivation.
- 1.3 The costs for PPE and also a number of associated health protection related costs (substitutional costs) that had been included in the 2023/24 budget, have now rolled forward into 2024/25. This leaves a significantly further reduced residual budget of £4.9m for Health Protection and Vaccination.
- 1.4 Work will be needed this financial year to establish the value of ongoing substitutional costs for 2025/26 and whether the residual value allocated for Health Protection and Vaccination will be sufficient to deliver a safe and sustainable service for the future.
- 1.5 The purpose of this report is to provide an update on the Health Protection and Vaccination service following agreement of a permanent structure by Executive Leadership Group in April 2024.

**2. Specific Matters for Consideration**

**2.1 Substitutional Health Protection related costs**

2.11 The following costs have been identified as:

Care Group	CSG/Directorate	Cost @80%
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<b>Primary care</b>	<b>District Nursing</b>	13,599
<b>Primary Care</b>	<b>GP Screening Anti Virals/ staffing</b>	355,219
<b>C&amp;Families</b>	<b>Health Visitors and school nursing staff costs</b>	288,000
<b>Corporate</b>	<b>Occ Health vaccine costs</b>	143,222
		<b>800,000</b>

2.12 As some of these costs would have had historical funding streams to support them, these costs must be reviewed on an annual basis for any potential further efficiencies to enable a sustainable Health Protection budget going forwards.

## 2.2 The New Model and recruitment

2.21 A copy of the staffing model is attached as **Appendix 1** and is currently being recruited to.

2.22 The application of the Organisational Change Policy has presented some initial challenges to the recruitment into HP operational posts, given the new posts in the structure have a wider remit than those associated with the fixed term temporary posts to date, (mainly focussed on immunisations and vaccinations).

2.23 Despite concerns about the longer term funding of the service, as a result of funding approval process and subsequent recruitment process, there is the potential for a small amount of slippage. Work is ongoing to assess what the final amount may be and how it may be used to target HP interventions in 2024/25 for specific at risk cohorts.

## 2.3 Health protection Strategy

2.31 The Health protection service will be required to provide expertise and leadership for a range of health protection functions at Health Board (and Local Authority) level for plausible threats, response, management and control (All Hazards Approach), including:

- Pandemic Preparedness
- Chemical, Biological, Radiological and Nuclear incidents
- Infectious disease outbreaks
- Environmental hazards including climate change
- Eradication programs e.g. Hepatitis B and C
- Management and control of tuberculosis
- Screening of refugees, asylum seekers and migrants

- Vaccinations and Immunisation
- Implementation of the National Immunisation Framework
- Addressing inequalities in access and uptake of control measures
- Behavioural insights to inform action
- Risk Communication
- IP+C
- Antimicrobial Resistance
- Prison Health
- Emergency Preparedness

2.32 A CTM Health Protection Strategic plan, reflecting key priorities and programme areas, is under development with a series of workshops with partners to inform this process.

2.33 The first workshop, held in July, allowed initial engagement with Public Health Wales, Local Authority partners and wider CTM teams who currently deliver elements of Health Protection in their service area the outputs from which have been collated into the first iteration of the strategy.

## **2.4 Current Health protection Risks**

There are a number of immediate health protection risks that the service are currently managing, including:

- Measles
- Pertussis
- Legionella
- Eisteddfod preparedness
- Elimination of Hepatitis B & C programme
- Readiness for the introduction of a new RSV vaccine (Respiratory Syncytial Virus)

2.41 Measles preparedness has been a major focus of work over recent weeks with a collaborative CTM Measles Action Plan being developed and implemented with partners, the development of clinical pathways, and surge arrangements being agreed by ELG to ensure the smooth running of case finding and contact tracing, vaccinations and the delivery of HNIG to those who may need it in the event of a Measles outbreak.

2.42 This work has been in response to a PHW Measles briefing and also a nearby outbreak of Measles in the ABUHB area.

2.43 Significant work has been undertaken by the Immunisations and Vaccinations Service to improve both the public uptake of MMR and CTM

staff immunisations. Improvements in both categories of uptake have been achieved although more work is needed particularly in relation to staff uptake.

2.44 The upcoming school holidays are being used to invite all primary and secondary age children with a missing Measles, Mumps and Rubella (MMR) vaccination into one of the CVCs (Community Vaccination Centres). There is also an open invitation for any staff member to walk into a CVC to receive a missing MMR vaccination.

2.45 As part of the school vaccination catch up program over the summer school holidays, all children with a missing Human Papilloma Virus (HPV) vaccination will also be invited into the CVC over the upcoming school holidays.

2.46 A significant increase in reportable cases of Pertussis (whooping cough) is being seen across the UK and across Wales. There has been a national campaign to encourage pregnant women to be vaccinated but we are yet to robustly tackle this locally

2.47 The Health protection team have been supporting the multi-agency Event Safety Advisory Group in the planning of the Eisteddfod due to visit Pontypridd in August. Contributions have included emergency preparedness, specialist Health Protection advice, participation in desk top exercises and reviewing the medical provision plans for the event.

2.48 Elimination of Hepatitis programme is a Welsh Government priority, aligning Wales to the World Health Organisation target. This is currently being led by Planning in CTMUHB, with support from specialist Health Protection. There is a specific focus on the work needing to be undertaken in HMP Parc. The lead for the work may move across to Health Protection once a full team are in place.

2.49 Following the announcement of the new Respiratory Syncytial Virus (RSV) Vaccination Campaign 2024, plans for delivery of this new programme are underway. We are awaiting further information on the program before finalising the delivery model, but anticipate it will be a hybrid model between GPs and Community Vaccination Centre staff.

### **3.0 Strategic Risks / Matters for Escalation**



- 3.1** Current capacity in both the existing Public Health Team and Vaccinations and Immunisation teams is at extremely low levels, making response to a major hazard, should it occur at the present time, a major risk for the organisation, especially in terms of leadership, expertise and capacity to respond. This is a short term risk whilst recruitment takes place
- 3.2** Providing a Vaccination and Immunisations resource to deliver the National Immunisation Framework continues to be a major issue, with extremely low levels of staffing whilst Organisational Change Policy (OCP) and recruitment is ongoing. This is also a short term risk.
- 3.3** The key medium term risks associated with the new model will remain as follows:
  - Additional ongoing expectation and requirements from Vaccination Program Wales (VPW) could put a severe strain on proposed resources
  - Major outbreaks requiring a surge response will require additional support outwith of the Health Protection service
  - The current level of investment for the Local Authorities does not meet the requirements of the current level service and this is under review
  - The overall allocation for Health Protection and Vaccination may not be sufficient to deliver all priorities of the Health Protection Service

#### 4 Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b>	A Healthier Wales
	If more than one applies please list below:



<a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Leadership
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	If more than one applies please list below: Safe Timely Effective Efficient Equitable Person Centred
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	HR implications for those on Full time and part-time contracts	



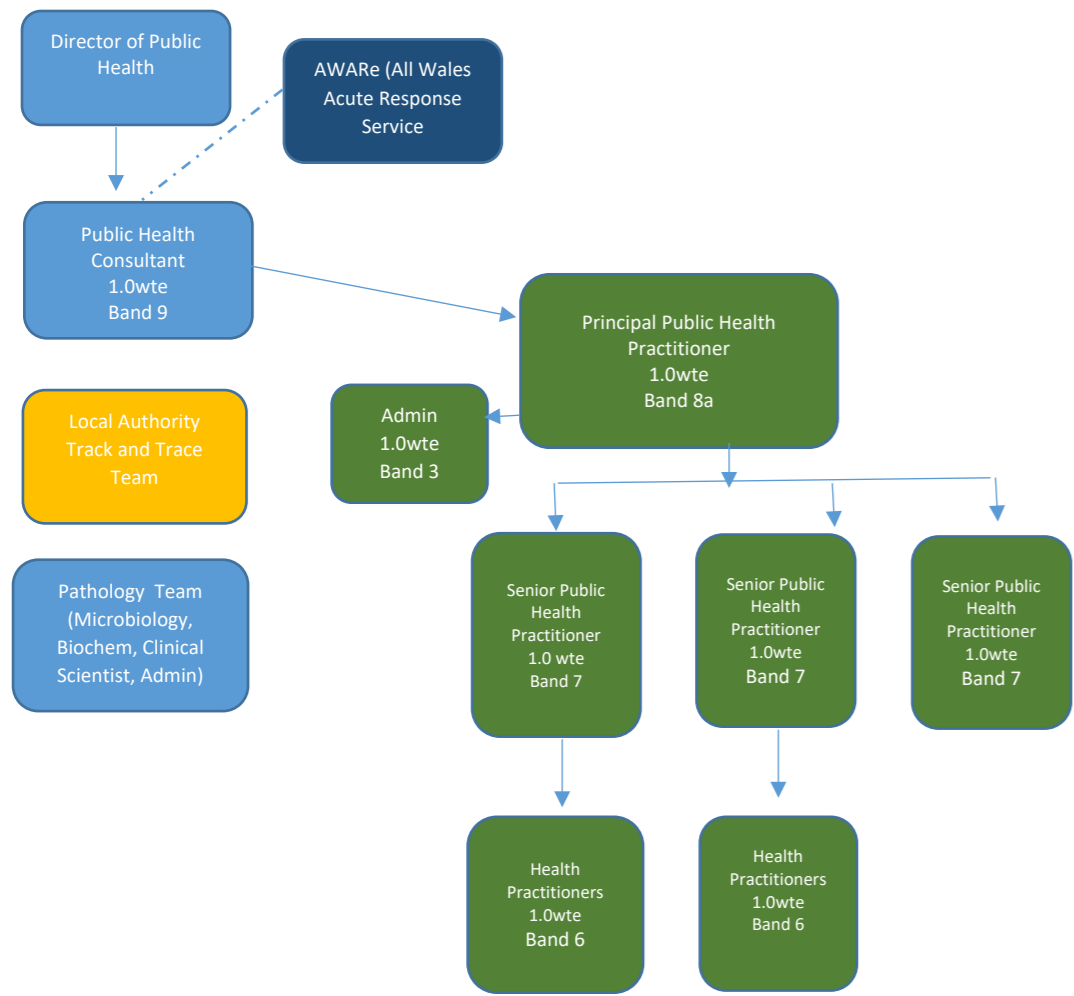
<b>Enw da / Reputational</b>	Yes (Include further detail below)
	Welsh Government investment in Health Protection Services has been significant and adequate service delivery is therefore anticipated
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)
	These are outlined in section 2 of the report

**5 Recommendation**

- 5.1 The Committee is asked to:
- 5.2 **NOTE** the progress since the HP structure was approved
- 5.2 **NOTE** the risks highlighted

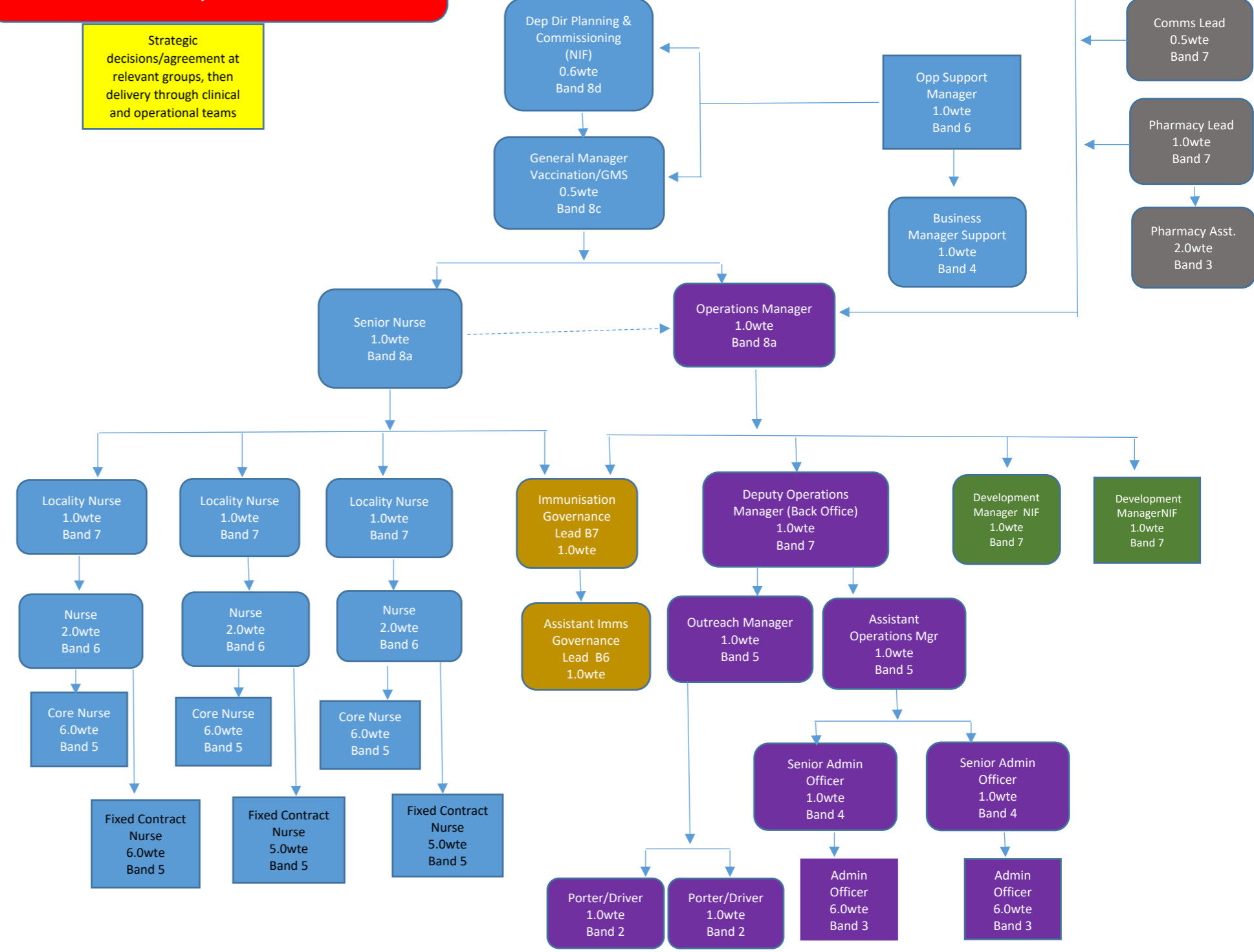
**6 Next Steps**

- 6.1 Recruitment to the agreed structure is ongoing
- 6.2 The development of a Health Protection strategy is underway



**All Hazards Health Protection System\*  
Organogram  
26 April 2024**

Strategic decisions/agreement at relevant groups, then delivery through clinical and operational teams



\*Expertise and leadership for a range of health protection functions at Health Board and Local Authority level for plausible threats (response, management and control) including:

- Pandemic
- Chemical, Biological, Radiological and Nuclear incidents
- Infectious disease outbreaks
- Eradication programmes e.g. Hepatitis B and C
- Management and control of tuberculosis
- Screening of refugees, asylum seekers and migrants
- Vaccinations and Immunisations
- Addressing inequalities in access and uptake of control measures
- Behavioural insights to inform action
- Prison Health
- Antimicrobial Resistance
- EPRR including training



**Agenda Item**

5.3

**Population Health & Partnerships Committee**

**Building Healthier Communities Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Vicki Wallace Deputy Director of Strategy and Partnerships
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Linda Prosser, Executive Director of Strategy and Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
<b>Acronyms / Glossary of Terms</b>		
BHC	Building Healthier Communities	
BHCSG	Building Healthier Communities Steering Group	
ESG	Environmental Sustainability Group	
HHA	Healthy Housing Alliance	
PHPC	Population Health and Partnerships Committee	
RSL	Registered Social Landlord	
CTM	Cwm Taf Morgannwg	



## 1. Situation / Background

- 1.1 CTM 2030: Our Health, Our Future was launched in 2021. There are three key strategic themes to CTM2030:
- Building healthier communities
  - Integrated community services
  - Clinical services plan
- 1.2 These strands are underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value-based healthcare plans.
- 1.3 The BHC portfolio includes; procurement; housing, decarbonisation/sustainability; Welsh Language; education; employment; anchor institution. The aim is to have oversight over all areas as they impact on our ability to work with our populations to develop healthier communities.

## 2. Specific Matters for Consideration

- 2.1 The last update to PHPC focused specifically on housing, this update gives a broader update on the portfolio.
- 2.2 Much of the work aligned to the BHC portfolio takes place outside of the Group (e.g. sustainability via ESG, housing via HHA). The aim of BHCSG is to draw together the networks, key learnings and synergies across the wider portfolio to widen the impact upon communities.
- 2.3 Including the probation services in the group has been an example of this – the Health and Justice Partnership Co-ordinator (probation services) is now a member of the group and in-depth conversations around how working together within communities can enable those leaving prison to have better opportunities to thrive on their release from prison. It was highlighted to the group that people on probation are likely to have poorer health and greater physical and mental health needs than the general population, with a higher prevalence of unhealthy behaviours, lower usage of health services and higher use of emergency health services. This conversation has kick started work between the health board and probation to look at how community and primary care services can better support this cohort of our population.
- 2.4 The synergies are great across the conversations taking place within BHCSG, as the discussion around probation services dovetailed into a conversation around gambling addiction and harm. This led to ARA – Recovery for All (<https://www.recovery4all.co.uk/>), an addiction recovery agency presenting at the July BHCSG. They are an agency who offers support over Wales and the South West and have recently opened an office



base in Tonypany. This conversation included information on the support they offered, but the important linkages came from the discussions around their free training packages and workplace charters, with other organisations in the room having real 'takeaways' as to how they can offer Support to their clients and also their workforce.

- 2.5 Another example of the synergy that comes from the group is how the "Offer" work has combined with the housing portfolio. This was prompted by a conversation in BHCSG with the Building Communities Trust. They highlighted the Welsh Communities Assets Index that they have devised and we have used this in conjunction with the Welsh Index of Multiple Deprivation to highlight three communities (one within each local authority area) to work with in partnership with RSLs to better understand why the services we offer are not meeting the needs of those communities.

This will be done via the health board's public health team training staff from RSLs (who are trusted within the community) in appreciative enquiry techniques over the next two months and they will undertake the conversations. This qualitative information will then shape how we work with those communities moving forward.

The communities and RSLs are:

- Tylorstown and Trivallis in RCT
- Blackmill and Valleys 2 Coast in Bridgend
- Treharris and Trelewis and Merthyr Valleys Homes and Merthyr Tydfil Housing Association in Merthyr Tydfil

### 3. Key Risks / Matters for Escalation

- 3.1 Ongoing operational pressures within CTMUHB impacting upon ability to deliver some of the portfolios. This is being mitigated through identification of minimum ask and delivery support being sought via alternative routes.

### 4. Assessment

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



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

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



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) There are potential reputational impacts on the health board if specific elements of this work are not achieved	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below) There may be a resource implication in relation to how the health board enacts its partnership responsibilities	

**5. Recommendation**

5.1 The Committee is asked to **NOTE** the update and progress to date

**6. Next Steps**

6.1 BHCSG will continue to create opportunities to support the strategic goal of Building Healthier Communities.



**Agenda Item**

6.1

**Population Health & Partnerships Committee**

**MENTAL HEALTH STRATEGIC WORK PROGRAMMES  
UPDATE**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Elaine Lorton – Service Director Mental Health & Learning Disabilities
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Julie Denley Deputy COO Primary, Community & Mental Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

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

<b>Acronyms / Glossary of Terms</b>	
AWOL	Absent Without Leave
CAMHS	Children and Adolescent Mental Health Services
CMHT	Community Mental Health Team
HIW	Health Inspectorate Wales
CIW	Care Inspectorate
MH&LD	Mental Health and Learning Disability



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

RCRP	Right Care Right Person
IMTP	Integrated Medium Term Plan
CTMUHB	Cwm Taf Morgannwg University Health Board



## 1. Situation /Background

- 1.1 This paper provides an overview of the progress made in the last six months on strategic work programmes and priorities within the Mental Health and Learning Disability (MH&LD) Care Group.
- 1.2 The MH&LD Care Group has been restructured to a functional model. The newly formed operational Directorate's represent CAMHS and specialised services; Adults and Older Adults. There has been positive recruitment into the senior leadership roles, and some of this is due to complete by the end of July 2024. The vision for the care group is to build and embed inter-professional and collaborative leadership at all levels.
- 1.3 Over the last 6 months, the Care Group has achieved good improvement in performance, particularly in those areas of targeted intervention:
  - **CAMHS Part 1A:** Sustaining the 80% waiting time standard for assessment since July 2023. In April 2023 this was 10% achievement.
  - **CAMHS Part 1B:** Improving delivery of the 28 days for intervention standard from 33% in November 2023 to achieving the 80% target in June 2024. During this time the waiting list has dropped from 115 to 47.
  - **CAMHS Part 2:** Sustaining above the 90% target for care and treatment plans since September 2023 with one slight dip to 89% in April 2024.
  - **Psychological Therapies :** A sustained improvement in the percentage of patients waiting less than 26 weeks for psychological therapies from 20% in May 2023 to 54% in May although there has been variation between 54 and 63% in the last 6 months. The number of people waiting over 52 weeks has improved from 221 in May 2023, to 109 in May 2024.
  - **HIW Discharge Review:** Completion of 38 out of the 40 recommendations.
- 1.4 The NHS Executive has implemented a Strategic Programme for Mental Health with initial focus on inpatient mental health to improve quality and safety and to support the implementation of Right Care, Right Person.
- 1.5 Welsh Government have consulted on the 2 draft strategies, Mental Health & Wellbeing and Suicide and Self Harm. Feedback is expected

on the consultation towards the end of 2024 with new strategies being launched early 2025.

- 1.6 There has been no Service Improvement Fund released to the Health Boards for 2024/25.

## 2. Specific Matters for Consideration

- 2.1 **Right Care Right Person (RCRP):** RCRP is a police initiative that focusses on ensuring police resource is targeted toward core police activity: preventing and detecting crime, keeping the King's peace and protecting life and property. In practice this will mean that the police no longer respond to some calls that are regarded to be the responsibility of other agencies. It has 4 phases of implementation:

- Welfare Checks – February 2024
- AWOL and walking out of hospital – September 2024
- Mental Health Conveyance to Hospital – February 2025
- Handover of Section 135/6 Mental Health patients – February 2025

The Health Board has a planning group in place and has already completed phase 1 through implementation of staff training and a Health Board protocol. Plans are in development to ensure the smooth implementation of Phase 2 in September 2024. The Health Board is working with national and local multi-agency partners in relation to Phases 3 and 4.

It is expected that Phase 4 will require additional planning and a working group has been established. Introductory multi-agency workshops were held in April and June 2024 to explore current provision and the case for change. This included the perspectives of people detained, CTMUHB mental health staff, AMHPs, police, third sector and other stakeholders. Initial data analysis regarding s136 handover times was collated and shared to establish 'what good looks like'. Sub-group assessment of high-level model options and consideration of risks. The next phase of actions includes

- Continue to review the data as new data streams become available
- Strengthen the service user voice in the project working with Service User Involvement Officers
- Targeted improvement work with Emergency Departments and Mental Health Places of Safety to improve experience
- Review of work to date by MH&LD Care Group to determine next steps in relation to strategic change



- Assess and proposed alternative estate required to support final proposed model

2.2 **Inpatient Improvement Programme:** The programme has now completed 38 of the 40 HIW recommendations. The programme now moves into a new phase and will align with the National Patient Safety Programme, which has 5 work streams:

- Relational Safety
- Procedural Safety
- Environmental Safety
- Psychological Safety
- Safe Discharge

CTM's Nurse Director for MH&LD is leading the national Safe Discharge workstream, which will focus on delivery of a national performance indicator on 72 hour follow up on discharge and discharge standards for Wales, which will form part of a national Quality Statement.

2.3 **Dementia Day Services:** Following the completion of an independent review, which identified significant variation across existing place-based services, that the service was predominantly social in nature and that for a growing population we were delivering to only 1%, a recommendation was supported by the Executive Leadership Group that we commence engagement to scope the development of a peripatetic service to support more people within the community. The engagement commenced on 15<sup>th</sup> July and will run for 10 weeks, it will engage with staff, patients and families, other professionals, stakeholders and our public.

**CASE FOR CHANGE:**

**01 – Increased Demand**  
Expected significant increase in people living with dementia in the next 10 years together with a growth in the expected number of young people developing dementia

**02 – Accommodation & Space**  
Current health accommodation for the services in RCT are not fit for purpose and require significant refurbishment.  
Location of services also limits the individuals accessing services as travel time has a detrimental impact on service users

**03 – Capacity & Efficiency**  
We are currently providing a limited capacity and inefficient service with a high did not attend rate which represents less than 1% of the population currently living with dementia

**04 - Workforce**  
Recognition that we have vacancies across all of our staff groups and the average age of current workforce is increasing, staff are approaching retirement age. Current services are staffed predominantly by nursing colleagues and best practice advocates for a specialist multi-disciplinary approach

**05 - Benchmarking**  
of other services across the UK: this concluded that our current service provision of place based care is out dated and an outlier compared to other health organisations.

**06 - Sustainability**  
Current services are not financially sustainable and given the need to ensure services align with the principles of value-based healthcare

**07 – Inequity of Access**  
Current service access represents a 'postcode lottery' individuals living with dementia should receive the same levels of care and input regardless of where someone lives

**08 – Misalignment with National Standards**  
Dementia Action Plan and standards emphasize the need for flexible services, MDTs, and person-centred and coordinated care. Current services are inflexible and require individuals to fit around current service provision

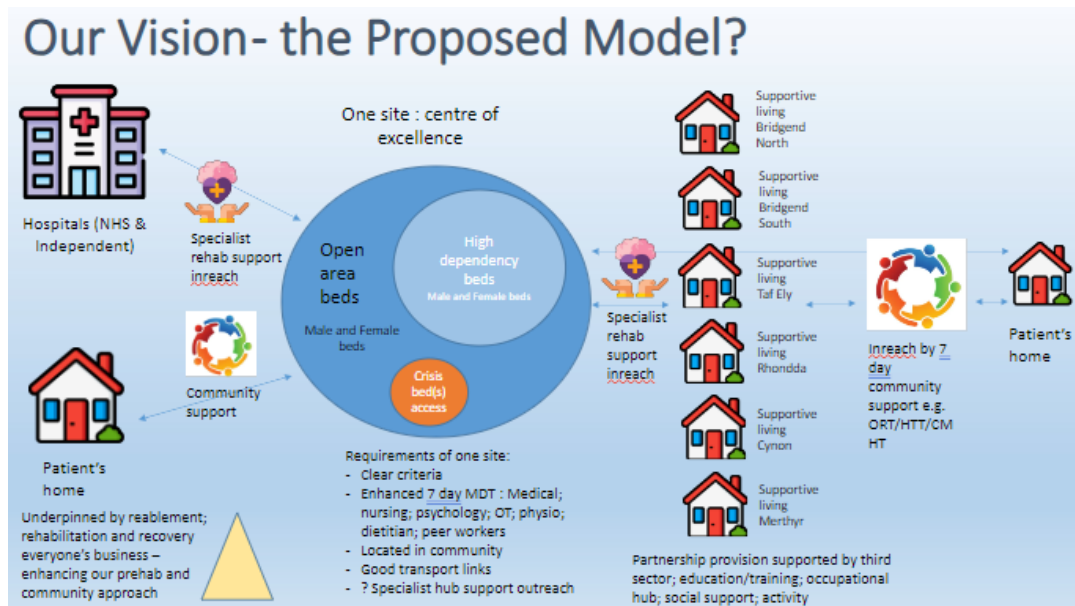
ctmuhb.nhs.wales

Feedback can be submitted via email to: <mailto:CTM.MHLD.ServiceEngagement@wales.nhs.uk> or on the form (QR code).



It is also recognised that one of the existing day services is located in Pontypridd Cottage Hospital and the fabric and condition of the building is a cause of concern as Autumn and Winter arrive. Alternative options are being scoped to consider how to re-provide that service from an alternative unit as the building will not be made fit.

**2.4 Rehabilitation & Recovery Programme:** A workshop was held in December 2023 to develop a range of models for a future system to be considered through the programme board initiated in January 2024 with work streams established to assess staffing and clinical pathways. The preferred model is for a single centre of excellence with wider development of supported living solutions and a developed community model. This would require significant capital to develop and therefore an interim model would be across two sites and this is being scoped.



**2.5 Wellbeing Retreats:** The initial service specification for the children and young person's pilot resulted in no bids for the full service however subsequent positive partnership re-design led to a successful procurement with Platform being awarded the contract which commenced on 15<sup>th</sup> July 2024. Funding has been received from Welsh Government to support the full cost of the pilot to end

March 2025 and regional discussions have commenced to consider longer term opportunities subject to successful outcomes being demonstrated.

The specification for the adult wellbeing retreat development is in development with a plan to implement a second retreat in the Merthyr area from April 2025.

2.6 **CMHT Review:** A demand and capacity review was completed at the end of 2023 of the 6 adult teams. The review considered capacity, caseloads, financial allocation, incident reporting and operational policies. There was significant variation between teams based on the previous Locality operational model and legacy decisions made by two separate Health Boards. Follow up meetings were held in May to provide feedback, discuss improvement actions and agree next steps. The newly formed (following the Organisational Change Policy (OCP)) Adult Directorate are now developing a plan to consider a "Once for CTM" approach to CMHT development, set within the context of this review.

2.7 **Quality Governance:** The care group has prioritised the development of a Quality Management System. There have been improvements to quality governance, with an embedded Quality Safety Risk Experience Board in place. The last three HIW inspections and a joint HIW CIW Esytyn national review have noted improvements in oversight and governance, as well as quality and safety at a service level. Two Care Group improvements have been shortlisted for NHS Wales Awards:

- Ty Llidiard Improvement
- Older Adult Mental Health Falls Collaborative.

The care group has set new quality priorities for 2024/2025.

2.8 **Inter-professional Development:** The Care Group has scheduled regular quarterly away days in 2024-2025 to build on the development of our strategic priorities and take forward the actions required to realise our high level objectives. A key focus is to ensure we do this in an inter-professional way, including all roles across the leadership teams. The initial focus has been on the design and delivery of Directorate IMTPs which align to the Care Group's IMTP.

### 3. Key Risks / Matters for Escalation



- 3.1 Our strategic programme will require periods of engagement and then decision making on final proposed options. Any change of service will have positive and negative impacts and although mitigations for the negative impacts will be proposed it is likely that some individuals may remain unhappy regardless of the greater good of the change.
- 3.2 Some of the new models of care may require longer term capital solutions. The Regional Partnership Board’s 10 year capital strategic plan is in development and the requirement for alternative community infrastructure will be identified. A procurement is underway to review the inpatient services and propose solutions to better manage the care, staffing model and estate.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: Improving Care Sustaining our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Ageing well Growing well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: Efficient Equitable Safe



<b>Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below:

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

## 5. Recommendation

5.1 The paper is **NOTED** for information.

## 6. Next Steps

6.1 A further update on the MH&LD strategic programme to be presented to the Committee in 6 months.



**Agenda Item**

6.2

**Population Health & Partnerships Committee**

**Learning Disabilities Strategic Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Caitlin Jacob, Interim Partnerships and Planning Manager MHLD
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Julie Denley, Deputy Chief Operator Primary Care, Community and Mental Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

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

<b>Acronyms / Glossary of Terms</b>	
AATU	Acute Assessment and Treatment Unit
CCU	Continuing Care Unit
C&VUHB	Cardiff and Vale University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
LDIST	Learning Disabilities Intensive Support Team
LDRCG	Learning Disability Regional Commissioning Group
SBUHB	Swansea Bay University Health Board

## 1. Situation /Background

- 1.1 Swansea Bay University Health Board (SBUHB) provides the specialist adult services for people with a learning disability within CTMUHB through a commissioner and provider relationship. SBUHB also provide learning disability services for the population of Cardiff and Vale University Health Board (C&VUHB).
- 1.2 The services provided by SBUHB are:
- community services,
  - specialist residential units and
  - acute assessment and treatment units (AATUs).
- 1.3 Learning Disability services for children and young people are delivered within CTMUHB through its paediatric services.
- 1.4 A Joint Adult Learning Disability Commissioning and Performance Strategic Group and Operational Group are established to give assurance to the two commissioning Health Boards on the delivery of high quality healthcare services to meet the needs of the population.
- 1.5 The CTM Regional Partnership Board Learning Disability 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

- 2.1 An interim Service Specification setting out the current Specialist Adult Learning Disability Health Services has been developed through the Joint Adult Learning Disability Commissioning and Performance Operational and Strategic groups and is attached at **Appendix A**.
- 2.2 The service specification sets out the requirements of the current service and is described as 'interim' as it will be replaced by newly agreed service specification(s) under the Adult Learning Disability Modernisation Programme (ALDMP) for the three Health Boards.
- 2.3 In alignment with 'Improving Care: Improving Lives', the priority is to ensure that people with a learning disability do not spend longer in specialist hospital than is needed, to provide high quality prudent assessment, intervention and support in the community to prevent admission and ensure sustainable discharge.



- 2.4 The modernisation programme will mean a change in the ratio of resources between inpatient and community care and will require changes to be implemented across inpatient and community services in parallel.
- 2.5 The learning disability inpatient estate is not fit for purpose and to achieve the modernisation programme in the medium-long term capital investment to develop purpose built facilities is required. SBUHB along with commissioners are exploring the current options within a challenging NHS capital landscape and the feasibility of alternative funding streams.
- 2.6 A Complex Care Unit Sub-Group has been established, reporting to the Joint Adult Learning Disability Commissioning and Performance Strategic Group. In order to meet the increased complexity within the current complex care units it is necessary to increase the ratio of staff to patients. The Sub-Group is exploring the options of reducing capacity across the units and /or the closure of units. The role of the sub-group is to analyse the benefits and risks associated with the options and will make recommendations to the Strategic Group in August 2024. There will be further engagement in relation to any recommendations made.
- 2.7 The NHS Executive have completed the sixth quarterly specialist Inpatient Audit cycle of adult learning disability inpatients since February 2022 to assist in monitoring progress in reducing the number of people with learning disability in hospital beds.
- 2.8 The relative CTM inpatient population has decreased over the duration of the audit from 25 patients in February 2022 to 22 patients in April 2024. This is four less patients than reported in the previous census in January 2024 (26).
- 2.9 16 patients were reported as receiving care in an NHS Wales facility, 5 patients were reported as receiving care from a non-NHS facility and 1 patient was reported as receiving care from NHS England.
- 2.10 Of the 22 patients, 16 patients (73%) were reported as receiving care in a Continuing Health Care Environment, 3 (13.5%) patients reported as receiving care in an Assessment and Treatment Unit (AATU's) and 3 (13.5%) patients were reported as receiving care in secure care.

- 2.11 CTM inpatients are currently below the average length of stay for AATU admissions and secure care compared to the all-Wales position. The highest length of stay for Continuing Care Units. The average length of stay in continuing care is higher than the all-Wales position and the maximum length of stay in continuing care is 19.5 years which is the highest length of stay in Wales. The CCU's length of stay is influenced by the previous inpatient transformation plan which included the closure of institutions in favour of CCU's with a high number of them being located in the CTM footprint.
- 2.12 The Learning Disability Regional Commissioning Group (LDRCG) are developing a Joint Regional Learning Disability Accommodation Strategy to inform the development of appropriate accommodation services for the future. A regional mapping exercise was undertaken to set out current learning disability accommodation provision and to inform the strategic priorities for the work programme.

### 3. Key Risks / Matters for Escalation

- 3.1 The Committee is asked to note the Specialist Adult Learning Disability Health Interim Service Specification.
- 3.2 Workforce pressures in Learning Disability specialist services remain a high concern and is a risk monitored through the Joint LD Commissioning and Performance group Risk Register.
- 3.3 Capital investment will need to be secured to facilitate agreed changes to the learning disability estate to realise the modernisation plan. Options for securing capital funding through Regional Integration Fund and other funding streams will continue to be explored with partners informed by the recommendations put forward by the Complex Care Unit Sub-Group in August.
- 3.4 The lack of dedicated Programme Management resource remains a risk to the delivery of the modernisation plan. A proposal to fund dedicated Programme Management resource from the specialist service funding allocation has been agreed and is being progressed.

### 4. Assessment

Objectives / Strategy	
	Improving Care



<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Whole-systems Perspective If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Person Centred If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  None required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  None required



<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
<b>Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.

## 5. Recommendation

5.1 The Committee are asked to **NOTE** the contents of the Learning Disabilities Strategic Update.

## 6 Next Steps

6.1 A longer-term plan will be developed with partners alongside the three year Modernisation Plan.

6.2 A further update will be presented to the Committee in 6 months' time.

## Interim Service Specification

# Specialist Adult Learning Disability Health Services

**DOCUMENT CONTROL**

Author	
Approved By	[meeting name]
Date of Agreement	
Date of Issue	
Date of Review	[should be annual]

**VERSION CONTROL**

Version No	Date	Reviewer	Summary of Change
0.1	29/4/24	Gareth Bartley	Amendments regarding, eligibility and clinical standards sections of the specification for review by strategic group.
0.2	24/5/24	Gareth Bartley	Revision to reference transition for under 18s, co-location with LA, peripatetic professional input, Laurels and Briary assessment function.

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## **Statement**

Cardiff & Vale, Cwm Taff Morgannwg and Swansea Bay University Health Boards (the three UHBs) propose to commission the service of Specialist Adult Learning Disability Health Services in accordance with the criteria outlined in this specification.

In creating this document three UHBs have reviewed and agreed the outcomes and standards of care that the service is expected to deliver.

## **Disclaimer**

The three UHBs assume that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

The three UHBs disclaim any responsibility for damages arising out of the use or non-use of this document.

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## 1. Introduction

This document has been developed as the Interim Service Specification for the planning and delivery of Specialist Adult Learning Disability Health Services for people resident in the three UHB catchment areas.

The service requirements described are defined as the ‘interim service requirement’ and will be replaced by newly agreed service specification(s) under the Adult Learning Disability Modernisation Programme (ALDMP) for the three UHBs.

### 1.1 Background

#### Learning Disability Definitions

- a) The term ‘learning disability’ is used to describe an individual who has:
- 🧩 A significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
  - 🧩 A reduced ability to cope independently (impaired adaptive functioning); which started before adulthood and has a lasting effect on development. <sup>1</sup>
- b) *“Some people with learning disabilities also have physical and/or sensory impairments, mental health problems or other ‘neurodevelopmental disorders’ such as autism. People who have learning disabilities and other conditions are included in the group of people with learning disabilities as long as they also have learning disabilities. As such, people with Asperger’s Syndrome are not included in this term as by definition they have average or above average intelligence. Further, people with brain injury or trauma sustained in adulthood would not fall within the definition of having learning disabilities.”* <sup>2</sup>

#### Learning Disability Population

According to population data from the Office for National Statistics (2019)<sup>3</sup> there are:

- 🧩 Approximately 54,000 adults with a learning disability in Wales
- 🧩 Approximately 40,000 adults of working age with a learning disability in Wales
- 🧩 Approximately 16,000 children with a learning disability (0-17) in Wales
- 🧩 Approximately 5,000 children with a learning disability (0-5) in Wales

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<sup>1</sup> Department of Health, 2001

<sup>2</sup> [https://www.researchgate.net/profile/Eric-Emerson/publication/265306674\\_A\\_working\\_definition\\_of\\_Learning\\_Disabilities/links/5428856f0cf26120b7b5692b/A-working-definition-of-Learning-Disabilities.pdf](https://www.researchgate.net/profile/Eric-Emerson/publication/265306674_A_working_definition_of_Learning_Disabilities/links/5428856f0cf26120b7b5692b/A-working-definition-of-Learning-Disabilities.pdf) Accessed 12 November 2021

<sup>3</sup> Office for National Statistics [Accessed 12 November 2021]

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### **Prevalence**

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

There is a range of support needs for people with a learning disability depending upon the severity.

**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

A learning disability commonly affects someone's ability to understand communication and express themselves, with 90% of people with learning disability experiencing a communication difficulty

## **1.2 Current Services Overview**

### **Third Sector Organisations**

There are a wide range of Third Sector Organisations across the three UHBs achieving positive outcomes, supporting people with learning disabilities in several areas, including:

- Advocacy
- Co-production opportunities
- Day opportunities
- Community transport
- IT support
- Health and well-being

### **Social Care**

Community Learning Disability teams work alongside people with learning disabilities and their support networks to assess needs, agree outcomes and develop care plans. The teams provide access to information, advice, and support for people with learning disabilities to access a wide range of assistance including:

- integrated community facilities
- day opportunities
- domiciliary care
- respite care
- supported living
- residential care
- direct payments
- volunteering, employment
- transition from children to adult services
- client transport

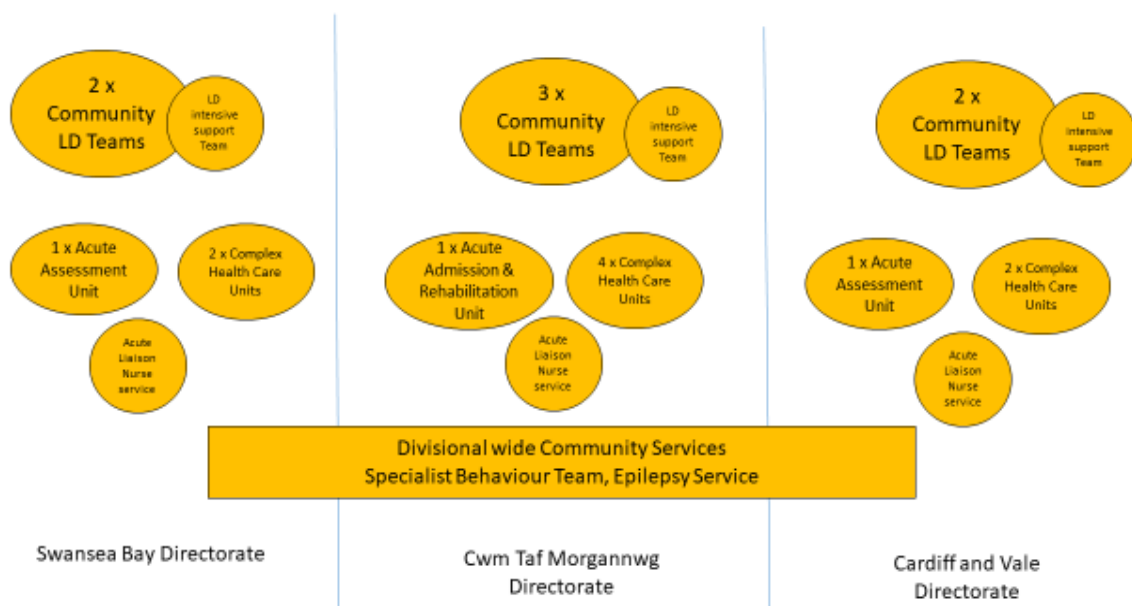
Local authority learning disability teams and health learning disability teams work in partnership to offer multidisciplinary support when required.

## Health Care

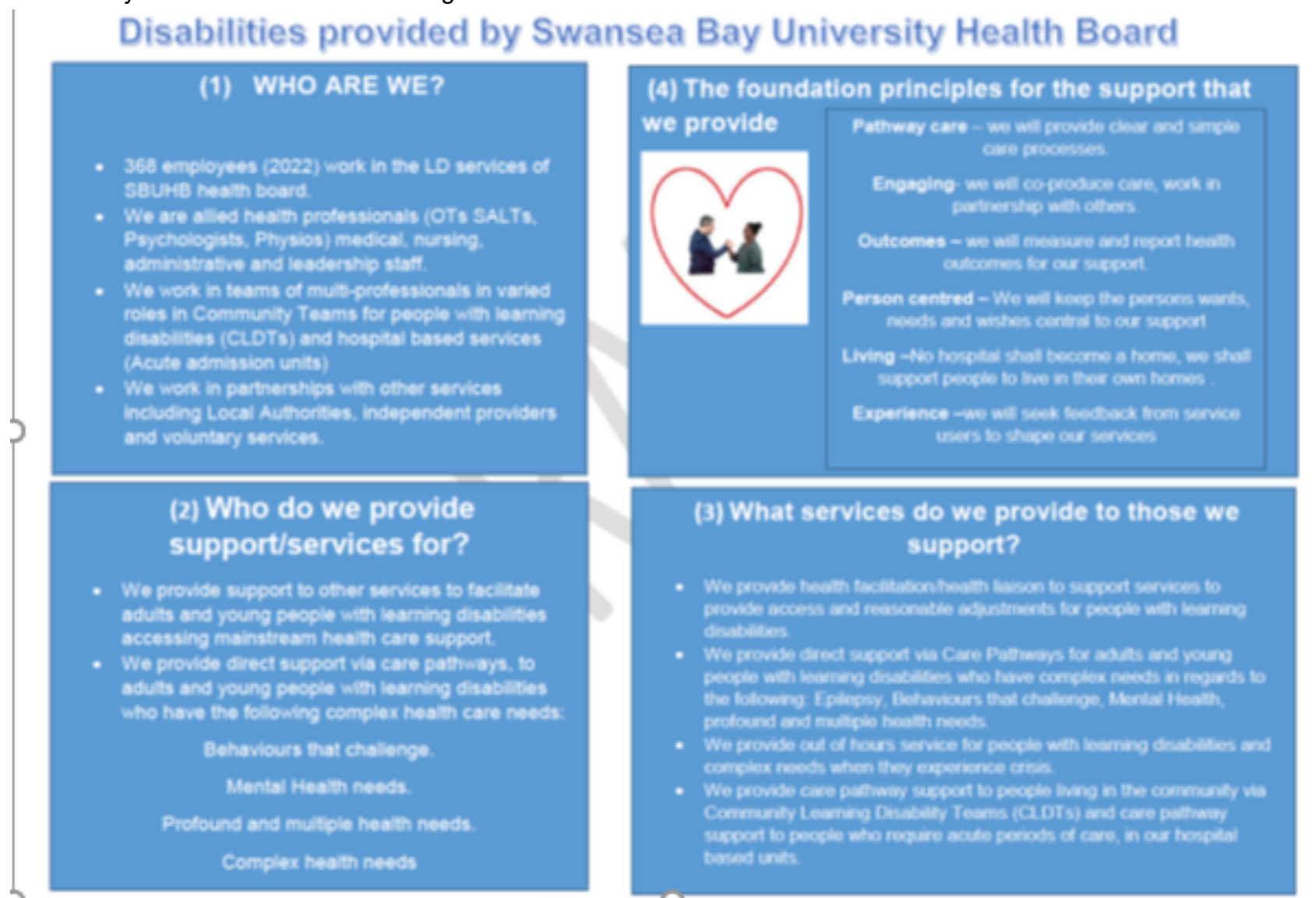
Specialist Adult Learning Disability Services are delivered across the geographical area covered by Swansea Bay, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards, a combined population of around 1.2 million people.

Partnerships are essential to achieving positive outcomes for people with a Learning Disability and the current services work in partnership with seven local authorities across the three UHB areas.

The configuration of services across the three UHBs is set out below.



A summary of the current service arrangements can be seen below



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### 1.3 Aims and Objectives

The aim of this interim service specification is to define the outcomes, standards of care and requirements essential for delivering Adult Learning Disability Services.

The objectives of this service specification are to:

- detail the specifications required to deliver Adult Learning Disability Services for people who are residents in three UHB catchment areas
- ensure minimum standards of care are set for the use of Specialist Adult Learning Disability Health Services
- ensure equitable access to Specialist Adult Learning Disability Health Services
- improve outcomes for people accessing Specialist Adult Learning Disability Health Services

### 1.4 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
  - Welsh Government Learning Disability Strategic Action Plan 2022-2026
  - Additional Learning Needs and Education Tribunal (Wales) Act 2018
  - Continuing NHS Healthcare National Framework (Wales 2022)
- **Other relevant NHS Wales, England or Scotland policies**
  - Well-being of Future Generations (Wales) Act 2015
  - Mental Health Measure (2010)
- **Other published documents**
  - Social Services and Well-being (Wales) Act (2014)
  - United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
  - Equality Act (2010)

## 2. Quality and Patient Safety and Experience

The service provider(s) must work to the outcomes and quality standards specified below and provide monitoring information as specified at **section 4**. The quality management systems must be audited and assured in line with the monitoring Health Board's Quality Management System or as specified contractually (if an external provider).

The service must enable the patients, carers and advocates' informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

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## 2.1 Core Outcomes

### Timely access to specialist support for people with learning disability and complex needs.

- Provide early intervention and crisis support when required.
- Work in partnership to prevent unavoidable admission to hospital

### Improvement in wellbeing for people with learning disability and complex needs.

- Reduction in Health Inequalities

### People with learning disability and complex needs receive person centred care.

- Individuals receiving specialist services are involved in the development of a care plan which is individual to their needs.

### People with learning disability and complex needs are supported to provide feedback on the experience of the service.

- This feedback is reported and reviewed to improve specialist learning disability services.

## 3. Service Delivery

The three UHBs agree to commission the interim service of **Specialist Adult Learning Disability Services** for the three UHBs population with learning disability, in-line with the outcomes, standards and criteria identified in this interim specification.

The interim service of **Specialist Adult Learning Disability Health Services** consists of:

- Community Learning Disability Teams
- Specialist Behaviour Team (SBT)
- Learning Disability Intensive Support Team (LDIST)
- Acute Liaison Nurse Service (ALN)
- Specialist Epilepsy Service (SES)
- Inpatient Services- Unscheduled Care- Acute Admission Units (AAU)
- Inpatient Services- Complex Health Care Units
- Inpatient Services- Specialist Rehabilitation
- Inpatient Services for people with Profound and Multiple Learning Disabilities

### 3.1 Community Learning Disability Teams (CLDTs)

There will be seven Community Learning Disability Teams, each of which will adhere to the following:

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### **CLDTs Role and Function will be:-**

- Delivery of a whole systems values based approach that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support closer to Home.
- To provide specialist evidence based assessment, treatment, interventions and support to people whose complex needs cannot be met by generic primary Health care and local supported living schemes
- Provide health assessment, promotion and facilitation, working in close partnership with primary and secondary care and delivering proactive, preventative approaches to making reasonable adjustments and reducing health inequalities.
- Joint working with other mainstream services providing advice and support to supplement ongoing work.
- Delivery of services across a range of settings including individual's homes, local authority care provision, day services, educational settings and third sector social care provision and private residential placements.

The CLDTs will work in an integrated way coordinated within a Multi-disciplinary Team (MDT) Framework. The CLDT will operate Monday to Friday, 9am to 5pm and provide high quality evidence based services that:

- Deliver a systematic approach to Mental Health and Behavioural Assessment and intervention
- Use a Positive Behaviour Support model
- Provide specialist community health facilitation and promotion
- Reduce inequalities in health and reduce restrictive practice
- Maintain people in their own homes/ Community placements reducing the need for inpatient assessment or hospital admission
- Work with individuals, their families/carers and support staff around their complex physical health - this might include postural management, dysphagia and specialist equipment.

### **CDLTs Eligibility Criteria will be:**

- **Essential service eligibility criteria:** establishing that the individual meets the diagnostic criteria for a Learning Disability as set out by the World Health Organisation (1992). All three of the following criteria must be met for a person to be considered to have a learning disability:
  - **Significant impairment of intellectual functioning** - A significantly reduced ability to understand new or complex information, or to learn new skills (IQ below 70)
  - **Significant impairment of adaptive/social functioning** - A reduced ability to cope independently
  - **Age of onset before adulthood** – Significant impairments of the above two criteria must have been acquired before 18yrs of age

- **Current Specialist Health Need:** for an individual to be eligible to access CLDT services, in addition to meeting the diagnostic criterion for a learning disability, they must also have a current specialist health need which cannot be met through core NHS health service provision.

All new referrals to the CLDT will be subject to an **eligibility screening** to establish they meet the essential eligibility criteria as set out above ([see Annex i for eligibility criteria pathway](#)).

The CLDT will request that all referring agencies provide information on the referee's skills and abilities, including any past assessments of Intellectual and adaptive functioning.

#### **CLDTs Exclusions will be:**

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB catchment areas
- People under the age of 18 years old except where working jointly with Children's services in line with Transition pathway.

#### **CLDTs Referral Process will be:**

An open referral process accepting referrals from a wide range of referrers which will include:

- Care Managers (in most areas the main referrers)
- Primary Care e.g. GPs and primary care practitioners
- Secondary Health Care Services
- Carers and families
- Individuals with Learning Disabilities
- Voluntary services (Third sector)

**CLDT Facilities** will be located across the three UHB catchment areas and specifically in the following locations Monday to Friday, 9am to 5pm:

<b>Health Board Area</b>	<b>Location</b>
Cwm Taf Morgannwg UHB	Bridgend CLDT Picton Court Retail Park, Bridgend, CF31 3XX
	RCT South CLDT The Courthouse, Llwynypia Road, Llwynypia, RCT, CF40 2HZ
	Merthyr CLDT Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CF48 1BZ
Cardiff & Vale UHB	Cardiff CST 43 The Parade, Roath, Cardiff, CF24 3AB
	The Vale CST Hen Goleg, College Fields Place, CF62 8LF
Swansea Bay UHB	Swansea CLDT The Guildhall, Swansea, SA1 4PE
	Neath CLDT, Cimla Hospital, Neath, SA11 3SU

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Some facilities are currently shared with local authority social work teams and co-location is seen as beneficial where possible.

### **CLDT Service Specific Requirements**

- **Commissioned care packages**

Some people with learning disabilities may have complexities which require a package of care and support over and above what can be provided by core NHS and Social Care services. Such packages can be funded solely by the NHS or as part of a joint arrangement with the local authorities.

The CLDTs will assess need in respect of commissioned care packages and complete a care plan including where appropriate with the relevant Local Authority. All care and support plans will be subject to ongoing review by the CLDTs for the duration of care and support plan requirements.

### **CLDTs Commissioned Care Packages Responsibilities will be:**

- To undertake the 'Care Coordination' role as outlined in both the Mental Health Measure 2010 (for relevant patients) and the Continuing NHS Healthcare National framework for implementation in Wales 2022.
- For care and support plans requiring a contribution of health funding over and above that provided by core services, the CLDT which undertook the initial assessment and recommendations, will retain responsibility for monitoring and reviewing that plan.
- Where the person requires placement outside of their original area of residency, the CLDT which commissioned the placement will retain responsibility for monitoring and review of that plan.

*It is acknowledged that in some cases it is more appropriate for the local CLDT (where the person is now placed) to provide the day to day clinical input, however the overall responsibility for overseeing the plan will be retained by a named individual in the placing CLDT.*

- Be responsible for undertaking a clinical review at or shortly after 3 months and then annually thereafter. Other reviews may need to take place dependent on a change in information, escalation of concerns, at MDT request etc.
- The outcome of these reviews, and or any changes that are being proposed in the care package, will require additional approval via the respective health board funding panels.
- The CLDT will lead review of the clinical care and treatment initially at 3 months and subsequently annually. Every effort should be made to ensure these are undertaken in a coordinated way which best reflects the principles of prudent working, the complexities of the individuals need.

### **CLDT Workforce Requirements will be:**

- Registered Nurses
- Registered Occupational Therapists
- Registered Physiotherapists
- Registered Speech and Language Therapists
- Registered Psychologists

- 
- Registered Dietitian
  - Consultant Psychiatrists
  - Technical Instructors

Some professional functions can be delivered peripatetically across more than one team or directorate.

CLDT Clinical Standards Requirements will be in line with the following clinical guidance:

- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
- NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.
- NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018.

### **3.2 Specialist Behaviour Team (SBT)**

**SBT Role and Function** will be:

- To work with adults with learning disabilities who require additional support due to the nature of their presenting behaviours and/or mental health issues.
- Behaviours that challenge are not a separate diagnostic entity, but describe a range of actions by a heterogeneous group of people resulting from a complex interaction of personal and environmental factors. As such, the SBT remit will be broad reaching, and required to achieve a balance between clear clinical processes and a flexible approach to meeting individual need.
- To provide Positive Behavioural Support (PBS), applying evidence based PBS framework in response to meeting the complex needs of individuals whose behaviours challenge services.
- To develop PBS plans which increase a person's quality of life, teach skills and reduce restrictive practice.
- To support MDT behavioural assessment in specialist residential settings and work with individuals in acute assessment units to reduce length of stay and increase positive outcomes for the individual.
- To support social care partners and families to maintain community placements and reduce unnecessary admissions to in-patient facilities.
- To develop a set of baseline outcome measures for the individual and evaluate the outcome of these at three monthly intervals and again at discharge.

**SBT Eligibility Criteria** will be:

- As for the CLDT
- Defined in the Behaviour that challenges Pathway

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**SBT Exclusions will be:**

- People who do not meet all the CLDT eligibility criteria
- Residents outside of the three UHB areas
- People under the age of 18 years old

**SBT Referral Process will be:**

- Referrals to the SBT are processed through the Health Team referral meetings, which take place on a weekly basis in each of the Community LD Teams.
- Referrals should be completed on the standard Health Referrals form and discussed with the Team Lead in each area in the first instance before it is passed onto SBT for consideration.
- A representative from the SBT regularly attends the referrals meetings alongside other health colleagues in the CLDT.

**SBT Facilities will be:**

The SBT will operate as a virtual team across the three UHB areas working closely with each CLDT.

**SBT Service Specific Requirements will be:**

The core service will operate Monday to Friday 9am to 5pm.

In addition to this, to respond flexibly to the needs of individuals on the caseload, the service will provide services outside of 'normal working hours' to provide care prior to 9am and after 5pm and at weekends and have in place an Adaptable Working Policy to support this.

**SBT Workforce Requirements will be:**

- Behaviour Specialist (registered practitioner)
- Assistant Behaviour Specialists
- Registered Psychologist

CLDT Clinical Standards Requirements will be in line with the following clinical guidance

NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.

NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.

NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018.

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### 3.3 Learning Disability Intensive Support Team (LDIST)

#### **LDIST Role and Function** will be:

- To provide prompt, short-term, intensive support to adults with learning disabilities who are experiencing episodes of mental and/or physical ill health that require extra support in addition to that provided by CLDTs.
- To work in conjunction with CLDT's to 'take the service to the person' by providing the service in an individual's home, day service facility or other relevant setting.
- To enhance continuity of care and increases access to service support for those experiencing episodes of mental and/or physical ill health and requiring additional support to that of CLDTs.
- To prevent crisis by use of PBS and other evidenced based support models
- To support individuals experiencing an acute change in their mental and/or physical health needs and reduce the occurrence of; diagnostic overshadowing, risk of placement breakdown and unnecessary admissions to AAU's.
- To reduce bed days for those admitted to AAU's by supporting and expediting safe discharge with on-going support post discharge.

#### **LDIST Eligibility Criteria** will be:

- Same access criteria as CLDT ([see Annex i for eligibility criteria pathway](#)).

#### **LDIST Exclusions** will be:

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB catchment areas
- People under the age of 18 years old

#### **LDIST Referral Process** will be:

Access to LDIST is via Referral for individuals with a learning disability who are currently open to the relevant CLDT who require an intensive, focussed period of assessment and intervention. Referrals will be formally accepted by the registered nurses in the team. (See referral pathway appendix 1)

- Referrals can be made by:
  - Member of CLDT
  - Acute Admission Unit (AAU) staff
  - Specialist Behavioural Team (SBT)
  - Acute Learning Disabilities Liaison Nurse (ALDLN)

#### **LDIST Facilities** will be:

- A 7-day service inclusive of weekends and bank holidays
- Monday to Friday - 8am- 8pm,
- Saturday, Sunday and bank holidays - 9am-5pm

#### **LDIST Workforce Requirements** will be:

- Registered LD nurses and support workers

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CLDT Clinical Standards Requirements will be in line with the following clinical guidance:

- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
- NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.
- NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018.

### **3.4 Acute Liaison Nurse Service (ALN)**

**ALN Role and Function** will be:

- To improve the experiences of people with a learning disability in secondary care settings and act to reduce mortality/morbidity and support improved outcomes.
- To develop and deliver bespoke training for secondary care staff and provide a positive role model approach to support secondary care staff to gain an understanding of the needs of people with a learning disability
- Advise secondary care staff on reasonable adjustments, planning for complex admissions and discharges
- To provide a point of continuity between secondary care and community services for physical health needs or needs related to an individual's learning disability post discharge and on-going care.

**ALN Eligibility Criteria** will be:

As per CLDT eligibility.

**ALN Exclusions** will be:

- People who do not meet all the eligibility criteria
- 
- People under the age of 18 years old

**ALN Referral Process** will be:

- Standard referral form available in each general hospital setting.
- Referrals accepted from acute hospital wards and CLDTs

**ALN Facilities** will be:

- District General Hospitals across the 3 health board areas
- A 7-day service inclusive of weekends and bank holidays 9am-5pm and out of hours on week days 8am- 8pm.

**ALN Workforce Requirements** will be:

- A minimum of 7 WTE Registered Learning Disability Nurses across all three Health Board areas

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**ALN Clinical Standards Requirements** will be in line with the following clinical guidance:

- Pathway and Care Bundle for people with a learning disability requiring hospital care.
- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
- NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.
- NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018

### **3.5 Specialist Epilepsy Service (SES)**

**SES Role and Function** will be:

- To provide epilepsy clinics in all acute care hospital sites across the three UHBs
- To work closely with secondary care Neurology colleagues and Community Learning Disability Teams to...
- Provide a tertiary service to work with people with learning disabilities and complex epilepsy.
- To support the development of skills and knowledge in other care providers
- To provide direct clinical intervention to those with the most complex needs.
- To work alongside Consultant Psychiatrists and provide nurse led care.

**SES Eligibility Criteria** will be same access criteria as CLDT:

**SES Exclusions** will be:

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB catchment areas
- People under the age of 18 years old

**SES Referral Process** will be:

- Referrals will be received from GP, Neurologists, Paediatricians and Learning Disabilities Psychiatrists.

**SES Workforce Requirements** will be:

- Consultant Psychiatrist
- Registered LD Nurse

**SES Clinical Standards Requirements** will be in line with the following clinical guidance:

- Epilepsy Pathway

- 
- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
  - NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.
  - NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018

### **3.6 Inpatient Services - Unscheduled Care - Acute Admission Units (AAU)**

**Role and Function** will be:

People with learning disabilities often face barriers in accessing health care, especially when staff lack the appropriate specialist knowledge, communication skills and learning disability awareness.

For those people who have a learning disability and a mental health problem, accessing good quality care can be even more difficult. Left untreated, these problems can become worse and have a devastating impact on a person's health and wellbeing. People with learning disabilities deserve good quality, timely and evidence-based mental health care, delivered by competent and compassionate staff and provided in a safe and therapeutic environment.

The aim of acute learning disability inpatient services is to deliver:

- Assessment (including for potential mental illness) of the causes of behaviours that challenge where it cannot be safely carried out in the community
- Treatment of mental illness where this is the cause of behaviours that challenge (complemented by other interventions as appropriate), where it cannot be safely carried out in the community
- Reintegration of the individual back into the community after hospital treatment including provision of support/guidance to families and support providers

All individuals admitted to the units can expect a standardised approach to their assessment and treatment and operate within the PBS framework

**Eligibility Criteria** will be:

The Acute Admission Units are adult only facilities, providing care for persons aged 18 years and over.

The Acute Admission Units in the Learning Disability and Mental Health Division provide a service to individuals with a learning disability, mental health issues and/ or behaviours described as challenging at the stage that it is considered the patient's needs can only be met by the services available through hospital based care

**Exclusions** will be:

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB catchment areas
- People under the age of 18 years old

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**Referral Process** will be:

Request for assessment to be made to consultant psychiatrist for the area where the person is resident.

Out of hours requests are through the doctor on call.

For individuals residing in placements in the catchment area of the three health boards, but whose care is commissioned by other health authorities within Wales or the United Kingdom, emergency admission will be facilitated but the responsible health authority will be expected to transfer to their own acute inpatient facilities within 7 days.

**Facilities** will be:

Unit name	No. of beds	Location
Rowan House	8	Treseder Way, Caerau, Cardiff. CF5 5WF
Llwyneryr	8	151 Clasemont Road, Morriston Swansea. SA6 6AH

**Workforce Requirements** will be:

- Consultant Psychiatrist
- Registered LD Nurses
- Health care support workers
- Access to MDT working through Psychology, Occupational Therapy, Speech and Language Therapy, Physiotherapy and Dietetics as necessary.

### 3.7 Inpatient Services - Complex Health Care Units

**Role and Function** will be:

Specialist Residential service comprises of seven separate hospital units located in communities across all three Health Board areas.

The Units are registered as hospitals, and are nurse led, with dedicated support from Psychiatry (one Registered Clinician per unit) and Psychology input from the Specialist Behaviour Team. The range of clinical presentations for the resident population include behaviours that challenge with co-morbidities such as Autism/Autistic Spectrum Condition, Adult ADHD, a range of Mental Health problems and a small cohort who present with a history of high risk behaviours thus requiring high levels of supervision and support from trained and experienced staff. Care is delivered via Positive Behaviour Support.

**Eligibility Criteria** will be:

The criteria for admission to a Specialist Residential Service Unit is:-

- The individual has been diagnosed with a learning disability and has complex behavioural and/or mental health needs.

- The person requires intensive assessment and intervention in excess of what can be provided by a community placement even with additional support from Community Learning Disability Teams.
- The person`s emotional and behavioural presentation is so severe that it has impacted on their care planning support and daily living activities and requires intensive input from a skilled MDT in a safe environment .
- The person poses significant risk of harm to self and others due to presenting behaviours that require access to immediate and skilled healthcare staff.

**Exclusions** will be:

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB catchment areas
- People under the age of 18 years old

**Referral Process** will be:

- Referral to these units can be made by NHS professionals with regular multidisciplinary team meetings to review care needs and future accommodation and support needs.

**Facilities** will be:

Unit name	No of Beds	Location
Lletty Newydd	5	Velindre Road, Whitchurch, Cardiff. CF14 2TG
Ty Garth Newydd	5	Off St Illtyd's Road, Upper Church Village, Mid Glamorgan. CF38 1UH
Meadow Court	3	Duffryn Terrace, Tonyrefail. CF39 8HB
Dan Y Bont	5	Waterhall Road, Kenfig Hill, Bridgend. CF33 6HA
Dan-y-Deri	5	151 Clasemont Road, Morrison, Swansea. SA6 6AH
Swn Yr Afon	5	Brynteg, Nant-y-Cafn, Seven Sisters, SA10 9ET
Bryn Afon	4	Oakland Terrace, Ferndale, CF43 4UD

**Workforce Requirements** will be:

- Consultant Psychiatrist
- Registered LD Nurse

Clinical Standards Requirements will be in line with the following clinical guidance:

- All Wales Reducing Restrictive Practices framework (Welsh Government, 2022)
- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
- NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.

- NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018

### 3.8 Inpatient Services - Specialist Rehabilitation

#### Role and Function will be:

The service offers short to medium-term holistic, in-patient assessment, rehabilitation and intervention for people in out of area independent hospital placements returning to NHS care to facilitate a move on to more independent living. This will initially be a service accessed by individuals who have been previously known within the service group and will benefit from a locally delivered service. The service is also available to reduce the need for people to escalate to higher levels of care in independent hospitals.

The service provides an understanding of the individual and their needs in readiness for a further transition to a more appropriate, local community environment.

#### Eligibility Criteria will be:

The person would be an adult over the age of 18 and have a primary diagnosis of learning disability and a history of behaviours described as challenging and may have a dual diagnosis of mental health illness, autism or forensic history. The person will be highlighted for potential admission through commissioning processes and a clinical decision will be made regarding appropriateness of admission.

#### Exclusions will be:

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB catchment areas
- People under the age of 18 years old

#### Referral Process will be:

- An MDT assessment will take place to help further understand their presenting needs and develop effective interventions to respond to these.
- Individuals that Hafod Y Wennol may support are likely to be currently residing in a range of secure type settings e.g. low secure or locked rehab due to the historical or ongoing challenges they have presented to services. Individuals will require robust environments and effective staff teams to support them. In addition, there may be individuals at risk of being placed out of area, due to the complexity of their needs and limited appropriate local services with expertise to support.

#### Facilities will be:

Unit name	No. of Beds	Location
Hafod Y Wennol	6	Hensol, Nr Pontyclun, CF72 8YS

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**Workforce Requirements** will be:

- Consultant Psychiatrist
- Registered LD Nurse

Clinical Standards Requirements will be in line with the following clinical guidance:

- All Wales Reducing Restrictive Practices framework (Welsh Government, 2022)
- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
- NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.
- NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018

### **3.9 Inpatient service for people with Profound and Multiple Learning Disabilities**

**Role and Function** will be:

Profound and Multiple Learning Disabilities (PMLD) is a description, not a clinical diagnosis. The term describes individuals who have a complex range of difficulties and present with diverse needs. The most significant needs are profound level of intellectual disability and great challenges in communicating their needs.

Frequently there are other additional, disabling needs including:

- Physical disabilities, often restricting their mobility, limiting their ability to undertake daily tasks, risking their body shape, organ positioning and function
- Sensory impairments
- Sensory processing issues
- Complex health needs: epilepsy, respiratory difficulties, dysphagia, eating and drinking difficulties
- Challenging behaviour e.g. self-injury, teeth grinding, vocalisations, environmental interactions
- Mental health needs

The Laurels and Briary unit meets the needs of people with the most complex presentation of profound and multiple Learning Disabilities where hospital based care is necessary, providing assessment for identifying appropriate levels of care to be commissioned for community placement.

The unit also provides a planned short term respite service for individuals whose replacement care cannot be met through existing respite care services due to the complexity of presentation.

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**Eligibility Criteria** will be:

- The person is an adult over the age of 18 and has a primary diagnosis of learning disability.
- The person is identified as having a Primary Health Need and is in receipt of 100% CHC Funding as identified in the 2022 Framework. Where individuals are being considered for a transfer to Laurels & Briary from another NHS led unit there will not be an expectation that their CHC eligibility will be reassessed. For example, in exceptional circumstances and in order to manage bed capacity within the division transfer into any SRU from an acute unit may be considered for a time limited period without a completed DST.
- The service user presents with a level of complexity that requires a detailed multi-disciplinary assessment of their needs in order to develop effective interventions which will enable them to move on from hospital to live successfully in a local community placement.

**Exclusions** will be:

- People who do not meet all the eligibility criteria
- Residents outside of the three UHB areas
- People under the age of 18 years old

**Referral Process** will be:

- Referrals will usually be made by the individual's care coordinator, social worker or health professional.

**Facilities** will be:

Unit name	No. of Beds	Based
Laurels and Briary	8 (2 of which are dedicated to respite provision)	36a Cowbridge Road West Ely, Cardiff. CF5 5BS

**Workforce Requirements** will be:

- Consultant Psychiatrist
- Registered LD Nurse

Clinical Standards Requirements will be in line with the following clinical guidance:

- All Wales Reducing Restrictive Practices framework (Welsh Government, 2022)
- NICE, Mental health problems in people with learning disabilities: prevention, assessment and management, September 2016.
- NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.
- NICE, Learning disabilities and behaviour that challenges: service design and delivery [NG93], March 2018

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### **3.10 Service Provider**

Swansea Bay University Health Board

### **3.11 Exceptions**

If the patient does not meet the eligibility criteria for treatment as outlined in this interim service specification, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the relevant three UHBs IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests is available from the relevant UHB commissioning lead.

For individuals with clinical needs and risks to safety over and above what the service can safely provide, specialist inpatient care will be commissioned by the Health Board with responsibility for the individual patient.

## **4. Performance Management**

### **4.1 Performance Monitoring**

The three UHBs will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of service provider(s).

For the services defined in this interim service specification the following approach will be adopted:

- Service provider to evidence quality and performance controls
- Service provider to evidence compliance with standards of care.

### **4.2 Key Performance Indicators**

The service provider will be expected to monitor against the agreed list of Key Performance Indicators.

The service provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

The service provider will be expected to monitor against the following Key Performance Indicators:

Service	Objective / Principle	Outcomes	Measures
<b>Community Learning Disability Teams</b>	'Improvement in my Wellbeing,'	<ul style="list-style-type: none"> <li>• Timely access to specialist support for people with LD and complex needs.</li> <li>• Provide early intervention and crisis support when required.</li> <li>• Work in partnership to prevent unavoidable admission to hospital</li> </ul>	<ul style="list-style-type: none"> <li>• % of referrals accepted</li> <li>• Number of people who have accessed specialist service.</li> <li>• Time from referral to assessment.</li> <li>• Time from assessment to intervention.</li> <li>• Number of case closures/ discharges from specialist services</li> </ul>
	'Improvement in my wellbeing'	<ul style="list-style-type: none"> <li>• Improvement in wellbeing for people with LD and complex needs.</li> </ul>	<ul style="list-style-type: none"> <li>• HEF completion within last 12 months</li> <li>• % people on caseload who have had an annual health check</li> <li>• Incidence of physical interventions (restraint, restrictive practices) – planned and unplanned.</li> <li>• Qualitative report on Learning from deaths.</li> </ul>

Service	Objective / Principle	Outcomes	Measures
	'Being able to set, agree and achieve my own goals/outcomes'	<ul style="list-style-type: none"> <li>• People with LD and complex needs receive Person centred care.</li> <li>• Individuals receiving specialist services are involved in the development of a care plan which is individual to their needs.</li> </ul>	<ul style="list-style-type: none"> <li>• % of community patients on caseload with a Care plan (Standard 90%)</li> <li>• % of care plan reviews that have been undertaken within last 12 months (Standard 80%)</li> <li>• Quality of care plans – SMART and Outcome Focussed.</li> </ul>
	'My experience and satisfaction'	<ul style="list-style-type: none"> <li>• People with LD and complex needs are supported to provide feedback on the experience of the service.</li> <li>• This feedback is reported and review to improve specialist LD services.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient experience scale</li> <li>• Patient stories</li> <li>• Compliments</li> <li>• Complaints</li> <li>• Concerns</li> <li>• % number of respondents by service users and carers by CLDT team.</li> </ul>
<b>Learning Disability Intensive Support Service</b>	'Improvement in my Wellbeing,'	<ol style="list-style-type: none"> <li>1. Timely access to specialist support for people with LD and complex needs. <ul style="list-style-type: none"> <li>• All referrals are responded to within 24hrs</li> <li>• Preventing avoidable admission to hospital</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Number of referrals</li> <li>• % of referrals accepted</li> <li>• % of referrals as referred to in the SOP.</li> <li>• Number of referrals declined and reason</li> <li>• Number of referrals accepted and were direct referrals to avoid inpatient admission</li> <li>• Lists of referral reasons:</li> </ul>

Service	Objective / Principle	Outcomes	Measures
			<ul style="list-style-type: none"> <li>• Number of patients that were admitted to in-patient services following input from LDIST</li> <li>• Number of discharges</li> <li>• Number of face to face contacts</li> <li>• Number of virtual contacts</li> <li>• Number of service users requiring out of hours input</li> <li>• Number of people on Case load</li> <li>• Qualitative report of referrals declined and the reason</li> <li>• % of people received a response according to standard</li> <li>• Time from referral received to first contact/intervention.</li> <li>• Consultation Numbers - referrals following consultation and numbers not considered for referral following consultation.</li> </ul>

Service	Objective / Principle	Outcomes	Measures
	‘Being able to set, agree and achieve my own goals/outcomes’	2. People with LD and complex needs receive Person centred care : <ul style="list-style-type: none"> <li>• Individuals receiving specialist services are involved in the development of a support plan which is individual to their needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Average length of team involvement for the month</li> <li>• % Development of a person-centred intervention plan with LDIST with patient or carer.</li> </ul>
	‘My experience and satisfaction’	3. People with LD and complex needs are supported to remain in their own homes <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• % of people that were admitted to in-patient services following input from LDIST</li> <li>• % of people who remained in their original placement on discharge from LDIST</li> <li>• Number of consent forms completed and sent to the Mental Health and Learning Disabilities Service Group Service User and Carer Feedback team.</li> </ul>
<b>Specialist Behaviour Support</b>	‘Improvement in my Wellbeing,’	1. Timely access to specialist support for people with LD and complex needs.	<ul style="list-style-type: none"> <li>• 100% of Referrals to SBT will be responded to within 1 week of receipt for further discussion and accepted/declined for SBT input within a week of this discussion taking place</li> <li>• 100% of referrals to SBT will have input commenced within one month of referral</li> </ul>

Service	Objective / Principle	Outcomes	Measures
	'Improvement in my wellbeing'	2. Improvement in wellbeing for people with LD and complex needs.	<ul style="list-style-type: none"> <li>• 100 % of full cases referred to SBT will have Baseline outcome measures and goals for SBT input completed within 1 month of commencing input</li> <li>• SBT aim to work to the timescales of the Behaviours that Challenge Care pathway at level 3 for all full cases accepted i.e.               <ul style="list-style-type: none"> <li>a. Functional assessment completed at 8 weeks from commencing input</li> <li>b. Behaviour Assessment report (BAR) completed at 12 weeks from commencing input</li> <li>c. PBS plan developed by 18 weeks following commencement of input</li> </ul> </li> <li>• All full cases for SBT will have the Outcome measures pack repeated at 6 monthly intervals and at discharge and outcome data evidenced in the discharge report.</li> </ul>
	'Being able to set, agree and achieve	3. People with LD and complex needs receive Person centred care.	<ul style="list-style-type: none"> <li>• All full cases will have a PBS pack developed within 18 months of</li> </ul>

Service	Objective / Principle	Outcomes	Measures
	my own goals/outcomes'	<ul style="list-style-type: none"> <li>• Individuals receiving specialist services are involved in the development of plans which are individual to their needs.</li> </ul>	<p>commencing input or by discharge if this is sooner i.e.</p> <ul style="list-style-type: none"> <li>a. A goal planning and progress sheet</li> <li>b. BAR</li> <li>c. A PBS Plan &amp; grab sheets of key approaches</li> <li>d. An accommodation brief</li> <li>e. Key routines document</li> <li>f. Restrictive practices log and monitoring form</li> <li>g. Knowledge test</li> <li>h. Positive monitoring checklist</li> <li>i. Trouble shooting checklist</li> </ul>
	'My experience and satisfaction'	<p>4. People with LD and complex needs are supported to provide feedback on the experience of the service.</p> <ul style="list-style-type: none"> <li>• This feedback is reported and review to improve specialist LD services.</li> <li>• Staff will be appropriately trained</li> </ul>	<ul style="list-style-type: none"> <li>• Patient experience scale on discharge</li> <li>• Narrative of Patient stories (target number per quarter)</li> <li>• Compliments &amp; Complaints</li> <li>• All Behaviour/assistant behaviour specialists in SBT will receive Monthly Clinical Supervision on cases and have an annual PADR in place</li> </ul>

Service	Objective / Principle	Outcomes	Measures
			<ul style="list-style-type: none"> <li>All Behaviour Specialist/ Assistant Behaviour Specialist staff in SBT will be qualified PBM trainers and maintain accreditation in this</li> </ul>
<b>Acute Liaison Nurse Service</b>	'Improvement in my Wellbeing,'	1. Timely access to specialist support for people with LD and complex needs. <ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>No of referrals</li> <li>Referrals responded to within set period.</li> <li>Source of referral (narrative report)</li> </ul>
	'My experience and satisfaction'	2. People with LD and complex needs are supported to provide feedback on the experience of the service. <ul style="list-style-type: none"> <li>This feedback is reported and review to improve specialist LD services.</li> <li>Staff will be appropriately trained</li> </ul>	<ul style="list-style-type: none"> <li>Narrative Feedback report</li> </ul>
<b>In patient Services</b>	'Improvement in my Wellbeing,'	3. Timely access to specialist support for people with LD and complex needs.	<ul style="list-style-type: none"> <li>Occupancy levels</li> <li>(Target 85%)</li> <li>Admission and discharge activity</li> <li>Length of stay</li> <li>Pathways of Care Delays</li> <li>Compliance with Legislation</li> </ul>

Service	Objective / Principle	Outcomes	Measures
			<ul style="list-style-type: none"> <li>DoLS, MHA '83</li> </ul>
	'Improvement in my wellbeing'	4. Improvement in wellbeing for people with LD and complex needs.	<ul style="list-style-type: none"> <li>Readmission rates</li> <li>HEF completed within the previous 6 months for all inpatients (Target 90%)</li> </ul>
	'Being able to set, agree and achieve my own goals/outcomes'	5. People with LD and complex needs receive Person centred care. <ul style="list-style-type: none"> <li>Individuals receiving specialist services are involved in the development of plans which are individual to their needs.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of initial MDT reviews completed within 72 hours of admission</li> <li>Target 80%</li> <li>Completion of Assessment Treatment Outcome Report (ATOR) on discharge</li> <li>Target 100%</li> <li>Completion of discharge plan for anyone in hospital for longer than 90 days</li> <li>Target 100%</li> </ul>
	'My experience and satisfaction'	6. People with LD and complex needs are supported to provide feedback on the experience of the service. <ul style="list-style-type: none"> <li>This feedback is reported and review to improve specialist LD services.</li> </ul>	<ul style="list-style-type: none"> <li>Narrative report on reason for admission.</li> <li>Compliance to Mandatory training</li> <li>Compliance with PBM training</li> </ul>

Service	Objective / Principle	Outcomes	Measures
		<ul style="list-style-type: none"> <li>Staff will be appropriately trained</li> </ul>	
<b>Continuing Health care</b>	'Improvement in my Wellbeing,'	<ol style="list-style-type: none"> <li>Timely access to specialist support for people with LD and complex needs.</li> </ol> <ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Percentage of referrals considered within 5 days of request (Standard 100%)</li> <li>Percentage of DSTs Held within 6 weeks of date of acceptance for DST</li> </ul>
	'Improvement in my wellbeing'	<ul style="list-style-type: none"> <li>Improvement in wellbeing for people with LD and complex needs.</li> </ul>	<ul style="list-style-type: none"> <li>Number of packages of care and patients</li> <li>Number of Patients with PHN</li> <li>Percentage of Patients with a PHN that have a named health worker (Standard 100%)</li> <li>Number of jointly funded packages of care</li> <li>Percentage of packages of care that have had CHC review in the last 12 months (Standard 80%)</li> <li>Referrals in month for CHC eligibility.</li> </ul>

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### **4.3 Key Performance Indicator Reporting**

The Key Performance Indicators information should be reported through the Joint Adult Learning Disability Commissioning & Performance - Strategic Group

### **5. Date of Review**

This document is scheduled for review before July 2025.

If an update is carried out the interim service specification will remain extant until the revised service specification is published.

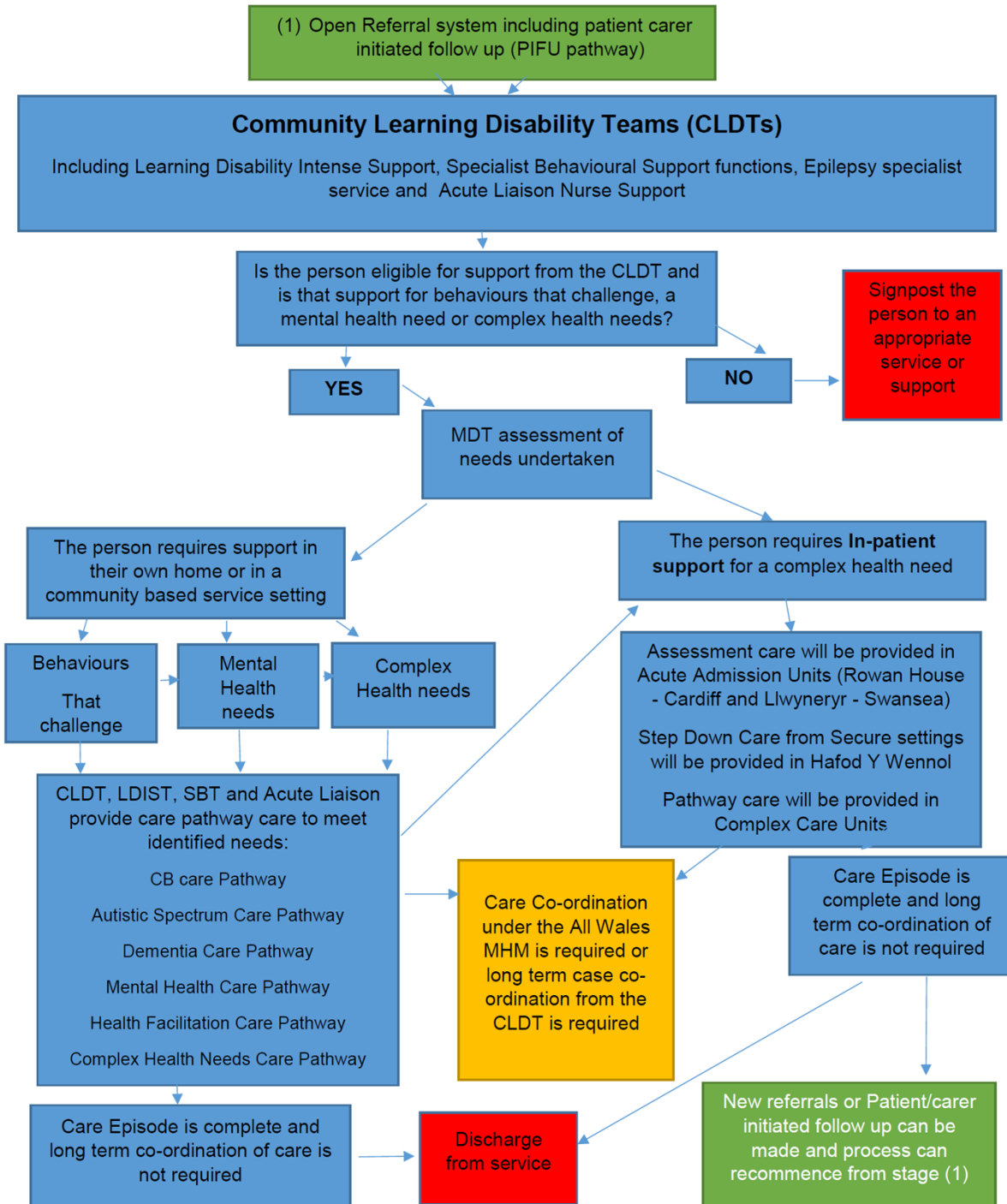
### **6. Equality Impact Assessment**

Equality Impact Assessment to be completed.



Annex ii Operational Pathway

# Operational Pathway for SBUHB Learning Disability Services



# Starting Well Strategy Group Update Q1 2023/24 (July update)

Authors:

Lucy Smothers

Elle McNeil

Sian Watkins

Heather Smith



# Starting Well: Progress Highlights



- **Lucy Smothers started as Clinical Lead (April 2024)**
- **Early Years Transformation Programme WG funding ended March 2024.**
  - Agreed with regional leads for CTMUHB to continue the partnership approach enabling ongoing Early Years regional developments and service improvements.
  - “Box Set” developed as part of the EYTP to sit within the CYP website.
- **Parent and Infant Relationship Service (PAIRS) development**
  - Multi-agency collaboratively developed Baby & Toddler Voice Statements. Ongoing engagement: parents, CTM and local authority staff
  - RIF funded posts (2024/25) have established task & finish groups with regional partners to look at training needs, pathways, and delivering a regional service.
- **Healthy Weights**
  - Strategy team are working with Public Health Wales colleagues to develop a CYP Weight Management vision.
  - Post-operative bariatric surgery T+F established in response to Welsh Circular



Work Programmes/ Activity	RAG
Healthy Weight: <ul style="list-style-type: none"> <li>Infant Feeding Strategy</li> <li>WSA</li> </ul>	
EYTB: <ul style="list-style-type: none"> <li>Regional PAIRS Development</li> <li>Baby &amp; Toddler Voice</li> </ul>	
Children's Rights Charter	

**Progress and Achievements**

**Healthy Weight:** Governance and support review complete with key stakeholders for internally facing weight management strategy; agreed project/ T+F approach with Public Health leads; workshop planned for late July. **Regional Whole System Approach** annual conference engagement/ support with key theme of first 1000 days. **Infant Feeding Strategy** complete and progressing for sign-off; ongoing support for implementation to agreed.

**Early Years Transformation Programme (EYTP):** officially 'closed' when funding ceased March 2024. Starting Well to 'host' the partnership, with a reset day planned for September. Work-streams supported and progressed:

- PIR (Parent and Infant Relationship)** project governance established with task & finish groups to: develop a regional multi-agency delivered training and support model for staff; regional multiagency service offer to secure funding for April 2025.
- Baby & Toddler Voice Statements** engagement ongoing: work with partners and internal staff groups completed, parent engagement planned for Eisteddfod.

**Children's Rights Charter:** Lucy Smothers to Chair the newly established Children's Right Working Group where a gap analysis will be shared and reviewed alongside CTMs completed CCFW 'Right Way Approach' matrix to develop future work-plan. Work plan to include: recruiting Children's Rights Champions; staff engagement; re-launch of Charter alongside baby & toddler voice statements; increasing CYP feedback/ engagement opportunities.

**Developing a CTM Babies/CYP Vision** agreed approach with Care group triumvirate for Q3

**CYP Website Development** has been agreed to follow the life-course cycle with skeleton pages created to enable handover to operational teams to populate; regionally developed EYTB material "Box Sets" inclusive of video content to be included.

**Priorities**

- Scoping work complete for Q3 relaunch of EYTB
- PIR regional service model agreed to enable funding applications to be made
- Baby & Toddler Statements parent engagement: Eisteddfod
- Diabetes: establishing service cost, capacity and procurement to inform PID and business case developments

**Issues**

- Time-limited funding for PIR regional service model development

**Escalations - None**

Overall Delivery Confidence	
Reporting Period	Q4 2024/25



STARTING  
WELL

# Parent-Infant Relationship



GROWING  
WELL

## Journey to date

**2022:** Securing Healthy Lives report launch

- **2022/23:** Secured RIF funding for PM and Clinical Lead psychologist to drive recommendations from the Securing Healthy Lives report via a regional multi-agency approach

**2023/24:** Regional multi-agency working groups established to:

- Train 410 staff in PIR to increase their confidence levels in supporting families experiencing problems
- Develop pathways and a regional multi-agency PIR model
- Develop shared resources for parents (box-set to be hosted on UHB website)
- Engagement

## Next steps.....

**2024/25:** Continue the development of regional service with partners, including:

- Trialling a Clinical supervision and consultation model as the basis for building a regional service
- Finalising a regional PIR model with partners
- Identifying and securing funding to continue PIR regional developments



**20%** of babies in CTM are likely to suffer a parent infant difficulty so significant that it risks their later mental and physical health, social relationships and school progress

Potential x4  
– x13  
return on  
investment

## EYTP Parent & Infant Conference Oct 2023

- Over 120 staff attended from across the CTM Early Years Workforce
- *'Baby Pledge'* workshop kick-started a regional multi-agency T&F group to develop the *'Baby & Toddler Voice'* statements
- Children's Commissioner for Wales engagement the statements are now being looked at as an all-Wales template
- Regionally partners are working to carry out engagement with staff and communities and adopt the statements (Eisteddfod)
- Due to hold a second conference in Oct 2024 further work to promote baby and toddler voice and also PIR regional model.

**LLAI BASHOD A PHANT BACH  
CWM TAF MORGANNGW  
BABY AND TODDLER VOICE**

**Cwm Taf Morgannwg  
Baby and Toddler Voice**

The person I am born and I am aged two, is important for my development. My experiences, environment and, particularly, the connections I have with people who care for me will influence my future relationships, behaviour, learning and emotional well-being across my lifetime.

It is important that you see me as my own person with feelings, rights and preferences. I rely on you to consider my views and interpret what I am trying to tell you, so I am central to each decision that affects me and keeps me safe and secure.

To help me be happy, healthy and safe, it is important that everyone is aware of their responsibilities to consider my rights, as well as the rights of all children in decisions that affect them. Parents and over 120 staff working with little ones like me, considered my rights as set out in the UNCRC and used my voice to draft these expectations at several Talk and Pledge Groups orchestrated by the Cwm Taf Morgannwg Early Years Transformation Programme, Children in Wales and Parent Infant Foundation.

**I need...**

- I need to be kept clean, warm and have healthy food and shelter and be protected from harm.
- I need you to understand that I depend on you to help me close physically and in mind, to see me, respond to me and take time to get to know me.
- I need you to understand how I communicate, learn my cues and to consistently respond in a warm and loving way.
- I need you to understand that my experiences will impact my future.
- I need you to remember that I'm my own person, allow me to be me and consider me in all the decisions you make.
- I need a safe place to play and learn, to have fun and to feel happy; help me feel safe and protected from things I find scary.
- I need opportunities to interact with others and learn from new experiences.
- I need you to help me develop connections with other babies, friends, family and my community.

**I need my trusted grown-up...**

- I need my trusted grown-up to understand the importance of safe and caring relationships now, as well as in the future.
- I need my trusted grown-up to look after my, and their health before, during and after my arrival, and to reach out for help if things are not right.
- I need my trusted grown-up to understand and respond to my unique needs.
- I need my trusted grown-up to have help and information in the right way, at the right time, and in the right place so they can make the best choices for me.

**We need...**

- We need access to good and affordable public transport so I can be taken to interesting places and to get the help and support we need.
- We need safe pathways and routes to access clean and green public spaces.
- We need important people to understand how vital my early years are for me to reach my full potential, and reflect this in all documents related to me and little ones.

**Parent-Infant Foundation**

**PLANT IHDU NODWIRU  
CHILDREN IN WALES**

Parent Infant Foundation (PIF) The First 1001 Days Evidence Brief Series: <http://parentinfantfoundation.org.uk/1001-days-evidence-brief-series/>  
 \* Baby Pledge: Basis of the Infant Trust practice guidelines and Infant Pledge - Bristol (www.infanttrust.org)  
 \*\* United Nations Convention on the Rights of the Child (UNCRC) UN Committee on the Rights of the Child - UNICEF UK  
 \*\*\* We acknowledge that the baby's main caregiver may not be their biological parent but for the purposes of this resource we will use the term 'trusted grown-up'.

**Key Objectives:**

- To develop & implement of a sustainable system wide training and development approach for the early years workforce on parent-infant relationship
- To develop a CTM Regional Nurturing Families Pathway, utilising expertise from across health, local authorities, social care and third sector
- To develop a model where CTM staff working within early years, can access support & guidance for a PIR concern. This will include group consultation and sharing of good practice.
- Develop a Regional Model to attract ongoing funding with the hope in future deliver a direct clinical service across the CTM footprint

**OVERALL  
RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
Project Group	<ul style="list-style-type: none"> <li>Project Group established with regional partners &amp; CTM representatives</li> <li>Agreed: Terms of Reference, PIR Conference outline, key priorities</li> <li>Stakeholder and service user engagement agreed the service name as 'CTM Nurturing Families Service'</li> <li>CTM staff consultation on Baby &amp; Toddler Voice ongoing with public consultation planned during Eisteddfod</li> <li>Prize applications: short-listed for CNO- Sustainability Award.</li> <li>Cardiff University partnership with MSC. Marketing students to design logo, branding and communication assets</li> <li>Publications: Children in Wales Newsletter, Institute of Health Visiting</li> </ul>	Green
Task & Finish Group 1: Pathway and Regional Model development	<ul style="list-style-type: none"> <li>Ongoing staff engagement sessions with partners working locally and nationally on the PIR to inform our regional approach</li> <li>Parent Infant Foundation Conference attended by Clinical Lead</li> <li>Draft pathways and staff consultation guidance consulted via in-person workshop 10/6/24.</li> <li>Draft Consultation Guidance and Pathway awaiting to be agreed</li> </ul>	Green
Task & Finish Group 2: Training & Workforce development	<ul style="list-style-type: none"> <li>Perinatal Mental Health &amp; PIR training delivered on 11/4/24</li> <li>In-person T&amp;F Group on 10/6/24 agreed to:                             <ul style="list-style-type: none"> <li>Consolidate previous training into practice across the region via piloting a Community of Practice approach</li> <li>Develop different training offers (bite-size, full day) for EY staff by EY staff in regional training calendar</li> <li>Measure impact (short/ longer term) using the Kilpatrick Model – revise training evaluation</li> </ul> </li> </ul>	Green

**KEY METRICS: Funding:**

- 12 months RIF funding (April 24-March 25): Staffing:
- Clinical Lead – Consultant Clinical Psychologist 0.4 wte,
- Project manager 0.6 wte
- Strategic & planning support 0.3 wte (match funding)
- Breakdown of representation at CTM NFS (Excel)



Microsoft Excel  
Worksheet

**iHV Training  
(PNMH) = 19**

**Met with 20 staff  
discussions PIR &  
research models**

**Raised awareness of PIR  
and the CTM Baby &  
Toddler Voice with 119  
staff**

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
Industrial action - Health Visitors	Reduced health visiting engagement – coordinate with Senior Nurse regarding staff involvement	Red
Low representation at T&F Groups	Partner engagement is needed to develop a regional integrated health & social care PIR approach – ensure ongoing involvement, undertake 1:1 sessions with key stakeholders to capture their expertise and knowledge	Yellow
Short-term funding	RIF funding ends March 2025 – funding is being sought to continue the development. An exit strategy will be developed in Q3	Yellow

Use corporate RAG rating for risks

# Growing Well Strategy Group Update Q1 2023/24 (July update)

Authors:

Lucy Smothers

Elle McNeil

Sian Watkins

Heather Smith



# Growing Well: Progress Highlights



## Neurodevelopment Improvement Programme work progressing at pace:

- **2024/25 budget agreed** with PM role out to advert to support the ongoing programme of work and trial of new ways of working
- **Piloting the Portsmouth Model** with LA partners under-development
- **Workforce sub-group to be established** following publication of the WG thematic report on the ND workforce
- **HMP Parc Prison sub-group to be established** to consider population's ND needs

## Children's Services Programme Board Vice-Chair Starting Well/ Growing Well Clinical Lead

- **CYP Complex Healthcare Needs sub-group** working to: secure RIF funding for a viability study on regional short-break respite care needs; explore MDT models and integrated posts using NEST/ NYTH approach.

**Diabetes Clinical Planning Group** indicative work-plan approved in Diabetes week (10<sup>th</sup>-17<sup>th</sup> June); ongoing patient engagement with Value Based Health Care team; progressing the T1DM service transformation project 'Models of Care'.



Work Programmes/ Activity	RAG
Neurodevelopment Improvement Board: • WG reporting • Work-streams	Green
Transition	Yellow
Children's Programme Board: • Emotional health & Wellbeing sub-group • Complex healthcare sub-group	Yellow
Diabetes: • Models of Care • Patient Engagement	Green

<b>Overall Delivery Confidence</b>	Green
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<b>Reporting Period</b>	Q4 2023/24
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**Progress and Achievements**

**Neurodevelopmental improvement programme (NDIP)** funding proposal for 2024/25 has been approved by WG. Work includes:

- Recruitment of a Programme Manager
- Waiting List Initiatives for IAS (Adults) and ND Service (CYP)
- Developing innovative projects to support adults pre- and post-diagnosis
- Responding to WG's recent thematic report on the ND Workforce; establishing *work-stream 6: workforce*
- Establishing a Prison sub-group that will initially report into work-stream 2: assessment and diagnosis and link into work-streams 3 and 5 (Multi-Disciplinary management and Support for Adults).

**Children's Programme Board complex healthcare sub-group** are seeking funding to commission a regional respite review and to explore potential for regional MDT functionality, with consideration of integrated posts and specialist facility.

**Children's Programme Board Emotional Health & Wellbeing sub-group** re-established with Clinical Lead as Co Chair with developing F2F Task & Finish group approach. Ongoing work with all partners to map and identify gaps/ need to enable co-produced actions that progress regionally agreed priorities.

**Diabetes Clinical Planning Group** indicative work-plan approved with assigned Leads; patient engagement with Value Based Health Care team ongoing. **Diabetes Model of Care T1DM (adults)** business case development and project work are ongoing. **Responding to NICE guidance** on Sensor Augmented Pump technology – business cases under development for adult and CYP care groups with potential to combine and begin working across diabetic services on CTM2030.

**Priorities**

- Regional Neurodevelopmental Improvement Programme 2024/25 funding proposal approved – monitoring and evaluation of all projects via programme structure
- All Wales Transition Framework – working with senior clinicians to consider areas of non-compliance and agree action required

**Issues**

- Capacity remains constrained while HealthPathways is delivered by Heather Smith

<b>Escalations</b> None
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**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

The Regional ND Improvement Programme is a collaborative mechanism aimed at driving continuous improvement for all ND services provided across CTM. The Programme will ensure that services are compliant with the duties of the Autism Code of Practice and will ensure appropriate governance and oversight of WG funding, helping to ensure that its impact is maximised, evaluated and sustained.

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by adult services-focused work-streams:**

Work-stream	Status Update	RAG
2. Assessment and Diagnosis	<ul style="list-style-type: none"> <li>Noted long waiting lists for assessment for both ADHD and Autism</li> <li>Staff in the Adult Eating Disorder Service completed ADOS training to undertake Autism assessments in conjunction with the IAS for those referred to their service</li> <li>Work ongoing nationally to consider assessment and diagnosis models for adults and CTM actively part of this work</li> <li>NDIP funding provided to undertake additional assessments to reduce waiting list and waiting time for assessment</li> </ul>	Yellow
3. Multi-Disciplinary Management	<ul style="list-style-type: none"> <li>Work ongoing to develop a shared care protocol for prescribing of ADHD medication in Primary Care for Adult patients</li> </ul>	Yellow
5. Access, Inclusion and Support (Adults)	<ul style="list-style-type: none"> <li>Areas of focus for the work-stream agreed and T&amp;F Groups being established to take forward agreed objectives (1. IAS Support, 2. Employment, 3. Housing, 4. Mental Health, emotional well-being and staying safe, 5. Criminal Justice System and Substance Misuse and 6. Leisure and Community-Based Activities)</li> <li>24/25 NDIP funding agreed to provide x10 6-week psycho-educational programmes for ADHD adults, commission a neuro-affirming employment resource, support the creation of long-term, self sustaining peer support groups, community connectors pilot project, research and assessment of existing Adults ND services to understand opportunities / understand missing provision and commission a 'staying safe' neuro-affirming electronic resource</li> </ul>	Green
6. Workforce	<ul style="list-style-type: none"> <li>WG considering ND and workforce challenges. Recently published a thematic review on the Neurodivergent workforce</li> <li>Workstream to be established to take forward the reports recommendations. Active engagement across CTM partners and WLGA</li> </ul>	Green
Criminal Justice System	<ul style="list-style-type: none"> <li>Discussions ongoing regarding support for those in the prison system (Parc Prison)</li> <li>T&amp;F group being established, which will feed directly into Workstream 2 and will also link to Workstreams 3 and 5</li> </ul>	Green

**KEY METRICS:**

- 10x 6-week psychoeducational programme accommodating 15-20 people on each course delivered by Valley Steps in 24/25
- 160 autism assessments to be completed by IAS in 24/25
- Establishment of ADHD and Autism peer support groups in 24/25
- Resource providing information on existing adult ND services across the CTM region
- Neuro-affirmative job search programme tailored to meet the needs of ND young people and adults
- 'Staying safe' neuro-affirming electronic resource for professionals and ND young people, adults and their families

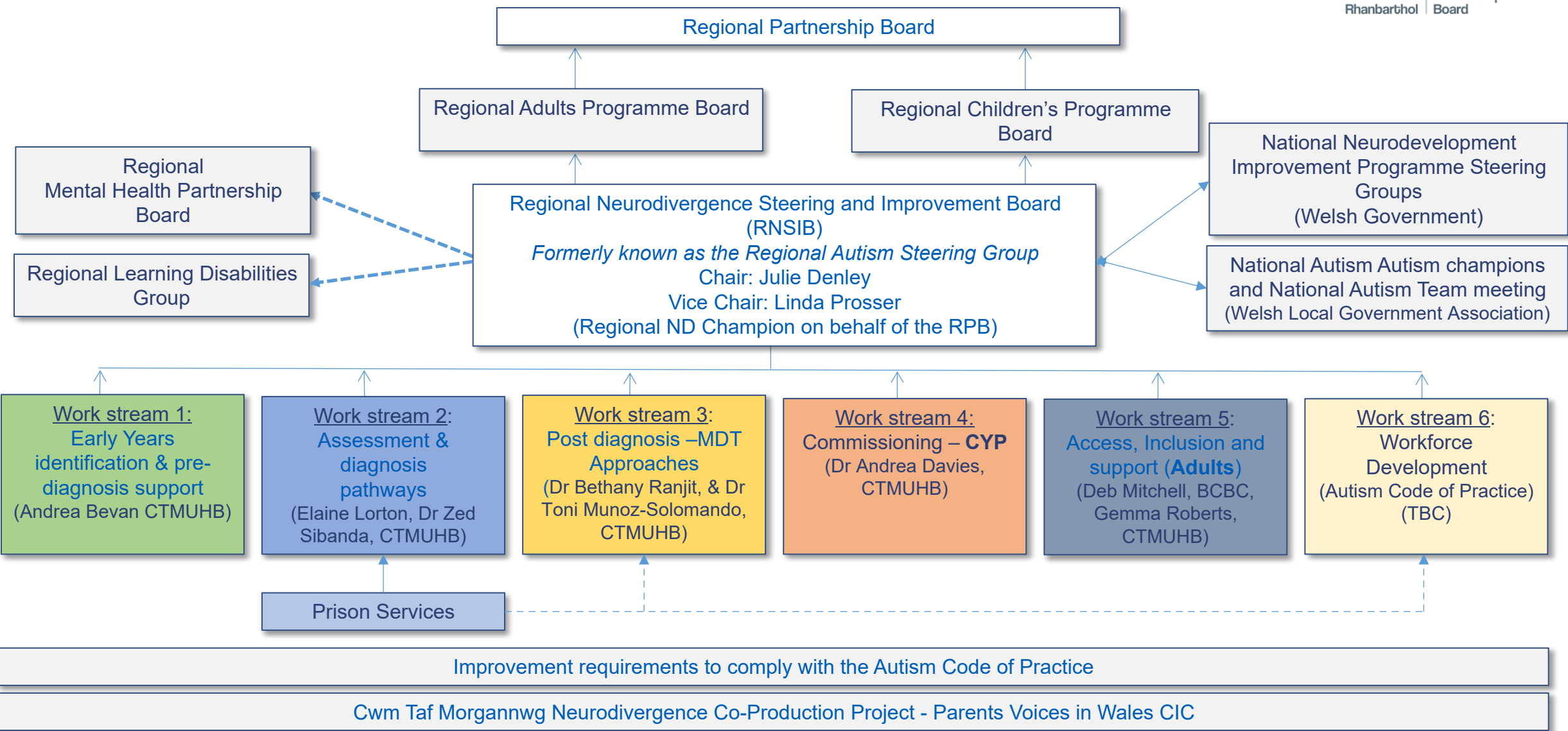
**RISKS/ ISSUES:**

Risks/ Issues	Description & Mitigation	RAG
Availability of workforce to support the work of the IAS in CTM (Risk)	This remains a challenge but activity ongoing to determine long-term plan for IAS across CTM and recruit to required roles	Yellow
Ability to recruit Programme Manager resource (Risk)	Active engagement across CTM to identify suitable candidates. Current resources utilised will remain available, but impact on overall ability to progress projects at pace	Yellow

**DECISIONS/ ESCALATIONS TO BOARD:**

None

# Governance Structure





**Agenda Item**

7.1

**Population Health & Partnerships Committee**

**CTM Public Service Board Annual Report 2023-24**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kate May, Assistant Director Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
PSB	Public Service Board
JOSC	Joint Overview and Scrutiny Committee
CTM	Cwm Taf Morgannwg
CTM UHB	Cwm Taf Morgannwg University Health Board
LEVERS	Leveraging Effective Climate Change Adaptation in Local Government

## 1. Situation /Background

This paper seeks to summarise the first annual report and activities of the newly established Cwm Taf Morgannwg Public Services Board (PSB).

Cwm Taf Morgannwg PSB brings together the previous boards of Cwm Taf, covering Merthyr Tydfil and Rhondda Cynon Taf, and Bridgend to form one Public Service Board for the Cwm Taf Morgannwg area.

The Well-being of Future Generations Act requires all PSBs to publish an annual report to demonstrate their progress towards meeting their objectives in their [Well-being Plan](#)

The full report, which was published on July 14<sup>th</sup> 2024, can be viewed here <https://www.bwrddgwasanaethaocyhoeddusctm.cymru/annual-report> or <https://www.ctmpublicservicesboard.wales/annual-report>.

## 2. Specific Matters for Consideration

### Creating the New CTM PSB

The introduction of the new PSB has been supported by the development of a new website, new branding and significant engagement with partners throughout the first year.

In line with statutory duties and guidance, a new Joint Overview and Scrutiny Committee (JOSC), consisting of elected members and co-opted non-political members from Rhondda Cynon Taf, Merthyr Tydfil and Bridgend local authorities was created in May 2023 to reflect the footprint of the newly merged CTM PSB.

### Well-being assessment and plan

Ongoing work has been undertaken to engage further with partners and networks on the CTM [Well-being Plan](#) 2023-2028 and how this can be delivered in partnership.

Guided by the principles of Well-being of Future Generations Act, in the Well-being plan commitments are made by the PSB to continue to focus on engagement and coproduction, delivering locally based on need and improving equity, improving intelligence, systems thinking and a focus on outcomes.

The objectives in the Well-being Plan are focussed around Healthy local neighbourhoods and Sustainable and resilient local neighbourhoods.

A small number of quality-of-life outcomes for each of the Well-being Plan objectives have been selected and both qualitative and quantitative information to evidence impact on these will be used. The delivery plans will also include specific steps, outputs, outcomes, and time bound performance measures that will be used to evaluate progress.

Dedicated workstreams have been established in order to deliver activities to support the objectives in the CTM Wellbeing Plan

## **Workstreams Update**

### **Climate change risk assessment**

Short term, dedicated consultant resource has been provided to produce a climate change risk assessment for the Cwm Taf Morgannwg area. A small task group was established to identify stakeholders, contacts and evidence of past events and training undertaken.

A workshop with 65 participants was held on 29th April to set out the risk assessment and explore key issues, what related plans, policies and projects are in place that address climate risk, what data is available to help judge risk, and who else should be involved including specialists and community networks and local contacts across CTM.

4 further specialist workshops were held in May and June with officers from across PSB partner organisations, local partnerships and networks. They involved 109 participants and producing over 400 items of information about plans and strategies, organisation experiences and knowledge.

Some key areas emerging are the risks associated with post-industrial landscape, roads and bridges, business continuity for health and social care and organisational governance.

3 stakeholder events have been held in Bridgend, Pontypridd and Merthyr to look at where these climate risks may play out. The task group meets monthly and detailed feedback was reported to the PSB on 12th September.

CTM PSB is part of a bid with Leeds and Durham universities and other partners for Leveraging Effective Climate Change Adaptation in Local Government (LEVERS) UK funding to collaborate on planning adaptation to climate change for health and well-being in post-industrial areas with high deprivation. This will build on the risk assessment to date, to develop priorities and more detailed plans.

### **Workforce well-being sub board**

This is a standing sub board for the PSB, building on a group from Bridgend PSB, with leads on workforce well-being from partners. Work programmes include neuro-divergence, menopause and menstruation, bereavement, health and well-being and cost of living.

This year's sessions have explored opportunities for community volunteering for staff in green spaces, and opportunities for team building that help to improve local nature reserves and green spaces for local people, providing physical activity and social benefits and developing skills.

Work to develop support for menstruation from Bridgend County Borough Council has also fed into the annual report for the PSB.

Cwm Taf University Health Board (CTMUHB) have presented on the Active Travel Charter and discussed how organisations can support workforce to use active travel and how the sub board can support the charter.

A small task group on Neuro-divergence has been set up to look at how we support current staff and recruit future staff.

Work on signing up to be foster friendly is ongoing individually with organisations with support from the Foster Wales team.

### **Active Travel Charter**

A charter has been developed with PSB members to support active travel for health and sustainability benefits. A workshop and a subsequent larger conference were delivered in order to finalise the charter.

A final draft charter has been prepared for approval by the PSB organisations.

The CTM UHB Active Travel leads have presented at the Leadership Group to Workforce Well-being Sub Board and discussions are being held on the structures to support and deliver the charter.

Next steps include establishing a Healthy Travel Charter PSB sub group, with the CTM UHB public health team to support organisations in taking charter through their respective governance processes.

### **Young Voices**

A conference was held with young people from across the area in November as part of the Young Voices project to bring their views and voice to the activities of the PSB.

A small number of young people are working with the PSB on a reverse mentoring and work experience project with the PSB members.

PSB members have come forward for the reverse mentoring and arrangements are being made.

PSB members have made short videos to present themselves to the young people and they are identifying which of the PSB members they would most like to work with.

### **Collaboration**

Project Dewi is a five-year initiative funded by the lottery, dedicated to enhancing the practice of meaningful engagement and co-production within PSBs across Wales. In CTM this has supported the PSB to look at the culture and different ways of working. Activities have included a learning workshop on engagement and

collaboration for PSB members, changes to the format of PSB meetings, 121 meetings with members and support with engagement across the PSB activity.

The PSB has held a review of the first 12 months of the regional board at their June meeting and reflected on how things have gone this last year and where work needs to focus going ahead

The key emerging areas, including relationships with other partnerships will inform the work programme for the PSB for the next 12 months.

### Website

A refresh of the Cwm Taf PSB website has been undertaken with a focus of information about the CTM PSB.

The joining up with the Area Planning Board and Early years programmes to host partnership and related activity has been successful. Working with Data Cymru to develop the site and future plans to link to national data and build on the wellbeing assessment are ongoing.

### Bridgend Food partnership

Food is a common theme in the Well-being Plan and the importance of sustainable local food systems came through in the Well-being Assessment as a concern for local people.

Building on lots of good work going on in communities producing and supplying local healthy food across CTM, following the appointment of a coordinator of local partnership and strategy, the mapping of the food system in Bridgend has been completed and Bridgend has been accepted as a sustainable food place.

## 3. Strategic Risks / Matters for Escalation

None

## 4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	A Healthier Wales



<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	If more than one applies please list below:	
	All goals within the Welling of future Generations act are relevant.	
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Leadership	
	If more than one applies please list below:	
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Person Centred	
	If more than one applies please list below: Safe Timely Effective Efficient Equitable Person Centred	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	

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



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

### 3 Recommendation

The committee is asked to note the Annual report of the CTM PSB.

### 4 Next Steps

Ongoing partnership working with the CTM PSB.



**Agenda Item**

7.2

**Population Health & Partnerships Committee**

**Integrated Community Care System Development**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Sarah Mills Head of Regional Commissioning Unit
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Linda Prosser, Executive Director of Strategy and Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / 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>

**Acronyms / Glossary of Terms**

CTM	Cwm Taf Morgannwg
RIF	Regional Integration Fund
RPB	Regional Partnership Board
MOU	Memorandum of Understanding

## 1. Situation / Background

- 1.1 The overarching aim of the programme is to create a single health and social care system that supports people, promotes self-care and prevention and ultimately makes the most effective use of **all** resources, to improve health and wellbeing, achieve better quality, reduce avoidable hospital admissions and elective activity, and unlock efficiencies in care delivery.
- 1.2 Establishing a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally will involve new delivery structures, moving the workforce and creating new roles so that, for example, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development with a clear focus on frailty.
- 1.3 There exists an ever-increasing financial challenge, the need to accelerate the rebalancing of the health and care system ensuring that existing resources are utilised most effectively and strive towards the Further Faster ambitions is a top priority. Effective transformation of our existing model of care including engagement, understanding resistance to change, create a learning environment that studies each change and is flexible to respond to new knowledge and data is needed.
- 1.4 A model focusing on two pathways Urgent and emergency care and population health management have been agreed that aligns the efforts of 6 Goals of UEC, ACD and RIF. Regional work streams have been aligned to new national specifications and identified 'transformation resource' (RIF) to support local leadership, facilitate change and disseminate learning.
- 1.5 The interacting medical and social circumstances of people living with frailty means continuity and coordination of their care really matters for this population group. Integrated teams, joint management arrangements and close collaboration on demand and capacity planning as a basis for joint commissioning are necessary in an Integrated Community Care System (ICCS). However, local health boards and councils are not empowered to establish such operational structures, nor create supporting funding arrangements, without taking proactive steps. The RPB is a forum for coordinating this work but does not provide a legal basis for integrated operating arrangements.
- 1.6 To establish momentum, a Memorandum of Understanding (MoU) between the Health Board and the three Councils is being developed for consideration. As a concise document a MoU can be created quickly to set

out shared aspirations for a further binding Section 33 agreement which would follow. The draft MoU will be presented to the Regional Partnership Board at its meeting in August 2024 for discussion, with a view to Consideration within statutory bodies afterwards.

## **2. Specific Matters for Consideration**

- 2.1 Through the RPB, health and social care service development for people living with frailty in the Cwm Taf Morgannwg Region is centering on two community-based pathways, namely 'Urgent Community Response' and 'Population Health Management', supported by a Navigation Hub. The new pathways should be delivered by integrated teams largely on a cluster footprint. These pathways provide a basis for the scope of a formal partnership agreement.
- 2.2 A Section 33/ Part 9 Agreement can work on a bilateral basis (e.g. the Cwm Taf Morgannwg University Health Board (CTMUHB) and Bridgend Council (BCBC) Section 33 for the locality Community Resource Team) or a multilateral basis (e.g. the Welsh Equipment Services Section 33 which includes all Welsh Councils). In the context of developing regional pathways, a single regional partnership agreement, rather than bilateral arrangements between partners, offers the greatest potential for improved service delivery. We can learn from our collective experiences to develop an agreement that is flexible and ambitious in scope.
- 2.3 A priority for this scoping work is to set out at a strategic level what our organisations are trying to achieve together through strengthened partnership working. At a headline level we are seeking better outcomes for citizens, but the scoping work is an opportunity to define, understand and commit to collective ownership of specific operational priorities within the overall vision. Building on our regional Area Plan and outcomes metrics, a measurement framework will reflect the choices made and become part of the agreement.
- 2.4 Whilst this short paper has focused on important process changes, the further development of a positive partnership culture will be key to success. A significant proportion of the work should focus on improving ways of working, bringing staff from all our teams together to do this. This should include the Third Sector and the independent sector – indeed the range of organisations represented in our RPB.
- 2.5 The MoU is to be agreed this Autumn with the formal Section 33/ Part 9 partnership agreement in place for the start of the operating year 2025-26. To achieve this there are variables to consider, including the resources available for the development work balanced against other ICCS priorities, and ensuring sufficient scope for consideration with respective democratic and board governance structures. More generally, a range of advice is



Available to support development<sup>1</sup>.

### 3. Key Risks / Matters for Escalation

3.1 None to be highlighted.

### 4. Assessment

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

<sup>1</sup> Including these Welsh Government sponsored advice notes from ADSSC [Integration and Pooled Budgets Advice Notes](#) and the National Commissioning Board [National Commissioning Board Wales](#)



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: To be considered
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: To be considered
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	There are potential reputational impacts on the health board if specific elements of this work are not achieved	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	There may be a resource implication in relation to how the health board enacts its partnership responsibilities	

## 5. Recommendation

5.1 The Committee is asked to **NOTE** the commencement of scoping work on a formal regional partnership agreement to support the operation of our integrated community care system.

### Next Steps

5.2 Work will continue through established workstreams overseen by the RPB to deliver an integrated community care system.



**Agenda Item**

7.3

**Population Health & Partnerships Committee**

**Rebalancing Care and Support – Consultation Response**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Vicki Wallace Deputy Director of Strategy and Partnerships
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Linda Prosser, Executive Director of Strategy and Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Executive Leadership Group	24/06/24	Approved for submission

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
ELG	Executive Leadership Group
RPB	Regional Partnership Board



## 1. Situation / Background

- 1.1 This paper sets out the response from CTMUHB to the consultation document on the Rebalancing Care and Support Programme. The response had to be submitted by 9<sup>th</sup> July 2024 and was approved for submission by ELG.
- 1.2 This consultation seeks views on a draft set of regulations: The Partnership Arrangements (Miscellaneous Amendments etc.) (Wales) Regulations 2024. These amend the following three sets of Regulations:
- The Partnership Arrangements (Wales) Regulations 2015
  - The Care and Support (Area Planning) (Wales) Regulations 2017
  - The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021.
- 1.3 The aim of these amendments is to clarify and strengthen regional partnership arrangements under Part 9 of the Social Services and Well-being (Wales) Act 2014, and particularly the role and functions of the Regional Partnership Boards.

## 2. Specific Matters for Consideration

- 2.1 Appendix 1 to this paper sets out the contents of the response to this consultation on behalf of CTMUHB. The local authorities and the RPB are also expected to be submitting responses.
- 2.2 The draft paper attached only includes answers which are felt to be pertinent to the operation and influence of the health board.
- 2.3 CTMUHB responded to a previous consultation on this topic in summer 2023. The response submitted has been attached as Appendix 2 to this paper for information.
- 2.4 Although supportive of some of the changes, as can be seen from the responses in Appendix 1, the Health Board still has some concerns. In summary these relate to:
- Placing the six models of care as a blueprint for integrated work into statutory guidance is an inappropriate use of a legislative device;
  - The tokenistic element of additional roles onto the RPB;
  - The risk of the proposed self assessment becoming a performance tool;
  - The added value of the proposed additional reporting requirements and the use of the information.



### 3. Key Risks / Matters for Escalation

- 3.1 There are risks around the additional reporting burden on both the RPB and CTMUHB through these changes, which will impact on already stretched capacity.
- 3.2 It is unclear how the additional reporting information will be used and how it will benefit partnership working.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Wales of Cohesive Communities
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below: Leadership
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Equitable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

### Impact Assessment



<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a response to a national consultation
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is a response to a national consultation
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report. There could be a negative reputational impact if the health board were not able to deliver on the recommendations set out within the audit report	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	There may be a resource implication in relation to how the health board enacts its partnership responsibilities	

## 5. Recommendation

- 5.1 The Committee are asked to **NOTE** the contents of the report and attached appendices.

## 6. Next Steps

- 6.1 CTMUHB will await the outcome of the consultation and respond as appropriate to the new regulations.

This consultation seeks views on a draft set of regulations, The Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024.

## Consultation questions

### Consultation questions

#### Question 1:

What are your views on the draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024? Are the provisions clear and designed so as to facilitate the intentions set out in this consultation document?

#### Amendments to the Partnership Arrangements (Wales) Regulations 2015

##### Regulation 4

*We agree with the addition responsibility to work together in partnership to respond to the market stability report as we believe being able to respond to this as a region is critical for the health and wellbeing of our population. In the same vein, we also agree with promoting the development of integrated health and social care arrangements as this will be critical for the quality and sustainability of services moving forward. In regards to the latter, defining the three levels of integration is also useful and adds clarity.*

*We are concerned that placing six models of care and a 'blueprint' for an integrated health and social care system into statutory guidance is an inappropriate use of a legislative device. Given the changing needs of our population, technological advances, the dynamic labour market and other factors where change cannot be foreseen, setting down static care models in legislation is a restrictive approach that reduces rather than increases the space to innovate.*

##### Regulation 5

*The addition of at least one primary care provider and a person to represent the interests of workers could be seen as tokenistic and will also be difficult to manage on a regional basis. We understand the reasoning behind these additions, but both groups have many different representative options and it will be difficult to make a decision as to who is the chosen representative without giving the impression of bias, or to ensure that the chosen individuals are able to appropriately represent those they are there on behalf of. There is a danger that this will lead to multiple representation and this could result in the RPB becoming too big to be able to have meaningful discussion.*

##### Regulation 6

*We agree with the appointment of a responsible person – we believe this will add clarity to their role both on the RPB and in their home organisations and add further gravitas to partnership working.*

*If the addition of a self assessment tool is to allow RPBs to develop as a partnership, then we are comfortable with this process and understand how it would be beneficial longer term. However, this would not be the case if the results were to be used as a performance metric, to compare RPBs across the country – this may not encourage the honest debate needed to improve partnership working and integration.*

#### *Regulation 7*

*What is to be included in the annual reports is clear, but what is less clear is the value this will add. If RPBs are focused on report producing (there are already a high number of reports produced via RPB processes, then less time and energy is spent on what the RPBs should be doing in conjunction with their populations.*

#### *Amendments to the Care and Support (Area Planning) (Wales) Regulations 2017*

#### *Regulation 9*

*There is clarity around the production of an annual delivery plan (to support the joint area plan) but it is not clear how the monitoring information will be used by Welsh Government.*

#### *Amendments to Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021*

#### *Regulation 10*

*Supportive of this amendment on market stability reports*

#### **Question 2:**

What are your views on the likely impact of the draft regulations on particular organisations or sectors within the health and social care field? Are there any specific areas where you feel there will be a positive or negative impact upon particular sectors or organisations?

*There is a danger of further increasing the reporting burdens of the RPBs – consideration needs to be made on the bureaucratic ask to ensure focus is on delivering effective partnership working and not the production of reports. There is a balance to be found between high trust and assurance.*

What effects do you think there would be?

How could positive effects be increased, or negative effects be mitigated?

#### **Question 3:**

What are your views on the likely impact of the draft regulations on particular groups of people, particularly those with protected characteristics under the Equality Act 2010? Are there any specific areas where you feel there will be a positive or negative impact upon specific groups?

What effects do you think there would be?

How could positive effects be increased, or negative effects be mitigated?

**Question 4:**

What, in your opinion, would be the likely effects of the draft regulations on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

Do you think that there are opportunities to promote any positive effects?

Do you think that there are opportunities to mitigate any adverse effects?

**Question 5:**

In your opinion, could the draft regulations be formulated or changed so as to:

- have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English; or
- mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?

**Question 6:**

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

# Rebalancing Care and Support Programme

## Consultation questions

Name: Cwm Taf Morgannwg University Health Board Executive response

Organisation: Cwm Taf Morgannwg University Health Board

Telephone number: 01443 744800

Email: [CTT\\_Planning&PartnershipsTeam@wales.nhs.uk](mailto:CTT_Planning&PartnershipsTeam@wales.nhs.uk)

Your address: Ynysmerurig House, Abercynon, Mountain Ash, CF45 4SN

## Consultation Questions – Chapter 1

**Question 1.1:** Do you think the principles and standards set out in the Code will help to ensure Wales-wide consistency in commissioning processes and practice and reduce duplication and complexity?

*The principles are sound and in theory should support duplication as they set out a clear focus on partnership working. Some of these are already built into established ways of working. Others need further work to embed and are influenced by available resources which will be a constraint on full delivery.*

**Question 1.2** Do you think the standards set out in the Code will help to ensure Wales-wide consistency in commissioning processes and practice and reduce duplication and complexity?

*The standards are sound and in theory should support duplication as they set out a clear focus on partnership working. However, the ability to deliver will depend upon resources and these are currently constrained, so it is unlikely that these will be delivered in full. There is also tension around standardisation and personalisation agendas which may not reduce the complexity levels. The concept of value is welcomed but what is unclear is how this will be weighted against the other elements, especially considering the financial situation across the public sector in Wales currently.*

**Question 1.3:** Do you think the requirements in relation to Welsh Language will help to bring about consistency around the provision of Welsh language services and the active offer?

*Yes, although as set out within the document this may be more problematic in some service areas.*

**Question 1.4:** Do you think the requirements in relation to Equalities will help to promote and improve the rights of individuals receiving care and support and carers?

**Question 1.5:** Do you think the statutory requirements and guidance in the Code will help to reduce complexity and bring about national consistency in the commissioning of care and support?

**Question 1.6:** Do you think the statutory requirements and guidance in the Code will help to improve outcomes for individuals receiving care and support and carers?

**Question 1.7:** Do you think the statutory requirements and guidance in the Code will help to refocus the fundamentals of the care market away from price towards a value measure based upon service quality and overall cost?

*It should help, but considering the financial pressures facing health and care services in Wales currently, it may not work out in reality. As set out above, it is not clear how the value element will be weighted compared to the other considerations, so in the light of the financial pressures it may not come through in action.*

**Question 1.8:** Do you think the statutory requirements and guidance in the Code will help to facilitate the provision of a seamless health and social care service, reducing barriers to joint planning and delivery.

## **Consultation Questions- Chapter 2**

**Question 2.1** The principle of the pay and progression framework is to offer a national framework that can support the principles of fair work. Do you believe it can support that ambition and the benefits outlined above?

*Cannot say this in full as the framework is not yet fully developed, but support the concept as this does impact on health and care integration currently.*

**Question 2.2** Do you have any suggestions about how the framework might be improved to help meet its ambitions?

**Question 2.3** What may be the barriers to the framework achieving its ambitions?

*There has to be equitable pay across the health and care sector if integration and the principles of fair work are to be achieved. It is not clear how the bands set out within this framework equate to the health sector – they need to if the framework is to succeed.*

## **Consultation Questions- Chapter 3**

**Question 3.1:** Do you agree with the design for the National Office? If not, what design would you suggest?

*Need to ensure that the formation of a new Office adds value and does not create extra bureaucracy or red tape. Needs to ensure that where appropriate it aligns with NHS Wales and does not add an additional level of complexity*

**Question 3.2:** Do you agree with the vision for the National Office? If not, what vision would you suggest?

**Question 3.3:** Do you agree with the proposed functions for the National Office, and the relationship described with key statutory organisations, particularly local authorities, Social Care Wales, and NHS Wales? If not, what functions do you disagree with and why?

*The level of detail around the relationship with NHS Wales is not clear from the document. It is important that clear lines of communication are established on areas of integration and the same messages are shared via both channels on this subject. They need to ensure that the work that both offices undertake is complementary and serves to meet the overall integration agenda.*

**Question 3.4:** From the proposed functions of the National Office, do you envisage any duplications of work already carried out by other national bodies or organisations and are there further opportunities here for simplification?

Question 3.4a: If yes, how do you propose this is resolved? For instance, would you support certain functions being absorbed by the National Office?

**Question 3.5:** In its positioning within the Welsh Government and providing for a 'bird's eye view' of the social care system, what are the main opportunities, working with local authorities, Social Care Wales, and other key partners, to drive service change and improvement? Please give reasons for your answer.

**Question 3.6:** What do you see as the specific opportunities for the National Office to lead culture change in relation to Welsh language? In particular, the 'More than just words' five-year plan (2022-27).

**Question 3.7:** What practical steps can the National Office take to ensure equality of opportunity through social care? Noting the diversity of Wales' communities and people's own circumstances, how can it add value at a national level to ensure people's wellbeing outcomes are consistently met?

#### **Consultation questions – Chapter 4**

**Question 4.1:** Do you have any comments on the detail of the revised draft Code, including any suggestions about what is missing, what could be omitted or where wording could be improved?

*In Part 2 Code of Practice paragraph 148 the partnership arrangements set out are incorrect as it still details Bridgend as being part of Swansea. This is also the case in bullet 52 on the DSS document.*

**Question 4.2:** In particular, do the revisions to Chapter 4 help clarify the duty on local authorities to promote social enterprises, co-operatives, user-led services and the third sector? Is anything missing or unclear?

**Question 4.3:** Does the new Chapter 5 give the right messages about the duty on local authorities to promote the involvement of service users and carers? Is anything missing or unclear?

## Consultation Questions- Chapter 5

**Question 5.1:** Do you agree with our proposals to amend the Partnership Arrangements Regulations 2015, and to the Care and Support (Area Planning) (Wales) Regulations 2017? Are there any other amendments you feel we need to make?

*The overall proposal to support and improve partnership working is sound. However, it is unclear how adding this to guidance and policy will embed this and make it work. Effective partnership working is based on relationships and purpose, which cannot be prescribed or governed.*

### RPB objectives

*There is a concern that a focus on specific detailed objectives can take away the understanding and desire to enact what the population needs. Much of what is listed as changes already occurs, but it is not clear from the consultation documents how this will be monitored as part of these changes. As set out below, additional reporting does not aid effective partnership working.*

*The proposals also draw in Local Authority requirements onto a partnership body and it is unclear how this would be supported/enacted from a governance arrangement. (e.g. Proposed amendments to Regulation 10 of the Partnership Arrangements Regulations would require the Boards to have oversight of the exercise of the section 12 duty in relation to the regional partnership arrangements).*

*In relation to the six models of care, there is concern that integration at service model level does not align with planning for specific population cohorts. This would need amending.*

### RPB membership

*No objections to the Citizen Voice Body becoming an independent observer as there are already strong relationships and partnership working in place and this would strengthen these. Would need to ensure this addition does not contradict any of the well established work underway.*

*Welcome the addition of the voluntary sector, although this has already been in place for our partnership. WAST also have a place within our RPB.*

*Need to be clear on the role of primary care – will one representative represent all aspects of primary care (general practice, dental, optometry, pharmacy)? How will this representative be chosen? Is this the view of a body (e.g. LPC) or individuals. We are not against the inclusion of primary care but need to be clear on purpose and representation.*

### Support for RPB members

*Support this recommendation*

### Reporting, self assessment and action plans

*Additional reporting (self-assessments and reports on delivery plans) will not aid the development of true partnership working. Effective partnership working is based on relationships and purpose. Need to understand the purpose of the reporting, who it is for, and how the information will be used. Capacity to undertake these assessments will also be an issue.*

*No concerns with the inclusion around co-production and involvement of citizens in the annual planning process or the social value element.*

*Need to ensure that duplication of reporting is not taking place. If these regulations put in additional asks of RPB annual plan then they need to be removed from other reporting processes.*

#### Responsible Individuals

*The Health Board are already able to delegate responsibility to an Executive Member so unclear what is the advantage of this amendment.*

#### Pooled budgets

*Additional flexibility is seen as a positive development.*

**Question 5.2:** Have you any comments on the proposed revisions to the Part 9 Statutory Guidance, including any suggestions about what is missing, what could be omitted or where wording could be improved?

*The Health Board feels that the following could be omitted, as set out above:*

- Changes around responsible individuals*
- Self assessment process unless it is clearly established how this will support effective partnership working.*

**Question 5.3:** Do you agree that the proposed amendments to the regulations and statutory guidance will help to strengthen regional partnership arrangements and the role of Regional Partnership Boards? Do you have any other suggestions about what could be included?

*The overall proposal to support and improve partnership working is sound. However, it is unclear how adding this to guidance and policy will embed this and make it work. Effective partnership working is based on relationships and purpose, which cannot be prescribed or governed.*

#### RPB objectives

*There is a concern that a focus on specific detailed objectives can take away the understanding and desire to enact what the population needs. Much of what is listed as changes already occurs, but it is not clear from the consultation documents how*

*this will be monitored as part of these changes. As set out below, additional reporting does not aid effective partnership working.*

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### Support for RPB members

*Support this recommendation*

### Reporting, self assessment and action plans

*Additional reporting (self-assessments and reports on delivery plans) will not aid the development of true partnership working. Effective partnership working is based on relationships and purpose. Need to understand the purpose of the reporting, who it is for, and how the information will be used. Capacity to undertake these assessments will also be an issue.*

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*Need to ensure that duplication of reporting is not taking place. If these regulations put in additional asks of RPB annual plan then they need to be removed from other reporting processes.*

### Responsible Individuals

*The Health Board are already able to delegate responsibility to an Executive Member so unclear what is the advantage of this amendment.*

### Pooled budgets

*Additional flexibility is seen as a positive development.*

## **Consultation Questions- Chapter 6**

**Question 6.1:** Are there any barriers in implementing the new guidance for the production of the Local Authority Social Services Annual Reports?

**Question 6.2:** What support/training is required in implementing the new guidance?

**Question 6.3:** What outputs or analysis of the Local Authority Social Services Annual Reports would you want to see undertaken?

**Question 6.4:** Do you consider that the combination of the Performance and Improvement Framework, National Outcomes Framework and Local Authority Social Services Annual Reports provides sufficient guidance and structure for local authorities in achieving the outcomes?

## **Consultation Questions- Chapter 7**

**Question 7.1:** We would like to know your views on Sections 1 and 8 of the Integrated Impact Assessment. Are there any specific areas where you feel further detail is required, or any specific issues you wish to highlight which may have an impact on a specific group?

## **Consultation Questions- Chapter 8**

**Question 8.1:** We would like to know your views on the effects that any of the products presented within this rebalancing consultation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

**Question 8.2:** Please also explain how you believe the products presented within this rebalancing consultation could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

**Question 8.3:** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

**Agenda Item Number: 8.1.1**

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board – Population Health and Partnerships Committee**

**Monday 20<sup>th</sup> May 2024 held via Microsoft Teams**

**Members Present:**

Carolyn Donoghue	Independent Member (Committee Chair)
Lynda Thomas	Independent Member (Committee Vice Chair)
Kath Palmer	Independent Member
Rachel Rowlands	Independent Member

**In Attendance:**

Linda Prosser	Executive Director of Strategy & Transformation
Gethin Hughes	Chief Operating Officer
Julie Denley	Deputy Chief Operating Officer/Director of Primary, Community, Mental Health & Learning Disabilities
Lauren Edwards	Executive Director of Therapies & Health Science
Philip Daniels	Executive Director of Public Health
Rhian Beynon	Senior Local Public Health Practitioner
Mandy Pady	Head of Finance
Julia Wilkinson	Clinical Service Group Manager Community Health
Rhian Webber	Strategic Planning and Commissioning Manager, Older Years, Frailty & Multi Morbidity (in-part)
Kevin Duff	Head of Strategic Planning and Commissioning
Lisa King	Interim Lead Nurse, Community Services (in-part)
Claire Turbutt	Principal Public Health Practitioner (in-part)
Pola Grzybowska	Consultant, Y Bwythyn Newydd
Cally Hamblyn	Assistant Director of Governance & Risk
Kathrine Davies	Corporate Governance Manager (Secretariat)

**Agenda Item**

**1. PRELIMINARY MATTERS**

**1.1 Welcome & Introduction**

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

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

## **1.2 Apologies for Absence**

Apologies had been received from:

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

## **1.3 Declarations of Interest**

None were received prior to the meeting.

## **2. CONSENT AGENDA**

### **2.1 Consent Agenda Business**

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

## **3. MAIN AGENDA**

### **3.1 PHP Committee Action Log**

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

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

There were no matters arising.

### **3.3 Shared Listening & Learning Story – Appreciate Inquiry for Population Health**

P. Daniels and C. Turbutt presented the story reflecting the journey of a new mum's breastfeeding experience in Cwm Taf Morgannwg (CTM) UHB. The story spanned the support received from midwifery, health visiting and other areas.

L. Thomas stated that so much of the story had resonated with her and she advised that she would welcome further information as to how the Health Board felt that they could better support mothers who want to breastfeed and how they could ensure that this public health opportunity would help to encourage people.

R. Rowlands reflected that trying to breast feed within cafes and public places continues to be a challenge as it was not always accepted in many communities. She added that there needed to be more visibility and work to break that culture. R Rowlands welcomed the role of breastfeeding champions within communities which would start with the clinical teams and midwives, however, recognised that the environment also needed to be conducive to women feeling comfortable to breast feed.

P. Daniels advised that there were a range of support services now available to families with pharmacists and community health workers and that there is a commitment to ensure clear and consistent messaging and signposting for support which new mothers can easily locate and access.

The Chair thanked C Turbutt for sharing such a powerful learning story which evoked a number of reflections from the Committee as well as recognising a number of opportunities that CTM could take forward to support parents

Resolution: The story was **NOTED**.

#### **4. GOVERNANCE**

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

C. Hamblyn presented the Organisational Risk Register to Members to review and discuss and consider whether the assigned risks had been appropriately assessed.

K. Palmer referred to risk 5579, Children's Weight Management Service and commented that it was pleasing to see that a Business Case had been developed and queried whether there was an update on progress. L. Prosser advised that they were working through another planning round before they would be able to proceed.

L. Edwards, in response, also advised that they had developed the Business Case to scope what the service would look like, however, currently there was no funding available.

K. Palmer advised that this was a real gap in the health board's services, and it was essential that the gaps were prioritised and that this was something that should be highlighted to the Board.

The Chair thanked C. Hamblyn and the team for the improvements to the Risk Register. She added that the Committee should escalate the child obesity risk to the Board in the Committee Highlight Report and that whilst recognising the competing demands and funding challenges faced by the Health Board that the Committee were raising their concern as to how such significant gaps in services could be addressed and prioritised.

Resolution: The Committee **REVIEWED** the risk escalated at appendix 1.

Action: To escalate the Child Obesity Risk 5579 to the Board in the Committee Highlight Report.

#### **5. CREATING HEALTH**

##### **5.1 Creating Health**

P. Daniels provided the Committee with an update on the Creating Health Programme Board and the eight areas of focus being considered by the

programme. Assurance was provided that the role of this group is to provide a platform and visibility of the Population Health issues faced within Cwm Taf Morgannwg

The Chair queried the basis on which the key projects/programmes had been chosen. In response, P Daniels advised that these were the key areas the Creating Health Programme Board considered they should focus upon in terms of the health issues facing CTM Population.

K. Palmer referred to the Red Amber Green (RAG) status showing as green for example, smoking cessation and she queried what leads to it being reported as green. P. Daniels advised that if it was showing as green it was because it had been presented to the Creating Health Programme Board within the last two months.

K. Palmer, in response, added that it was not about outcomes but about process. P. Daniels advised that the programme management office was using this as a trouble shooting tool, the overall RAG was going through process and a dashboard is being developed to articulate the outcomes of the programmes.

R. Rowlands referred to the information that was missing from the child obesity figures due to the Covid-19 pandemic and queried whether they were now able to present those. P. Daniels advised that the information was embargoed until the 22<sup>nd</sup> May 2024 and confirmed that he would circulate them to the Committee once received. He also added that they had seen a significant drop in child obesity figures in the Bridgend area.

The Chair referred to the metrics and goals for 2030 and advised that some of those would now need interventions to move them on and queried where they were discussed. P. Daniels advised that they were discussed in the Joint Executive Team (JET) meetings with Welsh Government. He added that with regard to smoking cessation nationally the Public Health team were on track, however, there was a significant amount of work still required for healthy weights and a dashboard is in development to support that area of activity.

R. Rowlands advised that in terms of creating health this is not an area the Health Board could progress in isolation. She referred to the Acute Clinical Services Plan that was ongoing and that this should lend itself to being funded in some small or greater part by the Regional Partnership Board (RPB) or the Public Services Board (PSB). She added that the focus and allocation of RPB funding was one of the most important areas for the Health Board over the next few years. P. Daniels advised that there was funding provided to the Health Board through the prevention and early years funding however, this was only guaranteed until the financial year end. He added that the recent Team Wales event had focussed on the key priorities for secondary care, however, the Health board will continue to maintain focus on this area via the Regional Partnership Board.

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

## 5.2 **Population Health Management**

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

L. Thomas queried whether in the intervening period primary care data could be accessed as she recognised based on her previous involvement with cancer, that GP's in NHS England already held significant amounts of data on an individualised basis that they were using to segment areas such as the likelihood of developing lung cancer and she wondered whether that was an option in NHS Wales. P. Daniels advised that the Health Board was working with the GPs within CTMUHB and the data flow was predicted on primary care which was a useful aspect of intelligence. He added that the data was held by primary care and there were information governance challenges in terms of sharing patient level data, although discussions were underway with regard to this.

K. Palmer sought assurance on the sustainability of the SAIL system and queried the alternative systems that might be in place within other health boards. P. Daniels advised that it was as safe as it currently could be. In terms of other health boards CTMUHB was the first health board to move forward with population health in Wales, working with Aneurin Bevan Health Board. P. Daniels added that a letter had been circulated announcing the withdrawal of Audit + which underpins SAIL as well as a suite of functions in primary care and Digital Health Care Wales (DHCW) were working to mitigate any impacts.

K. Palmer suggested that perhaps they could have a conversation with regard to this outside of the meeting.

The Chair commented that it was challenging to understand the technicalities of this and the description around what now needed to be put in place. She added that it seemed to be suggesting that they would lose some of the variables that were currently recorded and wondered what the impact of that was in terms of data and the level of risk in relation to information governance. P. Daniels advised that they were currently in a holding position as the company had advised in March that the system would be withdrawn. He added that the health board is actively exploring alternative solutions and it had been highlighted as a risk.

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

## 6. **IMPROVING CARE**

### 6.1 **Primary Strategic Update & Accelerated Cluster Development**

J. Denley presented the report that updated Members on the key priorities identified by Welsh Government and the National Strategic Programme for Primary Care, and the progress being made by the Health Board.

The Chair thanked J. Denley for a very comprehensive review of the significant amount of work that was being undertaken. She referred to the point made in terms of gaps in primary care and queried whether this was due to the difficulty of recruitment and retention rather than funding.

J. Denley, in response, advised that it was more within the core primary care leadership team and that due to the organisational change process (OCP) there were some posts that they could not recruit to and there had been a couple of retirements and one promotion. She added that they had all the Band 8 Directorate Manager levels now in progress and the next tiers down which would provide capacity to ensure that they had the right oversight and scrutiny of the contractors particularly within the GM contract element.

The Chair referred to page 4 of the report and the Horowitz MSIDS Questionnaire (HMQ) screening where it was stated that the national rollout of Microsoft 365 was essential to enable practices to have access to NHS email to improve communication and efficiency of patient management and also the open eyes system was a necessity to rollout. She queried if there was enough funding to support this. In response, J. Denley confirmed that they had funding for Microsoft 365 and advised that they did not have NHS email addresses for optometrists currently but that would be negotiated as part of the GM contract. With regard to Open Eyes the digital team were reviewing the position but it was making slow progress and without it they would have some challenges in terms of the quality of information that could be shared through systems.

Resolution: The Committee **NOTED** the contents of the Primary Care Strategic Update and where relevant note CTM Health Board delivery against strategic priorities.

## 6.2 **Strategic Group Update – Deep Dive – Dying Well Palliative and End of Life Care**

L. Prosser introduced K. Duff, Dr. Gryzbowska and J. Wilkinson to present the presentation on the overview of some key areas of work in relation to Dying Well Palliative and End of Life Care.

K. Palmer commented that this was good news in terms of the way the team were taking this forward and also in securing the resources in to really support this area. She referred to Ty Haven Hospice and queried whether they were picking up any of their services. K. Duff advised that they were not to his knowledge, however, he would liaise with the children's services to confirm.

L. Thomas commended the team on the work and advised that if at any point they felt that the resources were no longer available that they escalate this to the Board as appropriate.

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

## **7. SUSTAINING OUR FUTURE**

### **7.1 Public Service Board Update**

P. Daniels presented the report that provided an overview of the current activities of the Cwm Taf Morgannwg Public Service Board (CTM PSB) and update of the PSB's activities since the last meeting of the Population Health and Partnerships Committee.

The Chair thanked P. Daniels for the update which provided an overview of the range of work that was happening and helped to understand how this all fitted together and was very helpful.

Resolution: The report was **NOTED**.

### **7.2 Regional Partnership Board (RPB) Update**

L. Prosser presented the report that provided the Committee with an update of the work undertaken by the Regional Partnership Board.

K. Palmer referred to the key priorities and funding for 2024-25 and queried where they were in terms of progress of how they would get that integration that feeds through to the Regional Partnership Board.

L. Prosser advised that one of the challenges within the RPB space was that the funding was not allocated via the local authority or the health board, it was allocated directly to the RPB and often with very specific rules around how it could be used. She added that the health board did not receive the full amount of funding at the start of the year and that further funding was provided mid-year with new criteria on how it could be used. L Prosser advised that changes had been made so that improvements could be recognised in children's services without compromising the at home services.

R. Rowlands reiterated the challenges outlined by L Prosser in the way in which RPB funding is provided and the restrictions that were placed upon the health board in terms of its application.

R Rowlands also expressed concerns that short term funding limited the ability to successfully recruit to positions needed and that this was a challenge faced by all partners of the RPB.

Resolution: The Committee **NOTED** the report and the future direction of travel linked to community pathways.

## **8. CONSENT AGENDA**

### **8.1 ITEMS FOR APPROVAL**

#### **8.1.1 Unconfirmed Minutes of the Meeting held on 7<sup>TH</sup> March 2024**

Resolution: The Minutes were **APPROVED**.

#### **8.1.2 Committee Annual Report 2023-24**

Resolution: The Annual Report for 2023-24 was **ENDORSED FOR BOARD APPROVAL**.

The Chair advised that the Annual Committee Self-Assessment would now be sent out for the Committee to complete and the outcome would be received at the August 2023 meeting.

### **8.2 ITEMS FOR NOTING**

#### **8.2.1 Committee Annual Cycle of Business 2024-25**

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

#### **8.2.2 Strategy Groups Update**

Resolution The Committee **NOTED** the update from the Strategy Groups.

## **9. OTHER MATTERS**

### **9.1 Forward Work Plan**

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

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

### **9.2 Committee Highlight Report to Board**

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

### **9.3 Any Other Business**

There was none to report.

### **9.4 How did we do today?**

The Committee recognised the importance of ensuring that presentations on key priority areas/strategic visioning also identify when the Committee could

expect a progress report as to whether the plans were able to be delivered. It was accepted that systems management is an area of continuous learning and improvement and not all plans will come to fruition, however it was important to provide that assurance and share the experiences and impact of the journey taken whether it was successful or not.

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

**10. Date of Next Meeting:**

1<sup>st</sup> August 2024.

**Agenda Item Number: 8.1.2**

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board – Population Health and Partnerships In-Committee**

**Monday 20<sup>th</sup> May 2024 held via Microsoft Teams.**

**Members Present:**

Carolyn Donoghue	Independent Member (Committee Chair)
Lynda Thomas	Independent Member (Committee Vice Chair)
Kath Palmer	Independent Member
Rachel Rowlands	Independent Member

**In Attendance:**

Julie Denley	Deputy Chief Operating Officer – Mental Health, Primary Care and Community Services
Philip Daniels	Executive Director of Public Health
Cally Hamblyn	Assistant Director of Governance & Risk
Mandy Pady	Head of Finance
Kathrine Davies	Corporate Governance Manager (Secretariat)

**Agenda Item**

**1. PRELIMINARY MATTERS**

**1.1 Welcome & Introduction**

The Committee Chair welcomed everyone to the meeting and explained that whilst they were committed to holding business in open session they also had items contained on an 'In-Committee' agenda today which were deemed business sensitive and therefore need to be discussed in closed session.

**1.2 Apologies for Absence**

Apologies had been received from:

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

**1.3 Declarations of Interest**

None were received prior to the meeting.

**2. MAIN AGENDA**

## 2.1 Health Protection Structure

P. Daniels presented the Health Protection Structure report that outlined the proposal on the development of a Health Protection service within the budget allocation.

The Chair referred to the reduced resource allocated for 2024-25 and commented that this was unsatisfactory and would need to be noted. She queried where it was on the Organisational Risk Register. P. Daniels advised that it was not currently escalated to the Organisational Risk Register, however, he will action this as appropriate.

In concluding the item, the Committee, upon reflection and with the agreement of the Committee Chair, considered that the report should have been discussed in the open session of the meeting and agreed that it should be published in its entirety on the Health Boards website.

Resolution: The Committee **NOTED** that the Executive Leadership Group has approved the proposed plan to commit the £5.7m as outlined in the paper and support the recruitment of staff in line with the staffing model.

Action: To escalate the risk in relation to the reduced resource allocated for 2024-25 to the Organisational Risk Register.

## 3 ANY OTHER URGENT BUSINESS

There was none to report.

## 4. DATE OF NEXT MEETING:

1<sup>st</sup> August 2024.



**Agenda Item**

8.1.3

**Population Health & Partnerships Committee**

**Committee Annual Self Effectiveness Survey Outcome  
2023-24 & Improvement Plan**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Carolyn Donoghue, Independent Member/Committee Chair
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Committee members / attendees	22/05/2024	Responses returned as outlined in section 1 of the report

<b>Acronyms / Glossary of Terms</b>	
Nil	



**1. PURPOSE**

- 1.1 The Chair of the Population Health & Partnerships Committee is required to present an annual report to the Board outlining the Committee’s business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2023-24.
- 1.3 Members should note that 6 responses were received out of a total of 11 which equated to 54%.

**2. SUMMARY REPORT**

<b>Positive Assurance</b>	<p><b>1. Committee Effectiveness:</b></p> <p>There was a clear consensus that Members/Attendees were aware that:</p> <ul style="list-style-type: none"> <li>• There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.</li> <li>• 75% of respondents were aware that a Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit.</li> <li>• A Committee Annual Cycle of Business had been established to be dealt with across the year.</li> </ul> <p><b>2. Committee Business</b></p> <ul style="list-style-type: none"> <li>• Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner.</li> <li>• The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome.</li> <li>• Members felt that the Committee Highlight Report to Board provided a clear and concise update on the activity of the Committee and escalated areas of concern.</li> <li>• Feedback reflected that the Committee was well structured and well chaired and provided a valuable opportunity to explore prevention and population health.</li> <li>• The Committee were of the opinion that each agenda item was ‘closed off’ appropriately so it was clear what the conclusion was. The Committee felt that boundaries between this Committee and other Committees were clearly defined with appropriate cross referral.</li> <li>• Members of the Committee felt that they were adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions.</li> </ul>
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### 3. Behaviour, Culture and Values

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

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

### 4. Welsh Language

- 50% of respondents felt overall that Meetings through the medium of Welsh was supported if it was the preferred language of any of the Members/Attendees.

### 5. Additional Training Requirements

- The Committee felt that they did not require additional training to fulfil their role as a member of the Committee.

### Areas of Note

#### 1. Committee Effectiveness

- The Terms of Reference were reviewed and approved at its February 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in March 2023. *(NB: The terms of reference have not been reviewed in 2024 due to the pending Committee review and restructure).*
- The Committee **received** and approved its Annual Report for 2023-24 at its May 2024 meeting and was submitted to the Board in May 2024..
- The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their March 2024 meeting.

#### 2. Committee Business

- The Population Health & Partnerships Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion.
- As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'.
- Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's commitment to openness and transparency.

<p><b>Areas Requiring Further Consideration</b></p>	<p><b>Committee Effectiveness - Areas for action/improvement</b></p> <p>There were no areas identified for action/improvement.</p>
<p><b>Action Plan</b></p>	<p>In response to the areas of improvement identified the following actions are proposed:</p> <ul style="list-style-type: none"> <li>• The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.</li> </ul>
<p><b>Appendices</b></p>	<p>Independent Member Scrutiny Toolkit.</p>

### 3. RECOMMENDATION

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



**Agenda Item**

8.2.1

**Population Health & Partnerships Committee**

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

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	01/08/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

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

<b>Acronyms / Glossary of Terms</b>	



**1. Situation /Background**

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

**2. Specific Matters for Consideration**

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

**3. Key Risks / Matters for Escalation**

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

**4. Assessment**

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



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

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

## 5. Recommendation

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



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## **6. Next Steps**

6.1 There are no next steps required.

# Population Health & Partnerships Committee

## Cycle of Business (1<sup>st</sup> March 2024 – 31<sup>st</sup> March 2025)

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

The Cycle of Business covers the period 1<sup>st</sup> March 2024 to 31<sup>st</sup> March 2025.

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

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

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

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

**Population Health & Partnerships Committee Cycle of Business (1<sup>st</sup> March – 31<sup>st</sup> March 2025)**

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

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

# Adulthood/Living Well Strategy Group Update: Q1 2024/25 (July update)

Authors:

Zoe Silsbury

Marie Evans

Leanne Baylis



# Adulthood/Living Well: Progress Overview Highlights:



## Respiratory

- Planning & Delivery Group meeting held on 20<sup>th</sup> June 2024 which was well received, attendees included Medical Director for USC Care Group, new DM for pan CTM respiratory as well as Consultant and nursing staff across sites, external speaker from Asthma & Lung UK.
- Newly appointed clinical lead for Respiratory Strategic Network – Dr Anthony Gibson. HOP to regularly attend National network meetings. Network engagement event planned for 19<sup>th</sup> July 2024 aimed to agree National priorities. Details of the event have been circulated to the above group to ensure good CTM representation.
- **Smoking Cessation Sub Group-**
  - **Help Me Quit in Hospital (HMQH) pathway** Team are fully in place with 5 days per week coverage at the 3 main hospital sites. They have been visiting wards and leaving service information, as well as seeing patients.
  - Public and staff-facing communications are going out on respective Facebook pages, a presentation was delivered at the all staff Q&A in relation to smoke-free grounds and a HMQH Sharepoint page has been set up: [Help Me Quit in Hospital \(HMQH\) - Home](#)
  - Further staff engagement and awareness raising is planned for the coming weeks. An ESR module has been produced nationally outlining how staff can support HMQH, including nicotine replacement therapy prescribing. This will be promoted when available towards the end of June.
  - The project team is receiving WNCR data monthly, in order to track progress with recording patient's smoking status and % smokers referred to HMQ and inform improvement activity.
- **Pulmonary Rehabilitation** – New service launched 'My Lung Health My Way' in Feb 2024. Service plan and service specification circulated to key stakeholders for comment. Band 7 vacancy having impact on service, post difficult to fill. Service running once per week instead of twice with remote sessions. Venues for the service have been problematic, trying to secure gym space in Abercynon.



# Adulthood/Living Well: Progress Overview Highlights:



## Respiratory continued

- **Respiratory Innovation & Research** - Dr Tom Powell attended Planning and Delivery Group in June 2024 to feedback on mapping exercise relating to respiratory research projects. Discussion held on formalising the research roles across MDT and feeding into ACSP. Work is ongoing around developing a dashboard for A&E attendances for exacerbations of asthma and COPD by DGH and GP cluster practice.
- **Spirometry Services** – New spirometry service for suspected COPD only to commence on 1<sup>st</sup> July 2024 5 days per week using Health Care Support Workers and overseen by Respiratory Nurse Specialist, initially at 2 community locations with plan to roll out across all 7 clusters. Anticipate to clear backlog by end of September 2024, next phase will be to develop a service for suspected asthma. As part of the development of a service specification the National Network will describe standards of care that is expected to be delivered for patients across Wales.
- **Respiratory Alliance Wales** – A clinical Nurse Specialist from PCH has nominated herself to attend and represent CTM from a nursing perspective on this forum



# Adulthood/Living Well: Progress Overview Highlights:



**Liver Disease** – Clinical Lead to be present all week at Eisteddfod within the science tent undertaking sessions relating to alcohol, liver disease, awareness of viral hep and ? Fibroscanning session

## Alcohol Care

- All newly funded posts have now been recruited to, 7 day working up and running on 2 DGH sites. Discussion ongoing to plan for the expansion from 5 to 7 days at the POW site.
- Proms/prems – ACT with VBHC support have developed an alcohol PREM, this will now be shared on a national level. Work has commenced on the development of an alcohol PROM which again will be shared nationally.
- DATA - Comprehensive data collection spreadsheet developed and in use.
- In the process of setting up a ACT support group which will be run by the band 4 nurses in Maerdy Community Centre.
- In the process of developing an information pack for all patients
- New standardised Alcohol withdrawal Policy for CTM is nearly completed which will include a Delirium Tremens policy which will be the first one in Wales and this will be shared at the national CAG
- Band 4 now carrying out home visits so taking the service to the patient
- Engaging with Service User Group –. Band 4 presence in the weekly SIG meetings have build up trust in the hospital ACT service where people previously had bad experiences before the inception of the ACT. They now feel more comfortable coming into hospital knowing the ACT are there.
- Activity – 335 patients seen (between Jan-April 2024) and supported across the three sites in four months. Multiple positive patient outcomes and experiences due to input from the team. There have been 34 averted admissions which with a standard admission for alcohol withdrawal being three days this equates to 102 bed days saved in the last four months
- HSJ award submitted
- Service expanded to Head & Neck Cancer patients, excellent patient story where a patient was Detoxed in time to make planned date for surgery.
- Next step – plan to expand the service offer to older people and cardiovascular disease.

• **DRYMESTER** - Drymester was formally launched across CTM on 27<sup>th</sup> November 2023. We are the **first health board in Wales** to support and roll out this campaign which aims to share the correct guidance about risk of drinking alcohol during pregnancy and to prevent FASD. Work will now continue on evaluating the benefits and outcomes from this work. Next meeting 8<sup>th</sup> July 2024 to receive results of mini audit to be held in June , wider audit planned at same time

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

**OVERALL RAG**



A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy. Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service. A revised 3 year delivery plan was submitted to Welsh Government by 30<sup>th</sup> May 2024 and awaiting feedback.

Workstream	Status Update	RAG
<b>Governance</b>	<ul style="list-style-type: none"> <li>Executive Lead, Clinical Lead and Project Manager in place. Multi-agency / professional steering group established and meetings held monthly supported by Adulthood Strategy group planning team. A HB progress update report was submitted 31<sup>st</sup> March 2024 which outlined significant progress over a 8 month period with no additional resources. Formal feedback from National Oversight Group was positive and recognised a number of areas where progress had been made across CTM.</li> <li>A new 3 year delivery plan for 2024/25 was submitted by 30<sup>th</sup> May 2024. A project management approach has been implemented to ensure delivery and monitoring of the plan. This work reports to Creating Health Board and the Health Protection Board in terms of governance.</li> </ul>	Green
<b>Prevention</b>	<ul style="list-style-type: none"> <li>PHW has been commissioned to provide costed options for nationally co-ordinated awareness raising initiatives starting in 2024, factoring in any potentially join up with current awareness raising in relation to substance misuse, sexual health, vaccination, HIV elimination and inclusion health.</li> <li>Work is ongoing to ensure that the population of CTM has appropriate levels of access to needle and syringe services across the health board. The health board is developing a process to routinely monitor service provision from community pharmacy, and to develop provision in line with best practice. Currently engaged with pharmacy contractors in gap areas with the aim of commissioning additional NSP provision – some uptake. Engaging with existing providers with low/limited activity, with the aim of addressing barriers to provision and engaging with existing providers to encourage provision in line with current guidance re equipment coverage.</li> </ul>	Green
<b>Testing</b>	<ul style="list-style-type: none"> <li>Funding for Health Protection Team has now been secured, when this team is in place it will have a significant positive impact in delivering our plan. A new post has been created for a Consultant in Public Health who will provide leadership on Health Protection across CTMUHB; recruitment has been undertaken and the person will commence in post in July 2024. Recruitment for other team members commenced in May 2024. In addition, in line with Welsh Government's requirement to produce a Health Protection Strategic Plan for the Health Board.</li> <li>Successful High Intensity Test and Treat (HITT) Projects undertaken across 5 Community Drug &amp; Alcohol Team (CDAT) sites using a two-tiered Point of Care Testing (POCT) pathway. Project work presented as best practice at National Hepatitis Conference in April 2024.</li> <li>Testing in Community Pharmacies – a national service specification for BBV testing in community pharmacies has been agreed and is currently being implemented with an Aim to commission at least 15 pharmacies by end 2024/25</li> <li>Testing ongoing in substance misuse services, partners working to improve testing rates, data collection and processes and pathways for testing.</li> <li>Significant progress made with re-engagement programme, 287 names identified across 3 sites, 120 contact letters identified to be sent out to patients, these are going out in a staggered approach not to inundate the existing service. Health protection slippage funds supporting overtime for BBV Nurse / admin to progress phase 2 at pace</li> <li>Issue of DBS testing for under 18's as it is not validated and venepuncture is not an option – awaiting clarification from PHW therefore at a halt to rolling out in Young Persons Drug and Alcohol Service (YPDAS). Conversations being held with safeguarding services to ensure correct process and pathways are in place.</li> <li>Pathway developed and implemented in substance misuse services for those who fail to engage and attend treatment appointments.</li> </ul>	Yellow
<b>Treatment</b>	<ul style="list-style-type: none"> <li>Substance Misuse and Hepatitis B &amp; C Treatment Pathway developed and approved.</li> <li>Task &amp; Finish group established to look at improving access to Hep C Medicines</li> <li>Target for CTM is 135 people to receive treatment per annum – this has not been achieved in previous years and modelling undertaken for this has been questioned. PHW have been commissioned to support this area which includes estimating the prevalence of hepatitis B and C in line with work underway for HIV.</li> <li>During 2023/24 56 patients treated for Hepatitis C.</li> </ul>	Green
<b>Data Improvement</b>	<ul style="list-style-type: none"> <li>National Electronic form is available, further work has been progressing to fully adopt in CTM to reflect national data and workload. All patients identified as part of the reengagement work have had an e-form completed</li> <li>Significant amount of training and awareness raising has been continuing on the importance of reporting on NEO the Harm Reduction Database</li> <li>Benchmarking work ongoing to compare lab data of number of DBS tests on laboratory system in comparison to data on NEO. Lab data identified a</li> </ul>	Yellow

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
CTM Health Protection Service	Health Protection Team is in development stage, is a key resource to delivering the testing required to provide a service and meet KPIs.	Yellow
Needle Syringe Programmes (NSP)	No pharmacy in Porthcawl willing to provide NSP. May need to consider non-pharmacy sources of NSP (e.g. vending machines).	Yellow

**KEY METRICS**

WHO progress to elimination targets:



Microsoft Excel Worksheet

Elimination data	March	April	May	June				
% of patients offered DBST testing within 7 days of reception	94%	93%	28%	96%				
3.3 Current population at month end screened in previous 12 months	619	34.9%	661	36.6%	739	41.2%	821	45.2%

**ESCALATIONS/ DECISIONS TO BOARD:**

None at present

Use corporate RAG rating for risks

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

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

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
<b>Governance</b>	<ul style="list-style-type: none"> <li>On 6<sup>th</sup> March 2024 progress meeting held with WG who noted a positive pace of progress across a number of areas. Quarterly progress meetings have also been planned. Internally this programme of work is reported up to the Creating Health Programme Board.</li> <li>End of year progress report received from Welsh Government, CTM making good progress against Phase 1 milestones.</li> </ul>	Green
<b>WG Self-Assessment</b>	<ul style="list-style-type: none"> <li>During May 2024 a 3Ps Policy Implementation tool was issued from Welsh Government, this has to be submitted monthly, this tool outlines a wide range of actions to be delivered each quarter, as well as a financial monthly report on progress against spend. Therefore this is a programme of work with a high level of scrutiny from Welsh Government.</li> <li>Limited progress in Q1 – due to awaiting funding allocation letter for 2024/25- 2025/26</li> </ul>	Green
<b>Funding Proposal</b>	<ul style="list-style-type: none"> <li>A Letter received March 2024 outlining £340k for 2024/25 and 2025/26. A funding Plan from all HBs to be submitted by 30<sup>th</sup> April 2024 in line with Welsh Governments Phase 1 Deliverables. The funding plan submitted includes the funding of: <ul style="list-style-type: none"> <li>- existing KITT team and project manager, one additional validation/admin officer, training of KITT team,</li> <li>-additional comms support for strategy and website,</li> <li>- Band 7 Clinical Escalation nurse, Band 4 Pre-hab Therapy Practitioner Role,</li> <li>- VBHC team support for PROMS/PREMS development.</li> <li>- Scoping of third sector connector capacity</li> <li>- primary care scoping work to be further considered.</li> </ul> </li> </ul> <p>OMB signed off the above plan on 17<sup>th</sup> April 2024 prior to submission to WG. Formal letter received from WG confirming funding on 3<sup>rd</sup> July.</p> <p>Funding secured from WG for CTM Public Health team to develop a bespoke MECC Level 2 training package for the 3Ps policy, and call handlers to be delivered over the next 6 months.</p>	Green
<b>Single Point of Contact (SPOC)</b>	<ul style="list-style-type: none"> <li>All staff undergone MECC level 2 training, with plans to be the first to receive an all Wales SPOC specific training</li> <li>One full time staff member short due to long term sickness, another member due to move on to a permanent post on the 28/6.</li> <li>2 band 3 posts have now been recruited and started W/C 3/6.</li> <li>Team is currently taking inbound calls following attempts at contact via letters and text message and making outbound calls to stage one patients</li> </ul>	Green
<b>Update from Workstreams</b>	<ul style="list-style-type: none"> <li>Primary care – Scoping paper developed which highlighted high utilisation of primary care appointments for those on waiting lists, funding plan for 2024/25 includes further development of this work.</li> <li>Comms: - Informal approval received for funding to commission C&amp;V for website development. Landing page being developed.</li> <li>Directory of services - three initiatives being taken forward i.e mapping within MECC service, local WISE internal scoping exercise completed, third sector initiative for referral into community co-ordinators for signposting additional funding within the 2024/25 plan to further develop this work.</li> <li>Proms/Premis – New IT system being procured and implemented for VBHC measures. Discussions ongoing regarding how it could be used at point of referral and use of PROMs to support waiting well. Once for Wales solution to be considered for 3Ps and Health Pathways work. PROM under development</li> </ul>	Green

**KEY METRICS:**

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

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
Access to funding	Recruitment and spend within timescales – this is fixed term 2 year funding 2025/26. Continuation of funding after 2025/26 will have a sustainability impact on continuation of the service.	Red
Recruitment & Retention of staff (KIT TEAM)	External candidates to the NHS, impact on training and induction, high turnover of staff due to the fixed term nature of the funding	Red

**ESCALATIONS/ DECISIONS TO BOARD: None at present**

Use corporate RAG rating for risks

# Ageing Well Strategy Group

## Update: Q1 2024/25 (July update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



## Fracture Liaison Service

- Ageing Well Strategy Group team is leading the development of a Fracture Liaison Service for CTM UHB in partnership with colleagues from the Unscheduled Care Group, Primary and Communities Care Group and Medicines Management Team
- The FLS is a multidisciplinary service that aims to systematically identify, investigate, and initiate treatment for all eligible patients over 50 within the CTMUHB catchment area who have suffered a fragility fracture, to reduce their risk of subsequent fractures.
- Patients will be primarily identified from radiology reports having suffered a frailty fracture (a fracture from standing height) and established on a pathway by the FLS team to address medication, Dexa Scan and other advice around bone health, such as diet and exercise.
- Non-recurring allocation of funding received from National Six Goals Programme to 31/03/2025 to develop an FLS in CTM UHB

## Dementia Services

- Dementia Connector Pilot has been awarded to Age Connects Morgannwg. Lead has been recruited and team will now be recruited following the lead recruitment. The connector will have a space within the Memory Assessment Service (MAS) teams but will primarily be community based.
- National work on a CT pathway for dementia patients is underway. A draft pathway has been developed and shared. The MAS work stream of the CTM Dementia Steering Group is seeking to identify a clinical representative to input into the national work.



Work Programmes/ Activity	Delivery confidence
Neurological Conditions Delivery Group	Yellow
Stroke Strategy Group	Yellow
Together for Mental Health Partnership Board	Green
Dementia Steering Group	Green
Frailty	Green
Fracture Liaison Service (FLS)	Green

### Progress and Achievements

#### Frailty

##### *Fracture Liaison Service (FLS):*

- Adverts released for 3 x band 7 Advanced Care Practitioners [Jobs - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)
- FLS Task and Finish Group established and meeting monthly with full work programme in place to develop and implement the service in CTM UHB.



#### Stroke

- Brainomix AI for CTs and CT angiograms has been implemented in CTMUHB. The technology has been developed to minimise delays in referral for thrombectomy.
- Extension of the Early Supported Discharge Service to cover Bridgend area, enabling specialist support for patients in the community and increased flow of stroke patients in POWH and equity of provision across CTMUHB.
- Ionising Radiation (Medical Exposure) Regulations training now completed for CNS workforce across CTM to support improvement of CT scanning within one hour of arrival.
- Newly appointed South Central Regional Programme Manager started in post in July.

### Priorities

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

### Issues

- Recruitment into Stroke Consultant post and costed proposals for improvements to stroke pathway dependent on IMTP funding, including resources for expansion of ACP workforce, data coordination role and solution to increase inpatient therapy resource.
- Risks associated with provision of Neurology Services in CTM UHB.

### Escalations

- As outlined above.

**Overall Delivery Confidence**



**Reporting Period**

Q1 2024-25

# Dying Well Update: Q1 2024/25 (July update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



## National Palliative and End of Life Care (PEoLC Programme)

- National PEoLC Programme structure in place with a National Board, Core Programme Team and encompassing paediatric and adult specialist and professional advisory groups.
- New National Lead for the Strategic Programme for PEoLC appointed.
- Core Programme Team developing PEoLC Service Specification for Wales
- Dying Matters Awareness Week 6<sup>th</sup> – 12<sup>th</sup> May - reminding us to encourage open conversations within our communities using diverse approaches.
- PEoLC Programme website has a dedicated page now available offering resources to help guide discussions about death and dying. [Dying Matters Week resources - NHS Wales Executive](#)

## CTM UHB Dying Well Strategic Development

- Clinical Lead for PEoLC in post providing key clinical input into strategic planning process.
- Substantive appointment made to role of Bereavement Clinical Lead in CTM UHB.



**Delivery Group Chair: Dr David Miller**  
**Head of Planning & Commissioning: Kevin Duff**  
**Planning & Commissioning Manager: Rhian Webber**



Work Programmes/ Activity	Delivery confidence	<p><b>National Palliative and EOL Programme</b></p> <p>PEoLC service specification for Wales being co-produced with key stakeholders, including the Advisory Groups, the Welsh Government, the Third Sector, and NHS Wales colleagues. Several task and finish groups have been assigned to define the out of hours service and the specialist PEoLC service across Wales. Additionally, a new group is being established to scope the referral criteria across different sectors and health boards. The document will address both adult and paediatric sections, providing guidance for achieving a high standard of PEoLC care in Wales. The draft specification is scheduled to be ready in September, followed by a month-long consultation with stakeholders until mid-October. The final sign-off is expected in early November 2024.</p> <p><b>Bereavement Services in CTM UHB</b></p> <ul style="list-style-type: none"> <li>• Pushchairs donated to each ED for transportation of babies to mortuary, aiding staff wellbeing and dignity.</li> <li>• USW training continues with student nurses and spoke placements being taken to come alongside bereavement.</li> <li>• Children and Young Person's Welsh Government Bereavement pathway being written, involving our Bereavement Clinical Lead.</li> <li>• Fingerprint cards to be used for memory making across CTM UHB.</li> <li>• Feedback gained from the Racial Equality Network around the needs of our diverse community - feedback to be used for future projects.</li> <li>• Survey in development to go live on the CTM website to gather feedback from families, linked to the Civica reporting system.</li> </ul>	<p><b>Priorities</b></p> <ul style="list-style-type: none"> <li>• Continue implementation and delivery of four key priority areas under CTM Palliative and EOL Delivery Group.</li> <li>• Implementation of revised action plan under new chair of Palliative and EOL Delivery Group.</li> </ul> <p><b>Issues</b></p> <ul style="list-style-type: none"> <li>• Challenges in recruitment to key posts in SPC and further development of the model in CTM UHB.</li> <li>• Development and resourcing of a comprehensive and ongoing programme of education and training on end of life care across the health board area.</li> <li>• Development of effective data to measure performance and demand for services.</li> </ul>
Palliative and End of Life Care Delivery Group	High		
Relaunch Care Decisions Tool	Medium		
Bereavement Services	Medium		
Education Training & Information	High		
Patient Feedback and Communication	High		
<b>Overall Delivery Confidence</b>	Medium		
<b>Reporting Period</b>	Q1 2024-25		

**Escalations**

- As outlined in issues above.

<b>POPULATION HEALTH &amp; PARTNERSHIPS COMMITTEE – FORWARD WORK PLAN 2023/24</b>				
<b>Origin of Request</b>	<b>Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)</b>	<b>Item Title</b>	<b>Lead Officer</b>	<b>Intended Meeting Date</b>
Requested via email	Additional Item	Consultation Response – Rebalancing Care and Support Programme	Executive Director of Strategy & Transformation	1 August 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Assessment Survey & Improvement Plan	Director of Governance/Board Secretary	1 August 2024
Annual Cycle of Business 2024-25	Annual Item – Deferred from August 2024	Director of Public Health Annual Report	Director of Public Health	13 November 2024
Annual Cycle of Business	Six monthly report Deferred from August 2024	University Health Board Status Progress Report	Executive Director of Nursing/Deputy Chief Executive	13 November 2024
Action agreed at November 2023 meeting	Additional Item	Regional Partnership Board Further Faster Pathway – Implementation Plan	Executive Director of Strategy & Transformation	13 November 2024

### Completed Activity from the Forward Work Programme

Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	20 May 2024 – <b>Completed</b>
Action from November 2023 meeting	Additional Item	Accelerated Cluster Development	Deputy COO/Director of Primary,	20 May 2024 – <b>Completed</b>

			Community, MH & LD	
Agreed at Agenda Planning meeting	Additional Item	Shared Listening & Learning Story - Appreciative Inquiry for Population Health	Director of Public Health	20 May 2024 - <b>Completed</b>
Agreed at Agenda Planning Meeting	Additional Item	Strategy Groups – Deep Dive in Dying Well Palliative and End of Life Care Strategic Development	Executive Director of Strategy & Transformation	20 May 2024 – <b>Completed</b>
Action from November 2023 meeting	Additional Item	Share Listening & Learning Story – CHOICE Project	Interim Director of Public Health	7 March 2024 - <b>Completed</b>
Annual Cycle of Business 2023-24	Six Monthly Report	University Health Board Status	Deputy Chief Executive/Executive Director of Nursing, Midwifery & Patient Care	7 March 2024 – <b>Completed</b>
Request via email	Additional Item	Decarbonisation Action Plan	Executive Director of Strategy & Transformation	7 March 2024 – <b>Completed</b>
Agreed at agenda planning meeting	Additional Item	Partnership Boards Remit & Responsibilities	Executive Director of Strategy & Transformation	7 March 2024 – <b>Completed</b>
Annual Cycle of Business 2024-25	Annual Item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 March 2024 – <b>Completed</b>