

# Population Health & Partnerships Committee

Wed 13 November 2024, 13:00 - 16:00

Virtual Via Teams



## Agenda

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

#### 1.1. Welcome and Introductions

*Carolyn Donoghue, Chair*

#### 1.2. Apologies for Absence

*Information Carolyn Donoghue, Chair*

#### 1.3. Declarations of Interest

*Information Carolyn Donoghue, Chair*

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

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

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



#### 3.1. Learning from Past Shared Listening & Learning Stories

-  3.1 Learning & Progress Shared Listening & Learning Stories PHP Committee 13th November 2024.pdf (5 pages)
  -  3.1a Appendix 1 CHOICE Service.pdf (1 pages)
  -  3.1b Appendix 2 Dying Well Palliative End of Life Care.pdf (2 pages)
  -  3.1c Appendix 3 Starting Well and Growing Well.pdf (1 pages)
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### 13:20 - 13:30 **4. GOVERNANCE** 10 min

#### 4.1. Organisational Risk Register

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

-  4.1a Org RR - PHPC Nov 24.pdf (6 pages)
-  4.1b Appendix 1 - Org RR - PHPC Nov 24.pdf (4 pages)

#### 4.2. University Health Board Status - University of South Wales Future Relationship Outline Proposal

*Discussion Greg Padmore-Dix, Director of Midwifery & Patient care/Deputy Chief Executive*

-  4.2 UHB Designation Status USW Relationship PHP 13 November 2024.pdf (8 pages)

### 4.3. Action Log

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

The action log is captured in agenda item 9.1b due to the requirement to consider where any open actions will be considered in the new Committee structure

### 4.4. Committee Forward Work Plan

*Discussion* Carolyn Donoghue, Chair

The Forward Work Plan is captured in Agenda item 9.1c due to the requirement to consider where any items will be considered in the new Committee structure

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## 13:30 - 14:15 5. CREATING HEALTH

45 min

### 5.1. Director of Public Health Annual Report

*Discussion* Philip Daniels, Director of Public Health

 5.1 Director of Public Health Cover Report PHP 13 November 2024.pdf (7 pages)

 5.1a Appendix 1 Director of Public Health Report on Diabetes 2024 PHP Committee 13 November 2024.pdf (29 pages)

### 5.2. Health Protection Strategy

*Decision* Philip Daniels, Director of Public Health

 5.2 Health Protection Report PHP Committee 13 November 2024 \_FINAL.pdf (7 pages)

 5.2a Appendix 1 Health Protection Strategy CTMUHB V\_FINAL version 4.2 Oct 2024.pdf (44 pages)

### 5.3. Reducing Smoking Prevalence In CTM

*Discussion* Philip Daniels, Director of Public Health/Robert Green, Consultant in Public Health

 5.3 Reducing Smoking Prevalence in CTM PHP Committee 13 November 2024.pdf (8 pages)

### 5.4. CTMUHB CHOICE Service

*Discussion* Philip Daniels, Director of Public Health

 5.4 CHOICE Service Update PHP Committee 13 November 2024.pdf (8 pages)

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## 14:15 - 14:25 6. IMPROVING CARE

10 min

### 6.1. Primary Care Strategic Update

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

 6.1 Primary Care Strategic Update PHP Committee 13 November 2024 Final.pdf (9 pages)

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## 14:25 - 15:05 7. SUSTAINING OUR FUTURE

40 min

### 7.1. Public Service Boards Update

*Discussion* Philip Daniels, Director of Public Health

 7.1 Public Service Board Update PHP Committee 13 November 2024.pdf (5 pages)

### 7.2. Community Health & Wellbeing Workers - Overview

*Discussion* Linda Prosser, Director of Strategy & Transformation

- 📄 7.2a CHW update PHPC 13 November 2024.pdf (6 pages)
- 📄 7.2b Appendix 1 CHWWs in CTM October 24 v2 PHPC 13 November 2024.pdf (4 pages)

### 7.3. Regional Partnership Board Further Faster Pathway – Implementation Plan

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

To be confirmed if this has been completed

- 📄 7.3 Further Faster Programme PHP Committee 13 November 2024.pdf (8 pages)

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## 15:05 - 15:15 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 Minutes PHP Committee 1 August 2024 v3 CD.pdf (9 pages)

### 8.2. Items for Noting

#### 8.2.1. PPV End of Year Report 2023-24 (Primary Care element)

*Information* Sally May, Director of Finance & Procurement

- 📄 8.2.1 PPV End of Year Report 2023-2024 PHP Committee 13 November 2024.pdf (6 pages)
- 📄 8.2.1a Appendix 1 PPV End of Year 2023-2024 PHP Committee 13 November 2024.pdf (6 pages)

#### 8.2.2. Regional Partnership Board Annual Report 2023-24

*Information* Linda Prosser, Director of Strategy & Transformation

- 📄 8.2.2 RPB Annual Report 2023-24 Cover Report PHP Committee 13 November 2024.pdf (4 pages)
- 📄 8.2.2a Appendix 1 Cwm Taf RPB Annual Report Design\_English\_P5.pdf (33 pages)

#### 8.2.3. Strategy Groups Update

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

- 📄 8.2.3 Strategy Group Update PHP Committee 13 November 2024 Q2.pdf (31 pages)

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## 15:15 - 15:50 9. LEGACY MATTERS

35 min

### 9.1. Population Health & Partnerships Committee Final Close Down Legacy Report - April - November 2024

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

- 📄 9.1 Committee Legacy Position Close Down Report PHP Committee 13 November 2024.pdf (4 pages)
- 📄 9.1a Appendix 1 Close Down Legacy Report PHP Committee 6 November 2024.pdf (6 pages)
- 📄 9.1b Appendix 2 Action Log PHP Committee 13th November 2024 (Autosaved).pdf (4 pages)
- 📄 9.1c Appendix 3 Forward Work Plan PHP Committee 13th November 2024.pdf (3 pages)
- 📄 9.1d Appendix 4 Outcome of Committee Self Effectiveness Survey.pdf (4 pages)

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## 15:50 - 15:55 10. OTHER MATTERS

5 min

### **10.1. Any Other Urgent Business**

*Discussion Carolyn Donoghue, Chair*

### **10.2. Committee Highlight Report to Board**

*Discussion Carolyn Donoghue, Chair*

### **10.3. How Did We Do Today?**

*Discussion Carolyn Donoghue, Chair*

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**15:55 - 16:00** **11. CLOSE OF MEETING**  
5 min



## Population Health & Partnerships Committee

### Learning Updates from Shared Listening & Learning Stories

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
None	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
PSB	Public Service Board



1. Situation /Background

1.1 At the last agenda planning session of the Committee the Shared Listening and Learning Stories were discussed.

1.2 The Committee Chair felt that as this was the last meeting of the Committee it would be helpful to receive some updates and learning from past stories received by the Committee.

2. Specific Matters for Consideration

2.1 During 2024 the Committee received the following Listening & Learning Stories:

CHOICE Service – March 2024

Since the Committee received a presentation in March 2024 the following update is provided at Appendix 1.

Dying Well Palliative Care End of Life – May 2024

Since the Committee received a presentation in May 2024 the following update is provided at Appendix 2.

Starting Well and Growing Well – August 2024

Since the Committee received a presentation in August 2024 the following update is provided at Appendix 3.

3. Key Risks / Matters for Escalation

3.1 There are no matters for escalation.

4. Assessment

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



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

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



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

## 5. Recommendation

### 5.1 The Committee is asked to NOTE the update



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



## Choice Service Highlights



- The CHOICE service continues to be a vital component of support for priority groups, effectively supporting individuals in enhancing their reproductive autonomy, engagement and overall sexual health and well-being.
- The support provided by the CHOICE team plays a significant role in breaking the cycle of recurrent child removals by empowering individuals with greater control over their reproductive choices.
- The impact of the service is not only reflected in the number of referrals the service has continued to receive, indicating increasing trust and reliance on its offer, but also in the uptake of contraception, a total of 2,283 contraceptives have been provided since the introduction of the CHOICE service in 2020.
- Feedback from our partners and clients continues to demonstrate that the CHOICE service has established itself as a welcome and much needed prevention and early intervention service that is improving the engagement and reproductive autonomy of the clients it works with, whilst also providing enhanced access to screening offers that clients have previously declined. Supporting a reduction in health inequalities experienced by some of the most underserved groups in the region.



## 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.



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

### National Palliative and EOL Programme

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.

### Bereavement Services in CTM UHB

- Pushchairs donated to each ED for transportation of babies to mortuary, aiding staff wellbeing and dignity.
- USW training continues with student nurses and spoke placements being taken to come alongside bereavement.
- Children and Young Person's Welsh Government Bereavement pathway being written, involving our Bereavement Clinical Lead.
- Fingerprint cards to be used for memory making across CTM UHB.
- Feedback gained from the Racial Equality Network around the needs of our diverse community - feedback to be used for future projects.
- Survey in development to go live on the CTM website to gather feedback from families, linked to the Civica reporting system.

### Priorities

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

### Issues

- Challenges in recruitment to key posts in SPC and further development of the model in CTM UHB.
- Development and resourcing of a comprehensive and ongoing programme of education and training on end of life care across the health board area.
- Development of effective data to measure performance and demand for services.

### Escalations

- As outlined in issues above.

**Overall Delivery Confidence**

Green

**Reporting Period**

Q1 2024-25



## Starting Well & Growing Well: Learning from PHP Committee participation

### • Children's Rights and Baby & Toddler Voice Statements

- Committee engagement and questioning around Children's Rights has been absorbed into the developing work-plan to be delivered by the refreshed Children's Rights Implementation Group.
- Committee engagement and questioning on the Baby & Toddler Voice Statements supported and informed the ongoing engagement with partners, parents and CTMUHB staff to refine the statements and inform the implementation support plan.

### • Neurodevelopmental Improvement Board

- Partner awareness and engagement about the broad range of activities undertaken within this programme was low. Clarity was sought by Committee members on the waiting-list initiatives and broader system-wide changes required to improve the health and wellbeing of our neurodivergent population.
- Feedback to the Neurodevelopmental Improvement board and newly appointed Project Manager to increase visibility of the work happening across the region and ensure all relevant partners are engaging in the system-wide work.
- The programme is currently undergoing a reset: updating membership and vision for each work-stream to ensure partners are engaged from across Local Authority and the voluntary sector; re-invigorating reporting into existing RPB/ regional boards to higher visibility.



## Population Health & Partnerships Committee

### Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	August 2024	RISKS REVIEWED
Operational Management Board	August 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	9 <sup>th</sup> September 2024	MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	17 <sup>th</sup> October 2024	RISKS REVIEWED

Acronyms / Glossary of Terms	



## 1. Situation /Background

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

## 2. Specific Matters for Consideration

### 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 701 members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 In addition, the Health, Safety & Fire Directorate have run Managing Safely Courses during the period which has a designated section on risk. These sessions were held as follows:
- June 2024 – 7 attendees
  - August 2024 -13 attendees
- 2.10 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.11 65 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.74 out of a maximum score of 5.
- 2.12 100% of the 65 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 97% of the 65 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:
- *“Using the live example on Datix was very helpful.”*
  - *“Being a fairly new team leader, and new to Datix etc., I feel this has given me a little more insight into who should be doing what and when. I feel confident enough to share information with the team.”*
  - *“As a board member I wanted to understand how risk was identified, assessed and scored across the organisation. The training achieved that and I now feel I have further context to the risk reporting I see at Board.”*
  - *“An accessible, clear and succinct session which provides a valuable understanding of all things risk.”*
  - *“I’ve done a risk assessment before and really had no clear guidance but this is really informative and I’d feel more confident to do another one”*
  - *“I felt it had good amount of information without overloading and good cadence”*
  - *“Pacing was great so easy to follow... Information was provided at a level accessible to all”*
  - *“Gave a good overview of how to register a risk and the scoring expectations”*



### 3. Key Risks / Matters for Escalation

#### 3.1 NEW RISKS

Nil.

#### 3.2 CHANGES TO RISKS

##### Risk Score Increased

There were no increases in risk score for those risks escalated to the Organisational Risk Register on this occasion.

##### Risk Score Decreased

Nil as assigned to this Committee.

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

Nil as assigned to this Committee.

#### 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	5
		Likelihood				



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

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

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	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
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed
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 August 2024 - Current mitigations remain in place: Pathway redesign and Demand and Capacity (D&C) oversight- Pathway redesign: 74% of level 3 patients identified as suitable for group education, this group delivery model is in progress, which has resulted in an 50% increase in annual capacity compared to the original service model of 1: 1 MDT treatment. Despite this efficiency demand exceeds capacity. D&C: Real time validation of waiting lists ensures appropriate signposting according to service specification, alongside implementation of partial booking. Referral rates continue at approx. 100/mth with service capacity of 40/mth. A business case to propose an expansion of the staffing model is in progress, and is due for completion by the end of Q3.	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	20.08.2024
10	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 Impact on the safety - Physical and/or Psychological harm	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 <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 Healthy only) and Henry (0-5 CTM wide), these programmes are currently fixed term funded until end March 24. There is no level 2 - multicomponent service or level 3 - specialist MDT service. An option appraisal for the introduction of a children and families weight management service has been undertaken.	Update August 2024 - Stakeholder engagement continues, leading to a further review of the business case. This requires continued collaboration across DTIPS, Children and Family, Public Health and the Growing Well Strategy Group.	Population Health & Partnerships Committee Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	13.10.2023	02.08.2024
22	5374	Executive Director of Strategy & Transformation	Central Function - Environmental Sustainability	Deputy Director of Strategy and Transformation	Sustaining Our Future	Environment (Estates/ 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 5Rs.</li> </ul>	Update August 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	09.08.2024
25	5820	Executive Director of Public Health	Public Health - Health Protection	Health Protection Team	Improving Care & Creating Health	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding. <b>IF</b> as a result of the reduced allocation of Health Protection resource the Health Protection Team has insufficient resources 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 defence 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. Update for September 2024: Risk mitigations and scores reviewed with no change at this stage. Next review scheduled for the 30.11.2024.	Population Health & Partnerships Committee Quality & Safety Committee	12 Please see note in column J	C4xL3	8 (C4xL2)	↔	01.07.2024	12.8.2024
38																

	R
	Next Review Date
1	16.09.2024
10	20.09.2024
22	31.10.2024
25	30.11.2024
38	

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

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



## Population Health & Partnerships Committee

### University Health Board Status - University of South Wales Future Relationship Outline Proposal

Dyddiad y Cyfarfod / Date of Meeting	14/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Marc Penny – Director of Improvement & Innovation
Cyflwynydd yr Adroddiad / Report Presenter	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	12/08/24	Approved
Deputy Chief Executive / Executive Nurse Director	July 24	Supported
Assistant Director of Governance & Risk	26/3/24	Supported
Deputy Director of Strategy and Partnerships	17/4/24	Supported
USW Associate Dean, Partnerships & Business Development	12/3/24	Supported

#### Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan
MOU	Memorandum of Understanding
PHPC	Population Health & Partnerships Committee
R&D	Research & Development
UHB	University Health Board
USW	University of South Wales
WG	Welsh Government

## 1. Situation /Background

- 1.1 Cwm Taf Local Health Board achieved UHB status in December 2013 and in 2021 post merger of Bridgend locality Cwm Taf Morgannwg UHB maintained its full university status.
- 1.2 In 2022 the Welsh Government changed its process for reviewing University Health Board status and moved from a triennial review process to a continual process which advocates continued close working arrangements with stakeholders, other organisations and partners, including WG, to ensure that we continue to make collective progress at pace.
- 1.3 Due to our close proximity, with USW being the only University physically located within the geographical footprint of CTMUHB there is a long-standing association between the two organisations. Historically this has focused on the development of the healthcare workforce through the provision of placements, and a modest number of collaborative research projects.
- 1.4 In January 2024 a joint presentation was made to CTMUHB Executive Group by CTM and USW representatives on the work to date in identifying options for a closer working relationship between the two organisations; supporting both organisations visions and goals where significant mutual synergies exist, meeting the requirements for WG UHB Designation Status and importantly further developing the depth and breadth of our relationship to the benefit of the populations we serve. This was endorsed and subsequently presented to the HB PHPC where it was warmly received and noted with a requested continued focus on the practical application of a strengthened relationship (Appendix 1).
- 1.5 There is a desire within both organisations to extend and systematise the collaboration for broader, deeper, mutual benefit for our people and the populations we serve. Whilst this ambition is legitimate in and of itself, challenging financial pressures facing both the NHS and Universities in Wales make a compelling case for greater, strategic and practical collaboration between CTMUHB and USW.
- 1.6 It is recognised the UHB status denotes the HB as having important and significant Research, Educational & Innovation resources, helping build capacity and capability, attracting and retaining the best staff.

## 2. Specific Matters for Consideration

- 2.1 This report provides details of what a revised future relationship between the two organisations may look like and has been approved by CTMUHB Executive Leadership Group.
- 2.2 There is currently an MoU in place between CTMUHB and USW (signed 2017); however, has not actively been used since 2019 with many of the engagement mechanisms articulated no-longer existing. The existing MoU

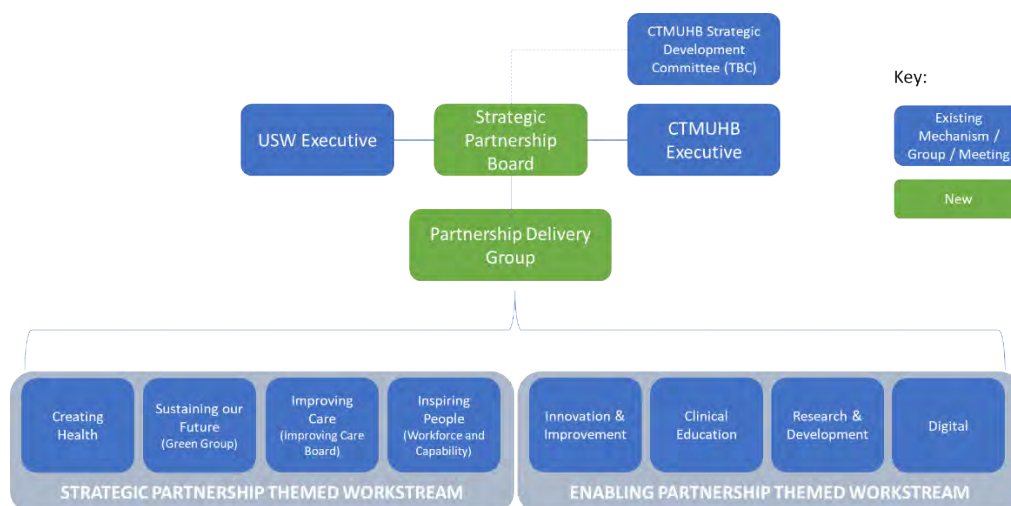
is also fairly narrow in scope focusing on traditional Research and Education functions and not the wider benefits a relationship could bring. In consultation with the Director of Corporate Governance / Board Secretary and Assistant Director of Governance & Risk it is proposed that discussions are held with USW with the suggestion that this current MoU is terminated in accordance with the required termination period (the current MoU has no end date and requires 6 months' notice from a party to terminate) and a new 'Memorandum of Understanding for Joint Working, Collaboration and Partnership' is developed enabling a long-term strategic and operational partnership which focuses on practical and actual delivery of interventions.

- 2.3 It is opportune to explore whether there is a template MoU that can be developed for such joint working/collaborations to ensure consistency and reduce the requirement to seek legal advice on an individual MoU basis. It is therefore proposed to engage the Commercial Team at NWSSP Legal & Risk Services to support the Health Board in the development of a new 'standard' academic MoU which can be tailored to other academic relationships in the future.
- 2.4 The revised relationship will be built on the premise of USW being a 'Key Strategic Partner' distinguishing them from our other wider yet still important academic relationships, but demonstrating the deeper relationship, shared visions and goals with USW.
- 2.5 It is recognised the current financial constraints both organisations face that this revised relationship will be developed within existing financial budgets and constraints with clear business cases for any specific investment requirements, subject to both organisations normal investment decision making process.
- 2.6 The relationship will be based on the following\*:
- A permissive, questioning and flexible culture without unnecessary bureaucratic burdens
  - A focus on the needs of all staff and students as well as the patients and communities we serve
  - A shared vision for the health and wellbeing of the wider community and the need to address the social determinants of health and achieve the vision set out in a Healthier Wales and the Future Generations act
  - Coherent and efficient information sharing between the two organisations and sharing of best practice (*subject to the normal DPIA process*)
  - Embedding a challenge-based, multi-dimensional infrastructure between the two organisations that embraces workforce education and skills, research & development, innovation & improvement and knowledge exchange alongside service transformation
  - A shared commitment to excellence

- A focus on being anchor institutions and our ability to influence wealth creation and retention within our geographical area

*\*Adapted from University Hospital Association England*

- 2.7 The partnership will look to develop opportunities in the following areas:
- Research and Development, Clinical Education, Innovation and Improvement
  - Corporate professional skills development and capabilities (Finance, Transformation, Communications & Engagement, Digital, Audit etc)
  - Commercialisation
  - Modernisation and Transformation
  - Leadership
  - Digital
  - Best practice / newly proven adoption
  - Developing employment pathways and supporting CTMUHB recruitment from USW students
- 2.8 Both organisations will continue to develop (already in existence) joint work plans for Research, Education, Innovation and Improvement and explore opportunities for joint posts and honorary positions to further foster joint and efficient working.
- 2.9 To enable this we will establish revised appropriate mechanisms / exploit existing mechanisms for effective collaborative working; at both a Strategic and Operational level. A draft (to be refined during development of a new MoU) structure is outlined below (new CTM reporting Committee TBC):



## 2.10 Partnership Board

- The Strategic Partnership Board (SPB) is represented by CTMUHB Executives and USW Vice-Chancellor and Pro-Vice-Chancellor (Enterprise, Engagement & Partnerships). The chair shall be appointed by rotation and each principal partner shall nominate a permanent named substitute. SPB sets the strategic priorities and holds the Partnership Delivery Group (PDG) to account for the planning, development and delivery of approved partnership themed workstreams (PTWs) and monitoring of agreed outcomes and critical success measures.

#### 2.11 Partnership Delivery Group

- PDG is responsible for the planning, development and delivery of approved PTWs and the delivery of PB approved key success factors. The chair shall be appointed by rotation and membership is drawn from senior leadership team representatives (including PTW Chairs) from CTMUHB and USW.

#### 2.12 Partnership Themed Workstreams (Strategic and Enabling)

- On the recommendation of PDG, PB will approve a range of PTWs that focus on developing and embedding a challenge-based, multi-dimensional innovation infrastructure between CTMUHB and USW. Examples include education and skills, innovation, digital, creating health and workforce. Membership is drawn from expertise from across CTMUHB and USW and externally sourced support may be sought as appropriate.
- The PTW may use existing meetings or governance groups as their delivery mechanism i.e. Creating Health Board. These groups / themed workstreams will not act as governance boards but merely act as the conduit into the PDG, accountability and governance sit within existing structures and mechanisms. It is through these mechanisms challenge based themes will be linked through to USW infrastructure and curriculum.
- Example may be the proposed frailty work, where a new working group is being convened and USW engagement and input into this group may yield positive benefits.
- Opportunities may also include regional work such as the 'Adult Services Programme Board' or 'Children's Services Programme Board' where academic partner input could bring different views and ways of thinking as well as supporting solutioning these challenges back through USW.

2.13 USW will also act in a 'critical friend role' to provide support or advise as required when developing larger pieces of work or when developing 'bigger picture' items or activity.

2.14 Through this revised relationship and partnership governance we aim to not only support delivery of both organisations Visions and Aims but to:

- Exploiting the overlap in vision, priorities and ambitions
  - Linking CTMUHB major challenges to USW infrastructure through existing and new machinery, enabling both organisations to exploit the skills and expertise they have
  - USW schools to review aspects of curriculum and activity to support identified challenges from CTMUHB and focus on challenge led curriculum content
- Developing a greater collaborative approach to population health challenges
  - Responding to current developments – Llantrisant Health Park / Maesteg with active engagement from USW
  - Facilitatory infrastructure – pro-actively engaging with CTMUHB challenges – iCTM SimplyDo Ideas Portal, sharing and exploiting all the schools, academics and students to provide a concerted focus on specific challenges from CTMUHB
- University Health Board Status
  - Genuinely realising WG ambition for university health boards, making sure the whole is greater than the sum of parts and delivers for our shared communities in South Wales
  - Redefining and establishing new working relationships, strategic alignment and joint working boards
  - Greater opportunities for recruitment into CTMUHB from student population outside of traditional healthcare professional graduates (Finance, Business, Planning, Digital etc)
  - Exploiting joint roles and appointments (honorary and permanent)
  - Opportunities for co-locating of staff, academics and students to foster greater cross organisational working (generally or project specific)

### 3. Key Risks / Matters for Escalation

#### 3.1 Risk associated with:

- Not complying with our University Health Board Designation Status criteria in continuing to develop and deepen our partnership working with academia
- Current risk of non-compliance with existing MoU with USW
- Of not exploiting skills, knowledge and expertise available to CTMUHB in providing solutions to our challenges

### 4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below: Creating Health Improving Care Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:

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

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

5. Recommendation

- 5.1 That the Committee NOTE the update on UHB Designation Status and the proposed relationship with USW



## Population Health & Partnerships Committee

### Director of Public Health Annual Report 2024 Diabetes

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Diane Gibbons Principal Public Health Practitioner
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

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

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



## 1. Situation /Background

- 1.1 The purpose of the paper is to inform the Committee members of the Annual Report of the Director of Public Health and promote discussion and subsequent endorsement of the recommendations relating to the Health Board which are set out in this cover report. The main report is aimed at a wider audience of partners in CTM's system of health & well-being but this covering paper highlights aspects particularly relevant to Committee members.
- 1.2 Between 2009/10 and 2021/2022 the number of individuals diagnosed as diabetic, in Wales increased by 40%. Prevalence is predicted to continue rising. Diabetes is associated with the risk of a number of complications, increased healthcare needs and increased likelihood of premature mortality. It is estimated that 10% of the NHS Wales budget is spent on people with diabetes. 90% of individuals with diabetes are classified as Type 2. A number of the risk factors associated with Type 2 disease are modifiable. It is estimated that around half of type 2 diabetes could be avoided with lifestyle changes to achieve healthy weight, a better diet and increased activity.
- 1.3 The current position has led to a call for action both nationally and locally, with Public Health Wales working with partners nationally and at Health Board level to develop and roll out the 'Tackling Diabetes Together Programme'. This programme will complement and support the various improvement workstreams already underway in CTM and allows sharing of good practice across Wales.
- 1.4 While diabetes is a concern across Wales, the scale of challenge in CTM is considerable. We have the second highest prevalence of diabetes of all Welsh Health Board areas with 8.59% of adults in CTM UHB registered as diabetic. One of the main risk factors for type 2 diabetes is living with overweight or obesity, in CTM 68% of adults in CTM are overweight or obese, with childhood obesity amongst the highest in the UK.
- 1.5 CTM also has a higher percentage of more deprived areas than other Health Board areas in Wales which has a clear association with poorer health outcomes. Changing Health Board boundaries together with ongoing restructuring and current financial challenges has left differences and gaps in practice across sites adding to inequities in service provision.
- 1.6 The key public health implication for type 2 diabetes is the opportunity for prevention. There are three stages of prevention where we can positively impact upon the trajectory of type 2 diabetes:

### Primary prevention

- *Prevent individuals from becoming overweight/obese,*



- *Encourage a healthy diet and uptake of recommended levels of physical activity*

#### Secondary prevention

- *Support those with overweight/obesity to become and maintain a healthy weight*
- *Identify people at risk of type 2 diabetes and test them for pre-diabetes/diabetes*
- *Support those with pre-diabetes to achieve remission through lifestyle changes*

#### Tertiary prevention

- *Ensure all people living with diabetes are appropriately monitored*
- *Achieve NICE recommended treatment targets for blood glucose (HbA1c), blood pressure and cholesterol*
- *Promptly identify and treat complications of diabetes*

## 2. Specific Matters for Consideration

### 2.1 CTMUHB is currently facing a considerable number of challenges relating to type 2 diabetes but key features include: -

- The challenge of the obesogenic environment of CTM coupled with the lack of capacity and funding for weight management services across the life course. The profile of overweight and obesity in CTM is fuelling our diabetes crisis.
- Prevention and early intervention services such as the pre diabetes programme are unable to be fully developed and/or rolled out due to the instability of continuous temporary funding or as in the case of remission services have no funding identified.
- The need to improve public and professional understanding of the risks associated with diabetes and the importance of optimising self/clinical management to prevent disease when possible and improve outcomes when not.
- Sub optimal and inequitable provision of routine diabetes care with lack of capacity in primary care and specialist services. Services often operating in silos with duplication of effort and lack of communication between both human and digital systems.

## 3. Key Risks / Matters for Escalation

### 3.1 Effective diabetes prevention presents the challenge of needing to invest upstream to make a real difference while still having to care for those already in advanced stages of disease. A degree of improvement can be achieved by working differently but unless there is some shifting of resource towards primary and early secondary prevention the challenge of diabetes will continue to escalate.

### 3.2 The key risks to the Health Board failing to meet its objectives are: -

- o Potential loss of partner commitment to support system wide working around healthy environments and tackling obesity in current economic climate.
- o Seriously insufficient capacity of weight management support across the life course preventing timely care.
- o Short term funding of successful approaches such as the All-Wales Diabetes Prevention Programme creating instability and recruitment issues that adversely affect delivery and restrict development of effective pathways.
- o Potential limited success in utilising improved access and behavioural approaches to improve engagement and compliance, through lack of operational resource to push through and monitor changes in practice.
- o No funding identified to deliver approaches such as psychological support and the offer of remission services despite these being identified in the WG Quality Statement for diabetes as key components of a good service.
- o Insufficient and incomplete coverage of services for early recognition and management of complications
- o Issues with data quality and link up affecting planning and monitoring functions
- o Inequitable offer across the Health Board area

#### 4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Improving care, Inspiring people
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Starting Well, growing well, aging well
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 (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Leadership, Learning, improvement and research



Dolen i Feysydd Ansawdd ( <i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i> ) / Link to Domains of Quality ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Effective
	If more than one applies please list below: Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
		If no, please include rationale below: Individual components of work will be subject to IA as applicable
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</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 above
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Requirement to deliver evidence based, best practice care	
Effaith Adnoddau ( <i>Pobl /Ariannol</i> ) / Resource Impact ( <i>People / Financial</i> )	Yes (Include further detail below)	
	This work will review and reinvestment as applicable.	

## 5. Recommendations

### 5.1 The Committee are asked to ENDORSE FOR BOARD APPROVAL

## 6. Next Steps

- 6.1 Type 2 diabetes has the dual challenge of balancing optimum management of those already diagnosed, with the need to prevent the development of new cases if we are to achieve a sustainable, effective approach. However, the human and financial costs of diabetes cannot be overstated and despite its scale this challenge needs to be tackled. As an organisation we need to consider systematically and sequentially shifting funding upstream towards prevention to improve the health and well-being of the local population and ultimately decrease poor outcomes and unsustainable costs downstream.
- 6.2 To achieve change there also needs to be a focus on universal, evidence-based care pathways, workforce development, improved communication and engagement, and enhanced monitoring and data analysis. Use of behavioural approaches and maximising technology to improve outcomes are also key components of this work. Running along all workstreams an increased commitment to research and evaluation at both a local and national level will promote best practice and shared learning.
- 6.3 We need our statutory and community partners to work together with us, prioritising actions that will make a real difference. Socioeconomic factors not only influence outcomes for people with diabetes but deprivation increases the risk of developing type 2 disease due to its influence on lifestyle factors. Obesity is a major challenge for our population and one that requires a full system approach to effectively achieve change.
- 6.4 A number of key actions have been identified that are currently being developed into a three-year strategic plan for diabetes across CTM UHB. Initial next steps for type 2 diabetes include:
- Continue to develop a whole systems approach to healthy environments and tackling obesity
  - Review of potential funding opportunities to allow expansion of key services as outlined for weight management, education and early complication management and commencement of remission and psychology services. This will include exploration of recognised tools to assist difficult decision making ensuring highest value interventions are prioritised.
  - Ensuring continued collaboration with all stakeholders nationally and central coordination and oversight of activity across the whole pathway at a UHB level to maximise resource, expertise and learning.
  - Explore opportunities and approaches to increase professional and public awareness of diabetes prevention, management and complications
  - Work with clinical colleagues to further explore completion rates for core care processes/ annual reviews and determine improvement actions required


- Utilise the learning from the behavioural systems mapping event and behavioural science evidence base to identify areas for action and different approaches to working.
- Prioritise optimal use of data/health intelligence to target action most effectively and monitor progress and return on investment.
- Strengthen stakeholder engagement particularly with public/patient groups

*(Workstreams addressing paediatrics, Type 1 disease and gestational diabetes will be included within this 3 year plan but are outside the main scope of this paper).*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

A circular inset image showing a magnifying glass held over a medical dictionary page. The word "Diabetes" is clearly visible through the lens. The background of the inset shows a blurred medical dictionary page with the title "Medical Dictionary" and some text and a blue graphic.

Diabetes

# DIRECTOR OF PUBLIC HEALTH REPORT ON DIABETES

November 2024



## EDITORS

Dr Rebecca Cushen, Consultant in Public Health Medicine, CTM UHB Public Health Team  
Diane Gibbons, Principal Public Health Practitioner, CTM UHB Public Health Team  
Kate May, Interim Assistant Director of Public Health, CTM UHB Public Health Team

## ACKNOWLEDGMENTS

Rob Green, Public Health Consultant, Ann Unit, Principal Public Health Practitioner, Andrea Gartner, Principal Public Health Intelligence Analyst, Ciaran Slyne, Advanced Public Health Intelligence Analyst, Rhian Meaden, Principal Public Health Practitioner, CTMUHB Public Health Team; Madelaine Najjar, Deputy Head of Nutrition & Dietetic Service CTMUHB; CTMUHB Communications Team, Catherine Dyke, Graphical Illustrator - Medical Illustration CTMUHB.

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## FOREWORD

Diabetes is one of the leading health issues of our age, with those affected experiencing a host of complications, reduced quality of life and reduced life expectancy. It is also a major draw on NHS resources, which can then not be used to improve health in other areas and for other conditions, as well as impacting on the wider economy through ill health and unemployment.

The human and financial costs of Diabetes cannot be overstated; without concerted effort to address them, they are also set to rise.

Type two Diabetes Mellitus (T2DM), which accounts for approximately 90% of diabetes is, however, largely preventable, both in terms of onset and the development of complications and outcomes. This should galvanise all of us to work together to stem its increase.

The major risk factor for developing T2DM is unhealthy weight. CTM currently has the some of the highest levels of overweight and obesity in Wales. As with the risk of developing complications from diabetes, unhealthy weight is strongly linked to increased financial deprivation. These are “wicked issues”, which require a whole-of-society approach to address.

The coming wave of increased diabetes cannot be withstood. This report highlights a range of challenges driving the increase of diabetes in our communities, but it also outlines what we can do, collectively, to avert it.

This will require significant investment of both effort and resource. Whilst recognising our current financial constraints, we must also face the unsustainable human, social and economic cost, were we to fail to act decisively.

It is my hope that the information held within this report helps to frame the arguments, forge alliances and precipitate those decisive, co-operative actions.

**Philip Daniels**  
**Executive Director**  
**of Public Health**

# 1 INTRODUCTION

## Aim of the Report

The aim of this report is to highlight the significant impact type 2 diabetes is currently having on the health and wellbeing of our population, how it's closely linked to rising obesity rates in Cwm Taf Morgannwg University Health Board (CTMUHB), and the potential crisis we will face over the next decade if we don't take steps now to address these issues.

Although the Health Board is committed to improving care across the whole of diabetes services due to the huge potential for prevention and early intervention associated with type 2 diabetes, the key focus of this report will be on type 2 diabetes.

# 2 BACKGROUND

More than 200,000 people in Wales are living with diabetes. 9 out of 10 of them have type 2 diabetes, and approximately half of these could have been prevented with lifestyle change to achieve a healthy weight, a better diet and increased physical activity.

People living with diabetes are at risk of sight loss, kidney failure, heart attacks and stroke alongside a number of other potentially serious complications. There is also a financial cost: the treatment of type 2 diabetes accounts for around 10% of the annual NHS budget with 80% attributable to the complications of diabetes. This cost is projected to rise to over 17% by 2035.

In order to tackle the growing issue of diabetes, work to prevent diabetes and to ensure that there is provision of effective evidence-based care must both be prioritised.

Overweight and obesity is the leading modifiable risk factor for type two diabetes. **CTM currently has the highest levels of overweight and obesity in Wales, for both adults and children.**

The increase in individuals living with overweight and obesity seen in CTM is the result of changes in our food and activity environments - communities are flooded with unhealthy food, and it is often difficult for families to lead active lives. Influencing these factors will require a **whole systems approach** and as a health board our vision is to ensure that we;

- Support individuals and families to achieve and maintain a healthy weight
- Work with partners to create a healthy environment
- Ensure that CTMUHB is a healthy weight organisation
- Identify those at risk of developing diabetes and help them reduce their risk
- Effectively treat and support those with a diagnosis of diabetes
- Address inequalities

# 3 OVERVIEW AND RISK OF DIABETES

Diabetes is a condition in which the body doesn't produce enough insulin to maintain stable blood glucose levels, or where the insulin produced is unable to work effectively<sup>2</sup>.

**There are two main types of diabetes:**

**Type 1 diabetes** - an autoimmune condition where the cells that produce insulin are destroyed. Lifelong insulin treatment is required to prevent death. Approximately 10% of people with diabetes have type 1 diabetes<sup>2</sup>.

**Type 2 diabetes** - the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This condition may remain undetected for many years but is progressive and will require lifestyle changes (healthy diet and exercise). Over time most people will require oral medication +/- insulin<sup>2</sup>.

In addition, **gestational diabetes** occurs when the body cannot produce enough insulin to meet extra needs during pregnancy. It can cause difficulties within the pregnancy for mother and child. Gestational diabetes usually resolves at the end of pregnancy. However, one third of women who develop gestational diabetes will develop Type 2 diabetes within 15 years<sup>3</sup>.

'Non-diabetic hyperglycaemia', or '**pre-diabetes**', is a condition characterised by higher-than-normal blood glucose levels, but below the threshold for a diagnosis of diabetes. Pre-diabetes is a high-risk state for developing type 2 diabetes, and between 26% and 50% of people with pre-diabetes will develop type 2 diabetes within 5 years<sup>4</sup>.

## RISK FACTORS FOR DEVELOPING DIABETES

Development of type 1 diabetes is not associated with obesity or other modifiable risk factors<sup>2</sup>.

Gestational diabetes is more common in women living with obesity, those who've had gestational diabetes in a previous pregnancy, those who've previously given birth to a baby over 4.5kg, those with a family history of type 2 diabetes and those of certain ethnic groups (South Asian, Black African, African Caribbean)<sup>5</sup>.

**There are several modifiable risk factors associated with type 2 diabetes. Therefore, there is significant opportunity to reduce the risk and incidence of type 2 diabetes in our communities**





# 4 COMPLICATIONS OF DIABETES

Individuals living with diabetes are at risk of developing the following complications:

- Cardiovascular disease including heart attacks and stroke<sup>10</sup>
- Diabetic retinopathy leading to sight loss<sup>1</sup>
- Diabetic nephropathy (kidney disease) and kidney failure<sup>12</sup>
- Peripheral neuropathy resulting in altered sensation and pain in the hands and feet<sup>13</sup>
- Diabetic foot disease potentially leading to amputation<sup>2</sup>
- Reduced wellbeing and an increase risk of depression

Complication of diabetes	Risk in those with diabetes
Cardiovascular disease (heart attack, heart failure, angina, stroke)	<b>2X</b> excess risk as those without diabetes
Diabetic retinopathy leading to sight loss	<b>8%</b> of sight loss in the UK amongst those registered blind or partially sighted is caused by diabetic eye disease
Chronic kidney disease (CKD)	Prevalence of CKD in those with diabetes is >25%, it's estimated that of people with diabetes will develop CKD in their lifetime Worldwide, diabetes is the most common cause of kidney failure requiring dialysis or kidney transplant <b>40%</b>
Peripheral neuropathy	<b>&gt;50%</b> of diabetics will develop it over their lifetime
Amputation	Those with diabetes are more likely to have a lower limb amputation than those without diabetes <b>20x</b>
Depression	Almost twice as high in those with type 2 diabetes compared to those without diabetes
Reduced life expectancy	Up to <b>10</b> years less in those with diabetes

The risk of such complications is higher in those with poorly controlled diabetes, those with obesity and those in the most deprived quintiles<sup>2</sup>. Those with diabetes also have up to 10 years reduced life expectancy as those without diabetes<sup>14</sup>.

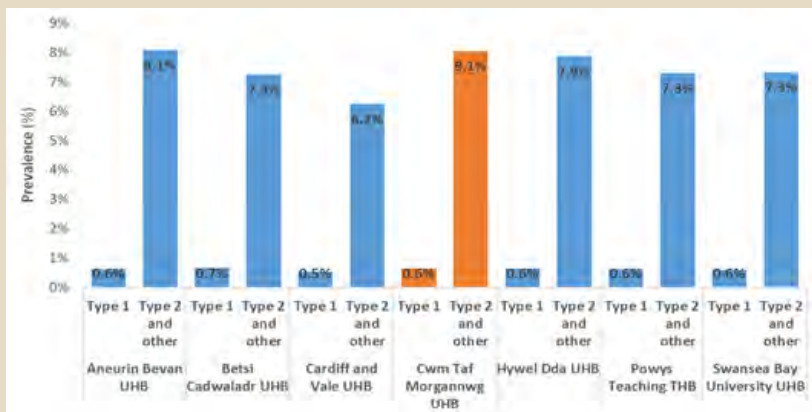
**During 2022/23, 46 patients with diabetes were admitted to hospital on the retinopathy pathway with an associated average cost of £2,086 per spell, and a 6.5% mortality rate<sup>15</sup>.**

**During 2022/23, 70 patients with diabetes were admitted to hospital on the amputation pathway costing £16,000 on average per spell, 71% of these were admitted as an emergency admission. 1 in 5 of those admitted through this pathway died<sup>15</sup>.**

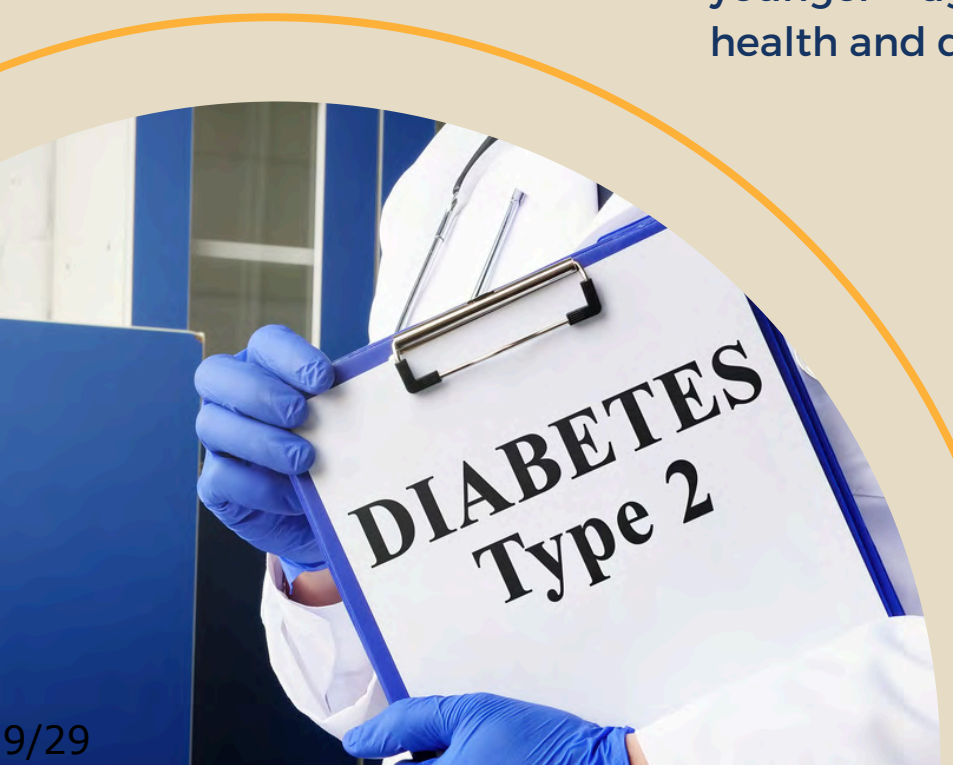
# 5 PREVALENCE OF DIABETES

At 8.69%, CTM UHB has one of the highest prevalence of diabetes of all health boards in Wales. 8.1% of the registered population have a diagnosis of Type 2 and other diabetes. Type 1 diabetes has a much lower prevalence accounting for 0.6% of the registered population. Between April 2023 and March 2024, 5.5% of women who gave birth in CTM were recorded as having gestational diabetes. This has increased from 4.1% in 2018/19.

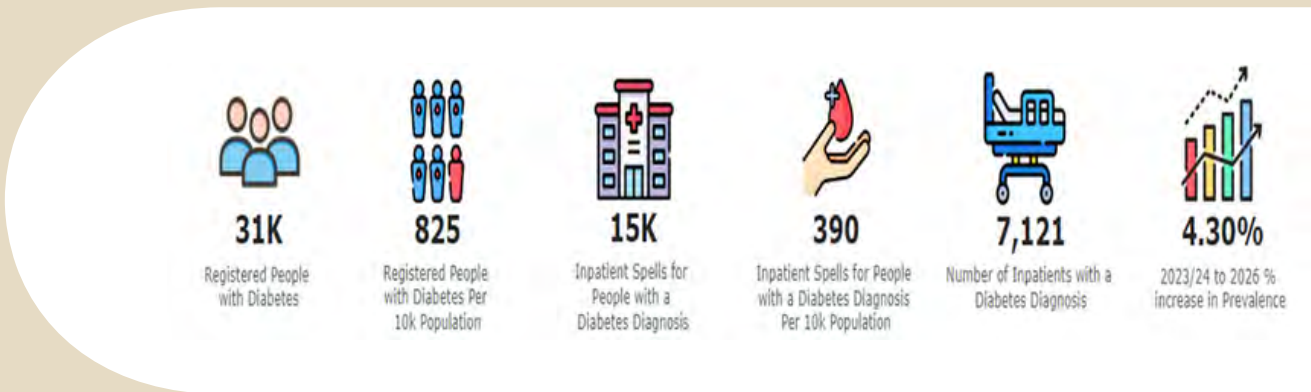
Figure 1 - Percentage of patients registered with diabetes, Type 1 & Type 2 and other, all ages, 2022/23 across Welsh Health Board Areas (data from Diabetes Insight and Variation Atlas)



Of major concern is the anticipated rise in the prevalence of type 2 diabetes and the fact that type 2 diabetes is now being diagnosed at a younger age, even in children and young people. This age group often experiences more aggressive disease than older adults, with more rapid onset of complications at a younger age, threatening long-term health and quality of life in adulthood<sup>16</sup>.

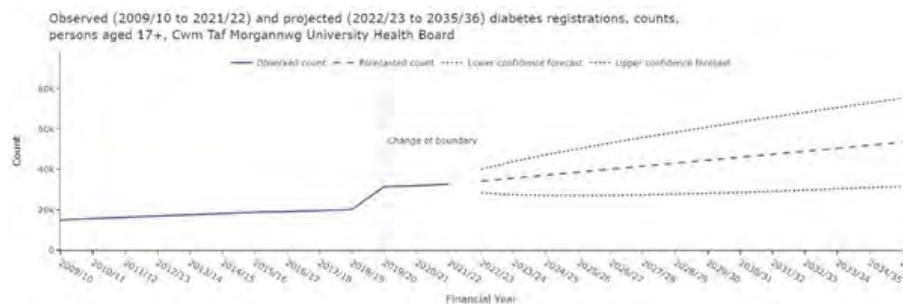


# TYPE 2 DIABETES IN CTM



Although the prevalence of both type 1 and type 2 diabetes is predicted to increase, it is the increase in type 2 disease that is predominately driving upward trends. The challenges are both immediate and ongoing. The number of patients in CTM UHB with a diagnosis of type 2 diabetes is forecast by Public Health Wales to increase from 31,163 in 2023/24 to 32,564 in 2026, with the estimated prevalence of diabetes increasing to 8.6% in 2026. And if current trends continue, it is estimated that by 2035/36 approximately 1 in 11 adults will be living with diabetes in Wales<sup>17</sup>.

Figure 2 - Forecasted number of patients with Diabetes (PHW 2023)<sup>17</sup>



## PREVALENCE OF PRE-DIABETES

Individuals with pre-diabetes are usually asymptomatic so remain undetected for a long time. In December 2023, 15,593 adults in CTM (3.29%) were coded as having a diagnosis of pre diabetes, with new patients being identified each week. However, given pre-diabetes has no symptoms and detection is dependent on an individual having a HbA1c test, it is estimated that the true number of pre-diabetics in CTM UHB would far exceed this. The true forecast for increase in pre-diabetes prevalence is thus unknown but is likely to be vastly underestimated<sup>18</sup>.

# 6 DIABETES AND OVERWEIGHT/OBESITY

CTMUHB has the highest rates of overweight and obesity in Wales and the highest percentage of people with type 2 diabetes with a BMI 40+. Around 2 in 3 adults in CTM are living with overweight or obesity, and around 1 in 3 are living with obesity<sup>19</sup>.

Figure 3 - Adult overweight or obesity by health boards and Wales Source: National Survey for Wales (July 2023)<sup>19</sup>

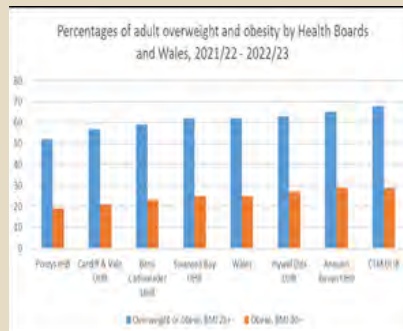
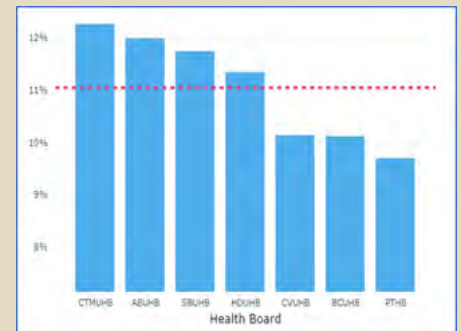


Figure 4 - Percentage of type 2 diabetic patients with a BMI of 40+, 2022/23<sup>15</sup>



**Of greater concern, is that 1 in 8, 4-5-year-olds in CTM start their school journey with obesity, and more than 1 in 4 are overweight<sup>19</sup>.**

This is the highest rate of child obesity in Wales. Rates of child obesity and overweight are particularly high in Rhondda Cynon Taf and Merthyr Tydfil County Borough Council areas.

Children and adolescents living with obesity are around five times more likely to have obesity in adulthood than those who were a healthy weight<sup>20</sup>. Around 55% of children living with obesity continue to have obesity into adolescence, around 80% of adolescents with obesity will continue to live with obesity into adulthood, and around 70% will have obesity over age 30.

Work focused on reducing the number of children living with overweight and obesity is essential to prevent diabetes in our communities.



The number of children registered with Type 2 diabetes and being treated in paediatric diabetes units in England and Wales increased by more than 50% between 2017 and 2022<sup>21</sup>. Early onset of Type 2 diabetes is associated with faster disease progression. The majority of diabetes cases in adulthood are attributable to overweight and obesity.

## There are currently children in CTM who have a diagnosis of Type 2 diabetes.

Healthy weight is strongly linked to deprivation. Children in our poorest communities are 50% more likely to be living with obesity than children in our most affluent areas. Therefore, significant work to support children in areas of deprivation will be needed if we are to address the inequalities that already exist.

Figure 5 - 4-5-year-olds with overweight or obesity by deprivation fifth, CTMUHB, 2022/23

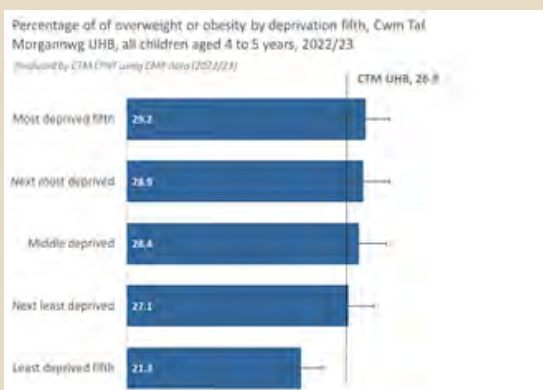


Figure 6 - 4-5-year-olds with obesity by deprivation fifth, CTMUHB, 2022/23



# 7 IMPORTANCE OF PREVENTION



The key public health implication for type 2 diabetes is the opportunity for prevention. There are three stages of prevention where we can positively impact upon the trajectory of type 2 diabetes:

## PRIMARY PREVENTION



- Prevent individuals from becoming overweight/obese, encourage a healthy diet and uptake of recommended levels of physical activity

## SECONDARY PREVENTION



- Support those with overweight/obesity to become and maintain a healthy weight
- Identify people at risk of type 2 diabetes and test them for pre-diabetes/diabetes
- Support those with pre-diabetes to achieve remission through lifestyle changes

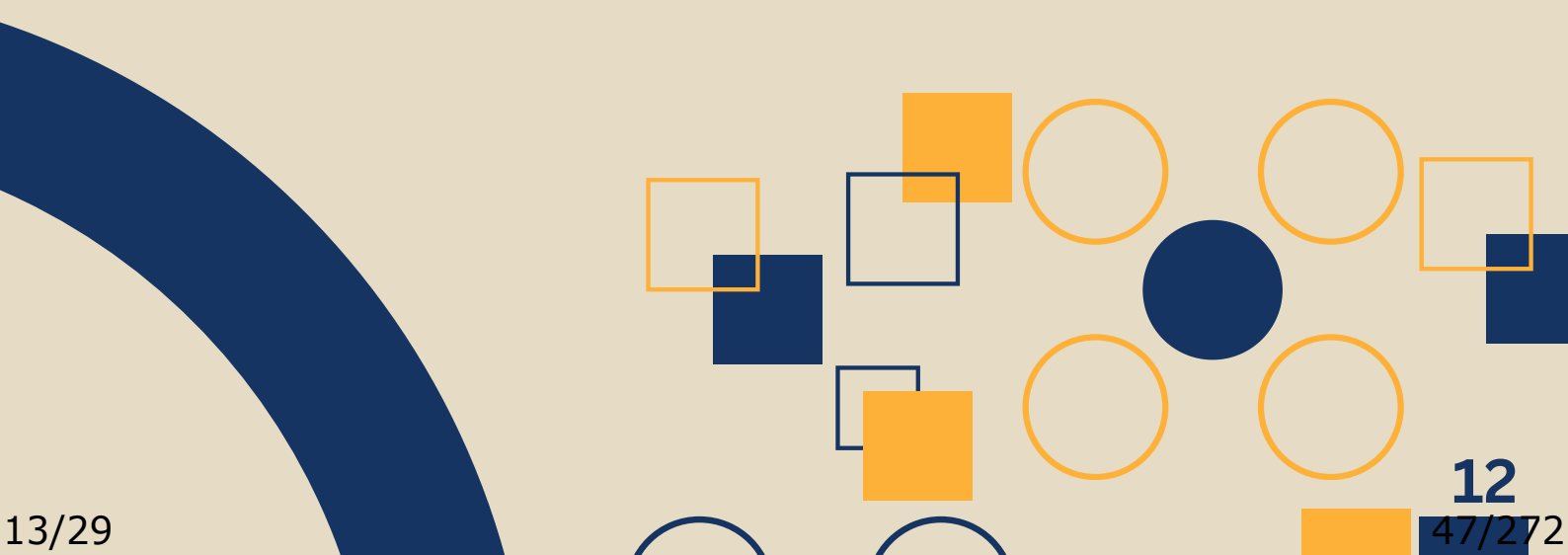
## TERTIARY PREVENTION



- Ensure all people living with diabetes are appropriately monitored
- Achieve NICE recommended treatment targets for blood glucose (HbA1c), blood pressure and cholesterol
- Promptly identify and treat complications of diabetes

Significant work in CTM is currently being undertaken at all stages of prevention. Work is also underway to develop CTMUHB as a healthy weight organisation. As a health board that employs around 12,000 staff, 80% of whom live within the boundaries of CTM, the opportunity for influence both amongst CTM staff and consequently in the community, should be not underestimated.

The following sections outline key aspects of this preventative work.



## PRIMARY PREVENTION

**HEALTHY WEIGHT: HEALTHY WALES (HWHW)** is the Welsh Government's long-term strategy focused on the prevention and reduction of obesity in Wales.

The HWHW strategy takes a whole systems approach, and sets out changes that will be required by 2030 using four themes to address the causes of obesity:

- Healthy environments
- Healthy settings
- Healthy people
- Leadership and enabling change

### CTM VISION:

We are currently developing our local, long-term vision for Healthy Weight in CTMUHB, aligned to the National Strategy. This includes:

- Leading a Whole System Approach to Healthy Weight
- Developing as a healthy weight organisation – creating a healthy environment for our staff, patients and visitors
- Providing co-designed, community-oriented support for individuals and families to achieve and maintain a healthy weight

**IF WE ARE TO REDUCE THE HIGH NUMBERS OF PEOPLE LIVING WITH OVERWEIGHT AND OBESITY IN CTM, IT IS ESSENTIAL THAT WE TAKE A LONG TERM, SYSTEM WIDE, UPSTREAM APPROACH**



## WHOLE SYSTEM APPROACH TO HEALTHY WEIGHT

The drivers behind our unhealthy environments are complex, and many different people hold levers for change. If we are truly to change obesity trajectories in CTM it is essential that this complex system works together, with a shared understanding of the issue and shared goals. This is at the core of our Whole System Approach to Healthy Weight.

### The Whole System Approach to Healthy Weight includes;

- Leading a change in the way we talk and think about obesity across CTM
- Creating healthier communities together - working with stakeholders to take opportunities to shape our food and activity environments
- Listening to communities
- Developing Joint Regional Action Plan based on working with people across CTM
- Facilitating long term change

Over the next year we will be focusing on how we can work together to increase access to good quality, affordable food across RCT, Merthyr and Bridgend and how we can make it as easy as possible for people in CTM to move around the region in a way that is healthier.

Aligned to our Whole System work, we are working with the Public Service Board to develop a regional active travel charter, and with maternity colleagues on the development of an infant feeding strategy.

# CTMUHB AS A HEALTHY WEIGHT ORGANISATION

Many staff in CTM will be living with overweight and obesity, and this will be contributing to staff sickness and early departures from the workforce. Our facilities and catering teams have been transforming both the food we serve to our patients and the food we serve in our canteens to make it easier for everybody to eat healthily. We will be signing up to the CTM regional active travel charter, with anchor institutions across the region looking to lead the way in making it easier for people to make active travel choices.

We will be working to ensure we provide the right support to staff to achieve and maintain a healthy weight, and learning how to improve our environments to make it easier to achieve and maintain a healthy weight.



## SECONDARY PREVENTION

Support for individuals and families to achieve and maintain a healthy weight  
The Healthy People theme of HWHW outlines an ambition for fair and equitable access to weight management pathways.

The service levels in the All-Wales Weight Management Pathway for children, young people and families are summarised as:





# ADULTS

The Adult Weight Management Service in CTMUHB delivers levels 1-3 with level 3 having a referral pathway into the WHSCC funded Level 4 service delivered by Swansea Bay UHB.

Over the past two years, we have developed a comprehensive weight management pathway for adults across all levels, with significant investment in a new Level 3 service to support those with the greatest need to manage their weight.

With a current capacity of 250 people a year in our adult service, and an estimated 100,000 people potentially eligible for Level 3 weight management services in CTM, this service is unable to meet long-term demand. The service also has limited prescribing capacity, meaning only a subset of people are able to access novel weight loss medications.

Across all levels of the pathway many outcomes have been positive but **capacity and equity of uptake** remain an issue.

**This emphasises the need for upstream approaches.**

# CHILDREN

Since 2022 the PIPYN<sup>22</sup> Programme has run in Merthyr as part of a national pilot. The scheme integrates systems work to improve local food and activity opportunities with direct support to help families make healthy choices. In 2024 this programme has been implemented in in Taf Ely and Rhondda primary care clusters, and its progress and outcomes will be evaluated as we look to design a long-term model.

While PIPYN provides Level 1 weight management support for children aged 3-7 years and their families, and there is also generic input from the healthy schools and pre-schools teams, **there is currently no support for children and young people outside of this criteria.**

A business case to develop an integrated approach to support children and families achieve and maintain a healthy weight is currently being developed. This will include provision across level 1 – 3 of the weight management pathway integrated with our Whole Systems Approach to Healthy Weight.



## TACKLING PRE-DIABETES

“

**“I had no idea I was in the risk group. The GP said my tests were fine. Glad I attended as I found it really useful to get the information I needed.”**

”

“

**“I am so glad it is available. My blood sugars have gone back to normal so I am extremely happy.”**

”

“

**“Before I came to the appointment, I was so afraid of getting diabetes. The healthcare support worker helped me work through some of my misconceptions... and I was able to think about what I could do to get my blood sugars down.**

”

Secondary prevention of Type 2 Diabetes includes identification and appropriate management of those with pre-diabetes.

**The All-Wales Diabetes Prevention Programme (AWDPP)** was developed following pilot work in North and West Wales. The approach involves the identification of individuals with pre-diabetes (HbA1c 42-47 with no history of diabetes) by searching GP databases. Eligible patients are offered a 30-minute person-centred lifestyle appointment with a healthcare support worker focused on increasing patient understanding of pre-diabetes and the role of diet and physical activity levels in reducing risk. Signposting and/or onward referral to additional support is undertaken as appropriate, to programmes such as weight management services, the National Exercise Referral Scheme, interactive digital education programmes and/or a variety of wider community provision.

Follow up is undertaken at 12 months.

In CTM, the AWDPP model was rolled out from October 2022 across Merthyr Tydfil and Bridgend West, led by the CTM dietetic service, in line with the national model. In addition, national primary care funding was secured to allow additional primary care led rollout in a number of practices in the remaining clusters using a similar core model. Additional funding was secured from April 2024 to operate a single diabetes prevention programme across all clusters in CTM with a common service model and evaluation framework. Additional weight management capacity will also be provided to support these patients.

At the end of March 2024, nearly 800 people had attended an appointment and the uptake rate (consultations attended/invitations sent) was 5% higher in CTM UHB than the national average.

Much more could be done with the AWDPP in CTM. Short-term funding for posts to deliver the programme have been a challenge in terms of staff recruitment and retention and there have been gaps in delivery due to vacancies.

## TERTIARY PREVENTION

### Diabetes Care

#### Annual Diabetic Reviews

We know that certain components of diabetes care such as annual monitoring, early effective education and optimisation of therapies for glycaemia and cardiovascular risk considerably reduce the risk of diabetes complications.

NICE guidance has identified a number of checks that should be carried out on people living with diabetes on an at least annual basis to monitor their health and detect potential complications<sup>23</sup>. These are described as the 8 care processes.

In Q1 2024/25, 38.85% of patients with diabetes in CTM are recorded as having received all eight care processes – 20.1% in type 1 diabetes and 41.5% in type 2 diabetes<sup>15</sup>.

There is considerable variation in percentage compliance for all 8 care processes across the different GP cluster areas within CTM, ranging from 28.7% to 52.5%, with 6 clusters falling below the All-Wales average of 43.7%<sup>15</sup>.

## Treatment Targets

**There are three NICE recommended treatment targets for diabetes:**

- $BP \leq 140/80$
- Prescription of a statin in those with high Cardio Vascular Disease (CVD) risk
- $HbA1c \leq 58 \text{ mmol/mol}$

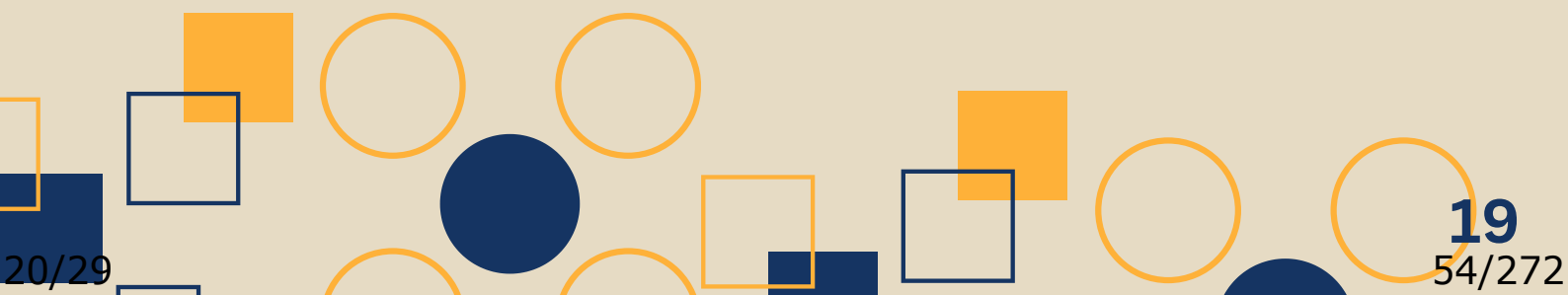
Maintaining a HbA1c below 58mmol/mol is associated with lower risk of developing complications. CTM has the lowest percentage of patients achieving this treatment target in Wales at 55.52%.

The Value Based Healthcare programme is supporting enhanced pathways to improve outpatient management of diabetic eye disease and inpatient care of diabetic foot disease.

We have an agreed basis for structured education. The 6-week XPERT Diabetes or XPERT insulin programmes are evidence based and adhere to Welsh Government Quality standards (2023) and NICE Guidance. Capacity to deliver diabetes structured education has been increased by changing the skill mix of staffing to include support worker delivery of XPERT Diabetes. XPERT Insulin continues to be delivered jointly by Diabetes nurse specialists and Dietitians. Referral rates for structured diabetes mellitus education have increased, receiving 125-160 per month since June 2023 which is positive.

All referrals for Type 2 Diabetes structured education are now triaged by nutrition and dietetics via a single point of access. In the last 8 months, significant progress has been made in reducing referral to treat times as part of COVID recovery and all patients are now offered Type 2 education in line with the national pathways and within the 14-week therapy RTT.

In addition, MyDESMOND is currently funded nationally as a digital option for diabetes, pre-diabetes and gestational diabetes education. However, national funding for MyDESMOND will end by March 2025. From April 2025, health boards in Wales will therefore need to identify additional funding to continue providing this digital patient education tool.



# 8 APPLICATION OF BEHAVIOURAL SCIENCE IN CTM



Behavioural science is the scientific study of behaviour - what enables it, what prevents it, and how best to elicit and maintain it<sup>24</sup>. The use of behavioural science encourages us to understand the complexity of what drives individuals' actions and decision making, which in turn can support our policies, services and communication, as well as increase our chance of improving and protecting health and wellbeing.

There is increasing routine application of behavioural science in CTM, including programmes such as Making Every Contact Count (MECC). MECC is an approach to behaviour change that enables the opportunistic delivery of consistent and concise healthy lifestyle information through everyday conversations that organisations and individuals have with other people.

The COM-B model of behaviour is increasingly applied within CTM to support insight gathering opportunities, behavioural diagnosis, and evaluation. This model recognises that behaviour is part of an interacting system, and in order for a desired behaviour to be taken up, a person needs to feel **capable**, have the **opportunity** to perform the behaviour, and be **motivated** to do so.

As part of embedding the behavioural science approach to diabetes care within CTM, the Public Health Wales Behavioural Science Unit and CTM UHB, in collaboration with the Centre for Behaviour Change at University College London, are undertaking a project which seeks to gain a greater understanding of diabetes in the context of a complex system, taking into consideration the connections and interdependencies between behaviours, different/multiple actors and behavioural influences. A participatory workshop was held in April 2024 which brought together a diverse range of healthcare professionals involved in diabetes care in CTM UHB. Early findings from this work include a lack of connection and collaboration across the system, potential duplication of care processes and opportunities to increase patient centred approaches and improve self-management. Ongoing consultation regarding findings are underway with local stakeholders to collectively identify opportunities for intervening in the system to optimise outcomes and consider suggestions for behaviourally informed priority improvement activity.



# 9 MAXIMISING USE OF HEALTH INTELLIGENCE AND TECHNOLOGY

We need to prioritise optimal use of data/health intelligence to target action most effectively, and to monitor progress and return on investment. As part of the national Tackling Diabetes Together Programme, a workstream has been set up to fully explore current provision and the possibility of a national diabetes register.

In the meantime, use is being made of current resources such as the recently updated Diabetes and Insights and Variation Atlas (DIVA) dashboard in improvement planning.



There are a number of plans in place to increase use of patient-reported outcome measures (PROMS) and patient-reported experience measures (PREMS) to utilise patient feedback. The Therapies PREM is being implemented across services, and PROMS are planned to be recorded in line with the Minimum Data Set for Weight Management Services. XPERT outcomes are recorded and benchmarked nationally.

There is also considerable potential for digital efficiencies in care processes such as digital self-referral and self-booking. Other changes being explored include adding a specific Diabetes DATIX to all Wales DATIX system, plus the use of technology for patient monitoring and education is another area not fully explored.

# 10 CURRENT CHALLENGES

**CTMUHB is currently facing a considerable number of challenges relating to type 2 diabetes**

- **Obesogenic environment of CTM – the healthy choice is not the easy choice in CTM**
- **Competing priorities within the current economic climate is a risk to stakeholder commitment to support system wide working around healthy environments and tackling obesity**
- **Short term funding and delays in recruitment have delayed roll out of the primary care led pre-diabetes service**
- **Insufficient capacity within the current adult weight management pathway in CTM to meet population need**
- **No paediatric weight management pathway in CTM – no support for children with overweight/obesity to reach and maintain a healthy weight**
- **No remission service available in CTM to target those with newly diagnosed type 2 diabetes**
- **Sub optimal and inequitable provision of routine diabetes care – low uptake of all 8 care processes with considerable variation across the UHB; varied podiatry provision across the UHB**
- **Low uptake of diabetes structured education programmes and limited funding for ongoing provision**
- **Current primary and secondary care services are working beyond capacity – additional requirements relating to diabetes prevention and improving diabetes care is a challenge in the current climate**
- **Processes are visibly siloed and there is a need for increased connection and collaboration, and greater understanding of the ‘whole system’ amongst health care professionals in order to optimise care and provide a seamless experience for people living with type 2 diabetes**
- **Duplication across care processes/pathways e.g., multiple health care professionals record weight, BMI, blood pressure across primary and secondary care**
- **Missed opportunities to provide brief advice at the point of diabetes diagnosis in order to support future engagement with diabetes annual reviews and structured education**

point of view.  
**Challenge** [ 'tʃælɪn  
a contest, dare; so  
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# 11

## WHAT MORE NEEDS TO BE DONE?

Although the Health Board is committed to improving care across the whole of diabetes services, due to the huge potential for prevention and early intervention associated with type 2 diabetes the focus on action within this report has been on type 2 diabetes.

For type 2 diabetes there are 3 overarching objectives: -

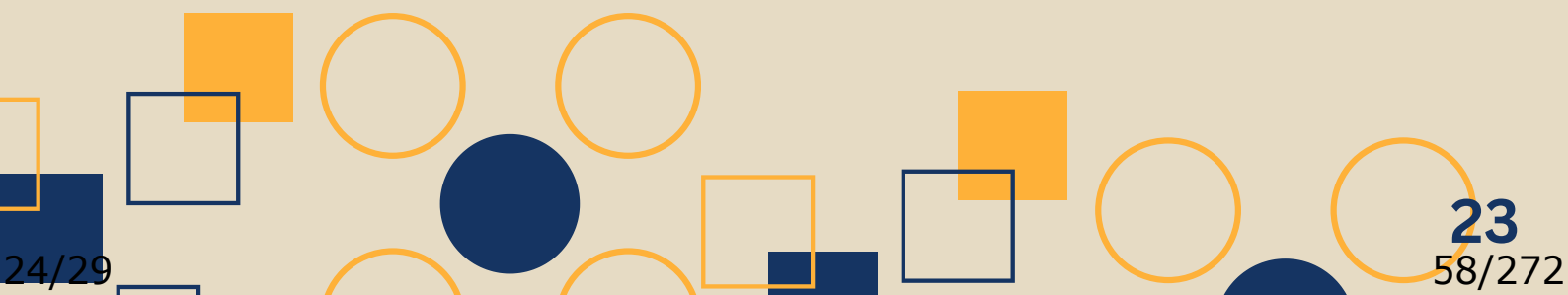
- Preventing onset of modifiable risk factors for Type 2 diabetes, e.g., prevention of overweight/obesity
- Preventing onset of type 2 diabetes in those with modifiable risk
- Preventing poor outcomes through effective diabetes care

Together these support all cohorts across the Type 2 diabetes pathway, covering primary and secondary through to tertiary prevention approaches. To achieve this there needs to be a focus on universal, evidence-based care pathways, workforce development, improved communication and engagement, and enhanced monitoring and data analysis.

Both use of behavioural approaches and maximising technology to improve outcomes are also key components of this work.

Running along all workstreams an increased commitment to research and evaluation at both a local and national level will promote best practice and shared learning.

Table 1 in appendix highlights the key action areas to be addressed at each part of the type 2 diabetes pathway.



# A NUMBER OF NEXT STEPS HAVE BEEN IDENTIFIED:

1

Continue to develop a **whole systems approach** to healthy environments and tackling obesity.

2

Review of potential funding opportunities to allow expansion of key services as outlined for weight management, education and early complication management and commencement of remission and psychology services.

3

Ensuring continued collaboration with all stakeholders nationally and central coordination and oversight of activity across the whole pathway at a UHB level to maximise resource, expertise and learning.

4

Explore opportunities and approaches to increase professional and public awareness of diabetes prevention, management and complications.

5

Work with clinical colleagues to further explore completion rates for core care processes and determine improvement actions required.

6

Utilise the learning from the behavioural systems mapping event and behavioural science evidence base to identify areas for action and different approaches to working.

7

Prioritise optimal use of data/health intelligence to target action most effectively and monitor progress and return on investment.

# 12 CONCLUSION

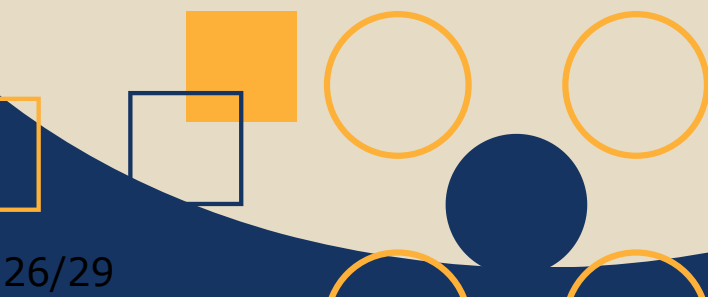
While diabetes is a concern across Wales, the scale of the challenge in CTM is considerable.

CTM has one of the highest prevalence of diabetes across health boards in Wales and some of the poorest outcomes in Wales. The current obesity profile in CTM for adults and children means we are at high risk of fulfilling the projected picture of an even steeper increase in the prevalence of type 2 diabetes over the next 10 years.

CTM has a higher percentage of more deprived areas than other Health Board areas in Wales which has a clear association with poorer health outcomes including overweight and obesity.

Amongst this UHB picture there are many examples of good practice and improvements in care but huge challenges remain in terms of insufficient capacity and short-term funding and our ability to provide an equal offer across all areas of CTM.

Type 2 diabetes has the dual challenge of balancing optimum management of those already diagnosed, with the need to prevent the development of new cases if we are to achieve a sustainable, effective approach. All stages of prevention are important in the management of type 2 diabetes, but as it is estimated that around half of Type 2 diabetes could be prevented with lifestyle changes, our collective focus and investment needs to shift towards primary and secondary prevention. This is not something that the health board can do alone. Our statutory and community partners are key to this work. Socioeconomic factors not only influence outcomes for people with diabetes but deprivation increases the risk of developing type 2 disease due to its influence on lifestyle factors. **Obesity is a major challenge for our population and one that requires a full system approach to effectively achieve change.** We thus need our statutory and community partners to work together with us, prioritising actions that will make a real difference for our current population and that will also improve the health of future generations in CTM.



# 13 REFERENCES

- 1.Hex N, Bartlett C, Wright D, Taylor M, and Varley D. Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs. *Diabet Med.* 2012;29:855–62 [accessed 15th October 2024]. Available from: [PubMed](#).
- 2.Gatineau M, Hancock C, Holman N, Outhwaite H, Oldridge L, Christie A et al. Public Health England. Adult obesity and type 2 diabetes. 2014 [accessed 15th October 2024]. Available from: [Adult obesity and type 2 diabetes \(publishing.service.gov.uk\)](#).
- 3.Dennison R, Chen E, Green ME, Legard C, Kotecha D, Farmer G, et al. The absolute and relative risk of type 2 diabetes after gestational diabetes: A systematic review and meta-analysis of 129 studies. *Diabetes Research and Clinical Practice.* 2021; 171: article 108625 [accessed 15th October 2024]. Available from: <https://doi.org/10.1016/j.diabres.2020.108625>
- 4.International Diabetes Federation. *IDF Diabetes Atlas Ninth Edition.* 2019 [accessed 15th October 2024]. Available at: [9th edition | IDF Diabetes Atlas](#)
- 5.Royal College of Obstetricians & Gynaecologists. *Gestational Diabetes; 2021* [accessed 15th October 2024]. Available from: [Gestational diabetes | RCOG](#)
- 6.Schnurr TM, Jakupovis H, Carrasquilla GD, Angquist L, Grarup N, Sorensen TIA, et al. Obesity, unfavourable lifestyle and genetic risk of type 2 diabetes: a case-cohort study.*Diabetologia.* 2020; 63:1324-1332 [accessed 15th October 2024]. Available from: [s00125-020-05140-5 \(2\).pdf](#)
- 7.Creanga AA, Catalano PM, and Bateman BT. Obesity in Pregnancy. *The New England Journal of Medicine.* 2022; 387:248-259.
- 8.Diabetes UK. Ethnicity and Type 2 Diabetes [accessed 15th October 2024]. Available from: [Ethnicity and type 2 diabetes | Preventing diabetes | Diabetes UK](#)
- 9.Diabetes UK. What Causes Type 2 Diabetes? 2023 [accessed 15th October 2024]. Available from: [What causes type 2 diabetes? | Diabetes UK](#)
- 10.The Emerging Risk Factors Collaboration. Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: a collaborative meta-analysis of 102 prospective studies. *Lancet.*2010; 375:2215-2222 [accessed 15th October 2024]. Available from: [Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: a collaborative meta-analysis of 102 prospective studies \(thelancet.com\)](#)
- 11.RNIB. Key statistics and about sight loss [accessed 15th October 2024]. Available from: [https://media.rnib.org.uk/documents/Key\\_stats\\_about\\_sight\\_loss\\_2021.pdf](https://media.rnib.org.uk/documents/Key_stats_about_sight_loss_2021.pdf)
- 12.De Boer IH, Khunti K, Sadusky T, Tuttle KR, Neumiller JJ, Rhee CM, et al. Diabetes Management in Chronic Kidney Disease: A Consensus Report by the American Diabetes Association (ADA) and Kidney Disease: Improving Global Outcomes (KDIGO). *Diabetes Care.* 2022; 45(12): 3075-3090 [accessed 15th October 2024]. Available from: [Diabetes Management in Chronic Kidney Disease: A Consensus Report by the American Diabetes Association \(ADA\) and Kidney Disease: Improving Global Outcomes \(KDIGO\) | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)
- 13.Pop-Busui R, Ang L, Boulton AJM, Feldman EL, Marcus RL, Mizokami-Stiut K, et al. Diagnosis and Treatment of Painful Diabetic Peripheral Neuropathy. *ADA Clinical Compendia 2022; 2022(1): 1-32* [accessed 15th October 2024]. Available from: [Diagnosis and Treatment of Painful Diabetic Peripheral Neuropathy | Compendia | American Diabetes Association \(diabetesjournals.org\)](#)
- 14.Diabetes UK. Diabetes in the UK 2010: Key statistics on diabetes [accessed 15th October 2024]. Available from: [untitled \(diabetes.org.uk\)](#)
- 15.NHS Wales Executive. Diabetes Insight & Variation Atlas. 2024 [accessed 15th October 2024]. Available from: [Diabetes Insights & Variation Atlas - v3 - Power BI](#)
- 16.Royal College of Paediatrics and Child Health. National Paediatric Diabetes Audit (NPDA) spotlight audit reports [accessed 15th October 2024]. Available from: [National Paediatric Diabetes Audit \(NPDA\) spotlight audit reports \(rcpch.ac.uk\)](#)
- 17.Public Health Wales. Diabetes prevalence – trends, risk factors, and 10-year projection 2023 [accessed 15th October 2024]. Available from: [Diabetes prevalence – trends, risk factors, and 10-year projection - Public Health Wales \(nhs.wales\)](#)
- 18.LifeStyle Medical Centers. Diabetes. The Facts about Pre-Diabetes. 2024 [accessed 15th October 2024]. Available from: [The Facts About Pre-Diabetes | Lifestyle Medical Centers](#)
- 19.Public Health Wales 2023 National Survey for Wales; Public Health Outcomes Framework for Wales reporting tool, Working age adults of healthy weight, age-specific average, persons aged 16-64, Health Board, 2022/2023 [accessed 15th October 2024]. Available from: [PHOF Reporting Tool \(shinyapps.io\)](#)
- 20.Simmonds M, Ilewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obesity Etiology* 2016; 17(2):95-107 [accessed 15th October 2024]. Available from: [Predicting adult obesity from childhood obesity: a systematic review and meta-analysis - Simmonds - 2016 - Obesity Reviews - Wiley Online Library](#)
- 21.Diabetes UK 2022 50% more children being treated for type 2 diabetes. [Accessed on 15th October 2024] Available from: <https://www.diabetes.org.uk/about-us/news-and-views/more-children-with-type-2-diabetes>
- 22.Cwm Taf Morgannwg University Health Board. PIPYN - Cwm Taf Morgannwg University Health Board (nhs.wales) Accessed on [15th October 2024] Available from: <https://ctmuhb.nhs.wales/services/public-health-dietitians/pipyn/>
- 23.NICE Type 2 diabetes in adults: management. NICE guidelines [NG 28] 2022 [accessed 15th October 2024]. Available from: [Overview | Type 2 diabetes in adults: management | Guidance | NICE](#)
- 24.Public Health Network Cymru. Behavioural Science 2024 [accessed 15th October 2024]. Available from: [Behavioural Science - Public Health Network Cymru](#)

# 14 GLOSSARY OF TERMS

**Autoimmune condition** – A condition in which the body's immune system mistakes its own healthy tissues as foreign and attacks them.

**Body Mass Index (BMI)** – an estimate of total body fat. The BMI is defined as weight in kilograms divided by the square of the height in metres:  $\text{weight}/\text{height}^2$

**Cardiovascular disease** – diseases of the heart and blood vessels

**Diabetic foot disease** – Infection, ulceration, or destruction of tissues of the foot of a person with currently or previously diagnosed diabetes mellitus

**Diabetic nephropathy** (kidney disease) – a long-term (chronic) kidney disease where high blood sugar levels damage the kidneys' filtering system (work of removing waste products and extra fluid from the body)

**Diabetic retinopathy** – damage to the blood vessels at the back of the eye (retina) due to raised blood sugar levels. It can cause blindness if left undiagnosed and untreated

**Gestational diabetes** – the body cannot produce enough insulin to meet extra needs during pregnancy which results in high blood sugar levels. This is detected by a glucose tolerance test

**Glycaemia** – the amount of glucose/sugar in the blood

**HbA1c** – a blood test that measures a person's average blood sugar level over the past 2 to 3 months.

**Kidney failure (End-stage kidney disease)** – The kidneys no longer work well enough to meet the needs of daily life. This is a life-threatening condition. Treatment options are dialysis or a kidney transplant

**Obesity** – having an excess amount of body fat. It is officially defined as having a BMI of 30+

Overweight – having more body fat than is optimally healthy. It is officially defined as having a Body mass index (BMI) of 25-29.9

**Patient-reported experience measures (PREMS)** – gather information on patients' views of their experience whilst receiving care and are an indicator of the quality of patient care

**Patient-reported outcome measures (PROMS)** – capture a patient's view of their own health and enable them to report on their quality of life, daily functioning, symptoms, and other aspects of their health and well-being

**Peripheral neuropathy** – damage to nerves in the body's extremities such as the hands, feet, arms and legs

**Pre-diabetes** – a condition where blood sugar levels are higher than normal, but not high enough to be diagnosed with diabetes. Defined as a HbA1c results of 42-47 mmol/mol

**Type 1 diabetes mellitus (T1DM)** – the cells that produce insulin in the body are destroyed. This results in high blood sugar levels (HbA1c 48+)

**Type 2 diabetes mellitus (T2DM)** – the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This results in high blood sugar levels (HbA1c 48+)

# 15 APPENDIX

Table 1: Key actions for primary, secondary and tertiary prevention of type 2 diabetes

Patient Cohort	Key Action Areas
Population wide - Diabetes risk reduction across lifespan	<p>System wide working to help build healthier environments and tackle obesity</p> <p>Access to good quality food (including increasing breastfeeding initiation and continuation)</p> <p>Design of and access to community spaces</p> <p>A strong focus on children and young people</p>
Those with known risk factors but no diagnosis of pre-diabetes/ diabetes	<p>Increasing public awareness of diabetes risk</p> <p>Improving 'at risk' patient identification and testing for pre-diabetes and type 2 diabetes.</p> <p>Provision of a children and young person's weight management service</p> <p>Expansion of current adult weight management services</p>
Those with pre-diabetes HbA1c 42- 47mmols	<p>Continued development and expansion of the Pre-Diabetes Programme in CTM</p> <p>Improve uptake of the pre-diabetes programme, and target those of greatest need</p> <p>Adequate provision of weight management support for those with pre-diabetes</p>
All newly diagnosed type 2 diabetics	<p>Increase capacity and uptake of the type 2 diabetes structured education programme. Ensure the programme is acceptable and accessible to the target population</p> <p>Adequate provision of weight management support</p> <p>Provide brief advice at the point of diagnosis to support understanding of type 2 diabetes, self-management of the condition, and engagement in the care processes</p> <p>Early optimisation of therapies for raised HbA1c and management of cardiovascular risk factors, e.g., high blood pressure, raised cholesterol</p> <p>Increased focus on psychological aspects of care and psychologically informed services</p>
Newly diagnosed type 2 diabetics with potential for remission (up to 6 years post diagnosis)	<p>Implementation of a type 2 diabetes remission service in CTM</p>
Patients on Type 2 diabetic registers  Routine Care	<p>Improving annual uptake/completion of the 8 National Diabetes Audit Care Processes</p> <p>Work needed to understand non-attendance of diabetic eye screening appointments and ensure uptake is increased and equitable</p> <p>Increased accessibility of clinic venues and appointment times</p> <p>Act on findings of the 8 National Diabetes Audit Care Processes, in particular the achievement of 3 treatment targets related to BP, HbA1c and cholesterol</p> <p>Optimising medication and self-management of diabetes</p> <p>Simplified referral processes</p> <p>Improved communication, collaboration, and networking across primary care and other health care professionals involved in diabetes care</p> <p>Implementing diabetic element of the Community Health Pathways Project</p>
Patients on Type 2 diabetic registers  Treatment of complications	<p>Early recognition and effective referral pathways for further investigation/treatment</p> <p>Review podiatry services across CTM to ensure they are appropriate and equitable</p> <p>Ensure there is equitable CTM-wide provision of best practice for the treatment of diabetic complications</p>
Care for unscheduled admission/surgical intervention	<p>Health Board wide protocols in place to ensure appropriate care of diabetic patients irrespective of speciality/service accessed</p>
<p><b>Crosscutting</b></p> <ol style="list-style-type: none"> <li>1. A consistent approach underpinned by person centred care</li> <li>2. Support for individual behaviour change, self-management and shared decision making</li> <li>3. Maximising potential of technology and development of one digital record for people living with diabetes</li> <li>4. Data driven planning and prioritisation with a focus on patient outcomes</li> </ol>	



## Population Health & Partnerships Committee

### Cwm Taf Morgannwg Health Protection System

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emmeline Watkins, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
CTM Health Protection System Partner Workshop 1	12/06/2024	Strategic Objectives Agreed
CTM Health Protection System Partner Workshop 2	30/07/2024	Year 1 action plan developed
CTM Health Protection Board	16/08/2024	Health Protection Strategic Plan endorsed.



		Virtual agreement to research addition in October.
CTMUHB Executive Leadership Group	09/09/24	HP Strategic Plan and update noted

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
MMR	Measles, Mumps & Rubella
HPV	Human papillomavirus



## 1. Situation /Background

- 1.1 This Health Protection Strategic Plan describes an integrated health protection system for people living and working in the three local authority areas encompassed by Cwm Taf Morgannwg University Health Board (CTMUHB). It is recognised that while partner organisations have historically worked together to prevent and mitigate risk from communicable disease and other threats to health a strategic plan and coordinated partnership has been needed to develop and implement learnings, especially from Covid-19.
- 1.2 The Health Protection Strategic Plan takes an “all hazards” health protection approach “protecting individuals, groups and populations from infectious disease and non-infectious public health threats including radiation, chemical and environmental hazards.
- 1.3 CTMUHB and partners have focused on establishing a system wide and sustainable approach to all hazards health protection preparedness, prevention and response with
- A focus on adding value to the system, building on existing arrangements and learning from our pandemic partnership response
  - Proactively identify opportunities to share resource across services where possible, and support staff to take on a mixed and broad range of functions up to the limits of their competence and registration
  - A partnership will that will contribute to the delivery and development of local and national multi-disciplinary research pertaining to health protection challenges identified within CTM.
- 1.4 This plan identifies the actions which need to be taken to deliver added value in addition to existing and statutory functions.

## 2. Specific Matters for Consideration

- 2.1 Approval of the Cwm Taf Morgannwg Health Protection Strategic Plan.
- 2.1.1 Following a collaborative process and a series of multiagency workshops in June 2024 and July 2024 a CTM Health Protection Strategic Plan has been developed. More detail is provided in the Strategic Plan.
- 2.1.2 Key themes for the Health Protection Strategic Plan include
- Governance and coordination
  - Surveillance and insight
  - Preparedness, prevention and management
  - Addressing inequalities and inequities for health protection
  - Having a specific focus on the health threats posed by inadequate (or no) housing
  - Identifying and mitigating threats to health posed by climate change



- 2.1.3 The Strategic Plan and the Year 1 Action Plan were agreed by the CTM Health Protection Board on 16th August, with a virtual approval of edits that incorporated the importance of contributing to research pertaining to Health Protection.
- 2.2 Health Protection Strategic Plan Progress Update
- 2.2.1 Recruitment of the CTM Health Protection Operational Team and the CTM Health Protection Strategic Team are nearly complete, with the Strategic Team mainly in place by October 2024. There has been a gap identified in public health and health protection expertise contributing to CTMUHB emergency planning and therefore a dedicated post with dotted line reporting to the Civil Contingencies Manager is currently being recruited to fill this gap.
- 2.2.2 Allocation to three Local Authorities for continuation of Public Health Support Team agreed for 2024/25 and no changes to this workforce have been made during this period. Recurrent funding for 2025/26 onwards has also been agreed.
- 2.2.3 However, currently CTMUHB has been awarded the lowest allocation per head in Wales for health protection (£13.65 per head compared to an average of £17.57 per head), despite likely higher need due to deprivation and population demographics. This is a difference of approximately £1.74m annually. The operational delivery of Health Protection activities are being reviewed, identifying areas where there continue to be resilience and capacity issues and gaps in terms of delivery and there are ongoing discussions with Welsh Government.
- 2.2.4 There have been some key successes and core work ongoing during Quarter 1 and Quarter 2 2024 addressing some of the key health protection issues and inequalities in CTM. Highlights include some high immunisation rates in children with the Hepatitis B vaccination uptake rate in children reaching their first birthday in 2023/24 being consistently above 95% and CTMUHB having the highest vaccination rates across Wales each quarter. MMR and HPV catch up programs have been successfully held over the summer with children invited to set appointments in the Community Vaccination Centres. The Hepatitis B and C elimination program has seen improvements in testing for those in His Majesty's Prison (HMP) Parc, but with work ongoing in wider vulnerable populations.
- 2.2.5 Work is ongoing to ensure High Consequence Infection Disease (HCID)/mpox preparedness in CTMUHB and the wider system given the emergence and potential impact of Mpox Clade 1b, which has the potential to impact different vulnerable groups to Clade II, including children. There was good participation across Cwm Taf Morgannwg in the national exercise (Fad Felen) held on the 5 September 2024, identifying national and regional gaps. Similar issues and areas of work



were being highlighted across most health boards and systems. The areas of work being undertaken by the health board currently will improve our general preparedness for HCIDs.

2.3 A formal reporting process for the Health Protection Strategic Plan to the Health Protection Board and key progress metrics are being developed.

3. Key Risks / Matters for Escalation

3.1 There is ongoing evaluation of all areas of the Health Protection Strategic Plan, identification key risks for CTM and areas for system escalation.

3.2 Some of the current risks do include the low documented vaccination uptake of CTMUHB healthcare staff for key vaccines such as MMR and flu vaccine, which impacts on resilience and capacity to respond appropriately to outbreaks.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
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 (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Safe



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below:
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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)	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below)	
	Recurrent funding now made available by Welsh Government but predicated on 80% of costs estimated in month 8 of 2023/4, which has meant that the funding per head to CTM is (£13.65 per head compared to an average of £17.57 per head)	

5. Recommendation

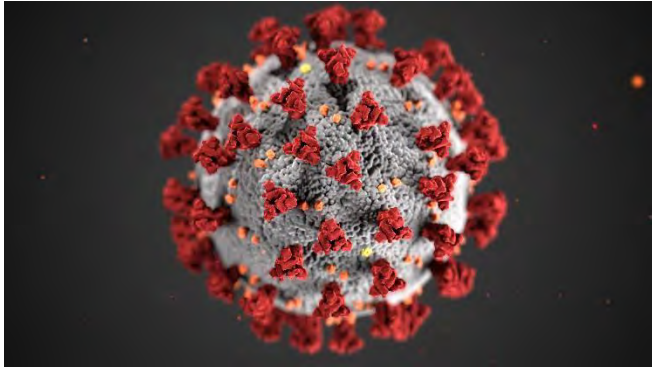
5.1 The committee are asked to ENDORSE FOR BOARD APPROVAL the Health Protection Strategic Plan.

6. Next Steps

- 6.1 Progress of the Year 1 Action Plan and development of the Year 2 Action Plan will be reported through the Health Protection Board and to Welsh Government

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

## HEALTH PROTECTION STRATEGIC PLAN



## A HEALTH PROTECTION STRATEGIC PLAN FOR CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

### SUMMARY

This Health Protection Strategic Plan describes an integrated health protection system for people living and working in the three local authority areas encompassed by Cwm Taf Morgannwg University Health Board (CTMUHB). It is recognised that while partner organisations have historically worked together to prevent and mitigate risk from communicable disease and other threats to health (nowhere more evident than during the COVID-19 pandemic) a strategic plan and partnership is now needed to build on that learning to take us into the future.

This paper describes what is currently in place to support an all-hazards health protection response in Cwm Taf Morgannwg University Health Board and recommends:

1. *mapping of individuals already in post, and existing programmes throughout the partnership who are already supporting the health protection agenda*
2. *development of a Governance and coordination structure which includes operational and strategic elements to support local delivery*
3. *determination of the long-term resource required to deliver a robust and sustainable system wide health protection workforce to deliver the Health Protection Action Plan*

### INTRODUCTION AND BACKGROUND

Public health is “*the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society*” (Acheson, 1988). Health Protection is one of three domains of Public Health, the other two being health improvement and healthcare public health.

Health protection (as defined by the UK government) is “*protecting individuals, groups and populations from infectious disease and non-infectious public health threats including radiation, chemical and environmental hazards*”.

The impetus for development of a local health protection strategy, derived initially from Welsh Government’s publication “*Together for a Safer Future: Wales’ Long Term Covid-19 Transition from Pandemic to Endemic*” in March 2022. Then, the *Report of the Welsh Health Protection System Review*<sup>ii</sup> and *Welsh Health Protection System Review Implementation Plan* (February 2023) both identified action and planning needed at a local level to support an ‘all-hazards’ approach to health protection. The review recognising the work that had already occurred during the COVID-19 pandemic, made several recommendations, including the need to:

“*Maintain large-scale sustainable integrated public health response capacity as seen during COVID-19 by:*

- *continuing to bring the wider system, from the local to the regional and national levels, together in routine disease control activities, and in exercising and training for emergencies so that it works as one and does not become fragmented.*
- *ensuring that health board Public Health teams and local government Environmental Health teams continue to be strengthened by clarifying their respective core roles and responsibilities, including behaviour science, risk communication and infection prevention and control.”*

The review made recommendations at UK, national and local level. Relevant to the local level it called for: -

- formulation and review of relevant plans, and for plans to be tested
- strengthening of the workforce and investment in training
- retention of local environmental health expertise
- feasibility of ongoing involvement of volunteers
- improvements in data quality and data sharing to improve surveillance

The ‘all-hazards’ approach, as identified by the review requires development of health protection functions at local level for plausible threats, response, management and control, including:

- Pandemic
- Chemical, Biological, Radiological and Nuclear (CBRN) incidents
- Naturally occurring environmental incidents including climate change
- Other environmental threats
- Infectious disease outbreaks and incidents
- Elimination programmes e.g. Hepatitis B and C, HIV
- Management and control of tuberculosis
- Screening of refugees, asylum seekers and migrants
- Vaccinations and Immunisations
- Delivery plans addressing inequity in access and opportunities
- Addressing inequalities / inequities in access to and uptake of control measures

In addition, Welsh Government representatives have shared details of a National Health Protection Plan framework and core principles. The additional responsibilities include antimicrobial resistance and workforce training/exercising and preparedness. The core principles are:

- Working with local government partners to sustain agile, integrated teams who work on a health board footprint using an 'all-hazards' approach to support health protection measures and respond to future threats.
- Respond to outbreaks and wider threats using the agreed process outlined in the Communicable Disease Outbreak Plan for Wales<sup>iii</sup>, recognising that there will be peaks of activity through the year according to national and regional demand.
- Respond and deliver on our national approach for respiratory viruses for winter and increases in COVID-19 cases throughout the year.
- Have preparedness plans in place to scale up in the event of a threat and future pandemic scenario, within the context of a national framework
- Deliver on the National Immunisation Framework for Wales and ensure a high take up of vaccination across our programmes, including ensuring equitable access to, and opportunity for, vaccination.
- Deliver a sustained increase in the provision of prevention, testing and treatment to meet the World Health Organisation's 2030 global disease elimination targets which include TB, hepatitis B and C (by progressing actions identified in [WHC/2003/001](#) and the Joint Recovery Plans developed in 2023) and HIV (by progressing actions in the [HIV Action Plan](#)).
- Undertake wider health protection work delivering a local approach under national frameworks and guidance. For example, to support those seeking refuge in Wales, support messaging in schools, provide support to care homes etc.
- Work together locally and nationally to support and deliver work to address equity of access and opportunity

This paper forms part of the planning process. Some areas not listed above are associated with health protection, including emergency preparedness, resilience and response (EPRR), infection prevention and control (IPC), routine screening, prescribing, prison health and local government's statutory responsibilities. Responsibility, delivery and funding for those areas lies elsewhere, however any plan must describe the associations and how they will be strengthened.

### RELEVANT LEGISLATION

- [Public Health \(Control of Disease\) Act 1984](#)
- [Civil Contingencies Act 2004](#)
- [National Health Service \(Wales\) Act 2006](#)
- [Health Protection \(Notification\) \(Wales\) Regulations 2010](#)
- [Well-being of Future Generations \(Wales\) Act 2015](#)
- [Public Health \(Wales\) Act 2017](#)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#)
- [Public Health \(Control of Disease\) Act 1984](#) (Part 2A)
- [Health Protection \(Notification\) \(Wales\) Regulations 2010](#)

### RELEVANT GUIDANCE AND DOCUMENTATION

- *Report of the Welsh Health Protection System Review* Heymann, D., Hayes, S. 7 February 2023 Welsh Government
- *Welsh Health Protection System Review Implementation Plan* 7 February 2023 Version 3.0, Welsh Government
- *Communicable Disease Outbreak Plan for Wales* July 2022, Public Health Wales, Welsh Government, Directors of Public Protection
- *National Immunisation Framework for Wales* Welsh Government 2022
- *Health Protection Service – agenda Item 5.3 on Cwm Taf Morgannwg University Health Board Population Health and Partnerships Committee* 7/11/2023
- Managing public health risks from environmental incidents. Guidance for Wales v 4.0c

### GUIDING CRITERIA AND PRINCIPLES

Welsh Government has requested<sup>iv</sup> regions across Wales to develop integrated health protection teams which meet the following criteria:

- A. Multi-disciplinary health protection teams working on a Health Board footprint, with health, local government and third sector working in partnership to prepare, prevent and respond to health protection measures and threats
- B. An *'all-hazards'* approach to health protection supported by all partner agencies, recognising there will be peaks of activity through the year according to national and regional demand
- C. Teams will have a mix of skills and experience to:

- a. Prepare, prevent and respond to Covid waves within a Covid-stable environment and deliver on the national approach to acute respiratory infections (ARI).
- b. Have plans in place to scale up in the event of a future pandemic or Covid urgent scenario, within the context of a national framework
- c. Prepare, prevent and respond to outbreaks and wider threats using agreed processes in the Communicable Disease Outbreak Control Plan for Wales
- d. Prepare, prevent and respond to both acute and non-acute environmental threats using frameworks provided by Public Health Wales and Welsh Government
- e. Deliver on the National Immunisation Framework for Wales, ensuring high take up and equity of access
- f. Undertake wider health protection work delivering a local approach under national frameworks and guidance. For example support to those seeking refuge in Wales; support to those arriving in Wales from abroad to work or study; support messaging in schools; provide support to care homes, and work on TB and Hepatitis elimination
- g. Work together locally and nationally to support and deliver work to address equity of access and opportunity

Welsh Government is also developing a National Health Protection Framework covering the period 2024 to 2029. In the draft framework they set out their expectations specific to Health Boards:

- that health protection services are maintained in accordance with the recurrent funding provided and standing capability requirements
- the impact their core vaccination team resource is having on maximising vaccination uptake, in line with priorities set annually by WG
- that they have up to date and tested surge plans to quickly scale up a response if needed
- that response plans have been developed alongside regional partners, especially local authorities
- up to date training on High Consequence Infectious Diseases (HCID) patient pathways and use of PPE, ensuring appropriate stock levels of HCID PPE are held locally
- clear patient pathways for potential HCIDs
- Identify vaccination programmes for targeted intervention each year, supported by an action plan

CTMUHB and partners will focus on establishing a system wide and sustainable approach to communicable disease management / health protection response within existing resources. In addition, partners in the area will be asked to agree to work collectively on the following principles:

- a. We will focus on adding value to the system, building on existing arrangements and learning from our pandemic partnership response
- b. Our regional partnership will proactively identify opportunities to share resource across services where possible, and support staff to take on a mixed and broad range of functions up to the limits of their competence and registration
- c. The Health Protection partnership will contribute to the delivery and development of local and national multi-disciplinary research pertaining to health protection challenges identified within CTM.

This plan identifies the actions which need to be taken to deliver added value in addition to existing and statutory functions.

**Recommendation 1: mapping of individuals already in post, and existing programmes throughout the partnership already supporting the health protection agenda**

#### **HOW THE HEALTH PROTECTION STRATEGIC PLAN WAS DEVELOPED**

The Health Protection Strategic Plan was developed through two collaborative workshops with key system partners for health protection including the Health Board, the local authorities, Public Health Wales and broader partners.

The first workshop focused on establishing relationships, identifying the key strategic aims and objectives of the Plan, given the various asks. In addition, this allowed for the clarification of current staffing and resource issues across all partners and early recruitment.

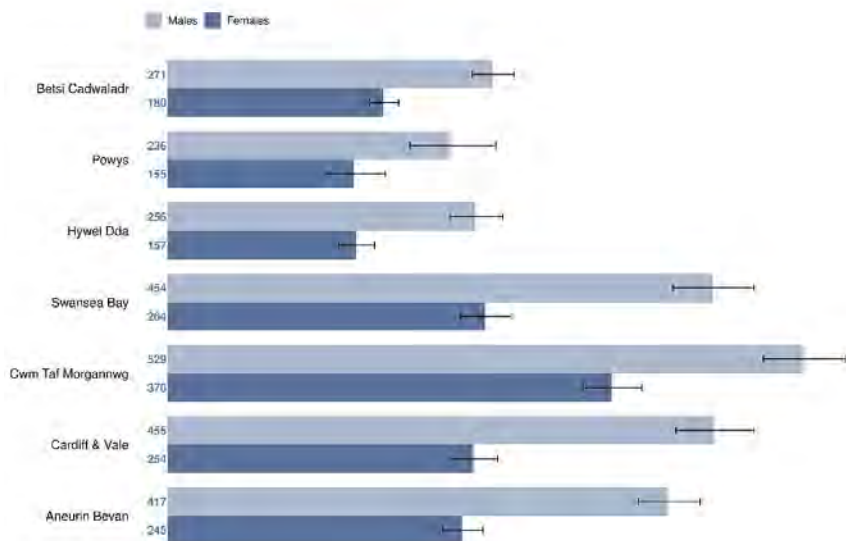
The second workshop enabled a more in-depth look at mapping existing workstreams, the gaps, the enablers and the priorities for action in Year 1.

## POPULATION SERVED

Deaths from COVID-19, age-standardised rate per 100,000, males and females, all ages, Wales by health board, week ending 06 Mar 2020 to 11 Mar 2022

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

— 95% confidence interval



Cwm Taf Morgannwg University Health Board encompasses three local authorities – Merthyr Tydfil, Rhondda Cynon Taf and Bridgend. The three largest towns in the area are Bridgend, Merthyr Tydfil and Aberdare. Bridgend local authority area became the responsibility of Cwm Taf University Health Board when NHS boundaries changed in 2019, creating CTMUHB.

The area has a rich industrial heritage, however as local coal mines closed down so did the industries that depended on coal, which has led to generational unemployment and increasing deprivation. There is a large and diverse student population in the southern area of Rhondda Cynon Taf, and a prison / young offenders’ institution in Bridgend – HMP Parc.

There are about 444,000 residents in the area (2022 Stats Wales estimate) covered by the health board, nearly two thirds of whom live in some of the most deprived areas of Wales. The 2019 Welsh Index of Multiple Deprivation identified that more than a quarter of lower super output areas (LSOAs) in CTMUHB are in the most deprived quintile of LSOAs in Wales.

Since the publication of the Black Report<sup>v</sup> in 1980, the strong association between deprivation and poor health has been well documented. Life expectancy inequalities in Wales have widened in recent years and worsened during and since the pandemic, with life expectancy for women in the most deprived areas falling more steeply than that for men.

There are significant health challenges from non-communicable disease locally, especially heart disease, stroke and type 2 diabetes. However as evidenced by mortality from Covid-19 between 2020 and 2022, CTMUHB saw the highest death rates<sup>vi</sup> from Covid-19 in Wales in both men and women, demonstrating an association between communicable (as well as non-communicable) disease and deprivation.

## STRATEGIC AIM AND OBJECTIVES

The aim of this plan is to inform an effective, equitable partnership health protection system which will protect the population living and working in the three local authorities within CTMUHB from all threats to health.

There are three domains to health protection<sup>vii</sup>:

- communicable disease control
- environmental public health
- emergency preparedness, resilience and response (EPRR).

The third component of health protection, emergency preparedness, is defined by the World Health Organisation (WHO)<sup>viii</sup> as:

*“A common, efficient, coordinated multisectoral approach, comprising all-hazard and hazard-specific measures, needed to ensure preparedness for all types of emergencies”*

## OBJECTIVES

To achieve the strategic aim, partner organisations will work together to:

- **Governance and coordination:**
  - Improve communication and collaboration across the partnership, planning for, preventing and coordinating an ‘*all hazards*’ response
  - Ensure there is a workforce with a flexible remit, that is adequately prepared to support the response to emerging and existing threats to health
  - Identify and reduce inefficiencies in the system, ensuring that coordination and communication across the partnership is robust, effective and avoids duplication

- **Surveillance and insight:**
  - Identify current and emerging threats to health through surveillance, monitoring and reporting, to ensure preparedness ○ Ensure there is access and sharing across the partnership to high quality data that informs action
- **Preparedness, prevention and management** ○ Have robust plans in place for a flexible and adaptable '*all hazards*' response to any threats to health
  - Ensure local processes are in place to prevent and manage communicable disease outbreaks / environmental threats in line with national plans
  - Deliver clear and effective communication to professionals and public in response to incidents and threats to health ○ Support delivery of all immunisation programmes for children and adults in line with the National Immunisation Framework
- **Addressing inequalities and inequities**
  - Ensure appropriate access to diagnosis, testing and treatment that is timely, safe, equitable and effective ○ Address inequalities and inequities in provision of health protection services and support
  - Ensure excluded groups and at-risk settings are identified and targeted for additional appropriate support
- Having a specific focus on the **health threats posed by inadequate (or no) housing**
- Identifying and mitigating **threats to health posed by climate change**

#### **PARTNER ORGANISATIONS CONTRIBUTING TO THE LOCAL HEALTH PROTECTION PARTNERSHIP**

A Health Protection Board supported by a Health Protection Operational group should be established within the Cwm Taf Morgannwg UHB area to oversee delivery of all elements of the Health Protection Strategic Plan. However, recognising that no one agency or Directorate has sole responsibility in this area, a systems approach to health protection is being taken across the area covered by the CTMUHB, and the Board should be a partnership across organisations including CTMUHB, Bridgend Council, Merthyr Tydfil Council, Rhondda Cynon Taf Council and Public Health Wales, with representation from relevant national partners and third sector organisations.

## Recommendation 2: development of governance and coordination structure which includes operational and strategic elements to support local delivery

### LOCAL GOVERNMENT

Local government has a range of statutory responsibilities across public protection areas. These include communicable disease control, food safety, port health, environmental protection including pollution control, civil contingencies and housing. There should be a proper officer appointed by each local authority responsible for the control of health hazards. This is set out in the *Public Health (Control of Disease) Act 1984*. In Wales all local authorities have authorised Consultants in Communicable Disease Control (CCDC) / Consultants in Health Protection (CHP) employed by Public Health Wales to undertake the Proper Officer Role on their behalf.

The Local Authorities that make up Cwm Taf Morgannwg are Bridgend County Borough Council (BCBC), Merthyr Tydfil County Borough Council (MTCBC) and Rhondda Cynon Taf County Borough Council (CBC). To note, Shared Regulatory Services provides the public protection function for BCBC. Environmental Health Departments across the region have established links with Environmental Health Wales Groups and Directors of Public Protection Wales.

In respect of this plan, the key Environmental Health Functions across the three Local Authorities include the following statutory functions. These functions are covered and reported via other local and National plans, but are key functions that contribute to the local health protection system.

**Housing Standards** – protects public health by working with private landlords and owners to provide warm, safe and healthy homes for tenants. Officers ensure that Houses in Multiple Occupation are licensed through Mandatory and Additional Licensing Schemes, inspect HMO's and improve physical and management standards of privately rented accommodation. Complaints from tenants about their rented accommodation are investigated. These can include complaints about damp, mould, heating disrepair, nuisance, and student housing issues. Amenity issues associated with empty homes that have fallen into disrepair.

**Food and Feed Safety** – protects public health by ensuring that the food we eat is without risk to the health and safety of consumers and is correctly described throughout the food chain. This is achieved through regular food and feed safety and standards inspections of food business and guest caterers, operating the Food Hygiene Rating Scheme, providing practical advice, investigating food safety and standards complaints, carrying out food and water sampling and undertaking checks on imported food.

**Health & Safety** – protects the health, safety and welfare of staff, contractors and any member of the public affected by workplace activities by working with others to ensure risks in the workplace are managed properly. This is achieved by undertaking planned inspections and targeted initiatives, investigating reported accidents, diseases, dangerous occurrences and complaints, providing advice and guidance to employers and employees and securing safety standards at outdoor events. Implementation of the Mandatory Licensing of Special Procedures in Wales (inspection/enforcement may vary across LAs), which aims to reduce infections and improve standards of infection prevention and control in the industry (Autumn 2024). Investigation and prevention of Environmental Communicable Diseases such as Legionella.

**Communicable Disease Control** – timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease, including the development and implementation of related public health intervention strategies as directed by the Communicable Disease Outbreak Plan for Wales. The enforcement of Health Protection legislation including the application of Part 2A Orders to minimise the spread of communicable disease and contamination from radiation and chemicals that threaten health. The provision of infection control and nutritional training. To support the work of allied Council services and external stakeholders to minimise, mitigate and manage the impact of public health risks to the populations of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. Undertake targeted health promotion and intervention activities that are informed by, and meet, local-level needs and strengthen the wider Public Services Boards public health agendas.

**Environmental Protection/Pollution** – protects public health by reviewing and implementing the Contaminated Land Strategy which ensures the identification, inspection and remediation of historically contaminated sites. Private water supplies used for both domestic and commercial purposes (such as drinking, cooking, and washing) are regulated and Environmental Information Requests and Planning application consultations are responded to. Pollution also protects public health by controlling noise and air emissions into the environment. The service investigates noise complaints about issues such as amplified music, DIY activities, house and car alarms, barking dogs, construction sites, accumulations of waste and other issues that could be considered prejudicial to health or a nuisance. It investigates air pollution complaints involving smoke, dust and odour and illegal burning, undertakes environmental monitoring, local Air Quality Management and regulates emissions from industrial processes. Response to environmental incidents is also an important role of local authority Environmental Health team, working with experts in Public Health Wales and other agencies to assess and help manage the risks to the public. Part 2A orders can also be utilised in these situations. When environmental risks from incidents have been assessed, the public are advised what can be done to prevent or minimize any harm to health.

**Trading Standards** – protects consumers and businesses by maintaining and promoting a fair and safe trading environment. This area of work ensures that businesses comply with a host of consumer protection statutes including those relating to product safety, age restricted sales, counterfeiting, environmental safety, weights and measures, minimum energy efficiency and false claims about goods and services. The Service

investigates complaints, participates in criminal investigations and enforcement exercises, conducts inspections of businesses, undertakes a sampling programme, and helping businesses improve their trading practices. Safeguarding work ensures cases of malpractice including rogue traders, scams and doorstep crime are investigated. Provision of consumer advice to vulnerable residents.

There are other discrete, lesser-known public health functions also delivered by local authority such as:

- Enforcement of Smoke-free Premises etc.(Wales) Regulations 2007 which encompasses the prevention of smoking in workplaces and includes health board premises.
- Provision of public health funerals where people in the community who have passed away and have no next of kin.
- Investigation of complaints relating to filthy and verminous premises.
- Prevention of damage by pests such as mice and rats by enforcement action. Authorities often supplement this area of work with the direct/indirect delivery of a pest control service.

**Emergency Planning** – Local authority emergency planning is a critical aspect of ensuring community safety and resilience in the face of various emergencies such as flooding and a pandemic. The main responsibilities include, risk assessment of potential emergencies, developing emergency management plans and establishing business continuity arrangements.

**Cwm Taf Morgannwg Public Health Support Service (CTM PHSS)** – The team sits under RCT CBC’s Public Protection and Regulatory Services but operates on a Cwm Taf Morgannwg University Health Board footprint as part of continued Covid-19/ARI response and wider health protection initiatives. Day to day workstreams for the team include the reactive management of Covid-19 incidents/outbreaks within high risk care settings such as Residential Care & Nursing Homes and Special School establishments within the region. Proactively, the service listens/engages with care settings both in person and over the phone/email to support and improve IP&C standards, facilitates webinars or communication platforms with such settings and UHB colleagues to convey changes to Welsh Government guidance and local process updates, provides advisory information and resources with Education establishments and continues to build on the good working relationship with local PHW Health Protection Team colleagues.

## **PUBLIC HEALTH WALES AND OTHER NATIONAL PARTNERS**

Public Health Wales (PHW) is an NHS Trust that has statutory functions related to the provision of public health services. These include public health surveillance, and working with partners to lead and coordinate the actions necessary to control public health outbreaks. Public Health Wales is the body in Wales that receives notifications of a range of communicable diseases, and the PHW Health Protection team lead on the

investigation and management of the public health response to cases clusters and outbreaks. Within the Health Protection team is a National Surge team to support local response.

Other key health protection functions within PHW include; the Communicable Disease Surveillance Centre (CDSC) which leads on surveillance and epidemiology of infectious diseases; the Vaccination Prevention and Disease Programme (VPDP) which provides data, guidance, training and specialist advice across the system on vaccine preventable diseases, and the Environmental Health Protection team which provides specialist support in relation to environmental issues and incidents. The PHW Communications team lead on communications in relation to local outbreaks and incidents, in liaison with the health board and local authority communications teams. PHW is also the key focal point in Wales in relation to liaison with UKSHA and global PH agencies in relation to infectious diseases.

Other national partners could include:

- The Food Standards Agency – responsible for protecting the public from risks arising from the consumption of food, and to protect consumer interest in relation to food. They have a remit for all four countries of the UK
- Natural Resources Wales – responsible for protecting and enhancing Wales’ environment. Work includes action on climate, nature and pollution emergencies, including water quality
- Care Inspectorate Wales – responsible for registering and inspection of care services in Wales and action to improve care services
- The Health and Safety Inspectorate - Britain’s national regulator for workplace health and safety, their role extends to include public assurance for people to feel safe where they live, where they work and in the environment
- United Kingdom Health Security Agency (UKHSA) – their main role relates to health protection in England but they have a wider UK remit for certain health protection areas supporting the work of Public Health Wales
- Academic, multi-agency research partnerships and Health Protection Research Units – developing and delivering health protection research studies and evidence base, including both research infrastructure in CTM (e.g. Rhondda Cynon Taf Health Determinants Research Collaborative), in Wales and across the United Kingdom

### THIRD SECTOR ORGANISATIONS

Third sector partners are involved in much of the existing work that relates to health protection. Both Dyfodol and Barod support work being undertaken in Parc Prison and the community who with substance users. The Hepatitis C Trust is a part of the partnership approach aimed at

achieving the World Health Organisation’s Hepatitis Elimination Targets in CTMUHB, while Fast Track Cymru, under the umbrella of Pride Cymru, support work being undertaken to combat HIV locally.

Just prior to the Pandemic, the Moondance Foundation was instrumental in providing financial support to people affected by flooding in RCT. Then during the pandemic, both established Third Sector Organisations and local informal networks were quick to develop to support people affected by Covid-19.

The resources available across the Third Sector need to be explored further to assess how they could assist in the *All-Hazards* approach to health protection issues.

**Figure 1: Partners and enabling functions**



The system is more extensive than outlined above and includes all organisations, teams and services that have a role in preventing and managing the risks posed by communicable disease and environmental hazards.

## FUNDING

There is limited funding available for implementation of a local Health Protection Strategic Plan, as costs going forward from April 2024 were assessed by Welsh Government using an 80% level of the health board existing health protection spend as at month 8 of 2023/4. Most of this expenditure related to ongoing delivery of immunisation, vaccination and testing, plus other work labelled as 'health protection' work within Cwm Taf Morgannwg University Health Board, and so is already committed for 24/25<sup>ix</sup>.

Additionally the local situation is further challenged because use of the month 8 expenditure means that the 'per-head' allocation from Welsh Government is lower in Cwm Taf Morgannwg UHB than any of the other Health Boards in Wales as illustrated in Table 1, despite high levels of deprivation and therefore need. Welsh Government has assessed the allocation for Cwm Taf Morgannwg UHB without PPE as being £5.7 million (9 January 2024)<sup>x</sup>.

The operational Health Protection budget sits with the Primary Care & Community Care directorate in Cwm Taf Morgannwg UHB while executive responsibility rests with the Executive Director of Public Health. However, funding has been identified to support a small strategic Health Protection Team within the Public Health Directorate, and substantive employment of a larger team within Primary Care focused on Immunisation and Vaccination but able to be mobilised to support other health protection activity as required. Some funding is also allocated by the Health Board to Local Authorities to support the extended health protection work they have been undertaking since the pandemic.

**Table 1 – funding from Welsh Government**

Health Board	C19 iro Health Protection / Vaccination and PPE. £M	Population	£/Pop	Variance (Fair Share)
Aneurin Bevan HB	11.2	591,396	18.94	1.08
Betsi Cadwaladr University	10.286	688,201	14.95	0.85
Cardiff and Vale University	9.04	505,581	17.88	1.02
Cwm Taf Morgannwg HB	6.061	444,037	13.65	0.78
Hywel Dda HB	6.58	385,094	17.09	0.97
Powys HB	3.47	133,891	25.92	1.47
Swansea Bay HB	8.394	383,440	21.89	1.25
<b>Total</b>	<b>55.031</b>	<b>Average</b>	<b>17.57</b>	

### Non pay costs

There is little detailed information about what is being spent in this area. Non-pay expenditure is within the Primary Care budget. Pathology are requesting a significant amount of money to fund testing. There are allocations to Occupational Health and the Children and Young People

directorate to enhance immunisation. There may be additional money required in future to fund vaccines and tests currently funded by Welsh Government. An allocation has been made to Rhondda Cynon Taf County Borough Council on behalf of the three Local Authorities to continue with the CTM Public Health Support Team.

The long-term Health Protection Strategic Plan will need to be appropriately resourced to ensure that it delivers the health protection needs of the Cwm Taf Morgannwg population.

**Recommendation 3: determination of the long-term resource to establish a robust and sustainable system wide health protection workforce in Cwm Taf Morgannwg.**

### STRATEGIC OBJECTIVES: EXISTING PRACTICE, GAPS and AREAS FOR DEVELOPMENT

#### 1. Governance and coordination:

- *Improve communication and collaboration across the partnership, planning for, preventing and coordinating an 'all hazards' response*
- *Ensure there is a workforce with a flexible remit, that is adequately prepared to support the response to emerging and existing threats to health*
- *Identify and reduce inefficiencies in the system, ensuring that coordination and communication across the partnership is robust, effective and avoids duplication*

**Existing practice and gaps:** The current Health Protection Structure uses the Health Protection Board to provide governance and assurance around key aspects of Health Protection but currently focuses predominantly on communicable disease as opposed to an All Hazards approach.

The South Wales Local Resilience Forum has responsibility for the coordination and assurance around Emergency Planning for CTM, which will include planning and preparedness for key health protection risks such as pandemic, emerging infectious disease, severe weather as well as other risks that will impact health such as cyber-attacks, power outage and CBRN incidents.

Communication professionals from all partner organisations are key members of any health protection response for both acute and planned responses. Established linkages between partnership communications teams were further strengthened during the COVID-19

response; the ability to mobilise communication rapidly across the partnership is a positive legacy of the pandemic response. The Public Health Wales Communication Team usually take the lead for communications to both public and professionals in relation to acute communicable disease incidents and outbreaks. However, depending on the topic and situation, any of the local partner organisations may lead communications related to planned health protection related activity.

There are business continuity plans in place in the Health Board and in other partner organisations. These were put to the test during the pandemic, as was surge capacity. However staff capacity within the Health Board and other partners with a remit for emergency planning is limited and in order to meet with the requirements of Welsh Government to “Have preparedness plans in place to scale up in the event of a threat and future pandemic scenario, within the context of a national framework” some resources will need to be allocated to this task.

The current CTM Measles plan includes plan for surge as staff redeployment may be required as it was during the pandemic, and has the potential to be used as a model response for surge in other infectious disease outbreaks and considered for wider health protection threats.

The partner workshop highlighted key risks for duplication, especially between Public Health Wales, the new Health Protection team in the Health Board and the Public Health Support Service in the local authority with roles and responsibilities needing to be clarified given these new teams. It was also felt that we could have much better use of lessons learned locally and nationally. Other key gaps identified in the workshop were the separation of strategic and assurance meetings from operational, the use of the workforce to deliver an “All Hazards” approach and prioritisation of people and resource, provision of appropriate level information to horizon scan and drive action, capacity for emergency planning across the CTM partners and fragility in areas such as 3<sup>rd</sup> sector.

Figure 2 –Current CTM Health protection structure



**Added value developments needed:** The current governance, assurance and coordination approaches will need to be adapted to encompass the new All Hazards approach in CTM. Preliminary mapping was provided through the workshop, however given the new resource and capacity in both the Health Board and the local authority it will be critical to have a clear understanding across all partners regarding roles, responsibility, escalations and finance. This key priority action will enable the development and delivery of a comprehensive, integrated system to deliver an ‘all-hazards’ approach to health protection in the Health Board area and clear expectations around organisational surge requirements and decision making.

**2. Surveillance and insight:**

- *Identify current and emerging threats to health through surveillance, monitoring and reporting, to ensure preparedness*
- *Ensure there is access and sharing across the partnership to high quality data that informs action*
- *Ensure creation and use of available research, evidence and data to inform decision-making and planning in response to identified current and emerging threats.*

**Existing practice and gaps:**

Communicable disease surveillance data for the most frequently occurring communicable diseases in Wales is produced by Public Health Wales' Communicable Disease Surveillance Centre and shared to health boards and local authorities, with weekly updates and information on outbreaks. The Health Board Infection Prevention and Control team monitors Health Care Acquired Infections. Other local surveillance data on health protection threats includes that collected by the Food Standards Agency, Local Authority Food Safety, Welsh Water and local air quality monitoring.

Surveillance data is also produced at a UK, European and Global level. There is other data captured that will be of use in health protection, for example the Health and Safety Executive (HSE) gathers data on occupational diseases, the Office for National Statistics (ONS) collates mortality and census data, and air quality data is monitored and shared by Welsh Government.

Gaps have been identified in some data sharing practices, information on inequalities, coordinated local insight for action and local horizon scanning for health protection threats that require local prevention and preparedness.

**Added value developments needed:** National, regional and local surveillance data will be coordinated further to ensure it is used for health protection prevention and preparedness and to manage risk. Opportunities for enhanced data collection and sharing across the partnership will be prioritised. An area of development is to support the workforce to undertake high quality research to help address the wider health protection aims and objectives, which will support career development and staff recruitment and retention. This could be done by including research in JDs and reviewing within PDRs/job planning.

4. **Preparedness, prevention and management**

- Have robust plans in place for a flexible and adaptable '*all hazards*' response to any threats to health
  - Ensure local processes are in place to prevent and manage communicable disease outbreaks / environmental threats in line with national plans
  - Deliver clear and effective communication to professionals and public in response to incidents and threats to health ○ Support delivery of all immunisation programmes for children and adults in line with the National Immunisation Framework

**a. Emergency Preparedness, Resilience and Response (EPRR)**

**• Added value developments**

A robust health protection system is fundamental to any organisation’s capacity to respond to incidents and emergencies across a range of scenarios, from extreme weather, outbreaks of disease, or a terrorist attack. .There are national plans but these must be supported by local plans, including plans from Category 1 responders, which includes CTM UHB. Local plans support the work of the South Wales Local Resilience Forum (LRF), a multi-agency partnership which covers seven local authority areas in South Wales. . The LRF takes the lead on planning for issues such as severe weather and major attacks.

Integral to all EPRR plans is the requirement to test them through exercising them, and in order to do this, staff will need to undertake regular training. The lead for EPRR in CTMUHB sits within the Directorate of Strategy and Transformation however they work across the organisation. The specialist Health Protection team will need to assist in planning and preparedness for future pandemics as a priority.

**• Added value developments**

The 2019 Pandemic Operational and Tactical Plans will need to be refreshed taking on board the learning from the Covid Pandemic. This should be done in line with both the Local Resilience Forum’s pandemic planning and the national Communicable Disease outbreak Plan for Wales

**b. New/acute cases, incident and outbreak response •**

**Existing practice**

New cases of infectious disease may be seen in any healthcare setting, although the majority will initially present to primary care. Many infectious diseases are mild and self-limiting and do not require further clinical or public health management, but some are not. Depending on the disease and its presentation, a number of teams and services across the Health Board may be involved in diagnosing and treating the condition. Likewise, any public health action (including contact tracing, prescription of prophylaxis, advice on exclusion from school/work) may be undertaken by a range of teams.

A number of communicable diseases are notifiable because of potentially serious consequences for individual and population health. Registered medical practitioners have a legal duty to notify any of the diseases on [this list](#) to the Proper Officer of the Local

Authority or the Health Protection Team. In practice in Wales, all notifiable diseases should be notified via the Public Health Wales All Wales Acute Response Service [AWARe](#).

AWARe is usually the first point of contact for queries in relation to the public health management of communicable disease for both professionals and the general population. The Specialist Health protection teams follow nationally agreed guidance, policy and Standard Operating Procedures (SOPs) to manage risk.

Specialist Health Protection will lead the initial investigation of clusters of communicable disease, although Local Authority officers may be the initial responders for gastrointestinal incidents, including in care homes, schools and early years settings. Incidents are often managed in collaboration between partners, particularly PHW Specialist Health Protection and Environmental Health's public protection services. The Local Authorities' Public Health Support Team manage respiratory outbreaks in care homes and schools.

If an outbreak is declared, partners will follow the approach outlined in the *Communicable Disease Outbreak Plan for Wales* **Error! Bookmark not defined.**. The PHW Health Protection team provides a round the clock, all-Wales health protection service to manage urgent and significant incidents.

#### • **Added value developments**

A number of resources have been identified that will need to be set up to better support an acute response from within the Health Board:

- High level SOPs to describe function and remit of key partners
- Confirmation of partnership out of hours contact for communicable disease incidents, to include ways to access resources such as sampling, immunoglobulin and contact tracing
- Avian influenza testing pathway
- Hep A and other immunoglobulin pathways
- Surge plans if additional capacity is required

The resource within the Immunisation & Vaccine team and local authority has been broadened in remit to All Hazards health protection to enable deployment in the most effective way possible to support the public health management of a range of

conditions or public health threats. All new teams, job descriptions and recruitments reflect the wider remit around All Hazards Health Protection.

### c. Planned / preventative infectious disease management

#### i. Vaccination and Immunisation

- **Existing operational practice**

Cwm Taf Morgannwg University Health Board delivers the routine immunisation schedule for Wales utilising a multi-faceted approach. This includes, but is not limited to, community nursing teams, school health services, community pharmacy, primary care, prison health, occupational health, community drug and alcohol services and the integrated sexual and reproductive health service.

There is a 3-year CTM Vaccination and Immunisation Strategic Plan, as well as a Vaccine Equity Strategic Plan, which alongside the Welsh Government's National Immunisation Framework (NIF), Welsh Health Circulars, Public Health Wales' Vaccine Preventable Disease Programme (VDVP), and Vaccination Programme Wales (VPW), guide the service. The NIF was developed using lessons learnt from the Covid-19 pandemic and aims to integrate all national vaccination programmes, setting standards for delivery. The aim of the NIF is delivery of a high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity.

VPW and VDVP support delivery of immunisation programmes across Wales once the vaccine has been assessed by the Joint Committee on Vaccine and Immunisation (JCVI) and approved by the UK government. VPW and VDVP also provide uptake data so that the Health Boards' vaccination leads can target services more effectively, and provide analysis of uptake data that informs improving vaccine equity.

- **Developments**

NHS organisations and local authorities across Wales worked cohesively during the pandemic to deliver testing, outbreak control, vaccination and other preventative measures. There was support from Welsh Government and the voluntary sector. This unified approach is already being built on further to support health protection and prevention across our region and will become standard practice.

A new Respiratory Syncytial Virus (RSV) vaccination programme is due to be rolled out across Wales from September 2024, and there are tentative plans for a pertussis catch up campaign in light of waning immunity and localised outbreaks of the illness.

## ii. Hepatitis B & C

### • Existing practice

The UK is a low prevalence area for both hepatitis B (HBV) and C (HCV). Across Wales, HBV prevalence is estimated at 0.78% of the population. Hepatitis B and C are both notifiable diseases, and there were 16 HBV and 32 HCV laboratory notifications in 2023 in the Cwm Taf Morgannwg UHB area<sup>xi</sup>. The latest COVER statistics from Public Health Wales (Q4 2023) showed that 96.5% of children living in the health board area had completed their primary immunisations by the age of one and had therefore been immunised against HBV.

Current service delivery is through specialist hepatology services, drug and alcohol treatment services, community pharmacy, primary care, prison health, sexual health services and relevant third sector services (Barod and Dyfodol). The services focus on both prevention and treatment including the delivery of Hepatitis B vaccinations to infants, and adults deemed at higher risk; testing of pregnant women; needle exchange; hepatitis C case-finding, testing and treatment services. There is a focus on adults seen as being at greater risk of infection including those arriving from countries where there is high prevalence, prison populations and people with substance misuse issues.

There is a Welsh Government ambition and commitment for Wales to achieve the World Health Organisation's (WHO) target to eliminate Hepatitis B and C as a public health threat by 2030. The Minister for Health and Social Services recognises the need to reinvigorate the drive to eliminate hepatitis B and C as our services recover from the pandemic.

Locally an '*Elimination of Hepatitis B and C Working Group*' has been established with a wide range of stakeholders including Public Health Wales, the Area Planning Board, Hepatitis Trust, the prison service and probation. This work is being led by the Adulthood Strategy Group Planning team in conjunction with the Clinical lead consultant in gastroenterology. An Elimination plan for Hepatitis B & C services is in place in the health board, with the goal of achieving Welsh Government's ambition to achieve the World Health Organisation's target of eliminating Hepatitis B and C by 2030. The Cwm Taf Morgannwg Area Planning Board have provided funding for a six-month secondment for a Harm Reduction Nurse as a pilot to determine the impact such a post could have on hepatitis elimination.

Current work in the Health Board, including development of the local elimination plan, has been led by the Planning team in conjunction with a lead consultant in gastroenterology.

### **Developments**

Local challenges and a plan to address these are contained within the Health Board's Elimination plan and recent progress report. These include recruitment of a Harm Reduction Clinical Nurse Specialist funded by the Area Planning Board for a 6 month pilot. Continuing funding for this post along with other measures outlined in the Elimination plan will need to be considered for funding from within the Health Protection Budget. Feedback on our plan from the National Oversight Group suggests the Health Protection Team supports the delivery of increased testing required within high risk groups in our communities. The current HCV treatment target set by Welsh Government of 135 people per year is challenging and it is unclear how this number was arrived at, when Aneurin Bevan UHB who have a similar population have a target of 80 people.

It is anticipated that the Health Protection Team in Primary Care will be available to support expanded testing for BBVs, including within the prison and probation system, as well as increasing immunisation rates. There is ongoing work (*BBV and me*) to raise awareness amongst staff of the importance of testing patients/clients for blood borne viruses. The plan for 2024 to 2029 has been submitted to Welsh Government for approval, building on the work undertaken to develop the 2023/4 plan.

### **iii. HIV**

- **Existing Practice**

Numbers accessing treatment in the Health Board remain low (188 in 2023) with 24% being female. There has been a reduction in new diagnoses of HIV (101 in 2022) across Wales in the last few years. However, of concern is the number of late diagnoses, which while small at <5 in 2023, has implications for the treatment and care of such individuals. There were seven new diagnoses of HIV in 2023 in CTMUHB, with an average age of 36. There were fewer than 5 births to affected women in 2022 in the Health Board area.

Testing for HIV is available at sexual health clinics and in primary care. Treatment for HIV and pre-exposure prophylaxis (PrEP) can be accessed through local Sexual Health Services. Treatment for residents of Bridgend transferred from Swansea Bay into Cwm Taf Morgannwg UHB in December 2023, although for historical reasons many of the affected residents of Bridgend were already receiving services from CTM UHB.

- **Developments**

There is new HIV Action plan for Wales with the aim<sup>xii</sup> of eliminating HIV by 2026. In Cwm Taf Morgannwg UHB the Sexual Health Advisory Board and the clinically led Sexual Health Forum are addressing elements of the plan through a locally agreed delivery plan.

The Health Board has now commenced work with the local authorities and third sector partners to join Fast Track Cymru. An inaugural meeting is planned for October.

The team are exploring whether dry blood spot testing could be introduced as some people find this more acceptable than venepuncture. However, there are a number of stages to go through before it can be implemented. There are also plans to expand testing in Parc Prison. There is ongoing work (*BBV and me*) to raise awareness amongst Health Board staff of the importance of testing patients/clients for blood borne viruses. Additionally, there are plans to introduce nurse-led pre-exposure prophylaxis (PrEP) clinics and Patient Group Directives (PGDs) to increase the availability and uptake of PrEP.

**iv. Tuberculosis (TB)**

- **Existing Practice**

Historically there is low incidence of TB in the Health Board area (2/100,000 in 2022), lower than the all-Wales incidence (2.8/100,000). The BCG vaccine against TB is not given routinely in childhood in Wales but is available to babies and children under five who are deemed to be a higher risk of contracting the disease.

Individual cases are treated by respiratory services and public health action is undertaken jointly between Public Health Wales, Cwm Taf Morgannwg UHB staff and the local authority. The Local Authority has specific powers<sup>xiii</sup> requiring people to cooperate where there is a significant threat to human health and this may be utilised if there are concerns about drug resistant TB. This is carried out through application to a magistrate.

There is no dedicated TB team because of the historically low incidence, however members of the respiratory service support patients locally, including a specialist nurse providing support to HMP Parc. There is at least one respiratory nurse and one respiratory consultant with a special interest in tuberculosis in each of the three acute hospitals, as well as one children's nurse working across the Health Board. All of these maintain this interest alongside their main roles.

There is pressure on the existing service when large scale screening is required as there is very little available in the way of administrative / project management / data collection support. This pressure was felt when additional screening of people arriving from Ukraine was put in place. An additional complication is that while the nursing service into HMP Parc is now provided by the NHS, the GP service is contracted outside the NHS, which has led to issues with accessing new NHS numbers, and therefore treatment, for inmates.

### **Developments**

In January 2023 Welsh Government announced that Public Health Wales would be re-establishing the All Wales TB group who would be developing a national TB Action Plan. Any local health protection plan would take a lead from this national plan which has yet to be disseminated.

While the low incidence and historic pattern of disease in Cwm Taf Morgannwg UHB does not indicate the need for a 'stand-alone' tuberculosis service, more could be done to bring cohesion to the care and follow up of patients. This could be done through support from an identified post within the local Health Protection service to bring cohesion to any response, and to address and coordinate the capacity issues (for example) when large scale screening is undertaken, as well as logistic issues. It is anticipated that the expanded role of the Health Protection team in the Primary Care directorate might provide support to any large-scale screening exercises.

#### **v. COVID-19 / Acute Respiratory Infections / winter preparedness**

##### **• Existing Practice**

There are six Community Vaccination Centres (CVCs) across the footprint of the three local authorities, administering Covid vaccines as well as delivering within care homes. Influenza vaccination is coordinated via a mixed model: school nursing teams take the lead for school-aged children; Primary Care teams oversee the vaccination of infants and adults; (including District Nurses for housebound patients); staff within CTM are vaccinated through the CVC teams. The vaccination teams have also recently begun to administer other immunisations such as MMR, Fluenz, etc.

Public Health Wales Health Protection team and the Local authority CTM Public Health Support Service continue to support nursing and care homes and special schools in outbreak from Covid or other respiratory (or other) illnesses. There is currently a funded agreement in place between the Health Board and Rhondda Cynon Taf County Borough Council (who act on behalf of Merthyr Tydfil and Bridgend County Borough Councils) to continue the working arrangements established during the COVID-19 pandemic

providing support to care homes. A similar arrangement exists between the Health Board and Bridgend County Borough Council / the Shared Regulatory Services Partnership.

- **Developments**

There are emerging changes to the winter respiratory program and how best to maximise vaccine uptake and other prevention measures across all populations. This year the CTMUHB Health Protection service will need to respond to the introduction of new vaccine programmes into the UK schedule (for example Respiratory Syncytial Virus (RSV)). The long-term approach to maximising all of our resources in prevention, preparedness and response to winter infections needs to be developed further.

**vi. Antimicrobial resistance**

- **Existing Practice**

In line with the Welsh Government's commitment to the goals of the '*UK five-year action plan for antimicrobial resistance 2019 to 2024*' there has been ongoing work within the health board to address suboptimal antimicrobial prescribing. The Chief pharmacist for Cwm Taf Morgannwg UHB has responsibility for leading on this area of work within the health board, and a member of the pharmacy team has been identified to lead on the plan development, working alongside colleagues in both acute and primary care. There are four antimicrobial pharmacists and one pharmacy technician tasked with working alongside prescribers to support antimicrobial prescribing changes. The CTM UHB strategy workplan is split into six project areas. These include influencing antimicrobial prescribing on surgical wards; implementation of a fluoroquinolone prescribing aid for prescribers; influencing antimicrobial prescribing for community acquired pneumonia across both primary and secondary care, and raising awareness of antimicrobial resistance, infection prevention and control and health care acquired infections.

- **Developments**

The expectation is that the UK action plan will be revised during 2024 and local stakeholders will work together to update an action plan and develop guidance for prescribers in Cwm Taf Morgannwg UHB.

**vii. Infection prevention and control**

• **Existing practice**

The Infection Prevention and Control (IPC) team reports to the Quality and Safety Committee of the Health Board, ensuring its visibility to the board through this committee and the Director of Infection Prevention and Control (DIPC). The IPC team's scope covers both community and inpatient settings, including specialties such as mental health. As part of the broader health team, the IPC team supports clinical settings by ensuring best practices are always followed, providing necessary assurances, and monitoring the implementation of corrective or mitigation actions. The IPC team works closely with clinical teams to identify and contain infections, with a focus on preventing and controlling outbreaks. Various strategies are employed, including regular auditing, training, and the development and review of relevant policies, to ensure local and national guidelines are integrated into clinical practice. A new IPC strategy has been developed and will be implemented in the coming quarters.

**Developments**

The new IPC strategy has now been approved, and ongoing efforts are underway to develop the necessary actions and maximising coordination with health protection initiatives and resource. This shift will promote the development of IPC across the Health Board and in the community, making better use of limited IPC resources, and creating a preventative approach across all settings.

**viii. Environmental threats**

A key component of any health protection system will be planning a response to environmental threats to public health. Environmental public health includes any physical, chemical and biological factors external to a person and capable of causing harm; environmental exposure to the hazards, and the possible resultant health outcomes. The impact of climate change has given environmental threats more prominence in recent years, as have concerns about air and water quality. Environmental threats to health may also come from a person's housing, or lack of decent housing.

As with infectious diseases, the environmental public health team in Public Health Wales will ordinarily take the lead along with the relevant local authority. There may also be involvement in the response from Welsh Government and national agencies such as Natural Resources Wales. Some environmental threats to health may be deliberate acts, and there should be a close working relationship between emergency planning and health protection personnel.

#### 4) Addressing inequalities and inequities

- *Ensure appropriate access to diagnosis, testing and treatment that is timely, safe, equitable and effective*
- *Address inequalities and inequities in provision of health protection services and support*
- *Ensure excluded groups and at-risk settings are identified and targeted for additional appropriate support*

Partners have considerable concerns regarding the systematic approach to ensuring that excluded groups and at-risk settings have appropriate support, and the inequalities that this creates. This crosses all aspects of the Health Protection Strategic Plan from surveillance and insight, preparedness for vulnerable groups, prevention and response. Addressing these inequalities and inequities will be core across all aspects of the Strategic Health Protection Plan

##### **a. Individuals**

Some people are at greater risk of contracting infectious disease, being exposed to environmental threats, and/or are more likely to experience serious outcomes as a result of individual factors such as age, disability, socio-economic status, pregnancy or immunosuppression. Actions can be taken to prevent infection and minimise the risk to such individuals, ranging from personal behaviours like hand washing, to treatments such as prophylactic antibiotics and immunisation. Such actions are usually part of the clinical management of specific conditions, and so form part of the core business of medical teams and primary care. Examples would be immunisations aimed at specific age groups, for example the shingles vaccine offered to people aged 65+ or pertussis offered to pregnant women or 'rescue packs' for people with specific respiratory conditions.

An individual's health may also be impacted by external factors over which they have little control, such as housing, air quality and climate change. Partners need to work together to identify and mitigate risk factors.

##### **b. Groups**

There are groups within society who may also be at increased risk from communicable diseases, because of age, socio-economic status, dependencies, travel or other factors. Any Health Protection plan must describe how inequities in prevention, access or treatment will be addressed.

There is no one unified service (as there is with the Cardiff & Vale UHB Health Inclusion Service), addressing the needs of excluded groups, new arrivals to the UK and others who might face challenges accessing health and social care services. However different care

groups across the Health Board do provide services to individuals within these groups. There is a need for a more strategic approach in Cwm Taf Morgannwg UHB to pull the disparate elements of service together.

### **c. Settings**

Some settings are more vulnerable to communicable disease risk, as was demonstrated during the Covid-19 pandemic. These settings may include houses of multiple occupancy, asylum seeker accommodation, prisons, hostels, food processing plants and student accommodation and special schools or boarding schools. However, the greatest risk and poorest outcomes during the pandemic were experienced by nursing and care homes. As a region, we intend to work to ensure that the care sector is appropriately supported to reduce the risk of communicable disease incidents through prevention, good IPC practice, and management of incidents when they occur. This includes working with the three local authorities whose staff assist in prevention and management of outbreaks and provision of advice.

#### **Developing settings-based work**

Various agencies have differing responsibilities for settings-based work including care homes, early years, schools, further education, universities, workplaces and prisons. Local Authority Social Services teams organise many of the social care placements and are responsible for the health and well-being of their residents. Care Inspectorate Wales (CIW) is the regulator for both nursing and residential homes and as workplaces, the Health and Safety Executive (HSE) may be involved if there were serious concerns. The Local Authority may also have enforcement powers depending on setting.

There is a requirement for a more strategic and coordinated approach to health protection in settings and a multi-agency Health Protection Operational Group should be established to identify requirements and solutions.

#### **5) Having a specific focus on the health threats posed by inadequate (or no) housing**

Safe, secure housing is fundamental to both physical and mental health. Sub-standard housing exists in both the public and private sectors, it may be owner-occupied or tenanted, and if tenanted, may be owned by a private or social landlord. Poor housing can lead to poor health outcomes, which are particularly acute for people who are street homeless. Threats to health may arise from issues including:

- use of lead paint or asbestos in older properties
- cladding that does not meet current regulations

- damp and mould / poor insulation, ventilation and heating
- inadequate bathroom and kitchen facilities
- lack of child / toddler proofing around the home
- housing not protected from naturally occurring radon
- poor fire safety measures

- **Existing practice**

In Wales the 2004 Housing Act introduced the *Housing Health and Safety Rating System (HHSRS)* which is Welsh Government's approach to the evaluation of the potential risks to health and safety from any deficiencies identified in dwellings. This allows ratings to be applied to any home by an inspector from a Local Authority. Similarly there are the Local Authority duties around homelessness.

There is considerable ongoing work around homelessness and poor housing. This includes the existing housing outreach services within each local authorities with a focus on inclusion health groups such as prison leavers; there are already examples of work being carried out by CTMUHB in partnership with Local Authorities, Housing Associations and the University of South Wales under the auspices of the "*Healthy Housing Alliance*". The initial focus has been on cold and damp in homes but more work is needed to address the issues within the three local authority areas.

## 6) Identifying and mitigating threats to health posed by climate change

Key for preparedness for health threats to climate change is both the **preparedness** for severe weather which will become more frequent as well as **implementing climate change adaptation** requirements. There are ongoing work strands across the Health Board, LRF and local authorities. For example, the South Wales Local Resilience Forum Severe Weather Plan has been recently updated, however the Health Board Severe weather heat wave plan requires updating. A health protection perspective needs to be added, most likely through existing work strands.

## OPERATIONALISING THE PLAN

The objectives identified for the Health Protection Strategic Plan are broad and far reaching. The second system workshop on 30<sup>th</sup> July 2024 highlighted some of the key priorities for the first year of this plan.

These included:

- Adapting currently governance given all the changes to the Health Protection system, clarifying who does what, and escalation mechanisms
- Evaluating the skill and resource we have against Health Protection Strategic Plan requirements, identifying and implementing the training required, and identifying continued gaps
- Addressing existing communicable disease risks, especially measles and pertussis
- Demonstrating that CTM has learnt from the Covid-19 pandemic, and ensuring these lessons learned are incorporated in to local pandemic planning
- Increasing understanding of excluded groups/inclusion health groups in CTM, and the gaps, and systematically addressing inequalities for Health Protection
- Focusing on vulnerable settings, especially the Prison
- Working with occupational health teams across the system to addressing health protection issues for workforces, minimising risks to individuals and risks to broader workforce capacity
- Delivery of key national Health Protection Programmes such as Hepatitis B/C Elimination
- Developing approaches to support climate change adaptation, given work ongoing in the system

### Current local health protection resource and enablers to deliver the plan

Specific funding has been identified and recruitment commenced for a specialist Health Protection Team within the Public Health Directorate in CTMUHB. The funding has continued and broadened the function of the previous CTM UHB Immunisation & Vaccination team to an operational All Hazards Health Protection Team within the Health Board, as well as the continuing and broadening the function of the Local Authority CTM Public Health Support Team. All of these teams will be expected to be key to the delivery of the Health Protection Strategic Plan with roles and remit expanding to cover the All Hazards focus of the plan with appropriate recruitment, training and upskilling as required.

As already identified, there are many wider teams and individuals in place who deliver on elements of Health Protection. Within the Health Board these include the Infection Prevention and Control, Microbiology, Medicines Management, and Emergency Planning. External to CTMUHB these include the Local Authority Environmental Health and wider teams and the Health Protection division of Public Health Wales.

These teams and individuals already have reporting and governance structures in place, either in the Health Board or within their own organisations.

A key recommendation of this plan identifies the need for a clearer local governance structure to oversee delivery of the Health Protection functions within the Health Board area, specifically a Health Protection Board, and an Operational Group.

**Year 1 Action Plan**

Action Area	Action	Key Partners	Timescale	Measure of success
<b>1) Governance and coordination</b>				
<b>a.</b>	Current governance, assurance and coordination mechanisms to be adapted to encompass the new All Hazards health protection approach including the Health Protection Board and a Health Protection Operational Group (Recommendation 2)	Health Protection Board	3Q 2024/25	Agreed partnership governance and assurance structures
<b>b.</b>	Clear roles, responsibility and escalation requirements between the new local HP teams and PHW	PHB, CTMUHB, local authorities	3Q 2024/25	MOU in place articulating preparedness, response and financial responsibilities of all partners

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c.	Mapping of individuals already in post, and existing programmes throughout the partnership already supporting the health protection agenda (Recommendation 1)	PHW, CTM Health Protection teams, LA PH Support Service, wider partners	2Q 2024/25	Current resource and skill sets identified.
d.	Alignment of current and new resource to HP Strategic Plan workstreams and development of longer term remit, identifying gaps	Health Protection Board	3Q 2024/25	Recruitment within existing resource and identification of long-term skill/capacity gaps
e.	Determination of the long-term resource required to deliver a robust and sustainable system wide health protection workforce to deliver the Health Protection Action Plan (Recommendation 3)	Health Protection Board	3Q 2024	Long-term resource requirement and plan

<b>2) Surveillance and Insight</b>				
<b>a.</b>	National, regional and local surveillance data to be coordinated further locally to ensure it is used for health protection horizon scanning, prevention and preparedness and to manage risk. Any gaps in surveillance to be identified	Creating Health Digital Team, PHW, LA PH Support Service/wider services such as sexual health	3Q 2024/5	Preliminary coordination 3Q 2024/5  Local coordinated surveillance dashboard
<b>b.</b>	Exploration of enhanced data collection and sharing across the partnership and benefits		4Q 2024	

<b>3) Preparedness, prevention and management</b>				
<b>a.</b>	Recruitment of local capacity around health protection aspects of emergency planning	Emergency Planning	3Q 2024	Person in post
<b>b.</b>	Collation of existing local lessons learned from Covid-19	Health Protection Operational Group, All partners	TBC	Lessons learned identified

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<b>c.</b>	Local input into Pandemic Plan refresh	LRF and Health Sub Group, PH team	TBC	Pandemic plan updated to reflect local learnings
<b>d.</b>	Coordination for preparedness for Measles and Pertussis across the system	PHW, LA PH Support Service, Health protection service, CTM UHB IPC	2Q 2024	Reduction of risk to population and workforce resilience in measles and pertussis outbreaks
<b>e.</b>	Winter preparedness – identification and delivery of proactive and preventative work with key settings such as care homes and education	CTMUHB Health Protection Teams, LA PH Support Service	3Q 2024	Continued setting preparedness
<b>f.</b>	Implement actions for 2024/25 identified in the National Immunisation Framework including the upcoming Winter Respiratory Programme 2024/25	HP Operational Group	In NIF Action Plan	In NIF Action Plan
<b>g.</b>	Implement 3-year CTM Vaccination and Immunisation Strategic Plan and Vaccine Equity Strategic Plan, delivering annual targets	CTMUHB specialist Health Protection Team, LA PH Support Service	In 3 year action plan	In 3 year action plan
<b>h.</b>	Implement actions for 2024/25 identified in Hep B/C Elimination Plan 2024-2029	Hep B/C Elimination Groups	In Hep B/C Strategic Plan	In Hep B/C Strategic Plan

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i.	Identify priority delivery areas for Cwm Taf Morgannwg UHB from the HIV Action Plan for Wales 2023-2026	Sexual Health services, PH team, LA PH support Service	2Q 2024	
j.	Fast Track Cwm Taf Morgannwg - Establish and maintain a Local Authority led steering group in partnership with key health and social care stakeholders; This group will work collaboratively to achieve Fast Track status, developing local action to support the Welsh Government goals of establishing Wales as a Fast Track Nation and eliminating new cases of HIV by 2030.	Sexual Health services, PH team, LA PH Support Service	3Q 2024	
k.	Partnership support to deliver the Infection Prevention and Control Strategy including community aspects	CTM UHB Specialist HPT, LA PH Support Service	4Q 2024	Improved links and peer training between teams
l.	Development of health board wide antimicrobial resistance strategy	TBC		

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4) Addressing inequalities and inequities				
a.	Identify where there is local health protection data for inclusion health groups around prevention and outcome measures, identifying any gaps.			Insight around gaps for inclusion health groups
b.	Systematically use inclusion group insights to inform current action plans for Immunisation, HepB/C Elimination and HIV			Gaps addressed in major plans
c.	Identify occupational health gaps for Health Protection for at risk workforces, working with employers to support preventative approaches. Initial focus on HMP Parc and Hep B elimination for 24/25 and CTMUHB workforce	Marie Evans/Julie Keegan		Improved workforce HP resilience in CTMUHB and the prison
d.	Confirm pathway to access antivirals for extremely vulnerable groups and care home residents in line with national policy and NICE guidance			
e.	Confirm local arrangements for support to care homes for prevention and acute incident response, including infection prevention and control support	Links to MOU work		

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5) Having a specific focus on the health threats posed by inadequate (or no) housing				
a.	Ensure that those that are homeless including those in temporary accommodation and street sleepers, are able to access the prevention approaches, testing and response measures for health protection	CTMUHB Health Protection Teams, LA PH Support Service	4Q 2024	Gaps for this inclusion health group addressed
b.	Support existing housing and health schemes to mitigate poor health due to poor quality housing through the Health and Housing Alliance	Housing and Health Alliance	4Q 2024	

6) Identifying and mitigating threats to health posed by climate change				
a.	Identify ongoing work around climate change adaptation and where new health protection teams can add value – including the CTMUHB Climate change adaptation sub group and relevant LRF subgroups.	CTMUHB Health Protection Teams, LA PH Support Service	4Q 2024	
b.	Review if local Severe Weather plans need to be updated given new resources for Health Protection, updating where needed through the LRF		4Q 2024	

**Appendix 1: Preliminary Mapping of organisations, teams and lead roles contributing to the Health Protection Partnership in CTM UHB area**

Organisation	Lead role with responsibility for Communicable disease/Environment health threats/ etc	Contributing teams
Cwm Taf Morgannwg University Health Board	Executive Director of Public Health	Vaccination team
	Executive Director of Nursing	Infection Prevention and Control
	Health Board Clinical Lead for Microbiology	Emergency Planning
	Chief Pharmacist	Primary Care – commissioned services
		Pharmacy / medicines management
		Department of Sexual health
		Local public health team
		Health visiting and school nursing
		TB team / BBV team / substance misuse
		Health Board communications team
		Research and Development

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Rhondda Cynon Taf Council	Director of Public Protection	Environmental Health
		Housing Standards
		PH Support Service
		Communications and communities teams
		Rhondda Cynon Taf Health Determinants Research Collaboration (RCT HDRC)
Merthyr Tydfil Council	Director of Public Protection	Environmental Health
		Housing Standards
		Communications and communities teams
Bridgend Council	Director of Public Protection	Environmental Health
		Housing Standards
		Communications and communities teams
Public Health Wales	Consultant in Communicable Disease Control (CCDC)/Consultant in Health Protection (CHP)	Regional Health Protection Team

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		All Wales Acute Response Team (AWARe) (National Resource)
		National Health Protection Support Team
		Microbiology Services
		Communicable Disease Surveillance Centre (CDSC) (National Resource)
		Vaccine Preventable Disease Programme (National Resource)
		Healthcare Associated Infection and Antimicrobial Resistance Programme (HARP) (National Resource)
		Inclusion Health Team (National Resource)
		Public Health Wales Communications Team (National Resource)
		Public Health Wales Communicable Disease Inclusion Health Programme (CDHIP)
		Public Health Wales EPRR team

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		Public Health Wales Environmental Health Protection Team
Third Sector		Barod
		Dyfodyl
		First Cymru
		St John Cymru
		Moondance Foundation

<sup>i</sup> "Public Health Protection and Health Security Framework Outline Agreement" October 2021

<sup>ii</sup> Report of the Welsh Health Protection System Review Heymann, D. Hayes, S. 7/2/2023 Welsh Government

<sup>iii</sup> The Communicable Disease Outbreak Plan for Wales (The 'Wales Outbreak Plan') Public Health Wales, Directors of Public Protection Wales, Welsh Government Final revised version 26 July 2022

<sup>iv</sup> Letter from Sioned Rees, Director of Health Protection Welsh Government to Directors of Public Health in Wales <sup>v</sup> Inequalities in Health. London: DHSS. August 1980

<sup>vi</sup> Public Health Wales Observatory using PHM & MYE (ONS) Deaths from Covid-19, age-standardised rate per 100,000, males and females, all ages, Wales by Health Board 6/3/2020 to 11/3/2022 <sup>vii</sup> Health Protection: principles and practice Ghebrehewet, S. et al (ed)

Oxford University Press 2016 <sup>viii</sup> A Strategic Framework for Emergency Preparedness World Health Organisation 2017

<sup>ix</sup> SBAR All Hazards Health Protection System January 2024 Cwm Taf Morgannwg University Health Board

<sup>x</sup> Letter from Welsh Government Health & Social Services Group to DsPH in Wales, 9 January 2024 <sup>xi</sup>

<https://public.tableau.com/app/profile/public.health.wales.health.protection/vizzes>

<sup>xii</sup> HIV Action Plan for Wales: Eliminating HIV, improving quality of life and tackling stigma associated with the virus – an action plan for 2023-26 Welsh Government 2023 <sup>xiii</sup> The Health Protection (Local Authority Powers) (Wales) Regulations 2010 Part 2a Order



## Population Health & Partnerships Committee

### Reducing Smoking Prevalence in Cwm Taf Morgannwg

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gemma Burrows, Principal Public Health Practitioner Dr Rob Green, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Rob Green, Consultant in Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

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

Acronyms / Glossary of Terms	
HMQ	Help Me Quit – the brand name for smoking cessation services in Wales. CTMUHB provides HMQ services including: HMQ community & hospital, Community Pharmacy, HMQ for Baby
CO validation	Carbon Monoxide (CO) in exhaled breath is used as an objective measure of smoking status before, during and after a quit attempt



## 1. Situation /Background

1.1. This paper updates the committee on two significant recent developments relating to smoking in Cwm Taf Morgannwg (CTM):

1.1.1. The confirmation of local achievement of the prime NHS performance target of 5% of adult smokers making a quit attempt via smoking cessation services annually.

1.1.2. The release of updated local and national estimates for smoking-attributable mortality and smoking-attributable hospital admissions in CTM, covering the period 2020-2022.

1.2. These developments show the positive impact of Cwm Taf Morgannwg University Health Board's investments to reduce harms from tobacco, and the importance of a continued focus on this work in the context of continued high morbidity and mortality.

## 2. Specific Matters for Consideration

### Smoking in CTM – Prevalence, Morbidity and Mortality

2.1. Smoking remains the leading cause of preventable mortality and morbidity in Wales. Smoking prevalence in CTM overall is 14.0% with an estimated 53,400 adults who smoke.<sup>1</sup>

2.2. Smoking prevalence has reduced from 20.6% in 2016/17. However, CTMUHB has the second highest prevalence of all health boards (Wales average 12.8%).<sup>2</sup>

2.3. Smoking is also a major cause of health inequalities. Smoking rates are higher in deprived communities – 21.8% of those living in the top fifth most deprived communities in Wales smoke, and as such are disproportionately affected by poorer health and financial insecurity due to the cost of smoking.

2.4. The significant health harms of smoking and the impact of higher smoking prevalence in the CTM area is reflected in the latest data released in October 2024.<sup>3</sup>

2.5. The updated figures show that while levels of morbidity and mortality have reduced in line with reduced smoking prevalence, smoking remains a leading cause of avoidable death and illness in CTM.

2.6. *Smoking-attributable hospital admissions in CTM:*

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<sup>1</sup> [National Survey for Wales: population health | GOV.WALES](#)

<sup>2</sup> [National Survey for Wales: population health | GOV.WALES](#)

<sup>3</sup> [Smoking attributable mortality and hospital admissions for Wales, 2020-22](#). Public Health Wales, 2024



2.6.1. In CTM, 4% of hospital admissions in those aged 35 and over (2020-22) were due to smoking.

2.6.2. Smoking-attributable hospital admissions in CTM are generally higher than other health boards, and second highest in Wales in the period 2020-22.

2.6.3. Smoking-attributable admissions across Wales are nearly 3 times higher in the most deprived areas compared with the least deprived.

#### 2.7. *Smoking-attributable mortality in CTM:*

2.7.1. In CTM 11.2% of all deaths in people aged over 35 were attributable to smoking (2020-2022).

2.7.2. Smoking-attributable mortality in CTM is consistently higher than other Health Boards and the highest in Wales during 2020-22.

2.7.3. The inequality gap is also apparent, with 14.5% of deaths attributable to smoking in the most deprived areas across Wales, compared with 7.7% in the least deprived.

#### Achievements against NHS Wales Performance Measures

2.8. The Welsh Government ambition is to achieve a smoke-free Wales by 2030 (defined as less than 5% smoking prevalence). Priority actions to achieve this goal are laid out in the [Tobacco Control Strategy for Wales delivery plan 2022-2024](#). There are two related NHS Performance targets and three Health Board Chair's objectives, shown in table 1.

2.9. During 2023/24 we saw an increase in smokers making a quit attempt across all our services, and exceeded the 5% performance target for the first time. The forecast is that we will achieve this again in 2024/25 with a small increase. This reflects the hard work to increase service capacity and improve delivery.

2.10. Comparing 2023/24 performance between health boards, CTM was third highest in Wales and one of only four to meet the 5% target.

2.11. Table 1 gives an overview of CTM performance against key NHS targets where data is available



Table 1 – CTM performance against NHS Performance Targets – 2023/24 & 2024/25

Performance Target	2023/24 performance	2024/25 – Q1
5% of adult smokers make a quit attempt via smoking cessation services annually	5.65%	1.45% (Predicted performance for 2024/25 = 5.8%)
40% of adult smokers who make a quit attempt via smoking cessation services are CO <sup>4</sup> -validated as quit at 4 weeks	Not measured in 2023/24	7.95%
An increase in the percentage of adult smokers who make a quit attempt annually.	Increased from 4.5% in 2022/23 to 5.65%	Predicted increase to 5.8%
Ensure all pregnant people attending LHB maternity services undergo carbon monoxide testing at their initial booking assessment (% women/ pregnant people CO monitored at booking)	81.4%	75% (period April – September 2024)
Ensure all pregnant smokers are referred to smoking cessation support following their initial booking assessment (% women /pregnant people who smoke referred to HMQ for Baby)	109.66%	76.49% (period April – September 2024)

### 3. Overview of work to reduce smoking prevalence in CTM

3.1 This programme reports to the Creating Health Board. The overall aim is to achieve an annual reduction in adult smoking prevalence, towards 5% by 2030. The programme plan for 2024/25 is summarised below:

3.1.1 The HMQ in Hospital service has been launched, with provision across all 3 DGHs and a plan for evaluation of impact.

<sup>4</sup> Carbon Monoxide – exhaled in increased concentration by those who smoke, or who are exposed to second hand smoke, or in rare circumstances those who are exposed to high background levels of carbon monoxide.

- 3.1.2 The 'Think Quit' research study is underway - aiming to co-produce & pilot a behaviourally-informed intervention to empower nurses to address smoking & promote smoking cessation with hospital patients in CTM.
- 3.1.3 The HMQ for Baby service is embedded in Maternity services, with the Public Health Specialist Midwife leading on work to train all Midwives in CO monitoring and referring to the service.
- 3.1.4 Making Every Contact Count training has been offered and delivered to Optometry practices with a focus on the HMQ service offer, to support the new Optometry contract reform with smoking identified as a key area.
- 3.1.5 Mental health sites across CTMUHB have recently gone Smoke Free, with support of Help Me Quit services. We will be exploring how best we can support people living with mental illness to reduce their harm from smoking as a priority.
- 3.1.6 We are working with Registered Social Landlords to identify ways of embedding stop smoking support and signposting within their delivery.
- 3.1.7 The Health Promoting Schools team is supporting schools to implement a whole school approach to preventing vaping and smoking, including all Wales curriculum guidance and involving wider partners.
4. Key Risks / Matters for Escalation
- 4.1 Achieving the 40% target for CO validation of 4 week quits
- 4.2 While we have been successful in achieving 5% of smokers making a quit attempt across all our services, we are unlikely to meet the 40% target for CO validation of quit attempts.
- 4.3 CO monitoring requires face to face engagement with service users. The current HMQ delivery model is predominantly telephone, with some hybrid in-person support. This model is based on client preference information with a majority of clients prefer a telephone service that is flexible to fit in with their lives.
- 4.4 Increasing in-person delivery to enable CO validation reduces capacity for delivering telephone support and therefore compromises the ability to meet the core 5% target.
- 4.5 It should be noted that all clients are followed up at 4 weeks to assess their quit status, either self-reported or CO validated. The overall quit rate for Q1 2024/25 is 47.8%. The team is working to try and improve towards the target.



4.6 Resource

4.7 Meeting the 5% target represents significant milestone for CTMUHB. Further progress against the target will be limited by the capacity within smoking cessation services. Achieving the national ambition of reaching 5% smoking prevalence by 2030 will require a reduction from nearly 54,000 to 18,000 smokers over the next 6 years – a reduction of two thirds.

4.8 Achieving the national ambition of 5% smoking prevalence by 2030 would yield significant improvements in population health, with resultant reductions in health board activity and improvements in community wellbeing (economic, social etc). This would require significant further resource.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
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
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 (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:



Environmental  
/Sustainability Impact (5Rs)

Impact Assessment

Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality 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:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</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: Smoking is a core health inequalities issue, and disproportionately impacts more disadvantaged communities.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) / Resource Impact (People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

6. Recommendation

6.1 The Population Health and Partnerships Committee is recommended to continue its support for the work being undertaken to reduce the harms from tobacco in CTM.

7. Next Steps

7.1 Given the significant impact smoking has on the health of our population, it is important to maintain focus and resource on smoking cessation and prevention.

- 7.2 We will be continuing to work on reducing smoking prevalence in CTM, with a focus on ensuring all patients on our acute sites are offered support to quit, support through our antenatal services, and enhanced support for underserved groups including people living with mental illness.
- 7.3 We will ensure that the Health Board remains updated on key developments in this important agenda for CTMUHB.



## Population Health & Partnerships Committee

### CTMUHB CHOICE SERVICE

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Julie McDonald, Senior Public Health Practitioner
Cyflwynydd yr Adroddiad / Report Presenter	Dr Robert Green, Public Health Consultant
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

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

Acronyms / Glossary of Terms	
CSW	Cervical Screening Wales
CTM	Cwm Taf Morgannwg
HUHB	Hywel Dda University Health Board
HPV	Human Papilloma Virus
LARC	Long Acting Reversible Contraception
LSHW	Life Sciences Hub Wales



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

LSOA	Lower Super Output Area
PHW	Public Health Wales
RPB	Regional Partnership Board
WG	Welsh Government
WIMD	Welsh Index of Multiple Deprivation

## 1. Situation /Background

- 1.1 This paper updates the Committee on the work of the CHOICE service; funding arrangements and plans to integrate CHOICE with the Integrated Sexual Health service (ISH). Integration with ISH will secure the long-term future of the service.
- 1.2 The CHOICE service delivers a transformative approach to specialist sexual health care for priority groups in Cwm Taf Morgannwg (CTM), reducing health inequalities experienced by some of the most underserved groups in the region.
- 1.3 The service is a collaborative effort between CTM Integrated Sexual Health and Public Health teams, focussing on education, support and access to contraception and screening opportunities for women and their partners in priority groups across the region.
- 1.4 Initiated in 2020, since 2023/24 the CHOICE service has been funded through the Regional Integration Fund. RIF tapering arrangements mean that work is underway to integrate the CHOICE service with the wider Integrated Sexual Health Service in order to ensure the continuation of the service.
- 1.5 The work of the CHOICE service to reduce health inequalities experienced by underserved groups supports the aims of CTM2030 through the Creating Health agenda. This has included providing 104 cervical screening tests and 605 contraceptive items.

## 2. Specific Matters for Consideration

### 2.1 Working with underserved groups

- 2.2 The CHOICE service was established to bridge the gap in sexual and reproductive healthcare access for priority groups, those unable or unwilling to access contraception due to past trauma, patterns of health harming behaviours and perceived stigma. Recognising that mainstream services often fail to meet the unique needs of marginalised individuals, thereby compounding existing health inequalities, the CHOICE service aims to address unmet need and reduce health inequalities.

- 2.3 The CHOICE service provides care in a safe and supportive environment as close to clients' residence as possible to facilitate access. It provides co-produced, personalised care, including access to long-acting reversible contraception (LARC) and screening for cervical cancer and sexually transmitted infections (STIs).



- 2.4 The team work with some of the most vulnerable groups in CTM, including migrants, homeless individuals, those dependent on alcohol and substance misusers, presumed sex workers and individuals experiencing severe anxiety, depression and dissociative identity disorders. They also support victims of trafficking, grooming, individuals who have faced multiple child removals, vulnerable young people under the age of 16, some with additional learning needs and those who have been sexually abused or assaulted.
- 2.5 Enhanced access to screening for early detection of cancer
- 2.6 A key element of the CHOICE service is tailored access to cervical screening for the early detection and treatment of cervical cancer. Many CHOICE clients have never previously attended screening.
- 2.7 The life experiences of CHOICE clients often confer a higher risk of cervical cancer. Individuals from socially marginalised backgrounds face an increased risk of developing cancer due to a combination of factors, including socio-economic and personal circumstances<sup>1</sup>, past trauma, substance use and low rates of screening participation.<sup>2</sup>
- 2.8 Removing the need to navigate the complexities of a health system that can often need resilience and perseverance by those already experiencing exclusion has improved engagement with cervical screening and enabled early case finding of cervical changes.<sup>3</sup>
- 2.9 Across 2020/21 and 2021/22 104 CHOICE clients received cervical screening.
- 2.10 6 clients were identified as requiring further treatment to reduce the risk of future cancer, and one client was treated for cervical cancer. Through expanding screening access, the CHOICE service is preventing the late detection of cancers and subsequent morbidity and mortality.
- 2.11 The CHOICE service is collaborating on a pilot with Public Health Wales (PHW), Hywel Dda University Health Board (HDUHB) and Life Sciences Hub Wales (LSHW). The pilot enables women who decline traditional cervical screening to undertake HPV<sup>1</sup> self-sampling method, providing an alternative option for women who have often experienced past trauma.
- 2.12 From February to September 2024 59 HPV tests were completed, 21 in women who have never been screened before. 7 women were found to be HPV positive, and will receive further follow up.
- 2.13 Increasing access to contraception

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<sup>1</sup> HPV – Human Papilloma Virus, the virus responsible for the vast majority of cervical cancers.

- 2.14 A core goal of the CHOICE service is to help women plan their pregnancies and reduce the risk of children requiring support from the care system. This reduces trauma to the women and their families and enables better provision of social support.
- 2.15 In 2023/24 CHOICE provided 845 contraceptive items, including 615 long-acting contraceptives, the most effective forms of contraceptive.
- 2.16 CHOICE service staff are also trained in Brief Intervention techniques to help them support clients with other health risk factors, such as smoking in line with Making Every Contact Count.

### 3. Key Risks / Matters for Escalation

- 3.1 Funding to deliver the CHOICE service was initially secured through the Welsh Government (WG) Prevention and Early Years (PEY) grant. This enabled the CHOICE service to launch as a two-year pilot on 1<sup>st</sup> April 2020. Funding was extended for another year through 2022/23.
- 3.2 Changes to PEY criteria necessitated the identification of alternative funding from April '23, secured through the CTM Regional Partnership Board (RPB), WG Regional Integration Fund (RIF). In-kind contributions continue to be made by CTMUHB Integrated Sexual Health and Public Health Teams.
- 3.3 RIF funding will taper over the next four years, with an expectation that funding will be identified through CTMUHB core budgets.
- 3.4 As RIF funding tapers, integrating the CHOICE service within the Integrated Sexual Health Team is vital to ensure the continuation of the service.
- 3.5 The Integrated Sexual Health service have developed a roadmap for the integration of the CHOICE service while maintaining the high quality, bespoke service for underserved, vulnerable residents.
- 3.6 The continued support for the service demonstrate CTMUHB's commitment to partnership working to reducing health inequalities.

### 4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Planning is underway to undertake a Quality Impact Assessment Screening.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Although an EIA has not yet been undertaken, the evidence base is well established, confirming the need for prevention and early intervention approaches and improved access for individuals that are likely to be harmed by



		<p>exclusion, often because of diverse life experiences and risk factors.</p> <p>Every effort is made to support the use of incidental Welsh in practice, our resources are made available in Welsh and multiple other languages, in order to support the needs of our diverse client group.</p>
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	

5. Recommendation

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

6. Next Steps

6.1 The CHOICE service remains a 'spend to save' early intervention service that can effectively disrupt the cycle of child removals. By doing so, it helps to alleviate current and future demand on public services improving overall outcomes and reducing health inequalities.

6.2 As the service enters its fifth year of delivery (2024-2025 period), additional key activity to support further service improvement will be undertaken;

- A focus will remain on male sexual and reproductive health needs, including reducing stigma and implementing a dedicated pathway for men that are the survivors of abuse, sexual violence or sexual assault.



- A refresh of the previous Cost Consequences analysis will be undertaken to take into account increasing service and resource costs
- Improvements will be made to the current mechanisms in place for collating feedback from both clients and partners.
- Work will commence to meet the actions identified and agreed within the CHOICE service NEST assessment.

## 7. References

(1) What works in inclusion health: overview of effective interventions for marginalised and excluded populations? *The Lancet*. Volume 391. (Online). Available at; Issue 10117, 20-26 January 2018, Pages 266-280. <https://www.sciencedirect.com/science/article/pii/S0140673617319591>

(Accessed October 2024)

(2) Public Health Wales 2022. Screening Division Inequities Report 2020-21. (Online). Available at <https://phw.nhs.wales/services-and-teams/screening/screening-reports/inequities/screening-division-inequities-in-uptake-report-20-21pdf/>

(Accessed October 2024)

(3) Cancer risk in socially marginalised women: An exploratory study (2019). (Online) available at [Cancer risk in socially marginalised women: An exploratory study - ScienceDirect](#)

(Accessed October 2024)

(4) A smoke-free Wales; Our long-term tobacco control strategy (July 2022). (Online) available at [A smoke-free Wales: Our long-term tobacco control strategy \[HTML\] | GOV.WALES](#)

(Accessed October 2024)

(5) Cancer Research UK, Risks and causes of cervical cancer. (Online) available at: [Risks and causes | Cervical cancer | Cancer Research UK](#)

(Accessed October 2024)

## Population Health & Partnerships Committee

### Primary Care Strategic Update

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Bradley, Service Director for Primary Care & Community
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley, Deputy Chief Operating Officer/Director of Primary, Community, Mental Health & Learning Disabilities
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
GMS	General Medical Services
OOH	GP OOH
WAST	Welsh Ambulance Services Trust



JPB	Joint Partnership Board
RPB	Regional Partnership Board
GDS	General Dental Services
CDS	Community Dental Services
DAP	Dental Access Portal
DHCW	Digital Health Care Wales
DIPA	Data Information Partnership Agreement
HES	Hospital Eye Services
ACSP	Acute Clinical Services Plan
WGOS	Welsh General Optometry Services

## 1. Situation /Background

- 1.1 The purpose of this report is to update the Population Health and Partnership Committee of the key strategic priorities identified by Welsh Government and National Strategic Programme and progress made by this Health Board.
- 1.2 The focus of both the Minister and the Strategic Programme's priorities are:
- Implementing the Primary Care Model for Wales
  - Focus on access and shifting resources into primary care and community
  - Urgent and Emergency Care
  - Prevention and Wellbeing

## 2. Specific Matters for Consideration

### 2.1 Primary Care Model for Wales

- 2.1.1 The Primary Model for Primary and Community Care, aims to develop a whole system approach to sustainable and accessible local health and wellbeing care. Focusing on placed based care, care closer to home and multi-professional working. Welsh Government view Clusters as being at the heart of this model. An illustration of the model is provided below:



In July 2024 Welsh Government and Strategic Programme for Primary Care invited senior Health Board Leaders to a series of meetings to assess the next steps to discuss the progress made and to seek how this can be accelerated. Access to primary care services was a key focus area. A dedicated task and finish group has been established to focus on models of good practice and further opportunities.

- On a local level a decision has been for the Health Board to embark on its own ambitious Primary Care and Community Transformation Programme. The aim is to progress this over the next 6 months and to explore different models of care; population health approach; supporting people early with chronic conditions; sustainable primary and community services; and aligned to the ACSP.
- To progress this work and provide capacity to the current Primary Care and Community Care Group the Health Board is seeking expert external support from a partner with experience in different health care systems. They will seek to:
  - Engage and build consensus
  - Articulate the clinical model
  - Develop an implementation plan

## 2.2 Access to Urgent and Emergency Care

2.2.1 CTM has developed a Navigation Hub utilising the infrastructure of the GP OOHs call centre based in Ty Elai in the Rhondda. The Navigation Hub focuses on urgent and emergency calls and sign posts individuals to the right place or professional/service in order to support patients to remain in their own homes and avoid unnecessary hospital admissions.

- Advice line to professional teams working in the community
- Providing clinical support to care homes in the event a WAST contact or urgent call to GP is required. If necessary a visit will be undertaken to under taken an 'eyes on' assessment of the patient. On average 87% of patients who were contacted had an admission avoided and were routed to an alternative service or advice was provided. The remaining 13% after clinical triage were deemed to still require admission into hospital.
- GPs directly accessing the WAST **stack** (list of patients waiting for an ambulance) to intervene in calls which are amber or green which are felt could be addressed by a GP (weekdays only)
- Urgent and emergency dental appointment line
- 111#2 for mental health
- National antiviral service for those at high risk of hospitalisation
- Virtual Ward for patients who have a respiratory condition and who are at risk of exasperation of condition and or are frequent flyers to GP OOH and Emergency Departments. Anticipatory calls are provided by call handler or a respiratory nurse specialist depending on the individual risk assessment.
- District Nurse call line (24/7)

Commented [SL1]: What is this?

## 2.3 GMS

### 2.3.1 GP Escalation Levels

Practices in CTM are still encouraged to report via a National Escalation tool on a weekly basis (or if levels change) and anyone reporting in at a level 3 (levels being 1 for slight change, level 2 modest impact, level 3

for pressures negatively impacting ability to deliver services, level 4 for significant pressures having to change the way in which services are delivered and level 5 for in business continuity) will receive a call from the GMS team to seek to understand the issues and offer support.

As of 4th November 2024, 22 practices are reporting at level 3, with none at level 4. Escalation levels have been consistent for the last month. Reasons being given are the increase in patient demand and staff vacancies and the cost-of-living increases.

2.3.2 Transformation of Clusters – Accelerated Cluster Development  
Clusters are at the heart of the Primary Care Model for Wales and the aim is that the clusters bring together local services involved in health and care across a geographical area. The cluster is responsible for ensuring care is better coordinated to promote wellbeing of individuals and communities. In CTM there are 8 clusters and multi-professional collaboratives. There still remains a difference in maturity across the clusters.

- As part of the OCP for the new operating model changes were made to the cluster development manager structure. Reduced from 7 to 3 to align with Local Authority footprints and strengthened the leadership through Locality Managers. The Strategic Programme for Primary Care undertook a peer review for the Bridgend North Cluster. Feedback was positive and they were impressed with the collaborative working between health, local authority and also third sector.
- Multi-professional collaboratives are established for all professions.
- JPB have been established for each cluster with Health Board Executive sponsors reporting into RPBs.

## 2.4 Dental

### 2.4.1 Dental Contract Reform

The Programme commenced in September 2017 with a focus on general dental services (GDS). The vision for the Dental Reform Programme is to *'provide good access to safe high quality care, responsive to the needs of the population, promoting a preventative approach delivered locally by a highly skilled dental team using skill mix to ensure ongoing service sustainability'*.

- CTM has 51 dental contracts and 48 have signed up to contract reform. Each year a mid-year review is undertaken by the Primary Care Team to assess they are compliant with the expected performance target (this is 80% of their appointments made up of adults and children who are rated red/amber for dental need). 7 practices are not meeting their agreed contract.

- Conversations are taking place with the Dental Performers to reduce the contract on a temporary or permanent basis in order to redirect the funding to practices who are able and willing to see more patients. Redirecting to ensure access is not compromised.
- Within the Navigation Hub there is a dental hub which patients call if they are unable to secure urgent and emergency dental appointments. This hub directs patients to appointments in other practices and in the Health Board's salaried services.

#### 2.4.2 Dental Access Portal (DAP)

Access to Dental appointments is one of the most common concerns and complaints we receive. This is not unique to CTM but a national one which is well publicised. One of the ministerial priorities is for the establishment of a National 'Dental Access Portal' to be live by the 20<sup>th</sup> November 2024. Any patient seeking an NHS dentist can add their name to the national portal and this will replace the Health Boards existing urgent and emergency dental hub.

- CTM has always kept a waiting list of patients looking for dentists so it understands the demand across the Localities and it enables the Primary Care team to direct patients to practices where appointments are available or to appointments in our salaried services. Not all Health Boards hold a waiting list. A new National Dental Appointment Portal is due to be introduced at the end of November and the Health Board is preparing for this transition.

Commented [SB(U-PC&C2)]: I have reworded

#### 2.5 Optometry

2.5.1 The new Welsh NHS Optometry Contract (WGOS) commenced on the 23<sup>rd</sup> October 2023. The levels of services range from WGOS Levels 1 – 5, WGOS Levels 1-3 includes eye tests, low vision services and eye health eye Wales urgent examinations. From the 1<sup>st</sup> April 2024, all Health Boards were required to implement WGOS 4 Services within practices, this includes Glaucoma, Diabetic Retinopathy, Wet AMD and HCQ screening. These services will support HES in the shared management and/or discharge of patients from Ophthalmology waiting lists. Referral refinement services will also be implemented to avoid and reduce inappropriate referral into HES. This will improve access to timely care, treatment closer to home, avoid long waits and reduce risks to vision loss for patients. WGOS 5 Services include Independent Prescribing.

- The Health Board is reporting Welsh GOS Levels 1-3 activity levels remain high which demonstrates patients have good access low level services and urgent eye health assessments locally.
- WGOS 4 Services.
  - Diabetic retinopathy there are 5 practices live. Total of 1,034 patients sent from HES to Practices between September 2023 – August 2024.

- o Glaucoma due to go live November, estimated 134 patients per month, practices will filter referrals & reduce inappropriate referral to HES. HES new referrals waiting to be redirected to the Glaucoma follow up practices.
- For WGOS 5 Services -Independent prescribing - the CTM has seen an increase in activity during 2024/25 equating to a 24% increase in total appointments year to date (YTD).

### 3. Key Risks / Matters for Escalation

- 3.1 Dental - In-year review of General Dental Contract - There are risks that the biggest underperforming practices will not agree to in-year reductions, which means any underperformance monies are only reclaimed at year end. This will prevent the redirection of funds to practices who can deliver in year. Robust discussion continue to take place with contractors to conclude by the end of November
- 3.2 Dental WGOS 4 schemes - The Open-Eyes system is a digital sharing platform which will enable the transfer of patient records and electronic referrals between hospital and independent optometrists. WGOS 4 services will run efficiently if this were in place in CTM and it would provide more robust governance. In its absence information sharing is undertaken through a secure email. The Open Eyes roll out remains a National priority and is being progressed through Digital and Informatics team. No timescale is yet known.
- 3.3 Dental – At the time of writing this report the sign off of the DIPA by the Health Board’s information governance lead is still awaited. This is dependent on DHCW addressing the concerns and until then there will be a delay the ‘go live’ of the DAP in CTM.
- 3.4 Clusters – although good progress has been made in respect of the cluster development there still remains a challenge to reach the same maturity across. The cluster plans also need to be better aligned with the Health Board’s priorities and specifically the ACSP going forward for 2025/26 and beyond. This is being taken forward by a revised cluster management and structure and more robust monitoring by the Primary Care Team.

### 4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	Improving Care Sustaining our Future
Dolen i Feysydd Strategol BIP CTM Link to CTMUHB Strategic Areas	Living Well
	Ageing well Growing well



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Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Dolen i Hwyluswyr Ansawdd Link to Enablers of Quality	Whole-systems Perspective	
Dolen i Feysydd Ansawdd Link to Domains of Quality	Effective	
	Efficient Equitable Safe	
	Yes - Reduce	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:	
<b>Impact Assessment</b>		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  As specific service developments are progressed each will complete a QIA relevant to the service area.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  As specific service developments are progressed each will complete n EIA relevant to the service area.
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	



5. Recommendation

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



## Population Health & Partnerships Committee

### Public Service Board Update

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Hammond, CTM PSB
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
None	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
PSB	Public Service Board
RPB	Regional Partnership Board



1. Situation /Background

1.1 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.

1.2 This paper provides a brief update on current activities

2. Specific Matters for Consideration

Workstream	PSB lead	Update October 2024
Climate Change Risk Assessment	Director of Strategy & Transformation	The three public workshops brought useful information into the risk assessment and the consultants are collating all of the information. At the PSB on 12th September they introduced 14 areas that had been identified as particularly important, of which will be shared with all participants of the risk assessment so far to get their thoughts. They proposed a Gold, Silver, Bronze approach to categorising areas that need action by seriousness and also by where and how the response should come. This will be part of the final report that will be received at the end of October. We hope to hear about the LEVERs bid later this month. Linda Prosser is the lead on this for the PSB and stressed the importance of leadership at a senior level for responding to climate change and that the PSB is well placed to take that role.
Workforce well-being sub board	Valleys To Coast Housing	The neuro-divergence task group has made contact with health board leads and will meet later this month to look at information to share across partners with links to further resources. A small task group for working on volunteering in green spaces has been established. The outcome of the PSB's 12 month review was shared with the sub-board in September, with particular reference to the requirement for having clear delivery plans with outcomes and regular reporting to the PSB.
Active Travel Charter	Director of Public Health	Initial membership of the task group has been established and dates are being set for the task group meetings.
Young Voices	Vice Principal, Bridgend College	Links to the videos will be shared to the young people now the new academic year has begun to plan in the sessions with the PSB members.



PSB Development	PSB Chair	The PSB considered the findings and actions from the review at their task group. They were keen to see closer communication with the key strategic partnerships including the regional CSP, RPB and safeguarding board including regular updates at the PSB. These updates from the PSB will be further developed for the partnerships and through PSB partner organisations. A small task group is to be developed to look at data sources and sharing. The member updates at the start of the meeting is proving to be a means for partners to identify key emerging issues for their organisation. The forward work programme was shared and a template is being prepared for PSB members to put forward future agenda items.
Website	Support team	The website continues to be developed as a source for information about the PSB and partnerships and also as a reference and workspace for PSB sub-boards.
Bridgend Food partnership	BFP	An event was held on 3rd October 2024 at Bryngarw Country Park.

### 3. Key Risks / Matters for Escalation

3.1 It should be noted that the Chair of the PSB, Mark Brace, announced in September that he will be stepping down from the role. A new Chair is currently being sought.

### 4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <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:



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

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



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Resource Impact  
(People / Financial)

5. Recommendation
  - 5.1 The Committee is asked to NOTE this update
6. Next Steps
  - 6.1 Work with the PSB is ongoing



## Population Health & Partnerships Committee

### Community Health and Wellbeing Workers

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Linda Prosser Vicki Wallace
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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

Acronyms / Glossary of Terms	
CHWBW	Community Health and Wellbeing Worker
CTM	Cwm Taf Morgannwg
PHPC	Population Health and Partnerships Committee



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RSL	Registered Social Landlord
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## 1. Situation /Background

- 1.1 As part of the Building Healthier Communities strategic theme, there are a number of areas of work which synergise into supporting delivery of the portfolio, building on the concept of the "Offer" work within the CTM region.
- 1.2 PHPC have previously received an update on work being undertaken within the three communities which we are working in partnership with, to better understand what those communities need to live healthier, happier lives and enabling more efficient use of our regional resources.
- 1.3 Working in partnership with the RSLs based in those localities:
  - Tylorstown (Trevallis)
  - Blackmill (Valleys 2 Coast)
  - Trelewis (Merthyr Valleys Homes), conversations have started utilising appreciative inquiry strengths based methodology. The aim is to have hyperlocal conversations, starting small and learning as we go.

## 2. Specific Matters for Consideration

- 2.1 We are fully cognisant that there are no new resources to invest as part of the "Offer" work. Therefore we aim to consider how we work with our communities in the future, using our current resources differently.
- 2.2 One of the options currently being explored is the CHWBW model, which has been cited as being an impactful model of working with communities in Brazil, and closer to home in Westminster, Calderdale and parts of Cornwall.
- 2.3 This approach to community working is about taking a generalist approach – workers work with a set number of homes/communities to take a comprehensive, universal, hyperlocal and integrated approach. They will talk to people and families about their lives, not, for example, attend to talk specifically about dementia or access to benefits.
- 2.4 Work is underway to map all of the existing community worker resource in the three localities set out above. The aim is to work with the RSLs in the first instance, and wider providers of community workers under a CHWBW model of delivery and to understand the impacts of this through the relational, appreciative enquiry work that is starting to embed.
- 2.5 Subject to the success of this approach, the longer term aim is to take the learning from the work with the three communities and spread this way of working via a phased approach to all other communities within CTM. It is anticipated that the needs of communities across the region will be different but the hyperlocal aspect of the CHWBW model will embrace that.



2.6 Due to long term nature of this work, learning from other sites nationally and internally will feed into the development of evaluation criteria. It's anticipated that this way of working will show an impact on the use of health and care resources (e.g. ED attendances) but it is important to be able to capture and evidence this.

3. Key Risks / Matters for Escalation

3.1 The impact of this work will be seen over a number of years, so there is a need to commit to the long term aspect of this work.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Inspiring People Creating Health Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
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 (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
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below: Effective Efficient Equitable
	Yes - Repurpose



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality 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 would take place at service level change
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language 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 would take place at service level change
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) This is about using existing resources across our region differently	

## 5. Recommendation

- 5.1 PHPC are asked to note and discuss the update provided.
- 5.2 PHPC are asked to support the long-term consideration of this work

## 6. Next Steps

- 6.1 Mapping of existing resources in the three communities will continue.
- 6.2 Gain commitment from partners to undertake the CHWBW model of delivery

## Appendix 1 – CHWBW powerpoint



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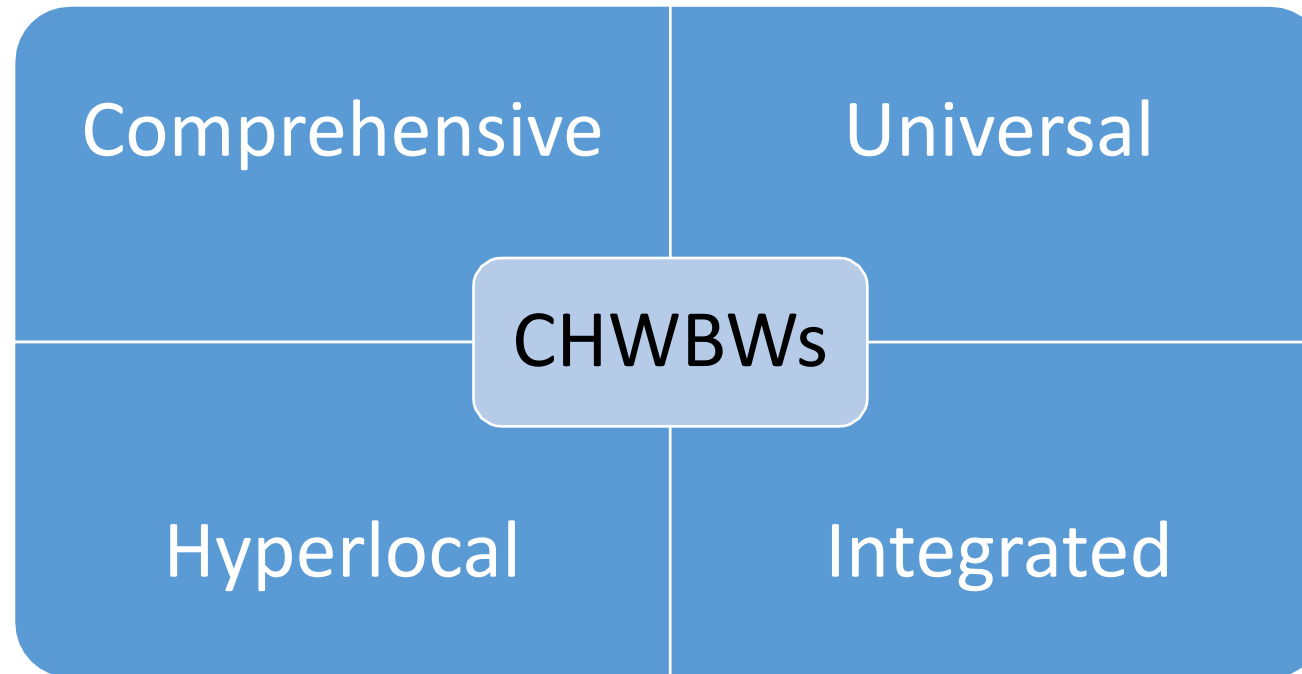
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# Community Health and Wellbeing Workers in CTM



- [Community health and wellbeing workers: a solution for improving health and care in England - Medical Centre](#)
- [What the NHS is learning from Brazil - BBC News](#)





# Community Health and Wellbeing Workers in CTM



- Combination of evidence WIMD; *Building Communities Trust* Community Assets Study; qualitative data RSL's
- CTM approach: **no cost, no additional effort or confusing new resources**. Simply a different approach using RSL key workers in first instance.
- CTM support training & learning with RSL key workers. RSL's do the work and share the intelligence.
- 3 Communities chosen – Tylorstown (RCT) *Trivallis*  
Blackmill (Bridgend) *Valleys 2 Coast*  
Trelewis (Merthyr) *Merthyr Valleys Homes*
- Appreciative Inquiry strengths based methodology. Hyper local conversations. Start small and learn.
- August/September trained 17 housing practitioners – practiced & collected 50+ stories – reflection session
- October training – What the stories tell us; learning cycle framework; moving to purposeful action
- Shared ambition from RSL's to shift from transactional to relational work with communities – strategic alignment
- Interest from growing networks who are taking similar approaches e.g. RCTCBC Children's Services



# Appreciative Enquiry



*Reflection session with practitioners – learning experience thus far*

## **Merthyr Valley Homes**

- *Door knocked & asked people to talk to them – no uniform, no badges, no agenda*
- *“What do you enjoy most about living in this community?”*
- *“If you let people talk about what matters to them, they want to talk”*
- *“I made some big assumptions about these people – I loved to be proved wrong and I was”*
- *“We’ve not done enough as an organisation in this community – we thought social media was right for engagement. The levels of digital exclusion means we haven’t been connecting.”*
- *“There’s always top down pressure to deliver. But there’s small things happening in this community all the time, we don’t capture it.”*



# Appreciative Enquiry



*Reflection session with practitioners – learning experience thus far*

## **Trivallis**

- *Asked people what question they would most like to be asked*
- *Recorded each story (with permission) on a phone*
- *Wants to compile a memory bank*
  
- *“People want to talk, in fact, you can’t shut them up!”*
- *“No matter how we perceive it, people love this community”*
- *“It was a really emotional experience for me”*
- *“We have to move away from the thinking we need to solve people’s problems. This is deficit based.”*



## Population Health & Partnerships Committee

### Further Faster Update

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Bradley, Service Director for Primary Care & Community
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley, Deputy COO/Director of Primary, Community, Mental Health and LD
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

Acronyms / Glossary of Terms	
WG	Welsh Government
PCC	Primary Care and Community
AHP	Allied Health Professionals
RPB	Regional Partnership Board
ILB	Integrated Leadership Board



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PTAS	Professional Triage Assessment Service
PEoL	Palliative Care and End of Life
DPOC	Delayed Pathways of Care
WAST	Welsh Ambulance Service NHS Trust

## 1. Situation /Background

1.1 The purpose of this report is to provide an update on the work being undertaken in respect of Further Faster Programme.

1.2 On the 6<sup>th</sup> June 2023 Welsh Government (WG) published Statement of Intent: [Building Capacity Through Community Care Further Faster.pdf](#). This identified the need to develop and support system resilience over the winter period and community care capacity by focusing on:

- More people avoiding or recovering from crisis through access to multi-professional care, including palliative and end of life care at home and avoiding unnecessary admission to hospital
- Fewer people experience delayed discharge from hospital

1.3 Two WG letters followed on the 27<sup>th</sup> October and the 27<sup>th</sup> November 2023 which provided further clarity as to where resources were to be prioritised. £8.24 Million was made available across Wales with £1.2 million allocated to Cwm Taff Morgannwg University Health Board on a recurrent basis. Additional clarification was made on the priorities areas and these included:

- The Community Nursing Specification (priority for core universal Registered Nursing District Nursing for weekend capacity 7 days a week.
- Weekend District Nursing daily capacity to in the order of 80% that is delivered on average daily Monday to Friday.
- Improved 7-day access to specialist palliative care nursing, focussing on weekend access. (Including consideration of utilising commissioned third sector/hospice providers where they provide a CNS weekend service).
- Increased capacity of the community workforce.
- Increased capacity of Enhanced Community Care - the Care Action Committee has indicated 20% by March 2024.
- Anticipatory care plans (increasingly being referred to as future care plans) for the 0.5% of people identified at greatest risk of urgent care needs. NB Future Care Planning is a development priority at policy and programme level to develop Once for Wales approach during early 24/25)

## 2. Specific Matters for Consideration

2.1 Where considering the use of the additional resources, a conscious decision was taken to ensure the focus was on enhancing the work already started by the PPC Care Group and other stakeholder partners and driven forward through the Integrated Commissioning Group. This includes:

- Building on the additional capacity created by AHP funds received earlier
- redesign of palliative care and end of life
- redesign of community hospitals



- the development of the optimum community model to maximise placed based care at home.

There are two key integrated pathways which is the focus for of the programme for the community optimum model:



2.2 It is important to note that there are a number of other work programmes which are aligned;

- The Strategic Programme for Primary Care,
- The Urgent and Emergency Care Programme, and the
- Regional Integration Fund/ RPBs

For this reason, the actions identified do not necessarily fall into one priority area but cross more than one.

2.3 The Health Board Further Faster priorities, associated action and progress is detailed below and they all support the development of the Enhanced Community Care.

Priority Area	Actions	Challenges	Benefits
Increasing Capacity in the Community	Building on urgent response through navigation hub / urgent response model.  Targeted support to Care Homes. It is the first point of contact for Nursing Homes where admissions or conveyance is felt required. Between 10-	Focus on Nursing Homes where registered staff are able to take vital observations.  Residential Homes have proved more difficult due to no registered staff.  <i>Next Steps:</i> Supply of basic Monitors to Local Authority Residential Homes.	Admission avoidance and patients are routed to the most appropriate service or provided with advice.  More patients are able to remain in their own homes.  Improved team work between health professionals and development of

	<p>6.00 Monday to Friday.</p> <p>Non pay costs to support equipment required</p> <p>PTAS - GPs observing the WAST ambulance stack via to pull off and intervene where admission can be avoided.</p> <p>Review of Acute Clinical Team in Bridgend</p>	<p>HCSWs to utilise and report results to triaging GP in the Navigation Hub.</p> <p>Recruitment of GPs into the Navigation Hub is challenged by the ongoing national and local worker status discussions.</p> <p><i>Next Steps:</i> Gaining weekend cover consistently. Business Case developed to support recruitment of additional GPs.</p>	<p>confidence to keep patients at home.</p> <p>Reducing demand on Emergency Departments</p>
<p>Increasing District Nursing provided 24/7.</p> <p>To achieve the Community Nursing Specification</p>	<p>Recruitment of additional District Nursing (10 WTEs).</p> <p>District Nursing Night Service already exists in CTM.</p>	<p>Recruitment has taken longer but individuals have now started.</p> <p>Next Steps: Re-profiling of rota shifts during the week day to reflect demand and gain greater efficiency.</p>	<p>Increasing the numbers of patients who can be supported in at home instead of hospital</p> <p>Reducing DPOC</p>
<p>Improving Palliative Care and EoL</p>	<p>Review and development of new Palliative and EoL Delivery Plan to support a shift from hospital out to community.</p> <p>Increasing the number of Advanced Nurse Practitioners and</p>	<p>Part of wider redesign of the palliative care and EoL services within CTM and will be subject to consultation with staff and stakeholders.</p>	<p>Reducing the number of patients dying in hospital (CTM has the highest number of patients).</p> <p>Reduction in number of SPC beds</p>



	<p>deliver of Future Care Plans in CTM.</p> <p>Recognition of Life Extinct for Unexpected Death - ROLE Pathway</p> <p>Supply of emergency drugs to support EOL patients</p> <p>Development of redirection Pathways Professional</p> <p>Advice Line established for health community nursing teams</p> <p>Review of third sector contracts. Increase the capacity within the current contracts to gain greater efficiency and capacity</p>		<p>Increase in the number of patients dying in the place of their choice.</p>
<p>Anticipatory Care</p>	<p>Utilisation of segmentation data. A couple of Clusters have been utilising the data for patients in cohort 4-7 as part of winter response.</p> <p>Community Health and Wellbeing and Network Teams. Supporting patients referred by primary care teams</p> <p>Establishment of a Respiratory Virtual Ward - Proactive calls</p>	<p>Utilisation of learning from the cluster pilots and to explore how it can be rolled out.</p> <p>Additional capacity is required in the practices to work through the data</p>	<p>Proactive approach to identifying patients.</p> <p>Proactive management of patients to avoid risk of decline and hospital admission/conveyance.</p> <p>Proactive management of patients to avoid risk of decline and hospital admission/conveyance.</p>



	to the Hub for respiratory patients – Patients have been RAG rated and different level of response identified for each group. Including receive proactive call and visit from community respiratory nurses. Escalation will be through to GP in Hub if clinical concerns observed.		
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### 3. Key Risks / Matters for Escalation

3.1 The key risk and challenge around the Further Faster Programme is the ability to recruit staff rapidly.

### 4. Assessment

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



<a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	This further faster programme is a ministerial priority and failure to deliver against this priorities will be against directive from Welsh Government	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There are implications for resources as we are moving more services out of hospital and into the community	

5. Recommendation

5.1 The Population and Partnerships Committee is asked to NOTE the actions being taken to deliver the Further Faster priorities and the progress made.

6. Next Steps

6.1 To provide an update in 6 months' time.

## Unapproved Minutes of the Population Health & Partnerships Committee

Date and Time of Meeting	Thursday 1 <sup>st</sup> August 2024 at 1:pm
Venue	Virtual via Microsoft Teams

Members Present	Carolyn Donoghue	Independent Member – University - Committee Chair
	Lynda Thomas	Independent Member Corporate Business - Committee Vice Chair (in part)
	Kath Palmer	Independent Member – Board Vice Chair
	Rachel Rowlands	Independent Member - Community
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 Allied Health Professions & Health Science
	Philip Daniels	Executive Director of Public Health
	Elle Mcneil	Head of Planning (in part)
	Lucy Smothers	Paediatric Physiotherapist (in part)
	Mandy Pady	Head of Finance
	Emma Walters	Head of Governance and Board Business
	Kathrine Davies	Corporate Governance Manager (Secretariat)
Meeting Observers	Jayne Gebbie	Councillor, Bridgend County Borough Council (Observing)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS



1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items.
1.2	Apologies for Absence
	<ul style="list-style-type: none"> <li>Ian Wells – Independent Member – Digital &amp; Data</li> </ul>
1.3	Declarations of Interest
	No declarations of interests were noted prior to or during the meeting.
<b>2.</b>	<b>CONSENT AGENDA BUSINESS</b>
2.1	The Chair then asked members if there were any items from the consent agenda that Board Members wished to bring forward to the main agenda for discussion. There were NONE.
<b>3.</b>	<b>MATTERS ARISING</b>
3.1	Action Log
	The action log was NOTED.
3.2	Matters Arising Not Captured on the Action Log
	There were NO matters arising.
<b>4.</b>	<b>COMMITTEE BUSINESS MATTERS</b>
4.1	Organisational Risk Register
	<p>E. Walters presented the Organisational Risk Register to Members to review and discuss and consider whether the assigned risks had been appropriately assessed.</p> <p>P. Daniels referred to the new risk 5820 - Reduced Health Protection Funding allocation 2024-2025 and advised that this would be covered within the Health Protection Report.</p> <p>The Chair referred to risk 5462 with regard to the adult weight management service and commented that there was still no mitigations in place with regard to the lack of funding for the Business Case and given the financial situation this did not provide any assurance to the Committee.</p>
Resolution:	The Committee REVIEWED the risk escalated to the Organisational Risk Register at appendix 1 and CONSIDERED assurance from the report that all that can be done is being done to mitigate the risk.
Action:	To review risk 5462 to include mitigations regarding the Business Case to provide assurance to the Committee.
<b>5.</b>	<b>CREATING HEALTH</b>
5.1	Population Health Management Programme Update

	<p>P. Daniels presented the report that updated The Committee on the population segmentation and risk stratification approach to population health management.</p> <p>The Chair commented that it was good to see the Link contained within the report to the article published in the academic journal BMC Public Health that describes the work on the development of the ten CTM segments that are deployed quarterly to GP practices in CTM and used for Population Health Management projects to help with case-finding for Members to review.</p> <p>K. Palmer advised that in future it would be useful to see how the data would be used with GPs and the accelerated cluster models and that she would be keen to see examples. P. Daniels advised that whilst pilots had been in place, a move was now being made to implementation stage. P Daniels advised that he would be happy to bring an update back to the Committee on progress with the development.</p> <p>K. Palmer referred to population segmentation and risk stratification which she did not find easy to understand and queried whether there was any way of articulating this better in order to get more buy in. L. Prosser advised that there were some terms that were industry standard and used widely and moving away from those terms used would be difficult.</p> <p>P. Daniels advised that it was difficult to explain other than you are segmenting the population into specific segments and then risk stratifying them in terms of how likely they are to require secondary care urgently. P Daniels advised that he would be happy to provide a briefing in terms of the background.</p>
Resolution:	NOTED the report, progress and future approach.
Action:	To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting.
5.2	Health Protection System
	<p>P. Daniels presented the report that updated the Committee on the progress in relation to the development of a Health Protection Service and overarching strategic plan.</p> <p>P. Daniels referred to the new risk on the Reduced Health Protection Funding allocation for 2024-2025 and advised that the Health Board had received the lowest allocation of funding across Wales. P Daniels added that a number of substitutions had been made in 2022-23, however, the funding would need to be kept under review to ensure the best use of the allocation.</p> <p>P. Daniels advised that with regard to the staffing model which was attached as an appendix, they had been successful in the recruitment of a Band 8 consultant in public health and two Band 7 posts which was positive.</p> <p>K. Palmer referred to the Welsh Government allocation and commented that this appeared unfair and had not been based on need. K Palmer suggested that this</p>



	<p>could be discussed further with Welsh Government via the Vice Chairs meetings if this would be helpful.</p> <p>P. Daniels advised that it was important that spending was kept under review in order to show the balance on what was being spent if there was a need to go back to Welsh Government on this matter.</p> <p>The Chair referred to the comment in the paper about the poor uptake in vaccinations and queried just how low the uptake was. P. Daniels advised that this was a wider issue with people becoming vaccination fatigued. P Daniels added that he would bring an update back to the next meeting with regard to having staff champions on the wards and added that the idea would also be presented to the next meeting of the Health Protection Board.</p> <p>J. Gebbie, in response, advised that it was difficult to get care staff vaccinated as they were concerned about illness following the vaccination and suggested that it may be helpful to have a further discussion in this regard. P. Daniels advised that whilst some people did get ill following a vaccine, the effects of the vaccine were very mild in comparison to actually having the illness.</p> <p>The Chair commented that this risk would need to be kept under constant review.</p> <p>P. Daniels reminded the Committee that the funding to the Health Board was for specific purposes, and that Public Health Wales had a mandate to respond to acute outbreaks of diseases and needed to focus on preventing this more widely within the system and to be clear who is responsible for delivering.</p> <p>In response, G. Hughes suggested that it might be helpful to set this out so that the Committee could see who was responsible for this including the community teams. P. Daniels advised that discussions were ongoing at a national level and added that he would bring this back to a future meeting.</p>
Resolution:	The Committee NOTED the current issues, risks and impacts in the development of the Health Protection System.
Action:	To bring a further update back to the Committee to a future meeting.
5.3	Building Healthier Communities Update
	<p>L. Prosser presented the report that provided a specific focus on the work being taken forward on housing.</p> <p>The Chair commented that the work described was quite exciting and not so restrictive and added that she was really pleased to see the work with the justice system. L. Prosser advised that it was all the more pertinent given that the Government had announced the early release programme from prison services.</p> <p>J. Gebbie advised that the early release would have a significant impact on social services and all public services.</p>



	<p>K. Palmer commented that she welcomed the report and advised that the aim was to have oversight on all areas, however, questioned whether there was a need to influence rather than have oversight of and also questioned how the objectives were monitored so that success could be evidenced. L. Prosser advised that this related to measuring system change as opposed to controlling change and added that some good results had been realised in relation to the Wigan model.</p> <p>J. Gebbie, in response, advised that Bridgend Local Authority were in a very similar position in that the offer that was referred to in the report should be the same and joined up with all partners and all three Local Authority areas rather than having separate offers. L. Prosser advised that this would be followed up.</p>
Resolution:	The Committee NOTED the report.
<b>6. IMPROVING CARE</b>	
6.1	<b>Mental Health Strategic Update</b>
	<p>J. Denley presented the update to the Committee on the progress to date of the Mental Health and Learning Disability Care Group strategic priorities.</p> <p>K. Palmer expressed her thanks to J. Denley and the team on the substantial progress and improvement that had been made.</p> <p>K. Palmer referred to Pontypridd Cottage Hospital and queried whether that would form part of the estates strategy. J. Denley advised that there were wider discussions being held with regard to this and added that the only service that was provided there was one of the day services, with engagement due to be undertaken in terms of its future model.</p> <p>G. Padmore-Dix advised the Committee that the Quality &amp; Safety Committee would be receiving a Listening and Learning story with regard to learning disability annual health checks at their September meeting.</p> <p>The Chair commented that there had been some impressive results in terms of improvement and added that it was good to see the areas that had been shortlisted for the NHS Wales Awards.</p> <p>J. Denley advised that she would pass on the thanks from the Committee to the team.</p>
Resolution:	The report was NOTED.
6.2	<b>Learning Disabilities Strategic Update</b>
	J. Denley presented the report that updated the Committee on the three-year plan for specialist learning disability services.



	<p>J. Gebbie referred to the complex care units moving and the potential consultation that would be taking place and advised that the moves would have an impact on patients and their families who were potentially being moved to Cardiff. J Gebbie added that she currently had lots of cases of families that were very unhappy about the moves. J. Denley suggested that J. Gebbie share the concerns with her outside of the meeting so that she could liaise with CTM colleagues in relation to this issue.</p> <p>K. Palmer queried as to how reasonable adjustments were made for patients with learning disabilities. J. Denley referred to the work on the annual health checks in primary and secondary care which was maturing really well and had shown that planned care works well in terms of putting in place all the reasonable adjustments. J Denley advised that this was reported via the Quality &amp; Safety Committee and added that there were still some challenges out of hours which needed to be addressed.</p> <p>G. Padmore-Dix, in response, advised that within hours liaison nurses were in place who were excellent at helping people who require additional support and added that during out of hours, pockets of learning disability champions were in place across the general wards and particularly at the front doors via the liaison team.</p>
Resolution:	The Committee NOTED the report.
6.3	Strategy Groups Update – Spotlight on Starting Well, Growing well
	<p>L. Prosser introduced E. Mcneil and L. Smothers to provide the Committee with an overview of key areas of work in relation to Starting Well and Growing Well.</p> <p>L. Prosser advised that a question had been asked at the July Board Meeting about the Neuro Diversity work and there had also been a discussion at the Planning, Performance and Finance Committee. L Prosser suggested that it might be helpful to have a Board Development Session on this matter so that all Members could be sighted on the work being undertaken.</p> <p>L. Prosser also advised that some of the funding for this work was received via the Regional Integrated Fund (RIF).</p> <p>R. Rowlands, in response, referred to the RIF and advised that whilst there was a lot of reliance on this funding, the funding was only short term and initially about testing new models and pilots. R Rowlands advised that she had some concerns as to whether plans were in place for the work to be moved into core business for each of the partners when funding ceased, and if not, she questioned where the funding would be sourced from. J. Denley advised that whilst the RIF funding was complicated, there were some areas that were ring-fenced with a direct allocation such as the work on dementia.</p> <p>K. Palmer referred to the Portsmouth Model which was based on need whilst waiting for an assessment and advised that some people were unable to claim</p>

	<p>benefits while waiting for an assessment and suggested that the whole system needed to be looked at to ensure people were not missing out on benefits. E. McNeil advised that this was being looked at nationally with an aim to move to a need led strength model. E McNeil added that this needed to be tweaked to enable parents to have access to information and advice.</p> <p>J. Denley advised that that pathway had to be changed in order to get to diagnosis and it currently takes up to 16 hours of practitioner time to reach a diagnosis. J Denley added that a significant amount of work was being undertaken across Wales, with a shift being seen over the last year as a result of Welsh Government recognising that the situation needs to change.</p> <p>J. Gebbie commented that it was helpful to hear about the work being undertaken and added that she pleased to hear that a strength-based model would be adopted. J Gebbie advised that from an education perspective it takes two school terms before children are being provided with the support required.</p>
Resolution:	The Committee NOTED the presentation.
Action:	To add the Neuro Diversity Work to the Forward Plan for a future Board Development Session.
<b>7.</b>	<b>SUSTAINING OUR FUTURE</b>
7.1	Public Service Board Update
	<p>P. Daniels presented the report that provided an overview on the current activities of the Cwm Taf Morgannwg Public Service Board.</p> <p>L. Prosser advised that work was ongoing to be able to present actual reductions in carbon emissions and waste, against a backdrop of increasing the range of measured activities, such that the baseline moves.</p> <p>J. Gebbie commented that the Public Service Board was very high level and strategic with a lot of correlation with the Regional Partnership Board, however, each forum had different agendas and were not achieving what they were originally set up to achieve.</p> <p>R. Rowlands, in responding to J. Gebbie's comments advised that the structures were put in place to deliver the Future Generations Wellbeing Act and the Social Services Wellbeing Act. R Rowlands added that whilst the PSB was very strategic, they had to work with what they have and had to work in partnership to deliver population health outcomes. R Rowlands advised that she would be happy to take on board the comments made by Members when attending the PSB.</p>
Resolution:	The report was NOTED.
7.2	Regional Partnership Board – Community Care System
	L. Prosser provided the Committee with an update of the work undertaken through the RPB, health and social care service development for people living



	<p>with frailty in the Cwm Taf Morgannwg Region, centring on two community-based pathways, namely 'Urgent Community Response' and 'Population Health Management', supported by a Navigation Hub.</p> <p>K. Palmer asked for some clarity in terms of the scope of integrated community care and how it fits in with the primary care teams and GP's as well.</p> <p>G. Hughes advised that it was phased with the outcome being a registered population for a cluster with an integrated team of GPs, Nurses, Therapists etc. and that core team would be looking after that population. G Hughes added that it was important they align to the complexity of decision making with areas having different governance arrangements such as Bridgend.</p>
Resolution:	The Committee NOTED the report, and the future direction of travel linked to community pathways,
7.3	<p>Consultation Response – Rebalancing Care and Support Programme</p> <p>L. Prosser presented the report that provided the CTM response to the recent consultation on the rebalancing care and support programme.</p> <p>L. Prosser advised that the consultation response had been shared with the Committee prior to it being submitted on the 9<sup>th</sup> July 2024.</p>
Resolution:	The Committee NOTED the report and the CTM response.
<b>8.</b>	<b>CONSENT AGENDA</b>
8.1	ITEMS FOR APPROVAL
8.1.1.	To Receive and Confirm the Minutes of the Meeting held on 20 May 2024 For Approval
8.1.2.	To Receive and Confirm the Minutes of the In Committee Meeting held on 20 May 2024 For Approval
8.1.3	Outcome of the Committee Annual Self Effectiveness Survey Response and Improvement Plan For Approval
8.2	ITEMS FOR NOTING
8.2.1.	Annual Cycle of Business 2024-25 For Noting
8.2.2.	Strategy Groups Update For Noting
<b>9.</b>	<b>OTHER MATTERS</b>
9.1	Forward Work Plan

	The Chair invited Members to share suggested topics that need to be added to the forward work plan.
Resolution:	The Forward Plan was NOTED.
9.2	To discuss and agree the Committee Highlight Report to Board The Chair asked Members if they were content for Corporate Governance colleagues to draft the Highlight Report for approval by themselves and the executive leads.
9.3	Any Other Urgent Business  The Chair advised she had not been notified of any other business.
9.4	How did we do in this meeting The Chair sought any comments which attendees may wish to make in respect of improvement at that point or within two weeks of the meeting to provide feedback in respect of the issues that were covered and in the way in which the meeting had been run and how future meetings could be improved.  J. Gebbie thanked for the Committee for allowing her to attend.
10.	<b>DATE OF NEXT MEETING</b>
	13 <sup>TH</sup> November 2024 at 13:00



## Population Health & Partnerships Committee

Post Payment Verification End of Year Report 1st April 2023 – 31<sup>st</sup>  
March **2024**

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Amanda Legge – All Wales Post Payment Verification Manager
Cyflwynydd yr Adroddiad / Report Presenter	Amanda Legge – All Wales Post Payment Verification Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Audit & Risk Committee	20/06/2024	Noted

Acronyms / Glossary of Terms	
Included in the body of the report.	



## 1. Situation /Background

- 1.1 This paper highlights the narrative on how practices have been performing over the current Post Payment Verification (PPV) cycle.
- 1.2 PPV of claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP).
- 1.3 In mid-year and end of financial year, the PPV Manager will prepare a report for Health Board audit committees to outline how practices have been performing and highlighting PPV progress. It also compares the overall performance of the Health Board against the national PPV visits.
- 1.4 The paper is being produced for the Committee to review and seek assurance that the Post Payment Verification cycle is being managed appropriately. PPV provides assurance in all contractor disciplines, except for General Dental Services.
- 1.5 The purpose of the PPV process is to provide assurance to Health Boards that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specification and relevant legislation.
- 1.6 The PPV team also manages the Waste Management Audit programme on behalf of the Health Boards offering advice and support to GP Practices and Community Pharmacies in respect of Waste Management.

## 2. Specific Matters for Consideration

- 2.1 The past year in 2023-2024, PPV began recovering from the backlog of work that we had, due to a new payment system within PCS and the inability for practices to submit NHS numbers to evidence their claims. This system was developed and enhanced which allowed us to return to Business as usual in April 2023, and has maintained an excellent level of PPV, which continues to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.
- 2.2 The following key points should be noted:

General Medical Services (GMS): Due to the backlog of PPV work across Wales, we created the visit plan for 2023-2024 to try to complete as many visits as possible that we could in the year with the aim of condensing our normal 3-year rolling plan into 2 years. We managed to complete all 172

routine visits across Wales with 13 for CTMHB. Regarding the revisits that were due in 2023-2024, and because we wanted to complete all routine visits along with Ad-hoc requests, we only managed to carry out a small number across Wales including 3 for yourselves.

Firstly, in this financial year, we will be concentrating on all outstanding revisits, and if a revisit is due at the same time as the routine, we will do an 'extended visit' which means 10% of the claims for the routine and 100% check on the services that were triggered in the initial routine.

General Ophthalmic Services (GOS): The visit plan for GOS 2023-2024 was not finalised after explaining to our HB's that these visits were subject to change due to a new way of verifying claims. PPV began remote access options having full support from Optometry Wales and carried out a small percentage of virtual visits via Microsoft TEAMS, which proved successful.

Unfortunately, this was more gradual than anticipated due to the lack of electronic patient records and we did manage to complete 7 visits for CTMHB. Future visits will now be included in the 2024-2025 visit plan and is still changeable, and although we are hoping to increase the number of remote visits, we will also incorporate physical visits to carry us through this transition period of electronic patient records, which is being encouraged by Welsh Government.

General Pharmacy Services (GPS):

In 2023/2024 NWSSP/PPV introduced a new service check after a successful pilot, which was the Quality and Safety Scheme and completed all visits planned. We are also beginning the Collaborative Working Scheme verification this upcoming financial year 2024-2025. We can verify both these services remotely.

We are also investigating other avenues for PPV in GPS and beginning another pilot early this year.

Additional Services: After technical issues with our dispensing Data checks, and a lot of developing, we can now progress with our quarterly provision of these reports Nationally across Wales.

From the pilot we carried out and informing practices of the regulations surrounding dispensing eligibility, we have the data which shows the future success of this service.

Clinical Waste Self Assessments were piloted for GMS and have been Live this last year to ensure compliance with legislation. We are planning to conduct a pilot with the Self Assessments for Pharmacies in the next few months in 2024-2025.

Quarterly meetings are scheduled with the Head of Primary Care, Primary Care Managers, Finance Lead, PPV Team and local Counter Fraud team to

regularly review the progress report and to discuss themes, recommendations, and any risks. We are also investigating other avenues of savings from the provision of Clinical Waste services and now produce a 'non-collection' 6 monthly report to all our HB's.

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

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

### 3. Key Risks / Matters for Escalation

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

### 4. Assessment

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



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

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

## 5. Recommendation



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

- 5.1 It is recommended that the Population Health & Partnerships Committee Members NOTE the contents of this report (Primary Care element). There are no options included in this report. The report is for Assurance.
  
6. Next Steps
  - 6.1 Produce Mid-Year Report

## Audit Report - 1st April 2023 to 31st March :

### To Notes

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

GMS	Visit Type	HB Annual Visits Planned	No. completed	No. In progress
	Routine	13	12	1
	Revisit	19	3	2
	<b>Total</b>	<b>32</b>		

#### Summary of themes/findings/issues

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

GOS	Visit Type	Annual Visits Planned	No. completed	No. In progress
	Routine	29	7	0
	Revisit	0	0	0
	<b>Total</b>	<b>29</b>		

#### Summary of themes/findings/issues

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

GPS	Visit Type	Annual Visits Planned	No. completed	No. In progress
	Q&S Scheme	29	29	0
	<b>Total</b>	<b>29</b>		

#### Summary of themes/findings/issues

Nothing to report at this stage

## 2024 = Cwm Taf Morgannwg University Health Board

to ad hoc visits or closures/mergers

recommendations

concerns that may arise

Queries with Practice /HB	No. Recoveries	Value of recoveries	All Wales Completed	All Wales No. in progress
1	418	£8 206,92	166	8
2	88	£5 910,24	25	5

Queries with Practice /HB	No. Recoveries	Value of recoveries	All Wales Completed	All Wales No. in progress
0	13	£558,02	44	0
0	0	0	0	0

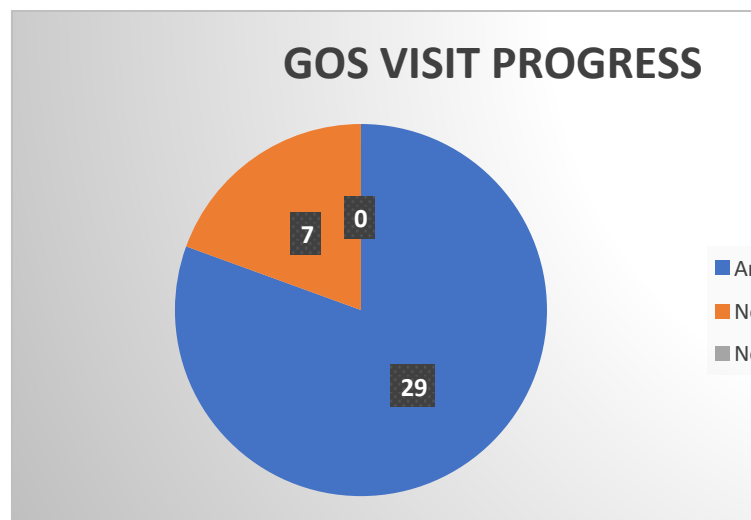
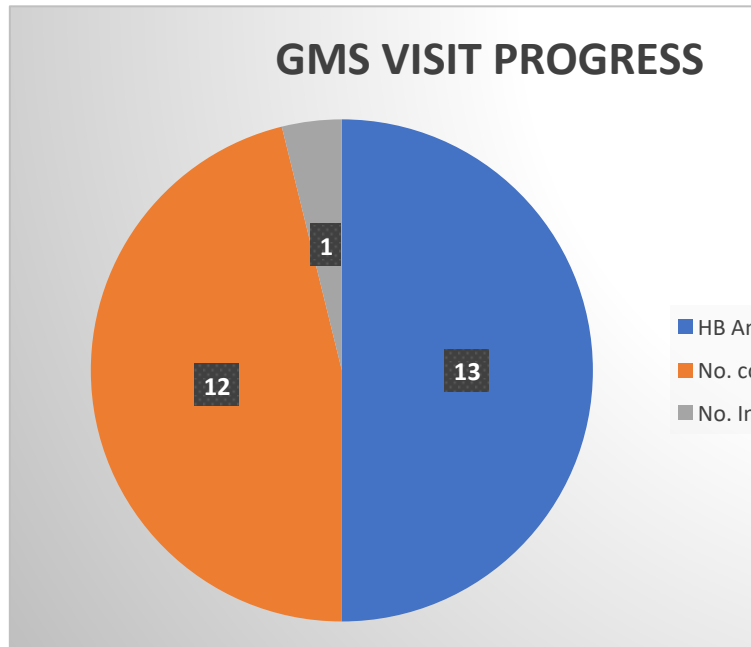
up

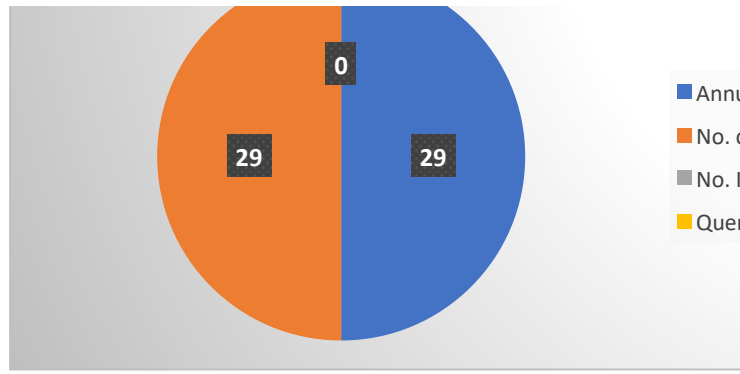
Queries with Practice /HB	No. Recoveries	Value of recoveries	All Wales Completed	All Wales No. in progress
0	0	£0,00	229	0

All Wales Planned	All Wales Value of Recoveries
172	£131 379,63
136	£77 989,41

All Wales Planned	All Wales Value of Recoveries
301 Rolling Plan	£5 584,06
6	£0,00

All Wales Planned	All Wales Value of Recoveries
229	£0,00





Annual Visits Planned  
Completed  
In progress

Annual Visits Planned  
Completed  
In progress

ual Visits Planned  
completed  
In progress  
ries with Practice /HB



## Population Health & Partnerships Committee

### Cwm Taf Morgannwg Regional Partnership Board Annual Report 2023-24

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Linda Prosser – Executive Director of Strategy & Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser – Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Regional Partnership Board	26/07/2024	Approved

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

## 1. Situation /Background

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

Annual reports are required to be published by 30<sup>th</sup> June each year and provide a summary of RPB activity and programme delivery for the previous year.

The report must

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

## 2. Key Risks / Matters for Escalation

The Committee is asked to:

- Note the requirements
- Note the Annual Plan

## 3. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Summary of activity. No change to delivery.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  As above
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	



Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

#### 4. Recommendation

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



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

# ANNUAL REPORT

## 2023/24



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# Foreword from the Chair

I am delighted, as Chair, to share with you the Cwm Taf Morgannwg Regional Partnership Board Annual Report for 2023/24.



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

Our region, which covers Bridgend, Rhondda Cynon Taf and Merthyr Tydfil, has a strong industrial heritage and close-knit, resilient communities. Our residents care about the place in which they live, the welfare of their friends, family and neighbours, and the future of our children and young people. It is only right that we continue to take positive action together to reduce health and social inequalities and create the best possible life chances for people.

To do this, it's important we look at innovative and new ways we can work in partnership to create better health, social care and wellbeing services, that work effectively together. **This report demonstrates the important milestones on this journey completed in 2023-24, and there is much more to follow.**

**We have continued to actively engage with our communities to inform our plans.** Creating the right environment for co-production is essential to this, and involves having meaningful conversations, building trust and having an effective two-way dialogue with our residents. Simply asking what our communities want is no longer good enough – we need to ensure their voice is at the heart of decisions, and they have an active role to play in the improvement journey. We have devised inclusive and creative engagement practices, including hackathons, to inform our priorities. These are now detailed in our five-year Regional Area Plan, which sets out our

ambitions for how we aim to work together as partners to deliver on actions across the region.

**We are taking forward our 10-year Regional Capital Strategy** which includes supporting the eliminating profit agenda for children's residential care. Very positive progress has been made in this area by the development of 29 new residential care beds for care experienced children and young people, over the past year. Developing and enhancing community hubs will provide greater opportunity to reorientate provision away from acute hospitals and towards primary and community settings.

**We will continue to innovate and seek improvement.** We can do this by utilising all available resources across the partnership, including but not limited to the Regional Integration Fund, to support the development and adoption of new sustainable models of health and wellbeing, and we will aim to make better use of digital technology to further our ambitions.

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



**Cllr Jane Gebbie**  
Chair of Cwm Taf Morgannwg  
Regional Partnership Board

# Highlights and Achievements

When operating in a complex and challenging environment, it has never been so important to come together to make a tangible difference to people's lives.

**Our partnership includes people who have both lived and professional experiences of services and support. With a breadth of ideas, knowledge and learnings, we can bring together those who are passionate and committed to driving positive change.**

## Aims

**Our aim is to deliver on the priorities set out in our Regional Area Plan, in addition to supporting new and existing services through RIF and Capital funding streams.**

We are continuing to build relationships and trust with people from across the region, so we can take positive action together by pulling the right levers for change, and influence at a strategic level.



Our 'Creating a Neurodiversity Friendly CTM' hackathon saw senior leaders, professionals, policy makers, community groups, people with lived experiences, parents and carers creatively coming together to find solutions to improve neurodivergence services across the region.

**The findings from the hackathon are now contributing to a regional improvement programme.**

An impactful community listening pilot has been undertaken in Gilfach Goch and Pontypridd, which is now forming a blueprint for hyper-local community engagement. Feedback from this work is guiding feasibility work on **Integrated Health and Social Care Hubs**, and local dementia support activity.

**The Regional Integration Fund (RIF) is supporting the roll-out of successful projects across the region.**

For example, the 'Magu' service in Rhondda Cynon Taf has seen:

**22%**

reduction in babies aged under one being separated from their parents, with:

**90%**

of families supported to have their children safely remain in their care.



**Recognising the impact of RIF funded services and models is an important part of the improvement process.**

As a region, we are piloting a revised approach to monitoring and evaluation, which gives us a deeper and more detailed understanding of the effect a service is having on our residents.

For example, the data tells us:



**34,996**

people have been supported through RIF projects, of which

**4,988**

were new participants, demonstrating services are supporting new people who need support across our communities.

**We are also supporting projects to share stories of the people whose lives have been changed through the services.**

In the Autumn we held a successful event called 'Capturing Our Journey', working artistically with people with lived experiences and professionals to show the direct impact of a service, through the lens of the person's journey.

Other funding streams are also changing lives. **The Housing with Care Capital Funding** has supported several schemes, including the development of Golygfa'r Dolydd/Meadows View, a flagship children's residential hub providing therapeutic support for children and young people aged 6-17.

### Partnerships for positive action

**As a partnership, it's also important for us to upskill professionals and community members in how to meaningfully engage with colleagues and those with lived experiences to hear a wide range of voices, reduce barriers and influence change.**

We held a series of successful 'In This Together' training events with attendees taking away key learnings to help shape the way they improve and change services within their own communities.

### People

**While we couldn't achieve our goals without joining up organisations and people, our central regional support team is an essential driver for delivery.**

We were pleased to welcome new roles to our team, including our Integrated Services Director, who will drive a new integrated services model consisting of Urgent Community Response, Population Health Management and a Navigation Hub.

We also recruited a Regional Children Services and NYTH/NEST Framework Coordinator to support our priorities around children and young people, and a Regional Capital Support Officer who works across the capital schemes that will create better homes and support for people of all ages and needs.



## Our Future

In 2024/25 we will continue to learn, try new ways of working, and build on the good work taking place so we can create better health and social outcomes, and a Cwm Taf Morgannwg that people can thrive in.



# Role and Purpose

The Cwm Taf Morgannwg Regional Partnership Board was established to deliver the strategic intent set out in the Social Services and Wellbeing (Wales) Act 2014, specifically Part 9.



## Our Purpose

To improve outcomes and the wellbeing of people, as well as improving the efficiency and effectiveness of service delivery.

Note the purpose of the board is also set out in Part 2 Code of Practice (General Functions).

We are the key leadership body to oversee all integration work across health and social care. By bringing together people and organisations from across health and social care, we formally represent the interests of the local authorities, the Health Board and its key stakeholders. We are responsible for monitoring progress and the ongoing delivery of integrated work programmes across the region.



You can see who sits on our RPB here.

## The statutory objectives of the RPB are to:

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



\* Statutory requirement under the 2014 Act.

# Vision

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

# Values

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

## Inclusivity



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

## Equality



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

## Integrity



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

## Collaboration



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

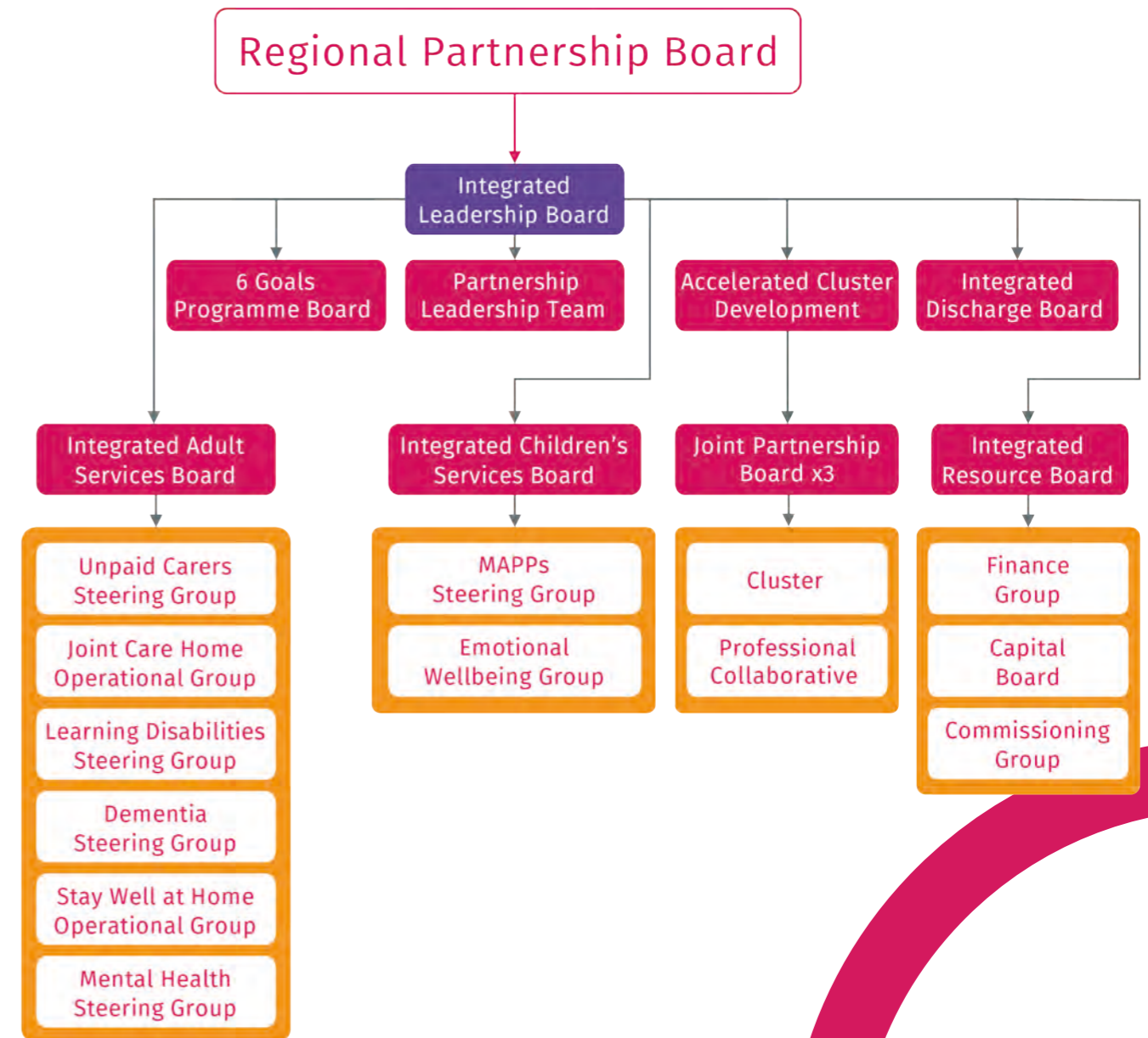
## Innovation



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

# Governance Structure

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



# Ensuring voices are at the heart of service improvement

As a Regional Partnership Board, we have adopted a unique and innovative approach to community and stakeholder engagement.

## Challenges

Organisations are facing significant pressures, resulting in stretched resources and higher demands in services. Partnership working in this context is a challenge. We know by working together we can learn from good practice, test new models and ways of working, utilise people's strengths and skills in the best possible way, and ultimately create an equitable region that has improved health and wellbeing outcomes.

To make the right decisions on how we improve support and services, we need to learn from, listen to and work with those who understand the issues and challenges from a lived and professional experience.

Simply asking people about their experiences isn't good enough. We need to create a way to have meaningful conversations, so we can build trust and act together. We also need to keep people involved throughout an improvement journey, so they have an instrumental role in the change, and are kept updated on progress.

**By rebalancing power structures, to create an equal, reciprocal and trusting platform, we are creating a space for co-productive practice to take place, and for people from all backgrounds and roles to find solutions together.**

New and more creative methods are needed to allow people to explore their thoughts, feelings, opinions and ideas to create a true representation of their experiences, open a dialogue that inspires, drives and demands change.



## Our hackathon approach

Our style of hackathons brings together users of services, services providers, and key decision makers in Cwm Taf Morgannwg. The events provide a meaningful space to embark on a process of co-creating and co-designing creative conversation starters upon which further crucial operational and strategic conversations can be undertaken.

This helps to inspire and inform positive service improvement and change and forms the basis of the area plan chapters below.



Watch our film here to find out more.

“I feel so much lighter, but more than that, I feel heard. I know things won't change overnight, but just being part of today's event has already changed something in me.”

- Hackathon participant



Our hackathon programme directly influenced the priorities in our Regional Area Plan, and those involved are now working with us on projects that will improve services and support for people living in our region.

## Engagement highlights

Creating a neurodiversity friendly Cwm Taf Morgannwg hackathon.

### HACKATHON EVENT

Inspire positive action together



**86 people attended**, including those from the health board, the third sector, local authorities and people with lived experiences.

Through art, drama sketches, and music, people were able to talk through issues, develop a shared understanding of challenges, and devise positive solutions.



In October we held a one-day 'hackathon' to explore what good neurodiversity services and support look like, with the aim of inspiring positive action across Cwm Taf Morgannwg.

The event was aimed at those working with neurodivergent people and those with lived experiences. It helped us to consider what works well, and what improvements need to be made.

#### The workshops covered:

- Assessment and diagnosis
- Relationships
- Environment
- Thriving adults
- Accessibility
- Thriving children and young people

“My biggest learning was how frustratingly difficult it is, even for professionals, let alone ND individuals or their families to navigate through the system.”

- Professional

The recommendations from the hackathon are now informing Cwm Taf Morgannwg's Neurodivergence Improvement Programme.

## Improving dementia care and support with engagement and co-production tools

Within Cwm Taf Morgannwg, we are committed to creating a meaningful environment for effective co-production with people with a lived experience of dementia, and their carers.

This involves supporting people to have a voice in the creation of our delivery plans for implementation of the All Wales Dementia Care Pathway of Standards.

To date we have agreed funding to support co-production and engagement as a priority. To create the foundations for co-production, we need to test and trial different methods of engagement to hear experiences, and build trusted relationships.



Read about the All Wales Dementia Care Pathway of Standards

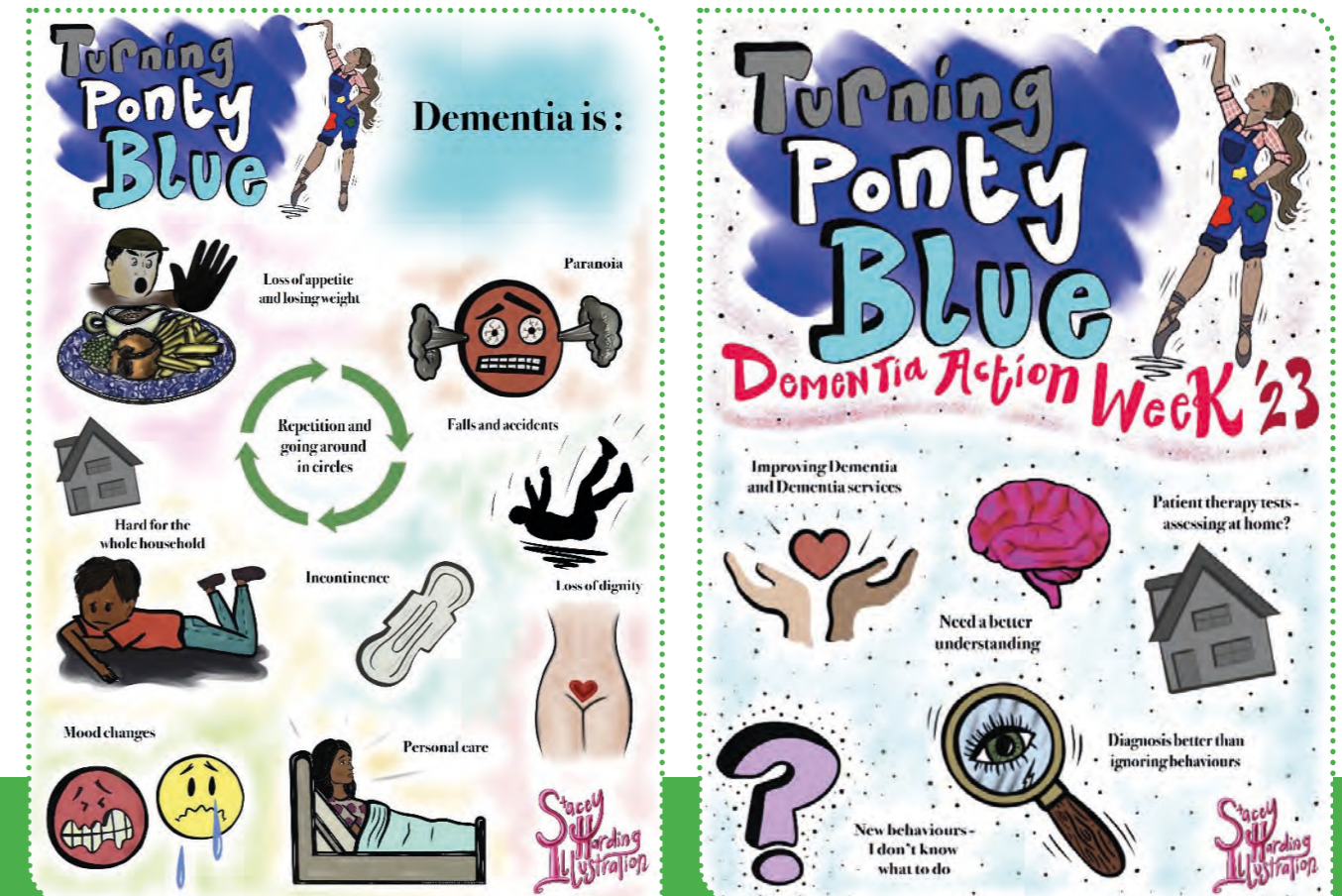


Between April 2023 and March 2024, we have undertaken engagement activities with people living with dementia, carers, and professionals.

### This includes:

- 1 Hosting an event in the Hydra Minerva suite of the University of South Wales to explore the dementia diagnosis journey.
- 2 Leading a hackathon focused on dementia care and support.
- 3 Supporting a local community event called 'Turn Pontypridd Blue' during Dementia Action Week, to meet more people with lived experiences of dementia, and ensure they have an opportunity to learn about and be involved in our work.

The illustrations below demonstrate the conversations we had with people during Turn Pontypridd Blue 2023:



“Turn Ponty Blue is a wonderful opportunity for the community to come together to show support for people with dementia and their carers, share information and ideas, make connections and provide the support they need.”

- Lowri Morgan  
Dementia Programme Manager  
Cwm Taf Morgannwg Regional Partnership Board

# Co-Production

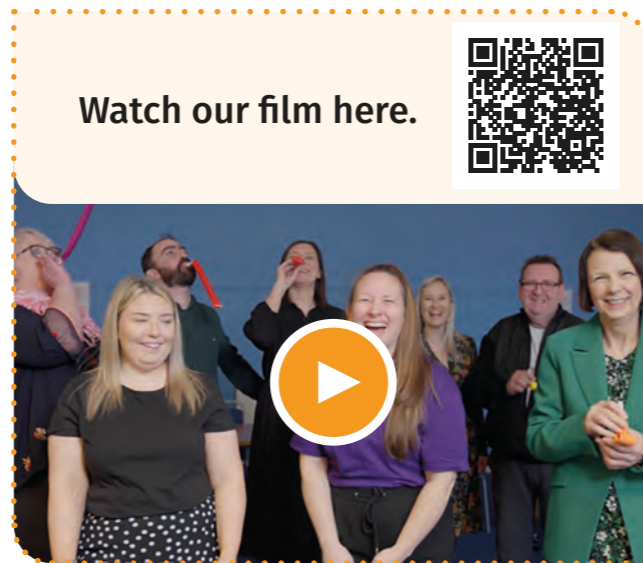
Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014.

Regional Partnership Boards have a responsibility to embed co-productive practice in our work.

## Importance

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

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



Our regional co-production definition is:

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

## ‘In This Together’

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



Between April 2023 and March 2024, we held:

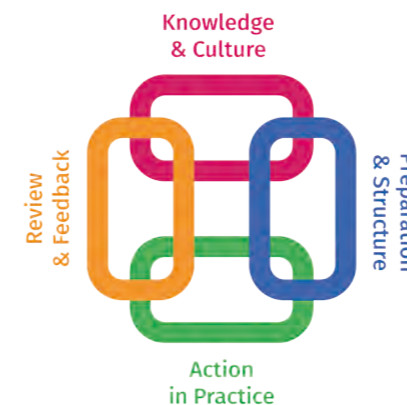
**3**  
successful training courses, with

---

**121**  
attendees from across the region.

## PARK Framework

We have co-created a framework called ‘PARK’, to support regional co-production practice with professionals and people with lived experiences. The diagram below details the different steps to take, but this can only be undertaken effectively when the right environment for co-production has been created.



In 2024/2025 we will be working to create regional principles that can be used to support this framework.

# Communications

Communications as a tool is only impactful if the message is accessible, clear and resonates, and the messenger effectively reaches and is trusted by the recipient.

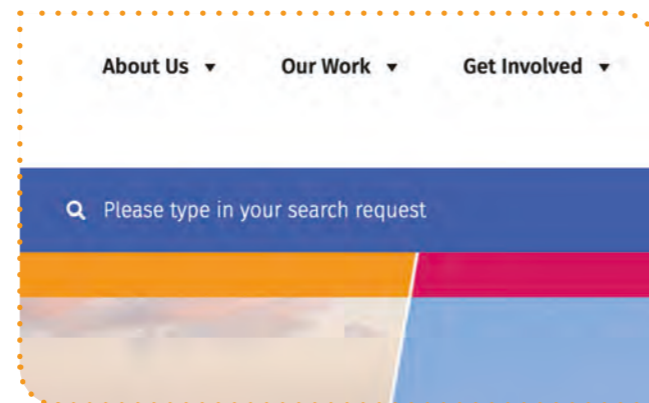
Good communication has been highlighted as a priority in our Regional Area Plan, and as a partnership we are looking at how we can work together to improve skills, practices and delivery.

## Website improvements

Between April 2023 and March 2024, we further improved our website by creating an accessible way to read our **Regional Area Plan** and listen to the songs and poems created by our communities during our hackathon.

We wanted people to see the connection between the engagement activities, and how priorities have been created. We also wanted the plans to be clearly visible for each population group, so we can be held to account as a partnership on delivery.

Further improvements also included in the addition of a 'search function', and search links and buttons embedded within pages, so people can access different pages, and link work together more easily.

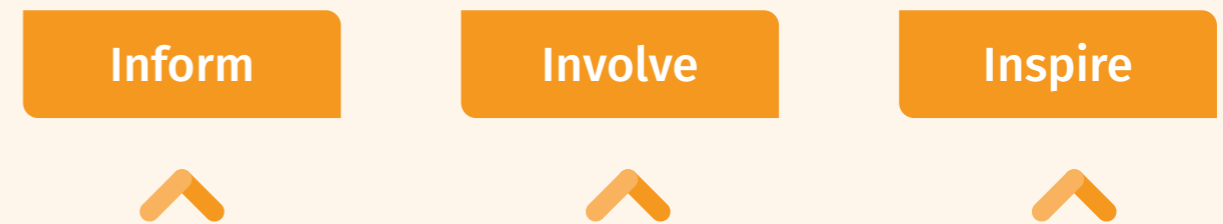


Between March 23 and March 24, we acquired 7.8K new users to the website.

Our engagement rate has increased by **6%**, compared to the previous year.

## Focus for financial year 24/25

Our strategy will be framed around three key themes:



We will continue to explore how we can inform our audiences better, through a targeted, co-produced content strategy that will resonate with and reach people in the most impactful way.

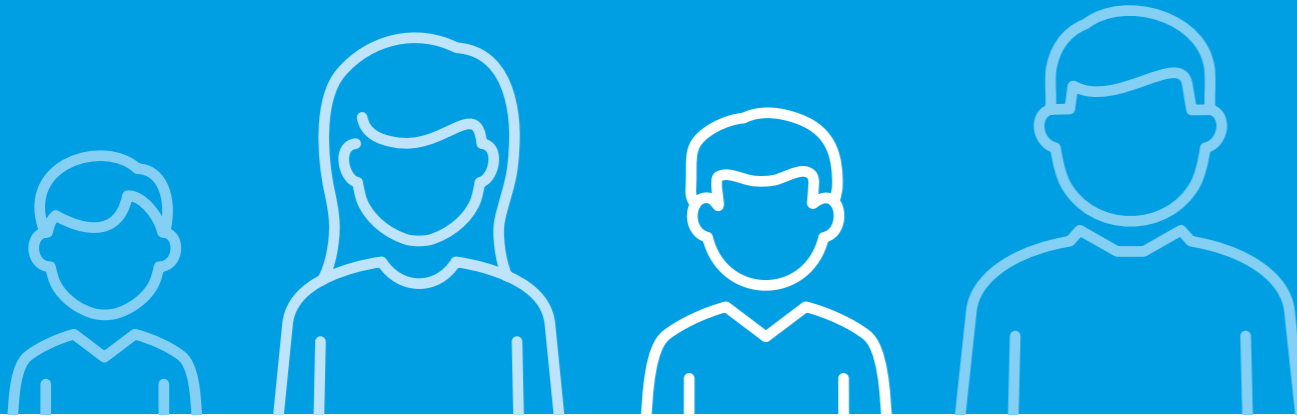
We will use communications as a tool to improve our involvement and engagement practices, so people understand the value and purpose of working in partnership,

and can make an informed decision about the experiences, skills and time they are able to offer to work in this environment.

We will also continue to share inspiring stories of people and projects that are doing fantastic work to drive forward partnership working to improve services and outcomes.

## Regional Priorities for Children and Young People

Under the direction of the Regional Children's Board, based on learnings from our engagement activities, our Population Needs Assessment and Market Stability Report, several workstreams have been developed.



This is to progress to drive forward and achieve the following ambitions:

### Regional Programme Ambition 1

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

The work against this workstream is progressing under the broader direction of the Neurodivergence Improvement Board (NDIP), with consideration to the results from the 'Creating a Neurodiversity Friendly CTM' hackathon event, held in Autumn 23, and results from the scoping study undertaken by the 'Better Together Consultancy', to move this work forward.

### Regional Programme Ambition 2

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

Three emotional wellbeing projects are commissioned and delivering services to support children, young people and their families to meet this ambition, with positive outcomes seen.

Both parents and children are reporting an improved sense of wellbeing because of interventions and packages of support and reduced number of cases stepping up to statutory services. £477,808 of RIF Funding has been used to address this gap in services for 8–11-year-olds. Work is currently ongoing to establish common offer of provision with a view to created more integrated regional approaches across CTM.

### Regional Programme Ambition 3

To prevent children becoming looked after, by investing into pre-birth and early years to support parental capacity to care for babies safely. Five RIF funded projects are currently progressing to support parents to have children remain in their care safely with very positive outcomes already being seen. For example, as mentioned above, the 'Magu' service in Rhondda Cynon Taf has seen a 22% reduction in babies aged under one year old being separated from their parents and 90% of families supported have their children remain in their care safely. All three projects have created new referral pathways to the 'CHOICE' project to offer contraception as a means of family planning.

This service provides access to long term contraception and advice and sexual health screening, amongst other services. Work is ongoing to determine common elements of the service with a view to creating a regional specification for commissioning. These services received £733,749 RIF funding investment in financial year 23/24.

### Regional Programme Ambition 4

To develop a regional residential accommodation facility for children with significant complex emotional and mental health needs. The remains an ambition for the region and we await the appointment of Project Managers to drive this ambition forward, we are hoping to appoint by Summer 24.

### MAPPS Therapy for Children Looked After

A regional contract is in place between Rhondda Cynon Taf, Bridgend and Merthyr Tydfil Councils to commission a therapy service for children looked after with complex emotional wellbeing needs, where there is a risk of placement breakdown.

**This service is seeing very positive results with care experienced children and young people, and foster carers who are reporting improved wellbeing, placement stability and prevention of escalation of needs.**

This contract is in its third year and due to be re-commissioned from January 25.

## Our integrated approach to meeting the care and support needs of babies, children, and young people.

The Regional Children Service & NYTH/NEST Framework Coordinator was appointed in January 24, with a focus to collaborate and co-produce with partner agencies the implementation of the NYTH/NEST Framework, principles and the roll out the NEST Self-Assessment Tool (SAT).

This tool is intended to assist services projects, and organisations that support wellbeing and mental health of babies, children and young people in understanding where they are on their NYTH/NEST journey and how they can incorporate the NEST principles into their integrated practice.



**The Cwm Taf Morgannwg Regional NYTH/NEST implementation plan was agreed and finalised against national actions in January 24.**

**The action planning component of the tool provides a structured way to strategise the utilisation of the NYTH/NEST framework and principles.**



These include:

- 1 Implementing a roll out an awareness raising campaign of the NYTH/NEST Framework.
- 2 Undertaking the Self-Assessment tool with 8 children and young people RIF funded programmes.
- 3 Identifying non-RIF funded children programmes to undertake the self-assessment.
- 4 Review the regional Statement of Intent for children, young people and families.
- 5 Refine the regional co-production strategy.

**A comprehensive Cwm Taf Morgannwg NYTH/NEST support programme has been created, which includes a workshop specifically designed to capture practices in line with NYTH/NEST principles.**

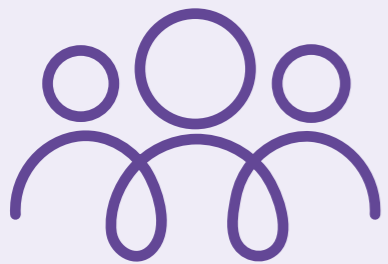


# Regional Priorities for Older People

**Our integrated approach to meeting in their communities the wellbeing, social care and healthcare needs of older people and people living with frailty.**

Over the coming years, the number of people living in our communities is predicted to grow.

Notably, we are expecting an increase in the numbers of people aged **65 years and over**, with the most significant rise in those aged **85 years and over**.



More people living longer is something to be celebrated, and health and social care has played an important role in this.

It is also critical to acknowledge that from the perspective of the future planning of our services, in a resource constrained environment, meeting increasing needs of greater complexity will require innovation and a collective endeavour that our organisations and communities can muster.

For the growing number of older people and people living with frailty, their interacting and cumulating health and social circumstances means continuity and coordination of their care is extremely important.



This means that health and social care services working in silos cannot deliver optimal outcomes for people. Anyone with direct experience themselves, or a family member, living with chronic conditions knows that seamless, accessible support is essential to maintain as much independence and quality of life as possible for that person. This is equally true for the wellbeing of their carer(s).

Our commitment as a Regional Partnership Board is to create an integrated community care system capable of meeting changing and increasing population needs. This is our response to the Welsh Government's 'Further, Faster' Statement of Intent which calls on us to enhance community care.

.....  
**During 2023-24 we have agreed the new integrated services model consisting of Urgent Community Response, Population Health Management and a Navigation Hub.**  
.....

## Services

Services in these pathways will be delivered typically at a 'cluster' level with multi-disciplinary teams bringing together existing support networks to better deliver seamless care.

This has led us to strengthen connections between this programme and pan-cluster planning groups and the regional Six Goals for Urgent and Emergency Care Programme.

We have mapped existing services and RIF projects onto the new pathways, appointed to a key leadership role to drive this work forward and initiated several working groups. A programme plan is being developed and all partners are committed to pushing forward with implementation on a consistent basis across the region.



**Our intention is that significant strides are made over the next 12 months to implement these new pathways and streamline the management arrangements amongst our organisations so that we act and deliver as a single system not as separate organisations.**

# Regional Integration Fund (RIF)

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

## What is the RIF aiming to do?

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

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



## What are the models of care?

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



### Community based care – prevention and community coordination

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

### Community based care – complex care closer to home

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



### Promoting good emotional health and well-being

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

## RIF Performance Data

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

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



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

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



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

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



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

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



### Home from hospital services

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



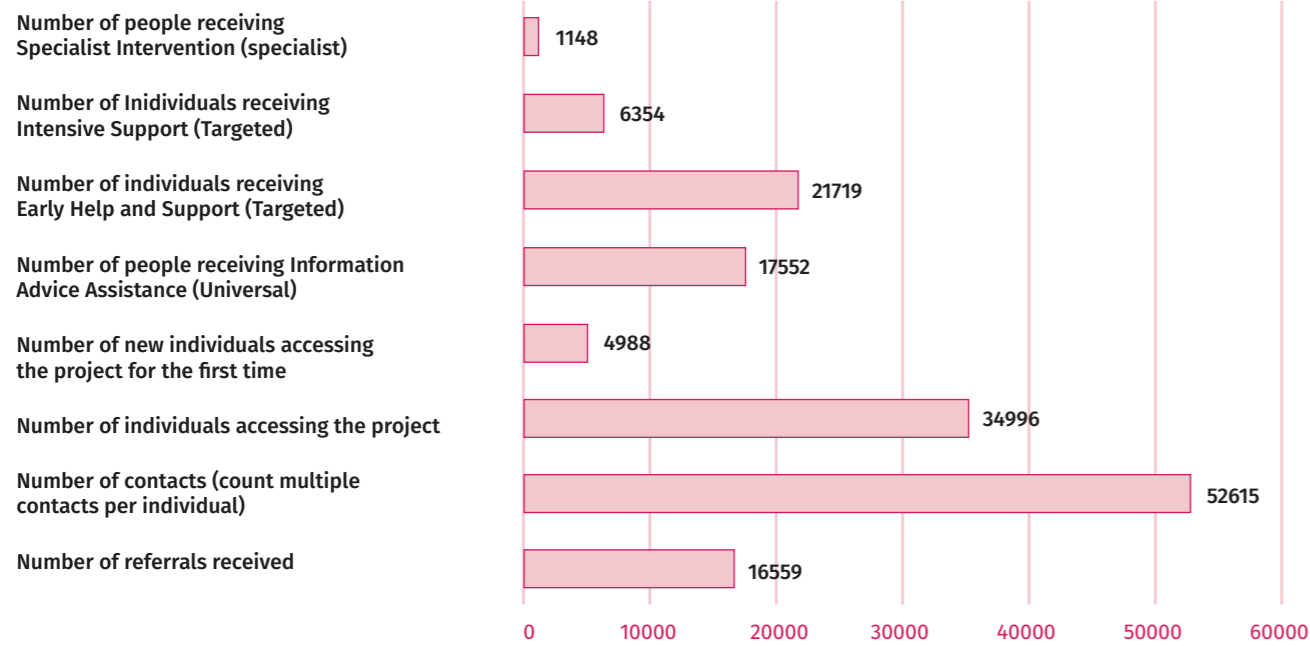
### Accommodation based solutions

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

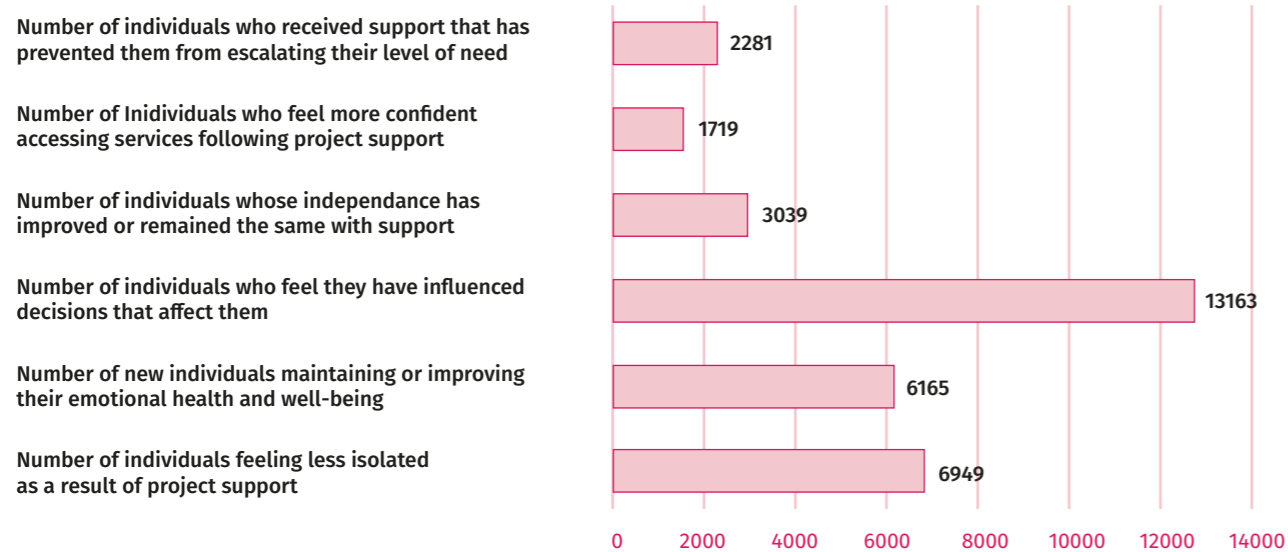


## The information below provides an overview of programme delivery for 2023/24.

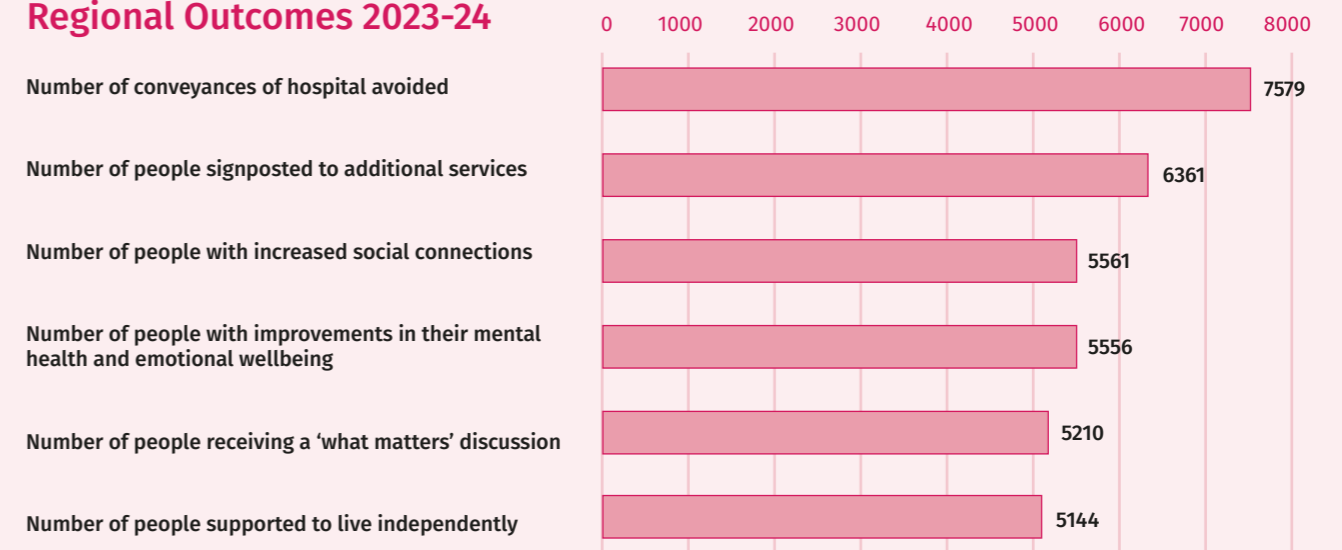
### RIF Outputs 2023-24



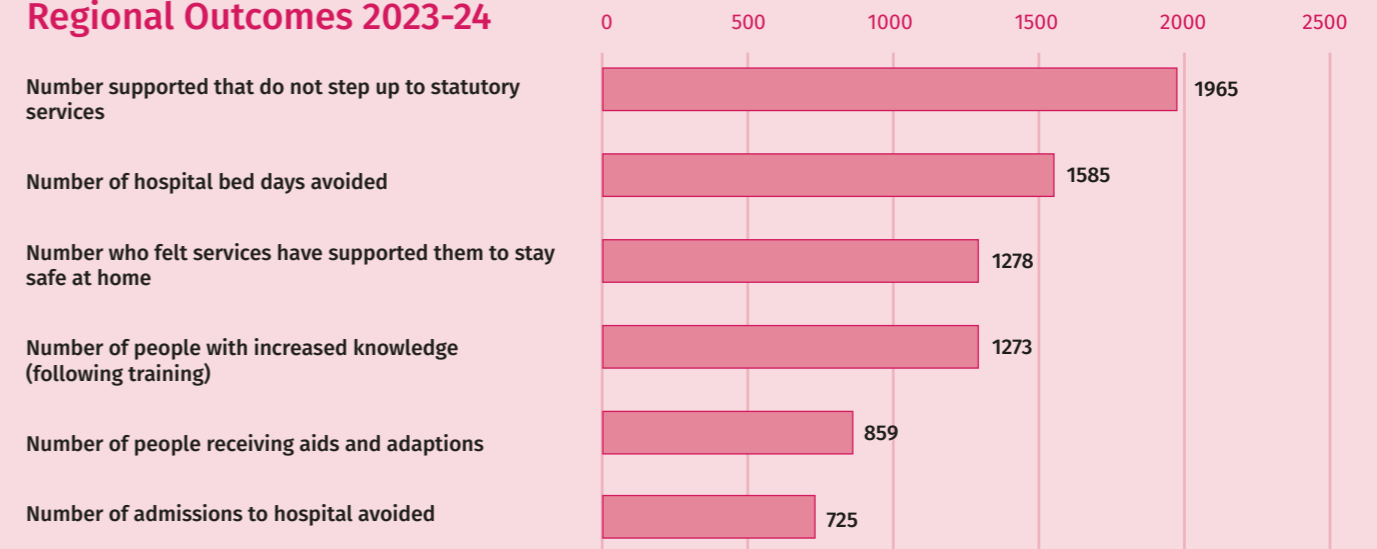
### Nationally Reported Outcomes 2023-24



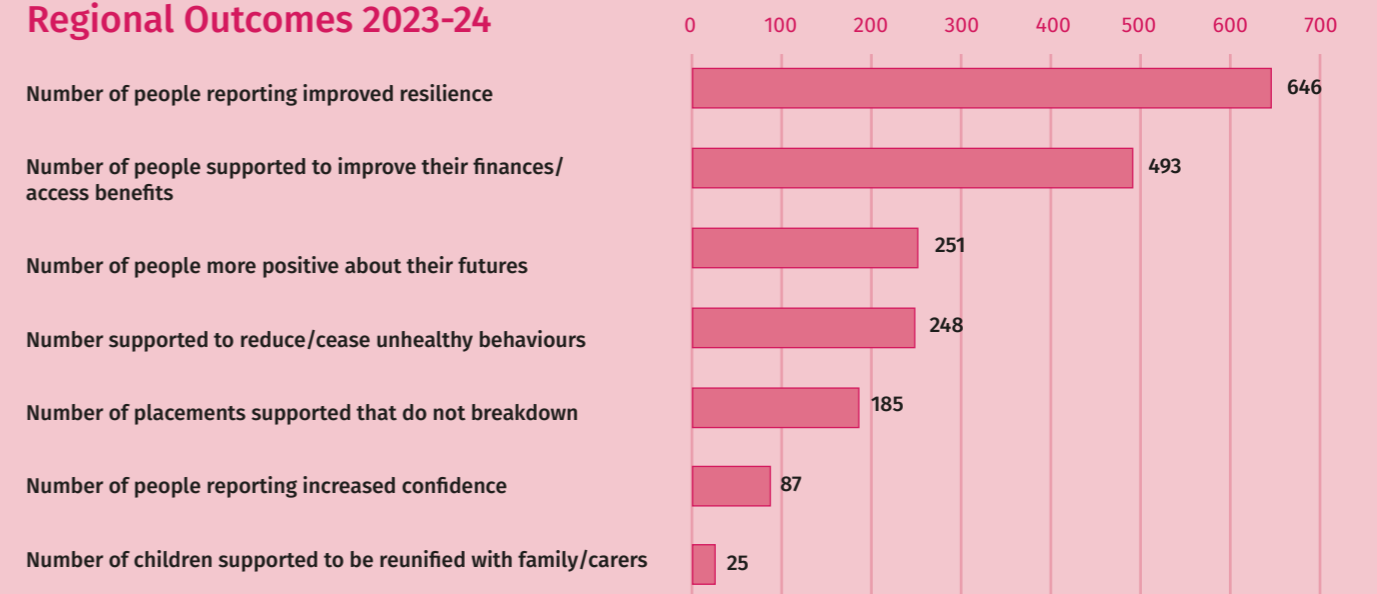
### Regional Outcomes 2023-24



### Regional Outcomes 2023-24



### Regional Outcomes 2023-24



## Qualitative reporting

The data presents a comprehensive overview of the impact and reach of the projects funded from the RIF and delivered across Cwm Taf Morgannwg.

It highlights the various ways in which individuals and communities have been assisted through different forms of support, interventions, and engagement activities.

### Engagement and reach

The programmes received a significant number of referrals, with 16,559 cases being referred to projects, maintaining a high level of engagement, evidenced by 52,615 contacts.

These efforts led to 34,996 individuals accessing various projects, of which 4,988 were new participants, demonstrating the initiative's ongoing ability to attract and serve new people who need support across our communities.



### Support delivered

Many individuals benefited from accessing our projects which provided support across four different levels.

17,552 people received Information, Advice, and Assistance (IAA), while 21,719 individuals were given early help and support. More intensive support was provided to 6,345 individuals and 1,148 accessed specialist interventions.

### Independent living and safety

Efforts to promote independent living is evident across the outcomes recorded, with 5,144 people recording that support enabled them to live independently.



Additionally, 859 individuals received aids and adaptations to ensure safety at home, and 1,278 felt that these services helped them remain safe at home.

Telecare packages were initiated for 4,722 individuals, and 2,532 were supported to transition back home from hospital, highlighting a strong focus on home and community-based support.



### Health and wellbeing

Our programmes have made a significant impact on mental health and wellbeing, with 5,556 individuals reporting improvements in this outcome.

Efforts to reduce or cease unhealthy behaviours supported 248 people, while 646 reported improved resilience and 87 recording increased confidence.

Loneliness and isolation were highlighted as major issues in our Population Needs Assessment, therefore seeing our programmes evidence significant impact in this area is positive. Social connections were enabled for 5,561 individuals with 2,560 people recording reductions in isolation.

## Knowledge and training

Key functions for many of our projects is to increase knowledge of the services available across our communities and share learning with our wider workforce, upskilling them to deliver improved support to people across our communities.

Educational elements of our programme's efforts led to 4,950 individuals gaining knowledge about local services, and 1,273 people increased their knowledge following training sessions. These initiatives helped individuals feel more informed and better equipped to navigate available resources.



## Financial support

Financial assistance was provided to 493 individuals, helping them to improve their finances and access benefits, thereby reducing financial stress and promoting stability.

## Future outlook

The programmes have had a positive impact on individuals with 251 people feeling more positive about their futures.



A total of 5,210 individuals participated in 'What Matters' discussions, which likely contributed to the tailored and responsive nature of the support provided.

## System outcomes and impact

The programmes effectively reduced the burden on emergency and hospital services, with **7,579 hospital conveyances** and **725 hospital admissions avoided**. **1,585 hospital bed days were saved**.

Our commissioned programmes also facilitated access to local services for 2,163 people following referrals and signposted 6,361 individuals to other relevant support services.

In addition, our programmes prevented 1,965 individuals from escalating to statutory service thresholds, supported 185 placements ensuring stability, and 25 children were successfully reunified with their families or carers.



## Summary

Overall, the data illustrates a wide-reaching and multifaceted approach to support, encompassing mental and physical health, safety, independent living, financial stability, community connections and more.

The comprehensive delivery of projects/services not only met immediate needs but also enabled longer-term resilience and well-being among people.

Further information on a range of our RIF funded services can be found via the QR code on the back page.

# 'Capturing Our Journey'

**We know that we need to make sure services funded through RIF are meeting the health, social care and wellbeing needs of our residents living in Rhondda Cynon Taf, Bridgend and Merthyr Tydfil.**

## Capturing Our Journey event

From a national perspective, Welsh Government need us to show how this funding is making a difference to people. To do this, we need good evaluation methods, and ways of capturing services that are working well, and identifying where improvements need to be made.

Qualitative research is important. It gives us an understanding of people's reasons for using a service, their opinions and motivations. It helps us understand the 'why' behind the data, and hear people's experiences, perceptions and stories.

As above, we know that in Cwm Taf Morgannwg we are leading the way on quantitative reporting. However, across Wales, there is a need to improve on our qualitative reporting.

**In November 2023, we held an event called 'Capturing Our Journey', aiming to do just that.**

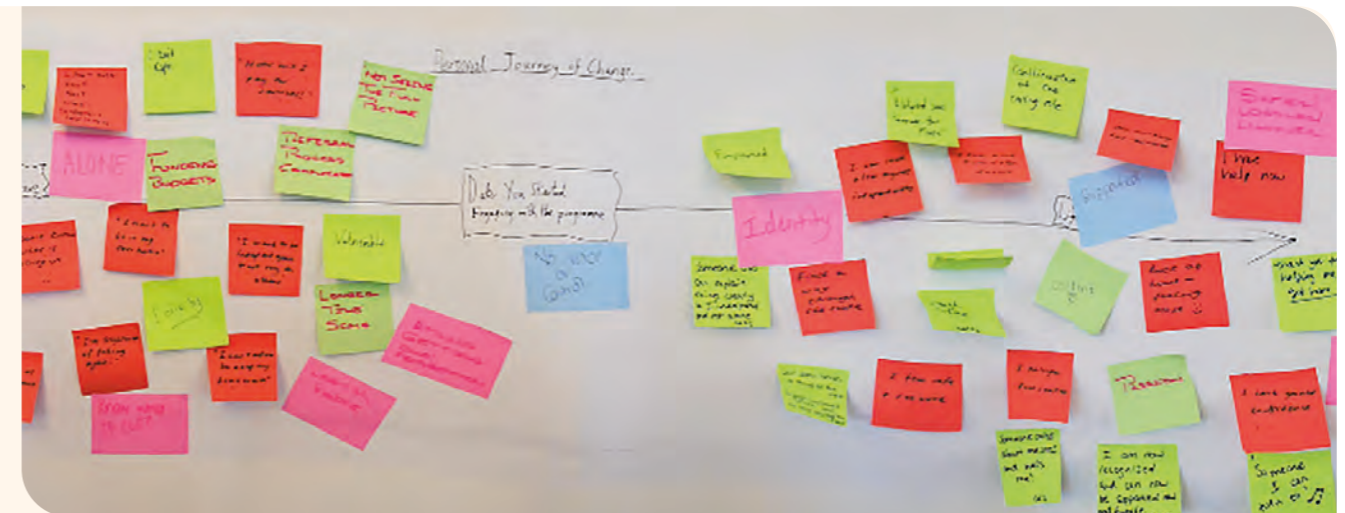


**The event brought people together to share successes, stories of change, and to capture learning in a way that was meaningful for those who deliver and receive services across CTM.**

## Models of Care

The event was the first of its kind and focused on people who deliver and receive services under **three Regional Integration Fund 'models of care'**. There are six models of care which were developed by the Welsh Government, and this event focused on the following three:

- **Community based care: Prevention and Community Coordination**
- **Community based care: complex care closer to home**
- **Home from hospital**



Sixty-one people attended the event, representing twenty-four organisations or services from Bridgend, Rhondda Cynon Taf and Merthyr Tydfil, including local authorities, the third sector, the health board and other public service bodies.

Through the event we were able to dig a little deeper into the impact a service is having and understand the journey of a service – why was it set up? How is it helping people? What can be done to improve this even further?

Groups worked together on timelines to capture their collective journeys and stories, and then developed powerful creative pieces to bring these to life.

You can watch one of the participants, Vicki, talking about her story here.

“In my context with older people, a lot of the problems they face is with isolation, loneliness...Once you get people into a room on the pretext of something, you end up connecting people, getting them to bounce ideas off each other, they can formulate their own plan for the future. In itself it builds a community.”

- Workshop participant



Vicki was supported through the BAVO Community Navigators project, delivered under the Complex Care – Community Prevention model.

By measuring our impact in new ways and telling powerful stories of change we can ensure that we continue to acknowledge people who use services as active and equal partners in service delivery.

Capturing individual wants and needs, rather than just numbers and data, allows us to get to the heart of what matters and understand the contexts of people’s lives, making our services more robust and effective as a result.



# Capital Funding

## Housing with Care Capital Funding (HCF)

£60M national funding from Welsh Government has been allocated to a new Housing with Care Capital Funding (HCF), programme across Wales, with an allocation of £8,729,000 per annum to the Cwm Taf Morgannwg region, to develop our capital pipeline programme annum.

### Capital investment can be made into 3 priority areas:

#### Objective 1

To develop residential accommodation for **older people with extra care support (known as Extra Care)**, where people hold tenancies.

Also supported living accommodation for **adults with learning disability, or adults with mental illness or young people leaving care.**



#### Objective 2

Other new small scale residential accommodation for **children and young people looked after**, or short to medium term accommodation for **adults with higher needs and/or behavioural challenges**, other intermediate care settings e.g. step up/down, reablement/ rehabilitation flats, training, respite for carers/cared for people.



#### Objective 3

Investment can also be made into small scale projects, such as repairs, refurbishments to existing housing with care/ intermediate care settings, equipment, adaptations to existing homes, top up of Disabled Facilities Grants, purchase of digital aids.



A regional Capital Board advise and offer strategic direction to the RPB, regarding investing into regional capital projects that meet our region's identified need, which support the priorities for investment for the target client group of older people, those with dementia, people with learning difficulties, and neuro-developmental conditions, children with complex needs and carers.



Very positive steps were taken in 2023/24 with several capital pipeline projects progressing at early stages of development, with some to achieving full construction completion which are now fully operational.

Notable achievements are listed below for schemes that are completed with level of HCF investment, and those beds that are still at the development stage.

This investment has generated a total of 40 new residential beds with 97 at early stages of development. This will go a long way to addressing the gaps identified within CTM’s 10-year **Regional Capital Strategic Plan** for accommodation with care facilities:

Population Group	HCF Investment	Number of Beds
<b>Completed Schemes:</b>		
Children Looked After/ Complex emotional needs Residential Accommodation	<b>£2,113,127</b>	<b>29 beds</b> (newly completed)
Children looked after Leaving Care (Accommodation for 16+ years)	<b>£284,362</b>	<b>5</b> (newly completed)
Older People Accommodation/ Various (including Hospital Discharge facility)	<b>£208,184</b>	<b>4</b> (reconfigure) <b>2</b> (new)
	<b>Total New Beds</b>	<b>40</b>
<b>Progressing Schemes/At Early Development Stages:</b>		
Older People (Accommodation with ‘Extra Care’ Support)	<b>£2,000,000</b>	<b>60</b> (at early stages of development)
People with Learning Disabilities (Supported Living Accommodation Scheme)	<b>£391,000</b>	<b>22</b> (at early stages of development)
Children Looked After/ Complex needs Residential Care accommodation	<b>£381,807</b>	<b>15</b> (early development)
	<b>Currently Being Developed</b>	<b>97</b>

## Examples of a Completed and Fully Operational Capital Projects

### Meadows View (Golygfa’r Dolydd) Children's Placement Hub (Bridgend County Borough Council)

Meadows View was developed following the closure of the former Brynmenyn Primary School, in Bridgend. The scheme was completed in September 2023, and is now fully operational, with Care Inspectorate Wales (CIW) registration in place.

The integrated team support the child or young person throughout their journey. The person is supported by a dedicated highly skilled team who undertake in-depth assessments, including an emotional and behavioural assessment and therapeutic interventions to stabilise the child’s behaviour.

**Meadows View provides an integrated service for young people, aged 6 to 17, who are either in care, on the edge of care, or have experienced numerous placement breakdowns.**

**This helps to improve any risk-taking behaviours, re-integrate into education, training, or employment, where necessary, and identify the most suitable long-term option.**



#### Description

Meadows View houses two wings, one with three crisis/emergency beds, for when children are placed there due to urgent care needs.

The second wing houses four temporary/ short to medium term beds, where children receive therapeutic support to stabilise their emotions and behaviours, ahead of their move to permanent residential accommodation or a foster home.

Since its opening, the service has homed at least four young people continuously, and now has six young people living there, translating to an 85% occupancy rate.

Marked as a flagship scheme for the region; it has been identified as an area of good practice in terms of how the team supports young people and children, and how the voices of residents have shaped the way the scheme looks and feels.

**The photos below highlight the interior and exterior of the property.**

The coloured sheds were created as young people said they wanted their own separate space outside their bedroom. The sheds were introduced as spaces that the children could store belongings and have a sense of ownership of their own space.



**Willowford House, Residential Accommodation for Children Looked After (Rhondda Cynon Taf County Borough Council)**

**This capital residential accommodation project has been developed and completed by Rhondda Cynon Taf CBC and partners.**

The four-bedroom property was bought and refurbished in line with the **eliminating profit agenda** and meets locally defined children’s residential needs. **This was officially opened on 1st May 2023.** This long-term residential children’s home for three young people (with a staff

bedroom) was identified in Rhondda Cynon Taf County Borough Council’s ‘Residential Transformation Strategy’ and has been developed to ensure young people who need residential care are looked after close to home.

The provision of high-quality settings allows young people the opportunity to be homed where they can thrive, and looked after by a stable, resilient, skillful and well supported staff group.



## Progressing Developments at Early Stage on CTM’s Capital Pipeline Plan

### Thomastown House, Children’s Residential (Merthyr Tydfil County Borough Council)

This development will offer greater independence to children and young people, so they receive the right level of support locally, and can build stronger links within their communities.

This will hopefully result in a successful transition into adulthood in a positive, productive way.

Two systematic homes will be created for up to six young people. In addition, there will be short breaks/respite accommodation available for two young people, and further care and support provision for three to four young people. Up to ten young people can be supported at any given time.

The below picture shows the redesign and reconfiguration of one existing council-owned site.



## Development of a 5-10-year Capital Investment Strategy



You can read the Capital Investment Strategy here



We have developed a regional Capital Investment Strategy, which translates into a regional 5–10-year capital plan for investment across Cwm Taf Morgannwg.

The strategy was developed using data identified through the population needs assessment, with a particular focus on accommodation needs and beds.

The strategy identifies key priority projects for **Housing with Care and Integration** and the **Rebalancing Care (IRCF) funding** investment that promotes hospital discharge; step down facilities; independent living; supported living; eliminating profit agenda; developing integrated health and social care facilities and models.



## Integration and Rebalancing Care (IRCF) funding

The Health and Social Care Integration and Rebalancing Capital Fund is a programme set up to directly support the programme for Government.

It commits to developing 50 integrated health and social care hubs to support rebalancing of the residential care market.

It has been established to:

- 1 Support a coherent approach to planning the co-location and integration of health and social care services within the community across Wales
- 2 Support the rebalancing of adult residential care provision by increasing delivery from within the not-for-profit sector
- 3 Support the elimination of profit from the provision of children's residential care

The two main schemes that have been supported with funding from Welsh Government, within Cwm Taf Morgannwg, which are various stages of development, are:



### Maesteg Community Hospital Hub

Early development funding has been provided to develop a business case to redevelop Maesteg Community Hospital into an Integrated Health and Care hub called 'Maesteg Community Health Park'.

This redeveloped site will include a range of services delivered with Bridgend County Borough Council (BCBC), third sector and commercial partners, including a Minor Injuries Unit, a children's centre, co-located community nursing, mental health and social care teams, and a new build facility on-site for long-term care, step-down, rehabilitation and reablement.



### Sunnyside Wellness Village, Bridgend

The Sunnyside Wellness Village will provide a brand-new mixed-use development, on the site of the demolished Bridgend Council Offices and former Magistrates Court, consisting of 59 housing units, a healthcare centre and landscaping and infrastructure.

To support Welsh Government's ambitions to develop more integrated health and social care hubs, several pieces of work progressed during 2023/24 to aid this ambition.

An organisation has been appointed to undertake a feasibility and options appraisal study to review existing community assets and facilities. This will determine their ability to be developed into integrated health and social care hubs. The work will conclude in summer 2024 with recommendations that could help the region achieve this ambition.

A second feasibility study is exploring accommodation needs for people with learning disabilities who plan to transition into supported living. This work will be underpinned by the development of a co-produced guide that will give people with learning disabilities, their parents and carers information on what to expect before, during and after the move to supported accommodation.

# Dementia

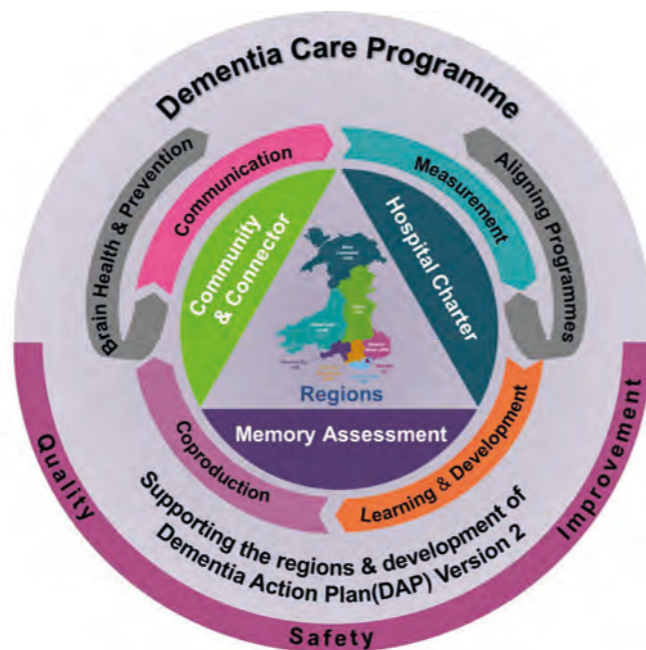
For dementia there is a distinct national agenda and area of work under the Dementia Action Plan (DAP) and the All Wales Dementia Care Pathway of Standards (the standards).

The Dementia Action Plan has been undergoing an extensive period of evaluation with work on the creation of a new plan expected to begin in 2024.

## Dementia Care Programme

The implementation of the DAP is supported by delivery of the All Wales Dementia Care Pathway of Standards published by Improvement Cymru in 2021 and a dementia specific RIF totalling £1.7M.

A national review of the work streams has been undertaken with the structure below proposed as a national approach from April 2024:



Discussions continue in each region as to whether this national model will be embedded in the individual regions moving forward.

The Dementia Steering group continues to focus on:

Compliance with the DAP and implementation of the first 20 standards

Reconfiguration of services where required to achieve a regional consistency

Implementation of a coproduction approach across the region for dementia

The steering group continue to work towards implementation through the six work streams previously supported by Improvement Cymru. The workstreams include Community Engagement, Memory Assessment Services, Dementia Connector, Hospital Charter, Workforce and Learning, and Measurements.



## Community Engagement

Community listening exercises have been undertaken successfully in Gilfach Goch and Pontypridd and a blueprint for community listening is set to be developed in 2024. The listening exercises have also been fed into the feasibility work on the Integrated Health and Social Care hubs and a small grant for local groups to deliver dementia supportive activity was positively received.

## Memory Assessment Service

Progress has been made on the development of the optimum model of Memory Services across the region with a particular focus on a one for CTM approach. This in support of the overarching priority of 'parity of outcome for our citizens across the region'. In the interim, a Memory Service has been developed within Bridgend and work is ongoing to develop a standard operating procedure to align working practices across the region and ensure a consistency in the referrals we receive.

Engagement on the pathway was undertaken in the engagement activities, including in a Hydra-Minerva Suite, the Dementia Hackathon and Turn Pontypridd Blue. More is planned for Dementia Action Week in May 2024 to identify the outcomes that people with a lived experience desire at each of the stages in their journey.

## Dementia Connector

The Dementia Connector role was successfully tendered to Age Connects Morgannwg and rebranded as 'Memory and Wellbeing Guides'. The project is making connections and will actively recruit guides in 2024.



## Hospital Charter

As part of our delivery of the 'Dementia Friendly Hospital Charter' we have ensured that all wards have log in details for the online improvement platform Care Fit for VIPS.

VIPS stands for:

### V = Values People

Values and promotes the rights of the person

### I = Individual's needs

Provides individualised care according to needs

### P = Perspective of service user

Understands care from the perspective of the person with dementia

### S = Supportive social psychology

Social environment enables the person to remain in relationship

There are designated leads for all sites and dedicated Dementia Care Mappers have been recruited into the Specialist Dementia Intervention Team to support dementia mapping on sites.

## Workforce and learning

The Dementia Steering Group agreed to fund a dementia services and pathway review which was tendered to NHS England Commissioning Support (NECS).

NECS has been tasked with identifying practice across the region, data trends and diagnostic rates, in addition to identifying gaps that exist. They will also take a view on the allocation of the dementia RIF funding against the data analytics to help inform

the steering group's decisions around future funding and project/programme development. The report will also seek to inform the development of a workforce plan.

Alongside this, discussions are being held on a unified approach to dementia communication training in support of our regional delivery against the Good Work Framework.

## Measurements

Progress continues around the development of a measurement workbook, with CTM being able to submit data points to Improvement Cymru.



Moving forward discussions on a smaller set of measurements to support sharing of good practice/comparison of progress across Wales continues alongside the development of meaningful measurements to inform improvement across the work stream areas.

Within CTM successful negotiation to flag dementia on the **Welsh Patient Administration System (WPAS)** has been undertaken and a pilot of READ code usage on the system is planned for early 2024. Once complete roll out across the region and a range of awareness raising and training materials will be developed.

## Regional Infrastructure

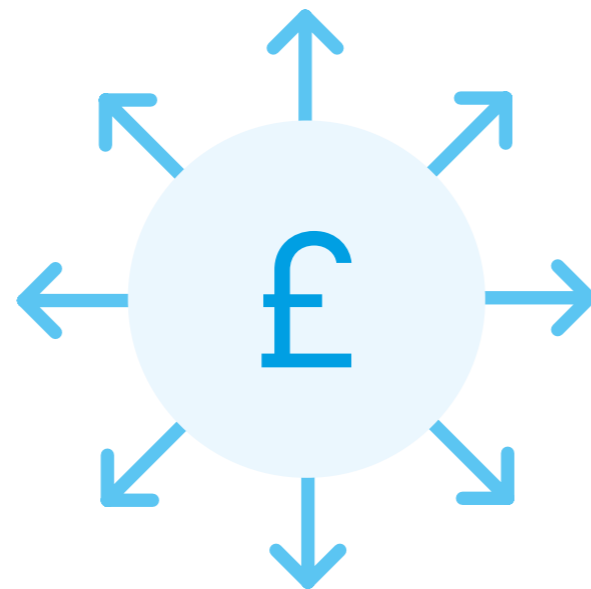
An overview of existing and planned regional infrastructure to support the ambitions of the RPB can be found via the QR code on the back page.

## Regional Commissioning Unit

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

The team manages and coordinates a range of a range of Welsh Government funding that is directed through the Regional Partnership Board including the **Regional Integration Fund (RIF)**, **Housing with Care Fund (HCF)** and **Integration and Rebalancing Care (IRCF) capital programmes**.

The team reports on service investment and performance, to ensure best outcomes and value for money for service users and stakeholders as well as coordinating the governance of the partnership.



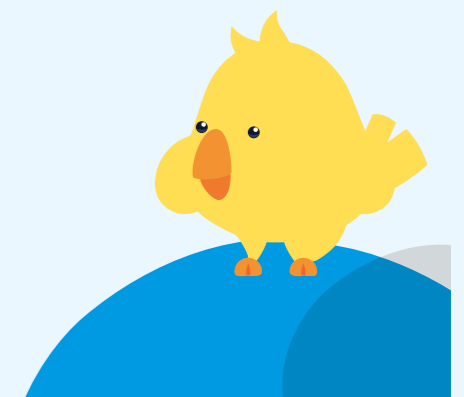
This funding is very important as it helps to ensure the right services and support is available for people living in Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

**Additional capacity has been secured in 2023/24. A Director for Integration post commenced in November 2023 to drive forward the ambitions of the Integrated Community Pathways programme.**

A Capital Planning Officer started in October 2023 to support capital programmes across the region with a further recruitment planned for 2024/25 to include a focus on developing assistive technology programme.



A **NEST Co-ordinator for Children and Young People** came into post in March 2024 and is tasked with implementing the **NEST Framework** within the work of the **Regional Partnership Board**.



# Research, Innovation and Improvement Coordination Hub

The RIC Hub is hosted within the Cwm Taf Morgannwg University Health Board (CTM UHB). Its primary role is to identify and coordinate innovative practices and activities based on the population's needs across the Cwm Taf Morgannwg region, which includes the local authorities of Bridgend, Rhondda Cynon Taf, and Merthyr Tydfil.

The RIC Hub has become a meeting point for collaborative working, engaging and supporting stakeholder organisations. It facilitates new and creative ideas by bringing together diverse stakeholders and providing an environment conducive to the development and implementation of innovative projects.



## Planned events and activities at The Hub included:

- Education resource
- Maintaining education growth and integrating training for the workforce clinical settings, improvement practices, and university relationships

The CTM RIC Hub has helped drive innovative projects across the region over the past year by:

### Celebrating Innovation Excellence

The RIC Hub hosted a ministerial visit and other events to showcase their collaborative work with the third sector, including the NHS Wales award winning project on repurposing pet bedding for other uses within health and social care.

Fostering innovation and knowledge exchange between universities and CTM UHB, pushing the boundaries of healthcare education and practice.

### Enhancing Patient Engagement

Recognising the importance of effective communication, the hub is spearheading the development of web applications.

### Championing Sustainable Solutions

In a remarkable display of sustainability, the Hub has initiated a collaborative approach to two projects that received Small Business Research Initiative (SBRI) funding.



Read the RIC Hub's Annual Report here



## Cwm Taf Morgannwg Social Care Workforce Development Partnership (SCWDP)

The role of the Cwm Taf Morgannwg SCWD service, as governed by the SCWWDP Strategic Governance Board, is to:

- Collate and consider workforce data to ensure workforce planning is sensitive to any significant changes, challenges or opportunities across sectors in the care market.
- Work with others to take account of National, Regional and local requirements and good practice to inform workforce development needs.
- Work with partners across the care sectors to ensure workforce development initiatives are prioritised and targeted appropriately to meet needs.
- To commission learning and development activities and facilitate opportunities to provide links to meet workforce development needs through.
  - A Grant funded workforce development programme available to social care providers.
  - An annual programme of face-to-face training and development events.
  - The development of flexible training delivery methods adopted through Covid is to continue.
  - Access to conferences and network events.
  - New qualifications, VQ's and equivalent qualifications and competence frameworks.

- Qualifying, post qualifying and CPD opportunities for qualified social workers and registered managers.
- Ongoing support, advice, and guidance.
- A wide range of communication and information including regular newsletters and bulletins.
- To evaluate the impact of regional learning and development plans on services and the workforce.

### Social Care Workforce Development Plan

The Social Care Workforce Development Plan has been developed and agreed by the Cwm Taf Morgannwg SCWWDP and endorsed by the Lead Director of Social Services in Rhondda Cynon Taf, following consultation with Directors in Merthyr Tydfil and Bridgend.

The work programme has been planned for 2024/25, in some instances (such as for social work qualifying training) into 2027.

It has been developed in line with priorities set by the Cwm Taf Morgannwg SCWDP, Social Care Wales and the Grant Circular. This includes the Regional Facilitation Grant, informed by a sector-wide training needs analysis.





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

# ANNUAL REPORT 2023/24

September 2024

To access supporting documents and information, scan the QR code.

[ctmregionalpartnershipboard.co.uk](https://ctmregionalpartnershipboard.co.uk)



# Starting Well Strategy Group Update Q2 2023/24 (Oct update)

Authors:

Lucy Smothers

Elle McNeil



# Starting Well: Progress Highlights



- **Early Years Transformation Programme** WG funding ended March 2024
  - CTMUHB hosting the partnership approach enabling ongoing Early Years regional developments and service improvements, reset meeting held with focus on data sharing and PAIRs
- **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 on: training needs; shared pathway and approach to consultation; developing a regional service
  - Staff consultation launched; ongoing trial of pathway and universal PIR questions
- **Healthy Weights**
  - Strategy team are working with Public Health CTM to develop a CYP Healthy Weight approach
  - Post-operative bariatric surgery T+F completed work in response to Welsh Health Circular
  - CYP weight management business case and implementation plan under development



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

**Early Years Transformation Programme (EYTP);** officially 'closed' when funding ceased March 2024 the regional collaboration agreed to continue the work with Starting Well 'hosting' the partnership. Work-streams supported and progressed:

- **PIR (Parent and Infant Relationship)** project governance established with task & finish groups: developed and delivering a regional multi-agency training and support model for early years staff; PIR conference held in October with over 120 EY regional and national professionals attending; regional multiagency service offer under development to secure funding in partnership with LAs from April 2025.
- **Baby & Toddler Voice Statements** engagement ongoing: work with partners and internal staff groups completed; parent engagement undertaken at the Eisteddfod. A/W final sign off IM Board
- **Regional PowerBI dashboard** development bringing together CLA, Local Authority Early Help data and Health datasets to provide regional insight to inform planning and delivery of services.

**Healthy Weight:** Governance and support review complete with key stakeholders; agreed project/ T+F approach. Infant Feeding Strategy complete awaiting formal sign-off with implementation planning ongoing inclusive of Whole Systems support to support normalisation of breastfeeding in CTM. CYP weight management business case and implementation plan under development with all system partners. Post-bariatric surgery T+F group complete; CTMs position statement and patient information to be shared across primary care/ via CTM website in October (awaiting medical illustration support for patient information).

**Children's Rights Charter:** re-established Children's Right Working Group. Reviewing ToR & governance. Gap analysis shared alongside CTMs completed CCFW 'Right Way Approach' matrix to develop future work-plan to include: Children's Rights Champions; staff engagement; re-launch of Charter alongside baby & toddler voice statements; increasing CYP feedback/ engagement opportunities; performance measures

**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**

- Data sharing agreements for EYTB continuation
- PIR regional service model agreed with LAs to enable funding applications
- CYP weight management business case and implementation plan

**Issues**

- Time-limited funding for PIR regional service model development
- Limited capacity due to long-term sickness absence

**Escalations – NA**

<b>Overall Delivery Confidence</b>	
<b>Reporting Period</b>	Q2 2024/25



STARTING WELL

# Children's Rights: Baby & Toddler Voice



GROWING WELL

## EYTP Parent & Infant Conferences

100 staff from across the regional CTM Early Years Workforce attended the 2024 conference highlighting:

- Showcase raise awareness of work already developed across CTM
- Support launch of regional consultation offer
- A service gap for specialist parent-infant support across the region
- Engaging regional partners in commitment and action to support ongoing development of regional service and next steps – ongoing conversations with LA, UHB regarding host organisation and future RIF bid
- <https://youtu.be/karKluZacnM> Paul Mears YouTube video

**Cwm Taf Morgannwg Nurturing Families Service Conference:**  
Supporting the parent infant relationship through effective partnership working: from Policy to Practice

**Wednesday 9th October 2024**  
**Hawthorn leisure Centre**  
Fairfield Lane, Rhydyfelin, CF37 5LN  
**8.45am - 4.15pm**

**Confirmed key speakers:**  
**Ms Jayne Bryant MS:** Minister for Mental Health and Early Years  
**Mr Paul Mears:** Chief Executive of Cwm Taf Morgannwg Health Board  
**Dr Bethan Phillips:** CTM Nurturing Families Service Clinical Lead

More speakers to be confirmed  
Includes opportunities to discuss future developments, across the CTM region.

Image courtesy of Mental Health Foundation  
**Lunch provided**  
Places are limited, so please register early (closing date **Monday 16th September**) by following the link [here](#) or Scan QR Code to register:

Places will be confirmed by:  
**Monday 30th September 2024**

Fully Funded by the CTM Regional Partnership Board

Mae'r ddogfen yma ar gael yn y Gymraeg / This document is available in Welsh.



**Cwm Taf Morgannwg Baby and Toddler Voice**

The period before I am born until 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 UNICROC. And used my voice to draft these expectations at several Task and Finish 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 (clothing and shoes).
- I need you to understand that I depend on you to breathe clean (fresh) air (in my 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 shape and 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 (high-street play area) so I can feel happy. Help me feel safe and protected from things I don't enjoy.
- I need to be supported to connect with others and learn from their experiences.
- I need you to help me develop connections with father (dad), 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 (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 to 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.

**Key Objectives:**

- To develop and implement of a sustainable system wide approach to training and development of the early years workforce on the 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 the early years sector, can access support and 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
<p>Project Group</p> <p>Microsoft Edge PDF Document</p>	<ul style="list-style-type: none"> <li>Project Group meet every 8 weeks</li> <li><b>Extraordinary Meeting 9-9-24 to involve partners in shaping future Model</b></li> <li>CTM public consultation on Baby &amp; Toddler Voice during Eisteddfod – <b>awaiting sign-off</b>. Article in the Institute of Health Visiting</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- see final logo and brand in embedded document</li> <li>Children in Wales Newsletter</li> <li>CTM Nurturing Families Conference arranged for 9/10/24</li> <li><b>Writing Business Case- discussions ongoing</b></li> </ul>	
<p>Task &amp; Finish Group 1: Pathway and Regional Model development</p>	<ul style="list-style-type: none"> <li>Extensive staff consultation on the Draft Staff Consultation Guidance</li> <li>Draft Guidance launched as a pilot 1/10/24</li> <li>Weekly Consultation opportunities for staff</li> <li>Meeting wit staff Groups to raise awareness</li> </ul> <p>Microsoft Edge PDF Document</p>	
<p>Task &amp; Finish Group 2: Training &amp; Workforce development</p> <p>Microsoft Edge PDF Document</p>	<ul style="list-style-type: none"> <li>CTM Nurturing Families Training Director Launched</li> <li>See embedded document</li> <li>Pre &amp; Post evaluations collected</li> <li>3 month evaluations introduced</li> <li>Training Certificate to be circuited after completion of 3 month evaluations</li> </ul>	

**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 and planning support 0.3 wte (match funding)**
- Breakdown of representation at CTM NFS (Excel) April-Sept '24.



Microsoft Word Document

**Met with 30 staff discussions PIR & research models**

**Met with total 180 staff to raise awareness PIR and the CTM Baby & Toddler Voice**

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
Industrial action - Health Visitors	Reduced health visiting engagement – coordinate with Senior Nurse regarding staff involvement	
Low representation in some staff groups at Project & Task & Finish 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	
Short-term funding	RIF funding ends March 2025 – funding is being sought to continue the development. An exit strategy will be developed in Q3	
Reduced staff capacity	Staff illness impacting capacity (0.3wte)	

# Growing Well Strategy Group Update Q2 2023/24 (October update)

Authors:

Lucy Smothers

Elle McNeil



# Growing Well: Progress Highlights



## **Neurodevelopment Improvement Programme** work progressing at pace:

- **2024/25 budget agreed** PM commenced mid-Sept; programme review underway
- **Workforce and HMP Parc Prison sub-groups being established**
- **Innovative projects to provide support pre- and post-diagnosis progressing**

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

- **Regional review of priorities** ongoing to develop regional CYP strategy to enable targeted RIF funding from 2025
- **Emotional health and wellbeing Group** reviewing priorities to develop regional action plan using NYTH/NEST
- **CYP Complex Healthcare Needs sub-group** review and reset underway; viability study commissioned on regional overnight short-break respite care for CYP with complex physical health care needs out to tender.

## **Diabetes Clinical Planning Group** indicative work-plan approved in Diabetes week (10<sup>th</sup>- 17<sup>th</sup> June)

- **Patient engagement** approach under review with Value Based Health Care team
- **T1DM service transformation** project 'Models of Care' progressing, single tender approach agreed
- **Primary care** targeted work scoped to raise 8 care processes and annual check compliance rates.



Work Programmes/ Activity	RAG
Neurodevelopment Improvement Board: <ul style="list-style-type: none"> <li>WG reporting</li> <li>Work-streams</li> </ul>	
Transition	
Children's Programme Board: <ul style="list-style-type: none"> <li>Emotional health &amp; Wellbeing sub-group</li> <li>Complex healthcare sub-group</li> </ul>	
Diabetes: <ul style="list-style-type: none"> <li>Models of Care T1DM</li> <li>Patient Engagement</li> <li>Primary care</li> </ul>	

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

- Programme Manager commenced mid-Sept; work commenced to review structural support, reporting and work-stream annual plans
- Waiting List Initiatives for IAS (Adults) and ND Service (CYP) ongoing
- Innovative projects to provide support pre- and post-diagnosis progressing

**Children's Programme Board complex healthcare sub-group** reset agreed with CPB to review progress against joint objectives around the Continuing Care agenda; viability study out to market to consider short-break respite needs; MDT approach and care management of CYP with complex healthcare needs (ND and physical) to be explored alongside SHINE model.

**Children's Programme Board Emotional Health & Wellbeing sub-group** re-established with Clinical Lead as Co-Chair with developing priorities underpinned by NYTH/NEST. 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 with revamped meeting format and reporting structure; 3yr plan and prioritisation workshop scheduled for October; review of patient engagement underway; paediatric service workshop held to identify quick wins and agree longer-term priorities for the service.

- **Diabetes Model of Care T1DM (adults)** trial agreed at RGH site for agnostic cloud based triage system for implementation from April 2025.
- **Responding to NICE guidance** on Sensor Augmented Pump technology escalated at all Wales level; targeted procurement work ongoing to decrease costs; localised business cases progressing within care groups; response under development to WG requirement for a 5yr all-age plan.
- **Primary care** action plan under-development to support increased completion of 8 care processes and annual reviews.

**Priorities**

- Neurodevelopmental Improvement Programme 2024/25 monitoring and evaluation of all projects via programme structure
- Paediatric diabetes improvement plan
- 5yr implementation plan to meet T1DM NICE guidance on SAP technology

**Issues**

- Limited capacity due to secondment and long-term sickness absence within the team.

**Escalations** None

<b>Overall Delivery Confidence</b>	
<b>Reporting Period</b>	Q2 2024/25

**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 Workstreams:**

Workstream	Status Update	RAG
1. Early Years Identification & Pre-Diagnosis Support	<ul style="list-style-type: none"> <li>Resource document developed – to be used nationally</li> <li>New ND website now available</li> <li>Revised letter sent to families advising they have been accepted onto the waiting list</li> <li>Mapping exercise to be undertaken to identify services available to aid families to 'wait well'</li> </ul>	Yellow
2. Assessment and Diagnosis	<ul style="list-style-type: none"> <li>Noted long waiting lists for assessment for both ADHD and Autism</li> <li>NDIP funding provided to undertake additional assessments to reduce waiting list and waiting time for assessment – aim to reduce waiting list to &lt;18 months</li> <li>Bi-monthly meetings established between ND Service, IAS and Adult Mental Health Team to share ideas and align detail around transition.</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. Once established, will undertake work to develop something similar for CYP.</li> </ul>	Yellow
4. Commissioning (CYP)	<ul style="list-style-type: none"> <li>Workshop to be held to develop a set of guiding principles across all organisations. This will be translated into a commissioning tool / framework for CYP ND provision (feedback from hackathon will be included as part of this work).</li> </ul>	Yellow
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:**

- Additional 500 ND assessments to reduce the waiting list to 18 months by end Mar 2025. 103 additional assessments completed Apr-Jul 2024
- Videos for learning development on shared ND language for Local Authority and Education
- Provision of ADOS training
- Establishment of a complex case clinic between CAMHS and ND Service
- Community Connector provision to be delivered on a regional basis, to include family support
- Creation of tender assessment criteria and scoring matrix based on output of principles workshop

**RISKS/ ISSUES:**

Risks/Issues	Description & Mitigation	RAG
Availability of workforce to support the work of the ND Service in CTM (Risk)	This remains a challenge but activity ongoing to 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

**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

# Adulthood/Living Well Strategy Group Update: Q2 2024/25 (Oct update)

Authors:

Zoe Silsbury

Marie Evans

Leanne Baylis



## *Progress against Quality Statement for Liver Disease*

### Prevention & Early Intervention

**Drymester Campaign** - Drymester was formally launched across CTM on 27<sup>th</sup> November 2023, funded by national Value Based Healthcare. We are the **first health board in Wales** to support and roll out this campaign which aims to share the correct guidance about risks of drinking alcohol during pregnancy and to prevent Foetal Alcohol Spectrum Disorder. Online resources are available for patients, referral pathway into alcohol care service established, formal launch held and training programme for midwifery staff established. Lead midwife also linking in with University education programme. Work is now ongoing to evaluate the benefits and outcomes from this work.

**7 Day Alcohol Care Service** – a new service funded by national Value Based Health Care funding.

- All newly funded posts have now been recruited to, 7 day working up and running on PCH/RGH sites. Planning the expansion from 5 to 7 days at the POW site.
- Service developed with a co-production approach with a local Service User Involvement Group (SIG) who have participated in interviews, designed patient leaflets, fed back on surveys etc. HSJ Award nomination submitted for this work. Nurse attends SIG meetings in community.
- Proms/Premis – Alcohol Care Team (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 which will assist demonstrating value for money for investment.
- 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 alcohol care group.
- Band 4 now carrying out home visits so taking the service to the patient
- In the first 6 months 524 patients seen and supported across Cwm Taf Morgannwg.
- The new approach has 278 averted admissions and around 2780 bed days, avoiding costs of £590k and 137 re-admissions.
- 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.



## Elimination of Viral Hepatitis

### Governance

- Executive Lead, Clinical Lead and Project Management approach in place. Multi-agency / professional steering group established and meetings held monthly.
- A Health Board progress report submitted 31<sup>st</sup> March 2024 to the National Oversight Group was well received and outlined significant progress against our elimination plan. A new 3 year delivery plan for 2024/25 was submitted in 30<sup>th</sup> May 2024, awaiting feedback from the National Oversight Group.
- 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 and commenced in July 2024. Recruitment for other team members commenced in May 2024. In addition and in line with Welsh Government's requirement we are producing a Health Protection Strategic Plan for the Health Board.

### Prevention

- PHW has been commissioned to provide costed options for nationally co-ordinated awareness raising initiatives starting in 2024, factoring in any potentially join up with current awareness raising in relation to substance misuse, sexual health, vaccination, HIV elimination and inclusion health.
- Work is ongoing to ensure that the population of CTM has appropriate levels of access to needle and syringe services across the health board. The health board is developing a process to routinely monitor service provision from community pharmacy, and to develop provision in line with best practice.

### Testing

- Successful High Intensity Test and Treat (HITT) Projects undertaken across 5 Community Drug & Alcohol Team (CDAT) sites using a two-tiered Point of Care Testing (POCT) pathway. Project work presented as best practice at National Hepatitis Conference in April 2024.
- Local colleges attended during Freshers welcome week to raise awareness. Work continues with Wallich Bus Project to increase uptake in testing and with homelessness outreach team to undertake testing within hostels
- Scoping work commenced with potential of BBV Testing in Probation services across CTM.



## Elimination of Viral Hepatitis contd

- Significant work being undertaken to improve testing and treatment within Parc Prison, data is demonstrating monthly improvements on the journey to achieve micro-elimination. Co-production approach with focus groups planned for September 2024 with prisoners.
- 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 of 2024/25.
- Re-engagement programme actions undertaken by already stretched BBV nurses, overtime being funded by Health Protections slippage monies. 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.
- Testing ongoing in substance misuse services, partners working to improve testing rates.

## Treatment

- Substance Misuse and Hepatitis B & C Treatment Pathway developed and approved.
- Task & Finish group established to look at improving access to Hep C Medicines
- Target for CTM is 135 people to receive treatment per annum – this has not been achieved in 2019/20, 2021/22 or 2022/23 and modelling undertaken for this target has been questioned. PHW have been commissioned to support this area which includes estimating the prevalence of hepatitis B and C in line with work underway for HIV. During 2023/24 56 patients treated for Hepatitis C.

## Data Improvement

- National Electronic form has been adopted locally. Significant amount of training and awareness raising has been undertaken on the importance of reporting on NEO the Harm Reduction Database
- PHW have developed a Progress to Elimination Tool – a data platform which will aim to support monitoring of progress towards achieving elimination in Wales further utilisation of this tool to inform our plans and key actions

## Psychiatry & Mental Health Services

- All staff have received training / refresher training on use of NEO Harm Reduction Database; therefore data capture should improve
- All staff are now aware of the Welsh Governments commitment to eliminating hepatitis B & C as a public health threat by 2030 and the CDAT's role in promoting this. All patients are being tested on their entry to treatment unless they decline and will be re-tested 3 months later. Patients will then be tested on an annual basis (unless they decline)
- BBV testing has been offered to majority of PCDAS (Primary Care Drug & Alcohol Services) patients and will routinely be offered on an annual basis.

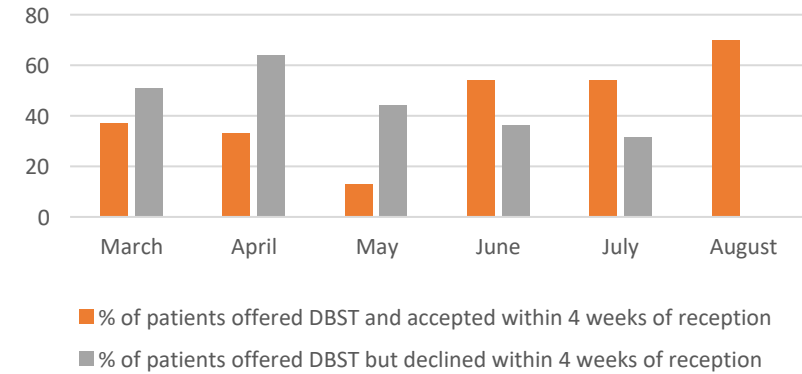
**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
<b>Working with Parc Prison</b>	<ul style="list-style-type: none"> <li>SBAR approved by Prison Partnership Board to develop a robust plan in partnership with a range of stakeholders from health board, prison executive team, prison healthcare team and prisoner representation following a Value Based Health Care (VBHC) person centred approach.</li> <li>National BBV Nursing Lead and CTM BBV Nurse continue to undertake regular visits to the prison with the aims of improving processes and pathways for testing and treatment . Draft pathway for results to treatment developed, plan to be developed to implement an optimum pathway.</li> <li>Guide developed for documenting the BBV testing process and improvement of use of the data system with Parc (System One).</li> <li>Parc Prison taking forward work to expand and develop the Admissions Health Care Team which will included the testing on entry as well as duration of sentence.</li> <li>Plan developed with VBHC to hold focus group in September 2024 within the prison setting to improve the uptake of testing and treatment i.e Your Health Matters.</li> <li>Established use of correct template for health care staff to accurately record the number of tests and treatments within the prison setting, National Lead assisting with the establishment of a report that will demonstrate the trajectory of improvements for both Hep B vaccines and Hep C testing. Latest report shows an improvement from 37% to 70% uptake in last 6 months.</li> <li>Reception and admission process has been mapped to assess where and how BBV testing fits into this - Qualified Nurse now based in admissions team on a full time basis which will improve the roll out of testing</li> <li>Training has continued to be provided to a wide range of healthcare and prison staff and plan in place to offer this on a quarterly basis.</li> <li>Hep C Trust has undertaken initial peer training which will continue over the next few months</li> <li>Work has commenced with Early Days In Custody Team (EDIC) to review potential training with staff and peers linking into the Hep C Trust work above</li> <li>Early release scheme – patients list reviewed by BBV CNS prior to release and few patients required treatment</li> <li>Room allocated for BBV Nurse to undertake clinics 1 day per week</li> <li>Stock for testing placed in key areas of prison to ensure routine testing offered</li> <li>Slippage funds utilised to progress overtime for Nursing staff in HMP to increase testing</li> <li>Hep B Vaccinations for staff –CTM funding staff to deliver vaccinations out of HP slippage funds, G4S paying for drug costs. Different delivery model options are being explored for an ongoing sustainable service. In addition, workstream to be established to consider current pathway/Hep B vaccination offer for prisoners.</li> <li>Discussions have commenced with the Vaccination and Immunisation team to explore joint working and encompassing BBV testing</li> <li>BBV bloods now routinely being offered for men already having bloods for other clinical reasons, uptake is being recorded through system One.</li> <li>Targeted approach to increase BBV testing and reporting on specific wings where data has identified a shortfall in testing.</li> </ul>	

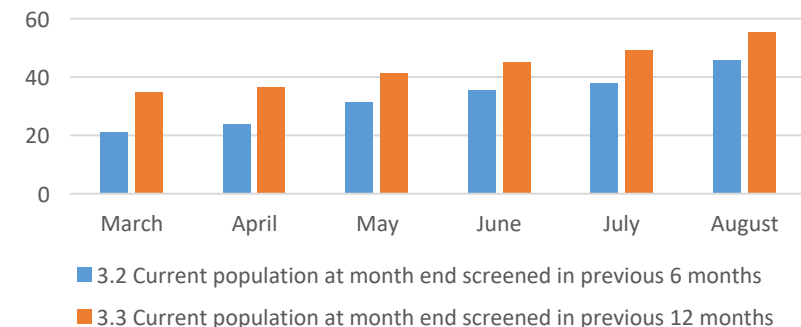
**KEY METRICS**

WHO progress to elimination targets:

Bar chart showing the % of patients accepting and declining BBV testing over 6 months



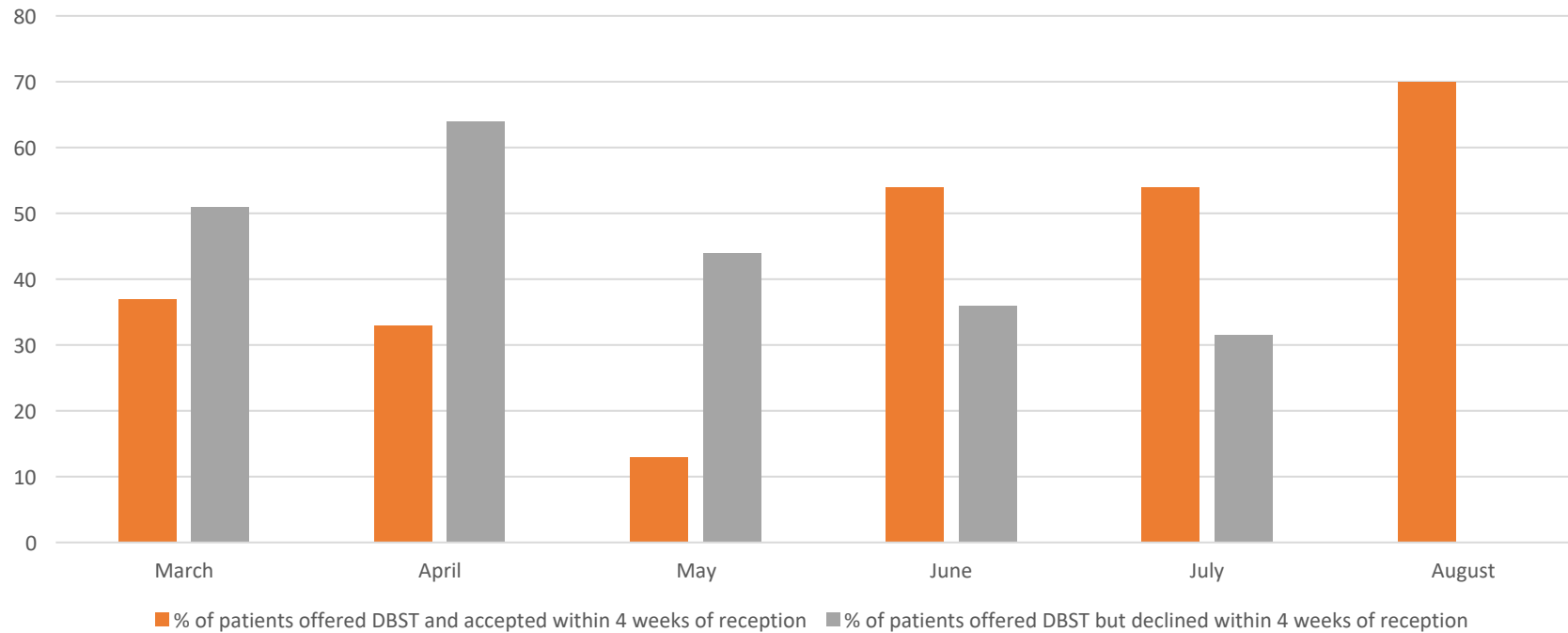
Bar chart showing the % of current population screened for BBV over previous 6 and 12 months



Targets to achieving Micro Elimination with Parc Prison:  
 100% of prison population being offered a Hepatitis test  
 90% of those having been tested  
 90% of those being diagnosed with Hepatitis C having started treatment

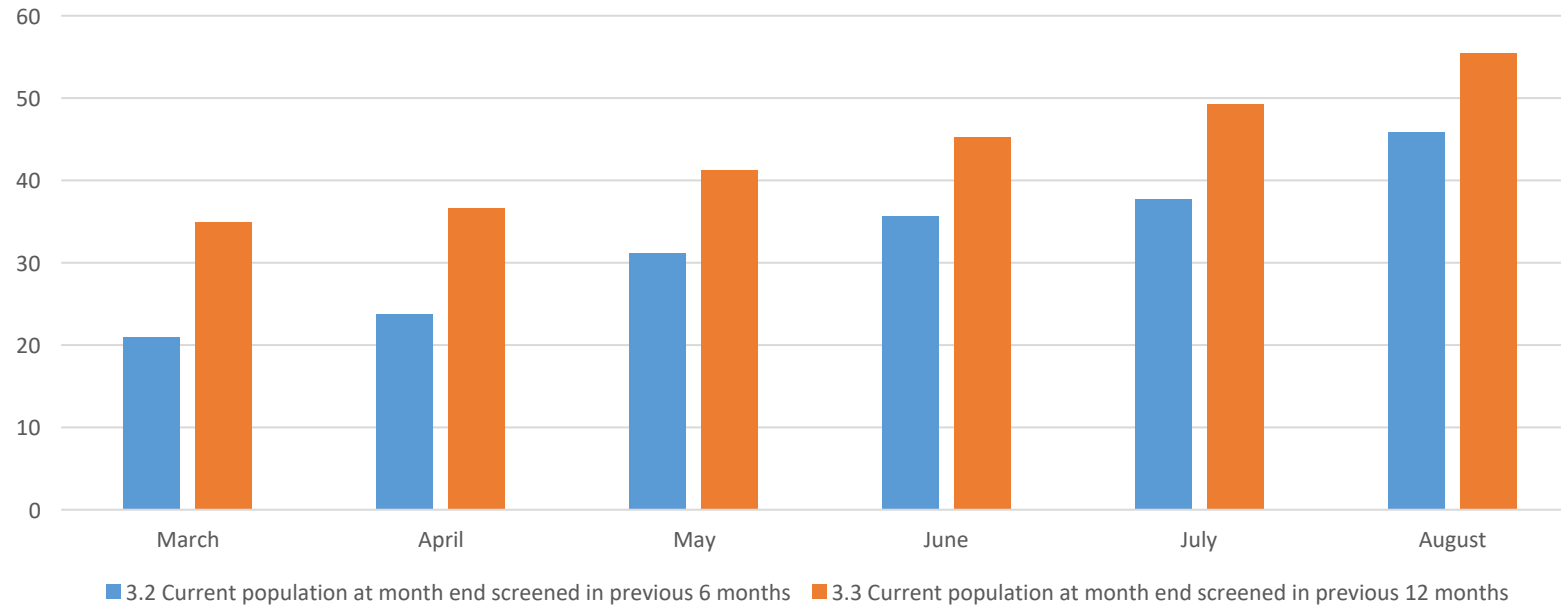
	March	April	May	June	July	August	September	October	November	December
<b>3.2 Current population at month end screened in previous 6 months</b>	21	23.8	31.2	35.6	37.7	45.8				
<b>3.3 Current population at month end screened in previous 12 months</b>	34.9	36.6	41.2	45.2	49.2	55.4				
<b>3.4 Current population at month end offered DBST in previous 6 months (on local report only)</b>					58.2	60.3				
<b>3.5 Current population at month end offered DBST in previous 12 months (on local report only)</b>					78.7	81.1				
	March	April	May	June	July	August	September	October	November	December
<b>% of patients offered DBST and accepted within 4 weeks of reception</b>	37	33	13	54	54	70				
<b>% of patients offered DBST but declined within 4 weeks of reception</b>	51	64	44	36	32	?49?				

Bar chart showing the % of patients accepting and declining BBV testing over 6 months



The chart shows that the percentage of men declining is reducing over time (from 51 -32%). There is an anomaly in the data for August which shows that 49% of men have declined a test. The accuracy of this is in question as 70% of men accepted a test during August – we think this may be related to men who have had a test in another prison. Conversely, the percentage of men accepting BBV testing is increasing from 37-70% (the prison was in a state of crisis during May which impacted the ability of staff to undertake testing at this time).

Bar chart showing the % of current population screened for BBV over previous 6 and 12 months



The chart shows the % of men who have received a BBV over the past 6 and 12 months. Although some testing was taking place prior to March, most testing has taken place within the previous 6 months.



# 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 held 19<sup>th</sup> July 2024 aimed to agree National priorities. 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.
  - 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.
  - **During 2023/24 we saw an increase in smokers making a quit attempt across all our services, and exceeded the 5% performance target for the first time (5.6%). This reflects hard work to increase service capacity and improve delivery.**
- **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 commenced 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:



## 3Ps



- Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment.
- Now an urgent need to deliver on the long term ambition to move away from passive term waiting list to a proactive preparation list that will provide effective and timely information and communication with patient regarding their care pathway, provide holistic, person-centred support to those waiting in terms of maximising their health and well-being, provide support for better self management whilst waiting, support people prepare for surgery.
- Funding received from Welsh Government to deliver a programme of work to deliver the above. Quarterly monitoring meetings with Welsh Government in place, monthly progress reports submitted to demonstrate progress at pace. Key areas of work being undertaken is as follows:
  - Developing a Waiting Well Landing Page and Website.
  - Development of a SPOC team and ensuring they receive the necessary training. Commence implementation of agreed local standard operating procedures. Commence implementation of local scripts.
  - Stage 1 patients being contacted priority areas reviewed and identified by RTT waiting times, Stage 4 patients are in pilot stage.
  - Implement nationally agreed self-assessment tool in line with 3Ps SPOC PROM/PREM pathway. CTM VBHC Team will provide SPOC training for use of the PROMPTLY system and use of team manual for implementation, collecting responses, analysing and reporting.

# Ageing Well Strategy Group

## Update: Q2 2024/25 (Oct 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: May – Oct 2024 implantation time span achieved by the group (6 months!)
- 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 fragility 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. Risk associated with non-recurring administrative support.

## 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.



## Neurology

- Visiting Consultant Outpatient Service for PCH and RGH commissioned via LTA from Cardiff and Vale UHB and service at POWH commissioned from Swansea Bay UHB
- Capacity and demand challenges leading to lengthy waiting list for outpatient services at PCH and RGH
- Challenges recruiting to locum consultant posts to address waiting list
- Ageing Well Strategy Group working closely with colleagues in commissioning team, USC Care Group and C&V UHB to review LTA and current service
- Key issues also in CTM UHB with lack of Community Neurorehabilitation Service, Neuropsychology and Epilepsy Nurses plus low level of Neurophysiology
- Key issue in CTM UHB with risk facing Movement Disorder Service not offering uniform pan-CTM service and lack of integration of service across CTM (mirroring risk facing stroke service in CTM)
- Specialist inpatient Neurology services commissioned from C&V UHB by WHISSC
- Service Mapping exercise undertaken across the services provided
- Neurology scoping workshop took place 2<sup>nd</sup> October to reach consensus on what the model needs to be for CTM patients:
  - What services to access?
  - How to access?
  - What is MDT model?
  - Review model in Aneurin Bevan UHB (disaggregated from C&V UHB but still access C&V Clinicians for certain patients).



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):**

- 3 x band 7 Advanced Care Practitioners recruited and taking up post Sept / Oct / – going live date early November 2024!
- Base for team established at Dewi Sant Hospital
- 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.

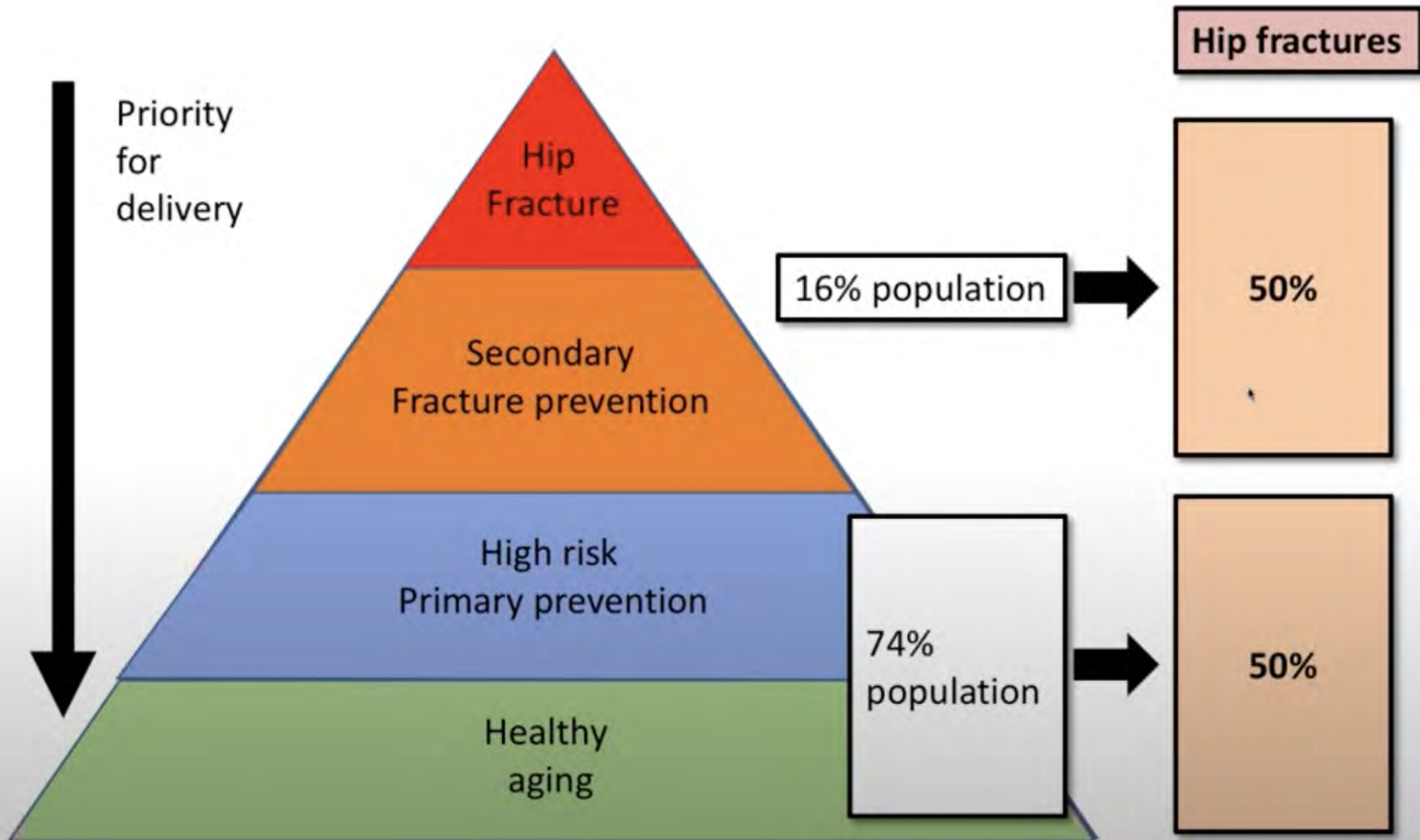
**Overall Delivery Confidence**

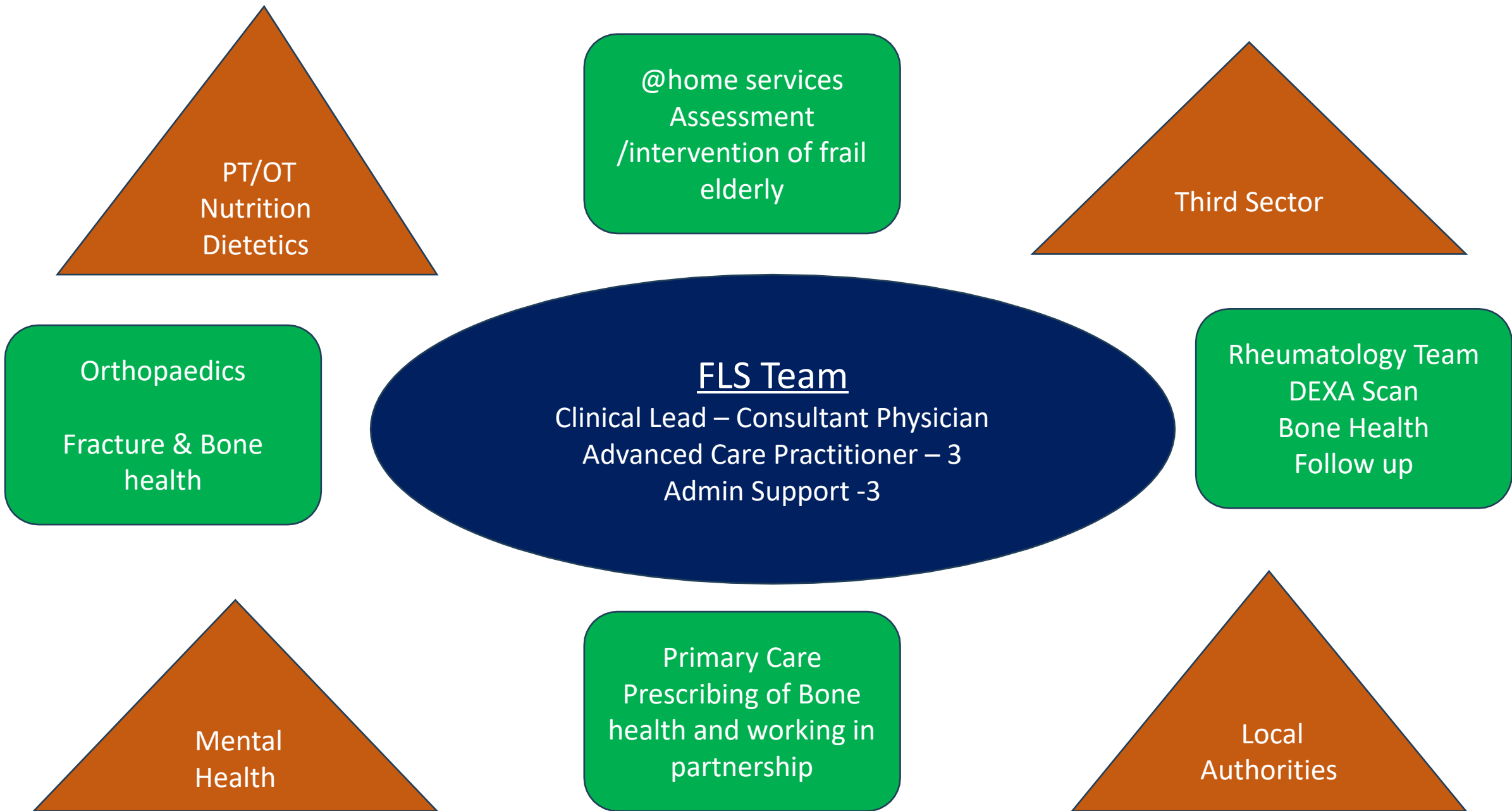


**Reporting Period**

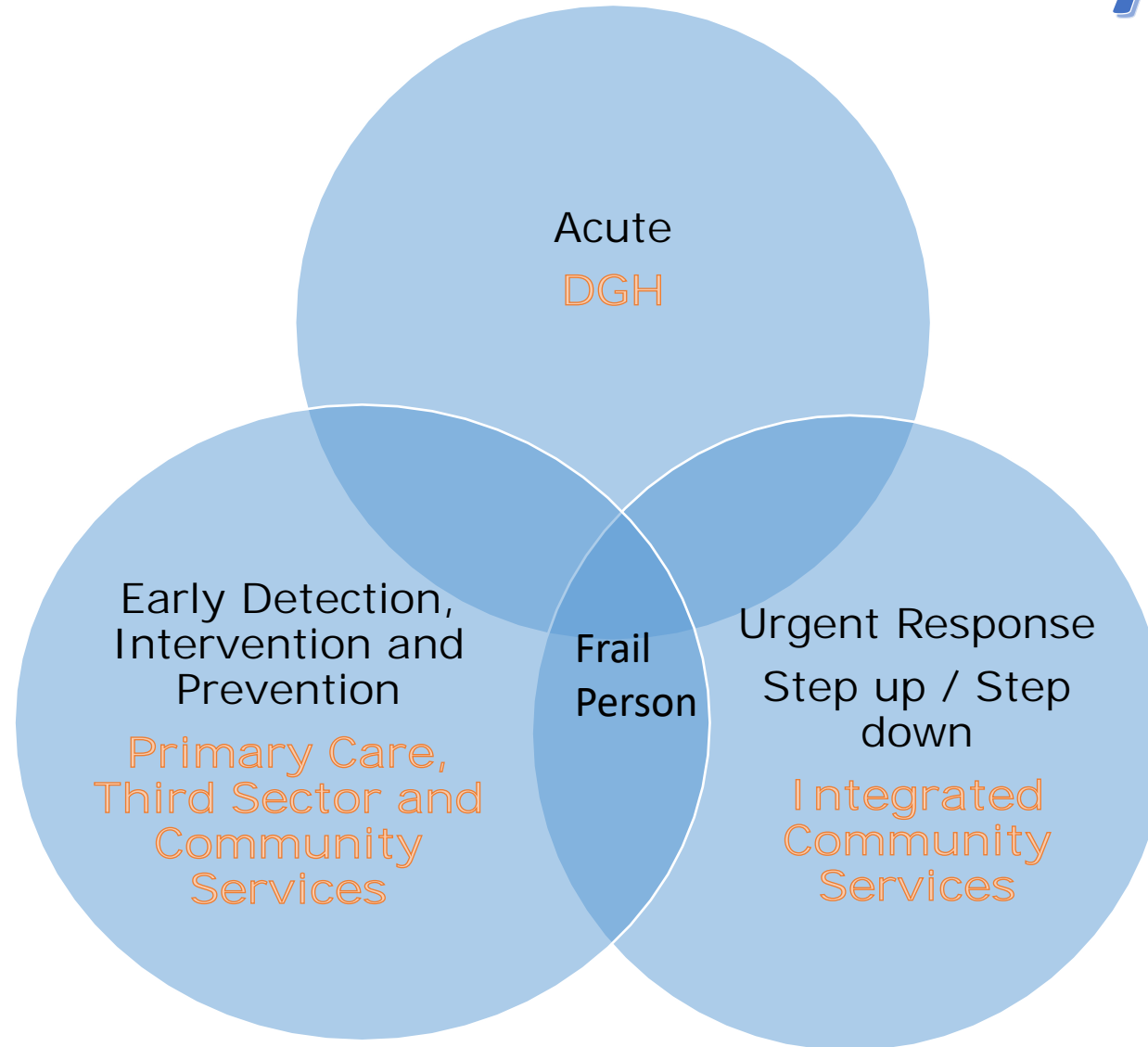
Q1 2024-25

# Focus of osteoporosis care:





# Main Elements of the Frailty Model



# Dying Well Update: Q2 2024/25 (Oct 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
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

### National Palliative and EOL Programme

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.

### Bereavement Services in CTM UHB

- Pushchairs donated to each ED for transportation of babies to mortuary, aiding staff wellbeing and dignity.
- USW training continues with student nurses and spoke placements being taken to come alongside bereavement.
- Children and Young Person's Welsh Government Bereavement pathway being written, involving our Bereavement Clinical Lead.
- Fingerprint cards to be used for memory making across CTM UHB.
- Feedback gained from the Racial Equality Network around the needs of our diverse community - feedback to be used for future projects.
- Survey in development to go live on the CTM website to gather feedback from families, linked to the Civica reporting system.

### Priorities

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

### Issues

- Challenges in recruitment to key posts in SPC and further development of the model in CTM UHB.
- Development and resourcing of a comprehensive and ongoing programme of education and training on end of life care across the health board area.
- Development of effective data to measure performance and demand for services.

### Escalations

- As outlined in issues above.

**Overall Delivery Confidence**

Medium

**Reporting Period**

Q1 2024-25



## Population Health & Partnerships Committee

### Legacy Position of the Population Health & Partnerships Committee

Dyddiad y Cyfarfod / Date of Meeting	13/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

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

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
PHP	Population Health & Partnerships Committee



## 1. Situation /Background

1.1 At the meeting of the Public Board on the 26<sup>th</sup> September 2024 a new Board Committee Structure was approved for implementation with effect from the 1<sup>st</sup> January 2025, this therefore is the last meeting of the Population Health & Partnerships Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

1.2 The purpose of this report is to provide assurance to the Committee that in disbanding this meeting all legacy actions and activity have been accounted for and redirected into the new Board and Committee Structure as appropriate.

## 2. Specific Matters for Consideration

2.1 Committee members will be aware that as part of the programme of work for the new structure this Committees Cycle of Business was utilised to inform the business of the new Committees.

2.2 Please see Appendix 1, which includes an Annual Committee Report for the period 1<sup>st</sup> April 2024 to the 13<sup>th</sup> November 2024. This captures the activity delegated to the Population Health & Partnerships Committee up to it being disbanded. Once endorsed for approval it will be received at the Public Board Meeting on the 28<sup>th</sup> November 2024.

2.3 The Action Log at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

2.4 The Forward Plan activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

2.5 The Committee will note that the Annual Self-Assessment of Effectiveness Survey was conducted in June 2024 and reported to the Committee on the 1<sup>st</sup> August 2024 and is attached as Appendix 4.

## 3. Key Risks / Matters for Escalation

3.1 The actions outlined in section 2 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.



#### 4. Assessment

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

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



<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required in accordance with EIA/WL assessment guidance.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee is asked to:

- CONSIDER and APPROVE that the actions proposed in Section 2 of this report provide the required assurance that any legacy activity from the Committee has been managed effectively.
- ENDORSE APPROVAL of the Committee Annual Report for onward approval by the Board.

6. Next Steps

6.1 The activity in Section 2 will be built into the new Cycles of Business, Action Logs and Forwards Plans for the new Committees as appropriate.

6.2 The Committee Annual Report will be submitted to the next Board meeting which meets on the 28<sup>th</sup> November 2024.



# Population Health & Partnerships Committee

**Draft** Close Down Legacy  
Report  
April – November 2024

POPULATION HEALTH & PARTNERSHIPS COMMITTEE  
DRAFT CLOSE DOWN LEGACY REPORT  
APRIL – NOVEMBER 2024

1. FOREWORD

As Chair of the Population Health & Partnerships Committee, I am pleased to commend this Final Close Down Legacy report, which has been prepared for the attention of the Board and reviews the work of the Committee for the period April – November 2024.

During this period my fellow Independent Members – Lynda Thomas as Vice Chair, Kath Palmer, Rachel Rowlands and Ian Wells have once again offered considerable knowledge and wide-ranging experience to the Committee. In September 2024 Lynda Thomas' term of office ended as an Independent Member and I would like to extend my thanks to Lynda for her outstanding contribution to the Committee and for her invaluable support to myself in her capacity as Vice Chair of the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

At the meeting of the Public Board on the 26<sup>th</sup> September 2024 a new Board Committee Structure was approved for implementation with effect from the 1<sup>st</sup> January 2025, this therefore is the last meeting of the Population Health & Partnerships Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

I commend this final Close Down Legacy Report to you.

Carolyn Donoghue  
Chair, Population Health & Partnerships Committee

# Population Health & Partnerships Committee

## Final Close Down Annual Report April – November 2024

### 1. Introduction

- 1.1 This final close down report summarises the key areas of business activity undertaken by the Committee for the period April – November 2024.
- 1.2 The Committee's Annual 'Cycle of Business' for 2024-25 was approved by the Committee at their March 2024 meeting and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report for 2023-24 was received by the Committee at their May 2024 meeting and reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to people and culture issues.

### 2. Role and Responsibilities

- 2.1 The primary purpose of the Committee was to advise 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.

### 3. Operating Arrangements

- 3.1 The revised Terms of Reference for the Population Health & Partnerships Committee were last approved by the Board in May 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#). From January 2025 these will cease to exist and will be archived along with the previous business of the Committee.
- 3.2 As part of the wider review that was undertaken in relation to the Effective Management of Board Business, the terms of reference for the new Operational Delivery Committee and the Strategic Development Committee were approved at the September 2024 Board Meeting and are attached [here](#).

### 4. Membership, Frequency and Attendance

- 4.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of four members of the Board.

4.2 During this period the Committee met on two occasions, May and August 2024.

Independent Member attendance at these two meetings was follows:

Name	People & Culture Committee
Carolyn Donoghue (Committee Chair)	2 out of 2
Lynda Thomas (Committee Vice-Chair)	2 out of 2
Kath Palmer (Health Board Vice Chair)	2 out of 2
Rachel Rowlands	2 out of 2
Ian Wells	0 out of 1

4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.4 Mirroring other Board Committees, the Population Health & Partnerships Committee operates a Consent Agenda system for routine business consideration.

4.5 All of the meeting papers for this Committee during this period are available publically via the CTMUHB [website](#). If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. There were no In Committee meetings scheduled during this period.

## 5. Committee Activity April – November 2024

5.1 The Committee prioritise its work plan and the following topics were considered at its two meetings during this period:

- Primary Care Strategic Update
- Mental Health Strategic Update
- Learning Disabilities Strategic Update
- Accelerated Cluster Development
- Health Protection Service System Structure
- Building Healthier Communities Update
- Population Health Management
- Public Service Board Update
- Regional Partnership Board Update
- Regional Partnership Board – Community Care System
- Public Service Board Update
- Consultation Response – Rebalancing Care and Support Programme
- Shared Listening & Learning Stories:
  - Strategy Groups Spotlight: Starting Well, Growing Well

- Strategy Groups Spotlight: Dying Well Palliative and End of Life Care
- Appreciative Inquiry for Population Health – Breast Feeding experience in Cwm Taf Morgannwg UHB

5.2 The Committee's final meeting will be held on the 6<sup>th</sup> November 2024 and the items scheduled for consideration at that meeting are captured below for completeness at the point of disbanding the Committee:

- Learning from Previous Shared Listening & Learning Stories
- University Health Board Status Progress Report
- Director of Public Health Annual Report
- Health Protection System
- Reducing Smoking Prevalence in CTM
- Incorporating CHOICE into Integrated Sexual health
- Primary Care Strategic Update
- Public Service Board Update
- Community Health & Wellbeing Workers – Overview
- Regional Partnership Board Further Faster Pathway – Implementation Plan
- PPV End of Year Report 2023-24 (Primary Care element)
- Regional Partnership Board Annual Report 2023-24

5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our [website](#).

5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were no referrals made:

## 6. Achievements and Plans

6.1 At the meeting of the Public Board on the 26<sup>th</sup> September 2024 a new Board Committee Structure was approved for implementation with effect from the 1<sup>st</sup> January 2025, this therefore is the last meeting of the Population Health & Partnerships Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

## 7. Legacy Statement

7.1 The Action Log at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.2 The Forward Plan activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.3 A 'Committee Effectiveness Questionnaire' was issued following the May 2024 meeting, and was received at the August meeting. The outcome report is included as Appendix 4.

## 8. Conclusion and way forward

8.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the last five years, and for the constructive and positive way in which they have contributed to the activity.

8.2 The actions outlined in section 7 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ update	Future Committee where Action will be raised from January 2025
4.1	1 August 2024	Organisational Risk Register	To review risk 5462 – Adult Weight Management to include mitigations regarding the Business Case to provide assurance to the Committee	Philip Daniels Interim Director of Public Health	Completed Review undertaken and Org Risk Register Updated	N/A
5.1	1 August 2024	Population Health Management Programme Update	To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting	Philip Daniels Interim Director of Public Health	In Progress On Agenda for Strategic Development Committee – 16 January 2025	This action will transfer to the action log for the Strategic Development Committee in the new structure
5.2	1 August 2024	Health Protection System	To bring a further update on staff vaccinations back to the Committee to a future meeting	Philip Daniels Interim Director of Public Health	In Progress On Agenda for November 2024 meeting	This action will transfer to the action log for the Strategic Development Committee in the new structure

## AGENDA ITEM 4.3

6.3	1 August 2024	Strategy Groups Update – Spotlight on Starting Well, Growing well	To add the Neuro Diversity Work to the Forward Plan for a future Board Development Session	Corporate Governance Team	In Progress Added to Forward Work Plan for Board Development Sessions	N/A
5.1	7 November 2023	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Philip Daniels Interim Director of Public Health	In Progress Added to Forward Plan for November 2024 Meeting	This action will transfer to the action log for the Strategic Development Committee in the new structure
7.2	7 November 2023	Regional Partnership Board Further Faster Pathway Update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Linda Prosser Executive Director of Strategy & Transformation	In Progress Added to Forward Work Plan for November 2024 meeting	This action will transfer to the action log for the Strategic Development Committee in the new structure
02/23 /11	May 2023	Mental Health Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes	Ongoing In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.	This action will transfer to the action log for the Strategic Development Committee in the new structure

### COMPLETED ACTIONS

## AGENDA ITEM 4.3

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	Complete Risk has been escalated within the report and will be presented to the July 2024 Board Meeting.
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	Complete Received at the May 2024 Meeting
7.2	7 March 2024	Decarbonisation Action Plan	To circulate the Decarbonisation Strategy.	Linda Prosser Executive Director of Strategy and Transformation	Complete Strategy was circulated following the March 24 meeting and has also been uploaded onto the Website.
5.3	7 November 2024	Health Protection Service	To review the risk in relation to the vaccination programme and escalate to the organisational risk register, if required.	Philip Daniels Interim Director of Public Health	Complete The Public Health Team reviewed this risk and it is no longer considered critical as recurring funding has now been confirmed and therefore this risk will not be escalated to the Organisational Risk Register.

AGENDA ITEM 4.3

7.1	7 November 2024	CHOICE Year 3 Service Report 1	To receive a further update via a patient story at a future meeting of the Committee.	Philip Daniels Interim Director of Public Health	Completed Received at March 2024 Meeting
5.1	7 November 2023	Active Travel Charter	Share the work by Cardiff & Vale UHB on active and sustainable travel charters with the Committee`	Philip Daniels Interim Director of Public Health	Completed Shared via email 9 November 2023

POPULATION HEALTH & PARTNERSHIPS COMMITTEE – FORWARD WORK PLAN 2024/25				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Annual Cycle of Business 2024-25	Annual Item – 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
Requested at Agenda Planning Meeting	Additional item	Incorporating CHOICE into Integrated Sexual Health	Director of Public Health	13 November 2024
Requested following Agenda Planning Meeting	Additional Item	Reducing Smoking Prevalence in CTM	Director of Public Health	13 November 2024
Annual Cycle of Business 2024-25	Annual Item	Regional Partnership Board Annual Report 2023-24	Executive Director of Strategy & Transformation	13 November 2024
Requested at Agenda Planning Meeting	Additional Item	Community Health & Wellbeing Workers – Overview	Executive Director of Strategy & Transformation	13 November 2024
Requested at Agenda Planning Meeting	Additional Item	Learning from Past Listening & Learning Stories	Executive Director of Strategy & Transformation/Director of Public Health	13 November 2024

For new Committee	Additional Item	GP Accelerated Clusters	Director of Public Health	Operational Delivery Committee – 28 January 2025
For new Committee	Additional Item	Environment Sustainability	Executive Director of Strategy & Transformation	Operational Delivery Committee – 28 January 2025
Action from November 2023 meeting	Deferred Item from November 2024 meeting	Active Travel Charter – Implementation Plan	Director of Public Health	Strategic Development Committee – 16 January 2025

### Completed Activity from the Forward Work Programme

Requested via email	Additional Item	Consultation Response – Rebalancing Care and Support Programme	Executive Director of Strategy & Transformation	1 August 2024 – Completed
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Assessment Survey & Improvement Plan	Director of Governance/Board Secretary	1 August 2024 – Completed
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	20 May 2024 – Completed
Action from November 2023 meeting	Additional Item	Accelerated Cluster Development	Deputy COO/Director of Primary, Community, MH & LD	20 May 2024 – Completed
Agreed at Agenda Planning meeting	Additional Item	Shared Listening & Learning Story - Appreciative Inquiry for Population Health	Director of Public Health	20 May 2024 - Completed
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 – Completed

Action from November 2023 meeting	Additional Item	Share Listening & Learning Story – CHOICE Project	Interim Director of Public Health	7 March 2024 - Completed
Annual Cycle of Business 2023-24	Six Monthly Report	University Health Board Status	Deputy Chief Executive/Executive Director of Nursing, Midwifery & Patient Care	7 March 2024 – Completed
Request via email	Additional Item	Decarbonisation Action Plan	Executive Director of Strategy & Transformation	7 March 2024 – Completed
Agreed at agenda planning meeting	Additional Item	Partnership Boards Remit & Responsibilities	Executive Director of Strategy & Transformation	7 March 2024 – Completed
Annual Cycle of Business 2024-25	Annual Item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 March 2024 – Completed



Population Health & Partnerships Committee

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

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

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

Acronyms / Glossary of Terms	
Nil	



## 1. PURPOSE

- 1.1 The Chair of the Population Health & Partnerships Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 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

### Positive Assurance

#### 1. Committee Effectiveness:

There was a clear consensus that Members/Attendees were aware that:

- There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.
- 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.
- A Committee Annual Cycle of Business had been established to be dealt with across the year.

#### 2. Committee Business

- Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner.
- The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome.
- Members felt that the Committee Highlight Report to Board provided a clear and concise update on the activity of the Committee and escalated areas of concern.
- Feedback reflected that the Committee was well structured and well chaired and provided a valuable opportunity to explore prevention and population health.
- 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.
- 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.



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.



Areas Requiring Further Consideration	Committee Effectiveness - Areas for action/improvement  There were no areas identified for action/improvement.
Action Plan	In response to the areas of improvement identified the following actions are proposed: <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>
Appendices	Independent Member Scrutiny Toolkit.

### 3. RECOMMENDATION

3.1 The Committee is asked to NOTE the report.