

Population Health & Partnerships Committee

Thu 07 March 2024, 14:00 - 17:00

Virtual Via Teams

Agenda

14:00 - 14:05 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introductions

Carolyn Donoghue, Chair

1.2. Apologies for Absence

Information Carolyn Donoghue, Chair
For Noting

1.3. Declarations of Interest

Information Carolyn Donoghue, Chair
For Noting

14:05 - 14:10 **2. CONSENT AGENDA** 5 min

Carolyn Donoghue, Chair

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

14:10 - 14:30 **3. MAIN AGENDA** 20 min

3.1. Action Log

Discussion Carolyn Donoghue, Chair

 3.1 Action Log PHP Committee 7th March 2024.pdf (2 pages)

3.2. Matters Arising Otherwise Not Contained within the Action Log

Discussion Carolyn Donoghue, Chair

3.3. Shared Listening & Learning Story - CHOICE Project

Discussion Philip Daniels, Director of Public Health/Julie MacDonald

 3.3 CHOICE service PHP Committee 7th March 2024.pdf (9 pages)

14:30 - 15:00 **4. GOVERNANCE** 30 min

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Governance/Board Secretary

📄 4.1a -Org Risk Register - Cover Paper -March 2024 - PHPC.docx (6 pages)

📄 4.1b - App 1 - Organisational Risk Register - January 2024 - PHPC.xlsx (3 pages)

4.2. University Health Board Status Progress Report

Discussion Greg Padmore-Dix, Deputy CEO/Director of Nursing, Midwifery & Patient Care

📄 4.2 UHB Designation Status Progress Report PHP Committee 7th March 2024.pdf (6 pages)

📄 4.2a Appendix 1 Update to PHP July 2023.pdf (10 pages)

15:00 - 15:45 5. CREATING HEALTH

45 min

5.1. Creating Health

Discussion Philip Daniels, Director of Public Health

📄 5.1 Creating Health Transformation PHP Committee 7 March 2024.pdf (1 pages)

5.2. Health Protection Service

Discussion Philip Daniels, Director of Public Health

📄 5.2 Health Protection Service PHP Committee 7th March 2024.pdf (7 pages)

5.3. Population Health Management

Discussion Philip Daniels, Director of Public Health

📄 5.3 Population Health Management PHP Committee 7 March 2024.pdf (11 pages)

5.4. Building Healthier Communities Group Update

Discussion Linda Prosser, Executive Director of Strategy & Transformation

📄 5.4 Building Healthier Communities PHP Committee 7 March 2024.pdf (7 pages)

15:45 - 16:15 6. IMPROVING CARE

30 min

6.1. Mental Health Strategic Update

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

📄 6.1 Mental Health Strategic Update PHP Committee 7 March 2024.pdf (6 pages)

6.2. Learning Disabilities Strategic Update

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

📄 6.2 Learning Disabilities Progress Report PHP Committee 7th March 2024.pdf (5 pages)

6.3. Strategy Groups Update - Living Well/Adulthood - Presentation

Discussion Linda Prosser, Executive Director of Strategy & Transformation





📄 6.3 Strategy Groups Update - Living Well - Adulthood PHP Committee 7 March 2024.pdf (32 pages)

16:15 - 16:45 7. SUSTAINING OUR FUTURE

30 min




7.1. Partnership Boards Remit & Responsibilities

Discussion *Linda Prosser, Director of Strategy & Transformation/Matt Jenkins*

-  7.1 Partnership Boards Remit and Terms of Reference PHP 7 March 2024.pdf (9 pages)
-  7.1a Appendix 1 PSB ToR's.pdf (10 pages)
-  7.1b Appendix 2 RPB ToR's.pdf (7 pages)
-  7.1c Appendix 3 APB RoR's.pdf (10 pages)

7.2. Decarbonisation Action Plan

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

-  7.2 Decarbonisation Action Plan PHP Committee 7th March 2024.docx (5 pages)
-  7.2a Appendix 1 2024-26 CTMUHB Decarbonisation Action Plan.xlsx (11 pages)
-  7.2b Appendix 2 CTM UHB DAP summary February 2024.docx (6 pages)

16:45 - 16:50 8. CONSENT AGENDA

5 min

8.1. ITEMS FOR APPROVAL

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

Decision *Carolyn Donoghue, Chair*

-  8.1.1 Unconfirmed Minutes PHP 7 November 2023 v1 KD. CD.pdf (9 pages)



8.1.2. Unconfirmed In Committee Minutes of the Meeting held on the 7th November 2024

Decision *Carolyn Donoghue, Chair*

-  8.1.2 Unconfirmed IC Minutes 7.11.23 PHP Committee v1 KD.pdf (2 pages)

8.1.3. Committee Annual Cycle of Business 2024-25

Gareth Watts, Director of Governance/Board Secretary

-  8.1.3 Annual Cycle of Business Cover Report PHP Committee 7 March 2024.pdf (4 pages)
-  8.1.3a Committee Annual Cycle of Business 2024-25 PHP Committee 7 March 2024 v1.pdf (3 pages)

16:50 - 16:55 9. OTHER MATTERS

5 min

9.1. Forward Work Plan

Carolyn Donoghue, Chair

-  9.1 Forward Work Plan PHP Committee 7th March 2024.pdf (3 pages)

9.2. Committee Highlight Report to Board

Carolyn Donoghue, Chair

9.3. Any Other Urgent Business

Carolyn Donoghue, Chair

9.4. How Did We Do Today?

Carolyn Donoghue, Chair

16:55 - 17:00 10. DATE AND TIME OF NEXT MEETING

5 min

1 May 2024 AT 1.30 pm

AGENDA ITEM 3.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ACTION LOG

Minute Ref:	MEETING DATE	SUBJECT	KEY ACTIONS/DECISIONS	RESPONSIBLE OFFICER	COMPLETED/ updated
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
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.
6.1	7 November 2024	Primary Care Strategic Update	To receive a report on the Clusters and Accelerated Cluster Development at a future meeting of the Committee.	Julie Denley Deputy COO/Director Primary, Community, Mental Health & LD	In progress Added to Forward plan

AGENDA ITEM 3.1

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	In Progress On Agenda – 7 March 2024
7.2	7 November 2024	Regional Partnership Board Further Faster Pathway Update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Linda Prosser Executive Director of Strategy & Transformation	In Progress Added to Forward Work Plan
02/23/11	May 2023	Mental Health Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes	Ongoing In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.

COMPLETED ACTIONS

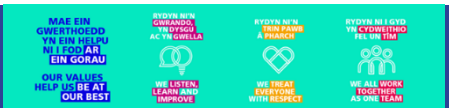
5.1	7 November 2023	Active Travel Charter	Share the work by Cardiff & Vale UHB on active and sustainable travel charters with the Committee`	Philip Daniels Interim Director of Public Health	Completed Shared via email 9 November 2023
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(Agenda Item) 3.1	(Date of Meeting) 7 th March 2024	(Name of Meeting) PHP Committee	(Title of Item) Shared Listening & Learning Story; CTM CHOICE service
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Report Details:	
FOI Status:	Open
If closed please indicate reason:	
Prepared By:	Julie McDonald
Presented By:	Julie McDonald. Senior Public Health Practitioner & Natalie Brogan, Lead Nurse, CHOICE service.
Approving Executive Sponsor:	Philip Daniels, Director of Public Health.
Report Purpose	For Noting.
Engagement undertaken to date:	A yearly client and partner satisfaction survey is undertaken.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Enhanced care. Improved access.
Related Health and Care Standard	Whole system approach - Efficient. Effective. Equitable. Person centred. Timely. Safe.
Has an EQIA been undertaken?	No, plans are in place to complete an EQIA as soon as resource allows.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No.
Link to Strategic Goals	Improving Care Creating Health



CTMUHB CHOICE Service; ensuring reproductive autonomy for our priority groups



CHOICE; Background

- Insight research confirmed that the provision of universal services through mainstream Integrated Sexual Health services were not meeting the complex needs of our marginalised communities.
- The CHOICE service was established to identify and work directly with women and their partners who are at risk of having their children taken into care at birth or during infancy.
- Providing a holistic, trauma informed prevention focused service, enabling support, education and fast track access to specialist sexual health nurses who provide accessible, evidence-based services that are tailored and co-produced with vulnerable women and their partners.
- Utilising a health promoting preventative approach, the service reduces stigma and overcomes the practical barriers of access by providing a clinic in a box.

CHOICE; Service Model

- Regional approach, service embedded within key partner referral pathways
- Trauma informed
- Co-produced; voice and choice – empowered individuals as partners in their care
- Named Nurse for each local authority, builds trusted relationships
- Clinic in a box; right care, right place, right time, holistic care
- Preventative; before more costly intervention/s are needed
- Value for money; promoting prevention at every available opportunity and enabling risk reduction through a multi-agency approach

CHOICE; Service offer

Interventions delivered through CHOICE are dependent on client need and choice, but can include:

- Counselling and support
- Regular telephone consultations
- LARC & condom provision
- STI screening; opportunistic and symptomatic
- Emergency Hormonal Contraception provision / referral to termination of pregnancy services
- Cervical screening
- Pre Exposure Prophylaxis (PEP)/Post Exposure Prophylaxis (PrEP)
- HIV point of care testing
- Tailored 1-1 education sessions on understanding your body, reproduction, fertility and sexual health and well-being
- Onward referral to additional health and social care support services where need is identified.

Our clients; shared listening and learning case studies

- Client was referred to CHOICE by CTMUHB Community Midwife; contraception provision.
- Client has 4 children. 2 weeks post-natal at time of first visit. Only the two youngest children are currently in clients care.
- The client is from xxxx but has good English language skills and has requested to have the contraception injection.
- Client is currently living in temporary accommodation with her new born and one other child (under 2 years).
- Concerns currently around trafficking/exploitation and modern slavery, although this has not yet been confirmed. Hoping for permanent housing arrangements for the family soon.
- Children's services are involved and both children are on the Child Protection register currently.
- Appointment attended with Midwife, enhanced footprint of care completed. Depo given with follow up apt 12 weeks for next injection and consented also provided for cervical screening. CHOICE services contact given and apt card. Will follow up arranged for 2 weeks .
- Contacted 2 weeks later but no reply on client contact number provided. Followed up with Midwife who informed client missing and they have not been able to locate her or the children at present, therefore under police investigation. No further information available at last call.

Why CHOICE?

- The CHOICE service is an example of a collaborative low cost spend to save initiative that has the potential to not only offer financial savings to health and social care partners, but to also reduce the social and emotional consequences of more complex interventions.
- The service adds significant value to the health and care system by ensuring the earliest possible support is provided to individuals from priority groups, before escalation of need occurs.
- Sustained levels of deprivation, the implications of health harming behaviours and high levels of children looked after across CTM all necessitate the need for the CHOICE service, a unique, multi-agency, low cost, regional service.

Thank you for listening.

Any questions?

Contacts –

Natalie Brogan, Lead Nurse, CHOICE Service – Natalie.Brogan@wales.nhs.uk

Julie McDonald, Senior Public Health Practitioner – Julie.McDonald@wales.nhs.uk

CHOICE service referrals – CHOICEService@wales.nhs.uk



Recommendation:

The Board or Committee are asked to:

The Committee are asked to note the work of the CHOICE service.



Agenda Item

4.1

Population Health & Partnerships Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
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	Emma Walters, Head of Corporate Governance & Board Business
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	December 2023	RISKS REVIEWED
Operational Management Board / Offline via Email	December 2023	ENDORSED NEW RISKS FOR ELG
Executive Leadership Group (ELG)	15 th January 2024	EXECUTIVE SIGN OFF RECEIVED
Audit & Risk Committee	22 nd February 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 BY THIS MEETING (ASSESSMENT)

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 9th January 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

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



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

2.5 To date **589** members of staff trained to date since training commenced in 2021.

2.6 Focussed sessions to discuss risk has also been undertaken with Care Group Leads and other departments/directorates as required.

2.7 Feedback on the training continues to be positive, please see below:

- 21 attendees have provided formal feedback (using the URL Code for the Evaluation Form) from the November 2023, December 2023 and January 2024 sessions. 76% provided a score of 5/5 in terms of content of the session and the remaining 24% provided a score of 4/5.
- 100% of the 21 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.
- 95% of the 21 attendees said they felt more confident to escalate a risk through the organisation.
- Some of the comments received through evaluation have been included below:

"Good delivery of training session, presenter knowledgeable of session contents and professional in delivery of contents. Helpful links and ongoing support offer. Organisational changes impact on new/revised way of working, well defined and explained in the risk management session, would highly recommend staff to attend training session".

"Engaging session, presented the subject matter in a way that was easy to understand, good use of examples and taking us through a live risk was helpful. Enjoyable session helped by a good presentation style".

"Really clear explanation of risk and Datix. Will get my team on training ASAP".

"I feel more confident that I know who to contact for support escalating a risk even if I don't necessarily feel more confident doing it independently".

"Find Datix very difficult to use. However this session helped clarify why it's important to record risk and went some way to demystifying how to do it. Still feel the legacy system will be a challenge but worth persevering with."

Once For Wales – New Datix Risk Module

- 2.8 The implementation of the new Datix Risk Module has been delayed. The Assistant Director of Governance & Risk represents the Health Board on the All Wales Task and Finish Group and is contributing to the developments and improvements sought from the opportunity to develop a new module.
- 2.9 The Once-for-Wales Programme Management Board met in December 2023, and they took the decision to extend the current Datix contract by a further three years which will take the Health Board up to the end of November 2027. A timeframe as to when the new OFW risk module will be achieved is awaited. In the meantime, there is a pilot of the new system underway in another Health Board whose feedback is eagerly awaited.

Board Assurance Framework – Assigned Risks

- 2.10 The following Strategic / Principal risks are assigned to the Population Health & Partnerships Committee:
- Risk 5 - Community and Partner Engagement. Risk score 12.
 - Risk 9 – Fulfilling our Environmental and Social Duties and Ambitions. Risk score 16.
 - Risk 10 – Healthy Life Expectancy. Risk score 20.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **NEW RISKS**

Nil this period as assigned to the Committee.

3.2 **CHANGES TO RISKS**

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

Nil this period as assigned to the Committee.

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

Nil this period as assigned to the Committee.

3.3 **CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**

Nil this period as assigned to the Population Health and Partnership Committee.

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



Consequence	5	Yellow	Orange	Red		
	4	Yellow	Orange	Yellow	5374 5579	5462
	3	Green	Yellow	Orange		
	2	Green	Yellow	Yellow		
	1	Green	Green	Green		
CxL	1	2	3	4	5	
Likelihood						

3.5 Matters to Note / Notified emerging risks

- Datix Risk ID 5642 Adult Weight Management Service is being reviewed to consider incorporating the any additional risk areas identified relating to compliance with National Institute of Clinical Excellence (NICE) guidance and it is anticipated that these updates will be reflected in the March iteration of the organisational risk register as appropriate.

4. IMPACT ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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 required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail for each risk	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial</i>	Yes (Include further detail below)	
	See detail for each risk.	

5. Recommendation

5.1 The Committee are asked to:

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

6. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1																	
5462	Executive Director of Therapies and Health Sciences.	Diagnostics, Therapies, Pharmacy and Specialities Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Adult weight management service - Insufficient capacity to meet demand	<p>If there is insufficient capacity within the adult weight management service to meet the demand</p> <p>Then patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years.</p> <p>Resulting in missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.</p>	<p>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.</p>	<p>Update January 2024</p> <p>Last review 15.12.23 next review 11.03.24</p> <p>Current actions are the monitoring of capacity and demand alongside pathway redesign. Mitigations via provision of an interim offer of a level 2 service have been fully explored.</p> <p>1300 people remain on the waiting list. There was a 47% response rate to the partial booking letters sent in November. If this trend continues, estimated waiting time will reduce from 6 years to under 3 years.</p> <p>Initial findings from evaluation of pathway redesign (group interventions) will be completed in Quarter 4, from which further capacity mapping will take place.</p>	<p>Quality & Safety Committee</p> <p>People & Culture Committee</p> <p>Population Health & Partnership Committee</p>	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	15.12.2023	11.03.2024
11																	
5579	Interim Executive Director of Public Health	Diagnostics, Therapies, Pharmacy and Specialities Care Group	Head of Nutrition and Dietetics, Therapies, PCH	Creating Health	Patient / Staff /Public Safety	Lack of Children and Young Persons Weight Management Service	<p>If there is no children and young person's weight management service</p> <p>Then the Health Board will be unable to support children and young people to manage their overweight and obesity</p> <p>Resulting in non-compliance with national standards and pathways, significant risk to patients with increase in childhood obesity rates, obesity related conditions, healthcare costs and no improvement in the health of the most disadvantaged.</p>	<p>Some Level 1 weight management service exist across the Health Board, namely PIPYN (3-7yrs Merthyr only) and Henry (0-5 CTM wide), these programmes are currently fixed term funded until end March 24. There is no level 2 - multicomponent service or level 3 - specialist MDT service.</p> <p>An option appraisal for the introduction of a children and families weight management service has been undertaken.</p>	<p>Update January 2024</p> <p>Current actions: pathways and workforce models are in development, aiming for fully costed business case to be completed by end of January 2024.</p>	<p>Population Health & Partnerships Committee</p> <p>Quality & Safety Committee</p>	16	C4xL4	8 C4xL2	↔	13.10.2023	13.12.2023	31.01.2024
17																	
5374	Executive Director of Strategy & Transformation	Central Function - Environmental Sustainability	Deputy Director of Strategy and Transformation	Sustaining Our Future	Environment /Estate/ Infrastructure	Fulfilling our environmental and social duties	<p>If: the health board's decisions fail to reflect our values or consider the long term environmental or social impact</p> <p>Then: we will not fulfil our socio-economic duty, our Wellbeing of Future Generations objectives or our value based healthcare principles</p> <p>Resulting in: negative environmental and social impacts and loss of trust and confidence among stakeholders</p>	<ul style="list-style-type: none"> Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. CTM 2030' delivery focusses on community developments, employment and local procurement where possible. CTM becoming established as an Anchor Organisation. Decarbonisation Action Plan Established a CTM Environmental Sustainability Group which will have oversight and delivery of CTM's decarbonisation agenda CTM 2030' seeks to ensure that services take account of the impact on the environment All-Wales approach to sustainable procurement Green CTM Staff Forum Fleet emissions reduction programme and trial of electric vehicles Tree planting initiatives Waste management - elimination of landfill for foodstuffs Use of less environmentally impactful anaesthetic gases CTM representatives attend the Welsh Government Green meeting Update of the DAP by March 2024 Board and Committee cover papers also now include environmental impact against SRs. 	<p>January 2024 Update: Fulfilling our environmental and social duties and ambitions: Build environmental and social impact sections into health board project paperwork/cover sheets to ensure these have been considered as part of decision making processes. Timeframe: 28.6.2024.</p> <p>The Decarbonisation Action Plan (DAP) to be completed by March 2024. No Change to risk score as at this review.</p>	<p>Population Health & Partnerships Committee</p>	16	C4xL4	8 (C4xL2)	↔	21.2.2023	8.1.2024	28.02.2024
26																	

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

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



Agenda Item

4.2

Population Health & Partnerships Committee

University Health Board Status Progress Report

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Marc Penny – Director of Improvement & Innovation
Cyflwynydd yr Adroddiad / Report Presenter	Marc Penny – Director of Improvement & Innovation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

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
Executive Leadership Group	22/01/2024	Endorsed

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 This report provides an update to the Population Health and Partnerships Committee (PHPC) on progress against University Health Board Designation Status since the last full update and plan presented to PHPC in August 2023.
- 1.2 Cwm Taf Local Health Board achieved UHB status in December 2013, with the first triennial review of UHB status in 2016, Cwm Taf UHB successfully maintained its full status and in 2021 Cwm Taf Morgannwg UHB also maintained its full university status.
- 1.3 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.
- 1.4 In February 2023 a report was presented to PHPC outlining the UHB approach and plan to further develop the UHB Designation Status with a full update on progress presented in August 2023 with an agreement to provide further full updates annually. This report is not a full update but a position update on specific actions.
- 1.5 The assessment framework and associated CTMUHB action plan is based on 7 principles as below:

PRIORITIES AND ALIGNMENT
LEADERSHIP
PLANNING
DELIVERY
SKILLS & CAPACITY
ASSURANCE
STRATEGIC REVIEW

- 1.6 This report specifically covers an update and progress on actions agreed under the 'Planning' and 'Delivery' principles where an agreed deeper drive on partnership would take place between CTMUHB and USW and options for greater collaborative relationships and joint working would be explored.
- 1.7 As a note to the committee the WG officer responsible for UHB Designation Status left their role in 2023 and we are currently waiting for their replacement and confirmation of continued assessment criteria, however CTMUHB continues in developing its UHB Designation Status activity relating to the workplan approved by the Executive Leadership Group and endorsed by PHPC and its reporting via the IMTP.



2. Specific Matters for Consideration

- 2.1 Over the past 10 months CTMUHB and USW staff have worked together to develop joint vision and action plans with a number of joint workshops, working groups and meetings held (Led by the Head of Clinical Education CTMUHB and the Associate Dean, Partnerships and Business Development USW).
- 2.2 The aim of this work is to further develop the relationship between CTMUHB and USW outside of the traditional joint working areas of Clinical Education & Training, R&D and Innovation which are already well established and mature.
- 2.3 In June 2023 CTMUHB and USW held a joint organisational summit attended by a number of corporate and operational areas from CTMUHB and multiple schools and faculties within USW; focusing on:
 - Innovation
 - Leadership
 - Digital
 - Research
 - Education
- 2.4 Both organisations identified multiple synergies across their respective Visions and Strategic Goals with close alignment on purpose and outcomes, this being the case both organisations agreed that further deepening the relationship and collaboration would be mutually beneficial to the achievement of these strategies and goals.

USW 2030 Vision Changing lives and our world for the better: A leading UK university maximising positive impact for students, partners and communities	
CORE PURPOSE	We are: ambitious for our students and dedicated to making a positive impact on the communities we serve, focused on inclusion, enterprise and growth, a trusted partner, equipping students with skills for success, a knowledge creator through research and innovation, making a difference now and in the future, proudly anchored in South Wales with global reach.
VALUES	Professional Responsive Creative Inspiring Collaborative
GOALS	Maximising Graduate success and opportunities Distinctive academic offer Our portfolio will focus on the skills needs of students and employers, with a well-evidenced and market-led development process. It will be co-designed with industry, regularly refreshed and professionally recognised. Our curriculum will instill a professional identity and be connected to regional, national and global challenges. Transformational learning, teaching, and student experience Problem and challenge based learning will be embedded in all programmes. Interdisciplinary team-based learning will connect to problems beyond the classroom, with curriculum that creates a deep sense of belonging, engagement, networking and pride. Engagement with alumni will be embedded in student life and students will have a voice in the development of the curriculum. Workplace and lifelong learning solutions Focusing on new interactive CPD opportunities and modes of delivery, we will develop workplace, blended and online learning to meet learner needs and extend market reach.
	Research excellence and innovation impact Internationally excellent research capabilities Accelerated development and investment in our internationally reputable and high impact research areas: sustainable environment; crime, security and justice; health and well-being; creative, as well as advancement of innovative pedagogical practice. Research and innovation impact Our multidisciplinary research teams will focus on solutions to problems that affect society and the economy, with learning and teaching based on insight from our research and innovation impact. We will support and showcase the talent and ambition of our research and innovation. Knowledge and skills exchange for student and strategic partner benefit Our major strategic partnerships will address global challenges and act as catalysts for wider influence and support. Our collaborative work will focus on creating greater levels of productivity, innovation and economic impact and act as a bridge for knowledge exchange. We will inspire and support student entrepreneurship.

**USW Vision, Purpose and Goals*

- 2.5 Outputs from the summit have been developed into tactical / activity level action plans and a strategic ambition jointly committed to by CTMUHB and USW to explore and further define:

- 2.5.1 **Exploiting the overlap in vision, priorities and ambitions**
- Linking CTMUHB major challenges to USW infrastructure through existing and new machinery (boards, meetings, working groups) 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
- 2.5.2 **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
- 2.5.3 **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 clinical, medical and AHP graduates (Finance, Business, Planning, Digital etc)
 - Exploiting joint roles and appointments (honorary and permanent)
- 2.6 An example was provided of how greater collaboration could work on a specific UHB challenge, this is for illustrative purposes only and is not a commissioned piece of work. However, if a deeper partnership between CTMUHB and USW is agreed then priority challenges will be identified.



Cardiff | Newport | Pontypridd
Caerdydd | Casnewydd | Pontypridd

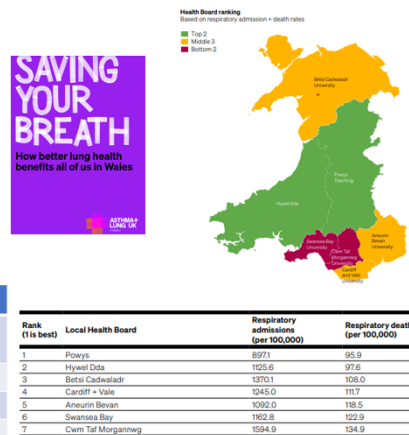
Exemplar: Respiratory?

Approx. 15 million people in the UK are live with a chronic condition and this is more common in South Wales where more people are likely to be unwell from a respiratory disease.

The most common respiratory conditions in South Wales are Asthma and COPD.

USW Areas of Expertise that could be exploited

Issue	USW Area
Respiratory function, measurement and diagnosis	Computing and Health
Healthy housing	Psychology
Air quality	Engineering
Behaviour change	Health
Clinical Physiology trainee posts	Recruit from Sports Science Grads
All looking to access external funding for support	





- 2.7 The next steps are to formally define a Partnership Governance infrastructure between the two organisations and define how joint working and engagement will work. Working to develop what USW as a key partner might look like and mean for CTMUHB and vice versa and to progress the design of infrastructure requirements, anchored to pilot projects, to support systematic delivery for both organisations' visions.
- 2.8 USW have also engaged with their Strategic Engagement Group chaired by the Pro-Vice Chancellor for Enterprise, Engagement and Partnerships and have received endorsement for the direction of travel and proposed development of greater collaboration between the two organisations.

3. Key Risks / Matters for Escalation

3.1 None

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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below: Culture and Valuing People
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.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) /	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? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 That the Population Health and Partnerships Committee NOTE this report, the current activity being undertaken between CTMUHB and USW and the direction of development currently being undertaken

6. Next Steps

6.1 Conclusion of options for greater partnership working between CTMUHB and USW to be shared with Executive Leadership Group and further update to be provided by PHPC as an element of the full year update later in 2024.

Appendix 1 - University Health Board Designation Status Update PHP Committee July 2023 (attached as 4.2a)



AGENDA ITEM

(INSERT NUMBER)

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

**UNIVERSITY HEALTH BOARD DESIGNATION STATUS
UPDATE**

Date of meeting	(DD/MM/YYYY)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Marc Penny – Director of Improvement & Innovation
Presented by	Professor Greg Padmore-Dix – Executive Director Nursing and Deputy CEO
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Professor John Geen	June 2023	SUPPORTED
Janet Gilbertson	June 2023	SUPPORTED
Dr Tom Powell	June 2023	SUPPORTED
Executive Leadership Group	July 2023	SUPPORTED

ACRONYMS

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



USW	University South Wales
WG	Welsh Government

1. SITUATION/BACKGROUND

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

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

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

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

2.2 Principle 1 – Priorities

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

UHB Designation Summit

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

Health Board Priorities Alignment

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





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

2.3 Principle 2 – Leadership

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

- 2.3.1 CTMUHB has recently allocated Executive oversight for UHB Designation Status to the Director of Nursing and Midwifery and Deputy CEO Professor Greg Padmore-Dix.
- 2.3.2 The Director of Improvement & Innovation has day to day responsibility for further developing the health boards maturity in designation status ensuring an action plan is in place and evidence provided to WG as required.
- 2.3.3 CTMUHB has a designated IM for 'University' designation Carolyn Donoghue.
- 2.3.4 Board oversight is provided via the Population Health & Partnerships Committee (a sub-committee of Board), which is incorporated into its terms of reference and receives a twice yearly update on UHB Designation Status for assurance. Annually a report then goes from this committee to full CTM Board.
- 2.3.5 CTMUHB have recently approved a secondment of 2 days a week for CTMUHB Head of Innovation with the University South Wales, the purpose of the secondment is to recognise and build on the shared objectives of both organisations and to promote innovation that is beneficial to the business of both organisations and the wider community.
- 2.3.6 The CTMUHB R&D team continue to have regular communication with all academic partners and support / advise on collaborative research and funding opportunities. Recent funding successes in the previous 12 months include £240K Stroke Association funding with Cardiff Metropolitan University, £230k Research for Patient and Public Benefit (RfPPB) with Cardiff University, £3.2m MRC funding with Cardiff University and Research Time Award (CTMUHB

researcher collaborating with Cardiff and Oxford Universities). With the responsibility to lead, promote and encourage collaborative research in support of UHB status, CTMUHB R&D undertook a joint research funding initiative in partnership with Cardiff Metropolitan University. The R&D department has since issued a further funding call in February 2023 for all our University partners. The latter call was administered to facilitate NHS and academic research collaboration and create networking opportunities. 9 applications were funded and distributed between Swansea, Cardiff and Cardiff Metropolitan Universities, the University of South Wales and University of Wales Trinity Saint Davids.

2.3.7 The CTM R&D team have also been providing support to the Open University as one of our six partners, to undertake a project with the Bereavement services at CTMUHB.

2.4 Principle 3 – Planning

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

- 2.4.1 Additional advice and requirements for Care Groups and Operational areas for the IMTP planning cycle have been included in guidance to ensure all areas of the CTMUHB are considering R&D, Clinical Education, Innovation and Value Based Healthcare; and the overall University Designation Status as part of their normal planning cycle.
- 2.4.2 Delivery monitoring will form part of the normal IMTP review and assurance process with overall UHB Designation Status assured through the PHP Committee.
- 2.4.3 After the CTMUHB Designation Status Summit CTM agreed to hold a number of deep dive events with academic partners, the first being piloted with University South Wales which has been scheduled for June 2023. This session will bring together a number of academic areas based on CTMUHB strategic goals and priorities to explore and agree (subject to organisational sign off) priority work areas and joint projects. Areas include traditional R&D, Innovation and Education as well as representation from digital, people, facilities etc. Output from this event will be shared back with



the CTM Executive team and will form an updated work plan with USW.

- 2.4.4 Work has also been started internally to capture all the MOU's the HB has with academic partners, their scope and deliverables.

2.5 Principle 4 – Delivery

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

- 2.5.1 Delivery of key activity is aligned to and built into existing governance and monitoring frameworks. These include CTM's Executive led strategic transformation portfolio and operational Improving Care Boards.
- 2.5.2 CTMUHB has a staff ideas portal where challenges are posed to our people for ideas and solution. The crowd sourcing ideation platform enables the HB to set strategic and tactical challenges and for our people to collaborate with each other on solutions and improvement. Access to the platform has recently been given to USW and SU to enable our academic partners to help review problems and ideas generated and provide support in on solutions & delivery mechanisms.
- 2.5.3 CTMUHB have recently updated their declaration of interest form and process to now collect information on members of staff who may hold honorary contracts, joint roles and or academic titles with academic partners to enable the organisation to better understand the current depth of relationships it has with other institutions and enable it to explore how it can further exploit these relationships for the benefits of CTM and the population it serves.
- 2.5.4 CTM's R&D department hold an annual conference which celebrates and promotes the R&D activity the HB is undertaking. The R&D team also regularly communicates out to members of staff on opportunities to get involved in R&D activities. The establishment of the Clinical Research Centre has enabled the UHB to participate in new fields of research, (e.g. national vaccination study) and will help attract further commercial research opportunities. The designated research clinical area has also enabled academic partners to use the space for their patient facing research.

The CRC also provides open access for researchers to discuss their research ideas.

- 2.5.5 The Senior R&D team regularly present to Nursing, AHP and Medical groups across the Health Board to promote research, describe the available support and signpost potential researchers to nationally run studies which CTMUHB researcher – clinicians could recruit to, with local R&D delivery support.
- 2.5.6 A Collaborative Steering Group has been established with membership from USW and CTM. Output from the June 2023 event will inform their work-plan.
- 2.5.7 CTM and Cardiff Met University have created for the second year in a row a joint innovation fund where individuals or teams can bid for small funding to prove innovation aligned to CTM: 2030 strategy.

2.6 Principle 5 - Skills and Capacity*

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

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

- 2.6.1 The People Team in partnership with USW, we are continuing to offer an ever-expanding range of qualifications in order to upskill our workforce for the future. This also includes the accreditation of in-house programmes through the university. More specifically a new bespoke Coaching Skills pathway has been developed in order to support the transition from a transactional HR function to a more sustainable and forward-thinking People Services function. Through the upskilling and adoption of coaching approaches, staff are empowered to take ownership of their teams with the structured and sustainable support of our People Coaches.
- 2.6.2 Digital team are exploring opportunities for student placements/digital degree apprenticeships, opportunities to access capacity for specific skillsets (for example data analytics) to support key strategic programmes, for example Maesteg Hospital and Digital and Non-Digital teams are enrolled in digital leadership courses and MSc programmes.

- 2.6.3 The HB are continuing to work with universities to understand how we can leverage current best practice and technological advancements to enhance learning within CTM. For example, we are exploring the possibilities of experiential learning opportunities and simulation technologies (for example Hydra) to upskill our workforce and provide safe spaces for engaging in alternative, improved working methods. As a result of this learning, we would hope to see improved working methods and ultimately better patient outcomes.
- 2.6.4 The Change Hub have partnered with USW to develop a CTM Change Community of Practice aimed at developing the breadth and depth of change management skills in CTM to support our ongoing transformation and change programme.
- 2.6.5 CTMUHB engages closely with all the intensive learning academies with specific work with All-Wales Intensive Learning Academy for Innovation in Health and Social Care, Value-Based Health and Care Academy and Leading Digital Transformation and actively encourages participation from its people.
- 2.6.6 CTMUHB R&D team are currently in discussions with the CTM Clinical Education team to progress R&D as a recognised clinical placement opportunity for student nurses.

2.7 Principle 6 – Assurance

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

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

2.8 Principle 7 - Strategic Review

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

- 2.8.1 CTMUHB has a number of strategy groups based on a 'life course' approach of people in our communities to ensure a

strategic approach to pathway development and a focus on improvement of outcomes & services for our communities:

- Starting Well
- Growing Well
- Living Well
- Ageing Well
- Dying Well

- 2.8.2 CTMUHB has put in place strategic oversight and assurance reviews by giving specific accountability and responsibilities to a sub-committee of board (PHP Committee), giving specific accountability to designated IM and Executive leads and day to day responsibility to the Director of Improvement & Innovation.
- 2.8.3 Annual Committee and Full board reports have been scheduled and regular updates will be provided through Exec's and PHP Committee.
- 2.8.4 The Assistant Director for R&D has the opportunity, on an annual basis, to present to Executives and Independent members of the Board and update them on progress, impact and requirements.
- 2.8.5 The R&D team represent CTMUHB at Health and Care Research Wales national strategic, operational and finance meetings.
- 2.8.6 The Clinical Education team produce an annual report which is submitted to Executive Leadership Group and Quality and Safety Committee

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

3.1 No specific risks.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not applicable
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Choose an item.
	Linked to all Strategic Goals

5. RECOMMENDATION

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



UHB Summit Review
Agenda.pdf

Appendix 1 - UHB Summit Agenda



Digital Notes by
Scarlet Design.jpg

Appendix 2 - UHB Summit High-level outputs

Creating Health aims

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

OVERALL RAG



STATUS UPDATE, ACTIONS TAKEN:

Workstream	Status Update	RAG							
Governance	<ul style="list-style-type: none"> Creating Health Portfolio Board meetings take place on a monthly basis. ToR and PID drafted. IM Sponsor agreed (CD) Paper presented to Population Health and Partnerships Committee in November 2023 Implementation plan drafted and in consultation stage 	Green							
Programme management	Change Hub supporting with development of programme Management and reporting (ongoing)								
Key Projects/Programmes reported to February Creating Health Board	<table border="1"> <tr> <td>Making Every Contact Count (MECC)</td> <td>Green</td> </tr> <tr> <td>Catering Services Transformation</td> <td>Yellow</td> </tr> <tr> <td>3Ps Programme</td> <td>Green</td> </tr> <tr> <td>Social Prescribing</td> <td>Green</td> </tr> </table>		Making Every Contact Count (MECC)	Green	Catering Services Transformation	Yellow	3Ps Programme	Green	Social Prescribing
Making Every Contact Count (MECC)	Green								
Catering Services Transformation	Yellow								
3Ps Programme	Green								
Social Prescribing	Green								

KEY METRICS:

- Long Term:** Cwm Taf Morgannwg Population Health Measures.
- Annual/medium term:** Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management. [LINK](#)
- Narrative and quantitative reporting on Programme areas

ISSUES AND RISKS:

Issues	Description	Mitigation	RAG
Need to develop Implementation plan	The implementation plan will pull outline how CTM UHB will achieve population health improvement, alongside system partners, in line with the aspirations of CTM2030.	Plan Drafted, Currently out to members for comment	Green

Issues	Description	Mitigation	RAG
Need to finalise dashboard	Dashboard/ snapshot will provide up to date indication of population health measures	In development with Public Health	Yellow

ESCALATIONS/ DECISIONS TO BOARD:

- None



Population Health & Partnerships Committee

HEALTH PROTECTION SERVICE

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Claire Thomas, Professional Manager – Population Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Interim 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	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The Health Protection Service was in a transitional year during 2023/4, with interim funding and predominantly temporary staff. The Population Health and Partnerships committee were fully updated of the situation at their meeting in November 2023.
- 1.2 Although the Covid pandemic phase has moved to endemic, it is recognised that a local Health Protection Service to address ongoing population health needs is required, as reported at the November meeting. The service will be guided by an overarching Health Protection Strategic Plan, underpinned by the National Immunisation Framework for Wales, the National Elimination Plan for Hepatitis B and C and the UK Antimicrobial Resistance Plan.
- 1.3 A local Health Protection service and strategic plan is required to deliver on a range of health protection functions at Health Board (and local authority) level for plausible threats, response, management and control, including:
- Pandemic
 - Chemical, Biological, Radiological and Nuclear (CBRN) incidents
 - Infectious disease outbreaks
 - Eradication programmes e.g. Hepatitis B and C
 - Management and control of tuberculosis
 - Anti-microbial resistance (AMR)
 - Screening of refugees, asylum seekers and migrants
 - Vaccinations and Immunisations (V+I)
 - Addressing inequalities / inequities in access to and uptake of control measures
 - Behavioural insights to inform action
 - Exercising of the plans, and workforce training and preparedness
- 1.4 On 9 January 2024 the Director of Health & Wellbeing at Welsh Government wrote to all Executive Directors of Public Health in Wales outlining a Health Protection Allocation for each of the Health Boards. This includes ongoing funding for the existing Immunisation and Vaccine Team / Testing team.
- 1.5 There was £9.1 million for transitional funding during 2023/24 recognising that there would be further scaling down of the pandemic response. The allocation for 2024/25 (Table 1) outlined in the letter to the Director of Public Health has been baselined as a recurrent discretionary allocation based on health board forecasts as at Month



8 @ 80% levels. This allocation means that Cwm Taf Morgannwg University Health Board has the lowest per capita funding in Wales at £13.65 per head, with the highest being Powys at £25.92 per head followed by Swansea Bay at £21.89. In return, Welsh Government expects delivery of a local Health Protection Framework incorporating eight core principles.

Table 1

	2024/25 allocation (HP/Vaccination and PPE)	2024/25 allocation (HP/Vaccination)
Aneurin Bevan	11.200	10.08
Betsi Cadwaladr	10.286	9.44
Cardiff and Vale	9.040	7.04
Cwm Taf Morgannwg	6.061	5.7
Hywel Dda	6.580	5.76
Powys	3.470	3.44
Swansea Bay	8.394	7.2
Total	55.032	48.66

1.6 The core principles as outlined by Welsh Government 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 Control Plan for Wales, 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 by 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 your 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
- 1.7 At the National Health Protection Framework Task and Finish Group held on 27 February 2024, Welsh Government outlined their expectations for our local Health Protection Framework.
- 1.8 Locally the work has progressed quite slowly exacerbated by key staff not being available. However, an interim member of staff has been recruited mid-February to lead on development of an Health Protection Strategic Plan working alongside existing staff across the Health Board and Partner Organisations. Interviews are planned this month to the previously agreed new post of a Consultant in Public Health post leading on Health Protection.
- 1.9 Operational staff in the Immunisation and Vaccination Programme who are on fixed term contracts have had their contracts extended until the end of June 2024.
- 1.10 The respiratory testing pathway has been realigned in line with new guidance on prioritisation of individuals for anti-viral therapies.
- 1.11 An ongoing measles outbreak in the West Midlands has resulted in an increased focus on uptake of the Measles, Mumps and Rubella (MMR) vaccine in Wales, diverting some staff from core work.

2. Specific Matters for Consideration

- 2.1 Consideration needs to be given to adoption of an interim Health Protection Strategic Plan allowing time for agreement across Directorates and our partner organisations before the plan is finalised.

- 2.2 Once funding for elements of any Health Protection Framework have been agreed internally, it is recommended that some of the staff currently on fixed term contracts are offered substantive posts. This applies in particular to the Immunisation & Vaccine team.
- 2.3 There has been previous agreement on permanent recruitment to other health protection posts, however this recruitment has not progressed as quickly as it could have, due in part to the CTM Board's OCP process.

3 Key Risks / Matters for Escalation

- 3.1 There are a number of key risks to consider, outlined as follows:
- Failure to deliver a successful spring booster Covid vaccination programme for our population will further increase the inequalities in health, leading to potential additional pressures on acute and primary care services.
 - The inability to retain the skills needed to manage the process for the Spring booster and MMR catch-up campaigns and any health protection incidents that may arise i.e. avian flu. Some staff have already taken permanent redeployment opportunities over an extension to the fixed term contract. In addition there is difficulty recruiting bank staff to backfill.
 - Failure to successfully implement an integrated partnership approach to health protection may increase the risks posed by communicable disease and heighten the risk in vulnerable settings e.g. Care Homes, prisons, special schools, etc.
 - There is a significant reputational risk to the Health Board with poorer performance in vaccination programmes and lack of progress against targets in the Hepatitis Elimination Strategy and Antimicrobial Resistance Plan.
 - Rapid disinvestment in key health protection roles, may leave CTM ill equipped to respond to an emergency situation such as a Covid resurgence or a new pandemic threat.
 - Pre-existing inequities in access to services, particularly in inclusion health groups, have been made worse by the pandemic; failure to implement an integrated approach may exacerbate vulnerability in these groups.
 - The requirements of Welsh Government have highlighted gaps in existing capacity needed to support any health protection response, for example the emergency planning team.



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: <i>Improving care</i> <i>Sustaining our future</i>
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: <i>Applies to all age groups</i>
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: <i>A more equal Wales</i> <i>A resilient Wales</i>
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below: <i>Leadership</i> <i>Whole systems perspective</i>
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below: <i>Applies to all domains</i>
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 Aseiad 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: The paper is for noting



Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below: The Cwm Taf Morgannwg Vaccine Equity Strategic Plan 2023-26 addresses inequality and inequity. It is being reviewed during implementation.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Health Protection Legislation (Wales) 2010 Health Act 2006 Wales	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk of reputational damage to the Health Board of lowering vaccination rates and failing to meet Welsh Government targets	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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.	

5 Recommendation

- 5.1 The Committee are asked to **NOTE** the current issues, risks and impacts in the development of a Health Protection Service and overarching Strategic Plan.

6 Next Steps

- 6.1 The impact of the unstable workforce will continue to be monitored along with the impact on health protection.
- 6.2 Development of an overarching Health Protection Strategic Plan in line with Welsh Government guidance.
- 6.3 Identification of key staff and staffing gaps in development of a Health Protection Service.



Agenda Item

5.3

Population Health & Partnerships Committee

POPULATION HEALTH MANAGEMENT: UPDATE

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Gemma Northey, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Gemma Northey, Consultant in Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, 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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
PSRS	Population Segmentation and Risk Stratification
DHCW	Digital Health and Care Wales
SWIYC	Stay Well in Your Community

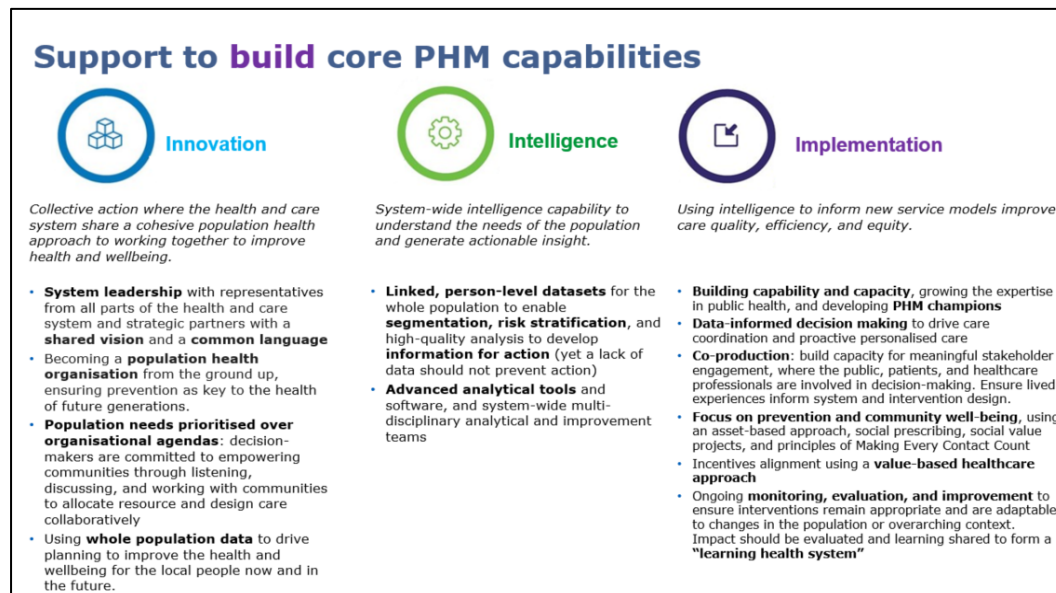


CHWT	Community Health and Welfare Team
GP	General Practitioner
MDT	Multidisciplinary Team
IPC	Institute of Public Care
IGRP	Information Governance Review Panel (for SAIL)
DHCW	Digital Health and Care Wales
DPA	Data Process Agreement
DPIA	Data Protection Impact Assessment
SAIL	Secure Anonymized Information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



1. Situation / Background

- 1.1 This report provides an update on the population segmentation and risk stratification (PSRS) approach to Population Health Management in Cwm Taf Morgannwg University Health Board (CTMUHB) for the committee to note.
- 1.2 Population Health Management (PHM) improves population health by data-driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population¹. It is dependent on system capabilities for implementation as agreed at the national NHS Health Inequalities Board in December 2023 and outlined below:



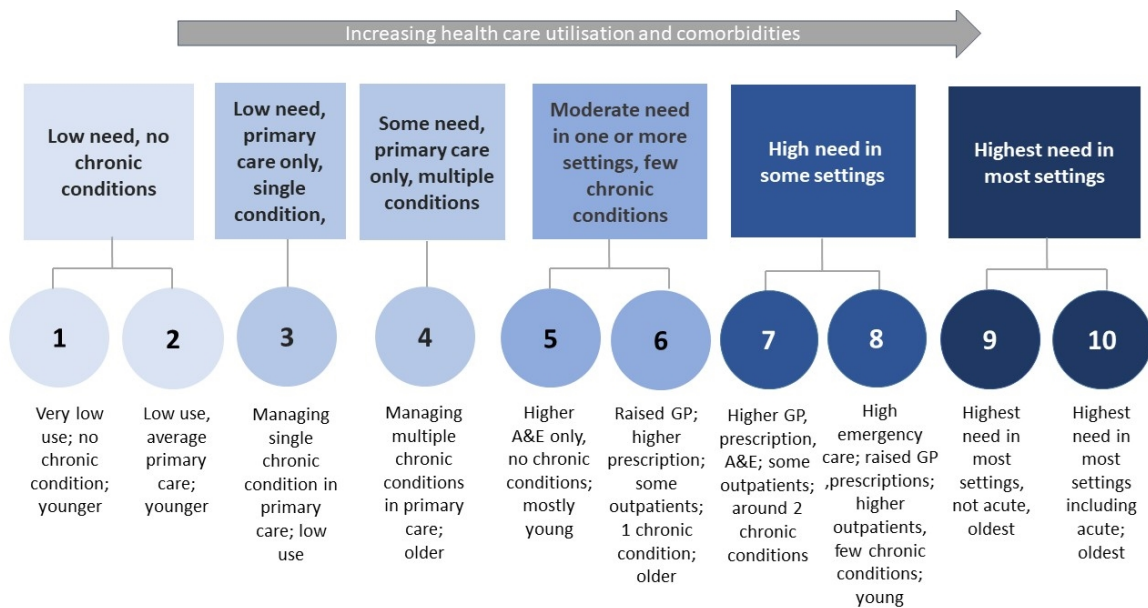
- 1.3 A PHM tool has been developed in CTM - Population Segmentation and Risk Stratification (PSRS). This aims to help Primary Care Clusters, GPs, Care Groups, Strategy Groups and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Linked primary and secondary care datasets are used to segment the population, stratify and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care which reduces health inequalities.
- 1.4 This approach uses data from all bar one GP practice in CTM via the SAIL Databank. Data are being updated quarterly with the LPHT

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

receiving an anonymised dataset and GP practices receiving patient-level data via the Digital Health and Care Wales (DHCW) portal. This allows individual practices to understand both the characteristics and proportion of their practice patients across the segments as well as the patients at high risk of admission in the following year.

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

CTMUHB Data-driven segments





2. Specific Matters for Consideration

Implementation of PSRS in CTMUHB

1.1 Priorities for 2024/5 are:

INNOVATION

- Support the system wide adoption of PHM approaches across the CTM health and care system (shared vision, system leadership and governance)
- Support national PHM agenda (policy setting, national fora, collaboration with other HBs, evidence generation)

INTELLIGENCE

- Develop a sustainable and stable approach to local infrastructure in advance of a national solution (PSRS data flows/architecture, Information Governance, National Data Repository (NDR) preparation, funding streams)

IMPLEMENTATION

- Build capability and capacity (skills sharing and supporting PHM champions)
- Test models of delivery for application of PSRS data (inequalities, Value Based Healthcare projects, scope delivery of PSRS in secondary care)
- Review current value and utility of PSRS data and explore wider PHM approaches (evaluation)

1.2 PSRS data has the potential to be utilised by Clinical Care and Strategic groups in CTM. Discussions are underway to support a number of projects, including diabetes and frailty.

1.3 The two PHM feasibility projects in Taff Ely and Bridgend East clusters (described in detail in Appendix 1) completed in April 2023. Both projects have undergone process evaluations and there is an ongoing outcomes evaluation for Taff Ely.

1.4 To address the objective to test models of delivery, a number of PHM projects have been initiated or planned as outlined below, to include projects in North and South Cynon clusters, Bridgend West and Taff's Well clusters and ongoing work to support the inequalities work with GPs in North Bridgend (Llynfi valley, parallels with Deep End programme). A review of the delivery mechanisms for future projects is required to ensure the PHM approach is adopted and owned in the health and care system, supported by the PHM Unit.

1.5 A collaboration between ABUHB and CTMUHB started in September 2022. This partnership aims to share knowledge and learning of PHM approaches, present definitions of population health and PHM that

can be built on for a shared understanding across Wales and describe how we can build PHM programmes in Wales to support improvements to population health.

- 1.6 PSRS data has been used to undertake a backwards mapping of the patients referred to the Community Health and Wellbeing Teams (CHWT) or Multidisciplinary Teams (MDT) to data-driven segment and risk stratum in volunteer GP Practices. Evaluation of this has been completed and is being used to test models of application of PSRS data to CHWT referral processes, alongside work as part of the community commissioning and redesign programme.
- 1.7 A separate but parallel research project is being conducted by the LPHT to examine the predictive ability of segmentation including the development of the CTM UHB data-driven segmentation model to date. This work was delayed due to reprioritisation of the work plan to include in depth analyses of segments and support to feasibility projects but the paper has now been submitted to BMC Public Health.
- 1.8 The governance arrangements for PHM in CTM since October 2021 have included a Steering Board for PHM. Note that PSRS is one component of PHM in CTM and as part of the re-evaluation of PHM governance structure, progress and issues will be reported via identified channels to the Creating Health Board.

Evaluation

- 1.9 Previously, the potential for using utilization-based cluster analyses to segment a local General Practice-registered population in the Rhondda cluster was assessed as a pilot during April 2018 – July 2019. A process evaluation assessed the feasibility of the approach and compared the use of a traditional expert-driven segmentation approach with data-driven utilization analysis. The findings have previously been presented and are available upon request.
- 1.10 An independent evaluation of Stay Well in Your Community (SWIYC) was carried out by the Institute of Public Care (IPC) at Oxford Brookes University. The PSRS Workstream evaluated the effectiveness of PSRS in identifying the health and care needs of the CTMUHB primary care-registered population. This was supported by two objectives:
 - (1) To evaluate the predictive ability of population segmentation.
 - (2) To undertake a process evaluation to inform wider roll out of this approach.



- 1.11 The evaluation does not include specific interventions, which are implemented using the findings of the segmentation, over and above identifying the added benefit that segmentation offers.
- 1.12 Evaluation of select implementation projects will be undertaken to generate an evidence base for PHM approaches in Wales. In addition, evaluation of the methods of application and learning from implementation in a Welsh context will be used to inform future systems and national policy approaches.

3. Key Risks / Matters for Escalation

1.13 Infrastructure:

- Lack of current Wales-wide data architecture solution to linked, person-level data. **Impact:** Local solutions with limitations, including current lack of data flows into secondary care. **Mitigation:** Access via SAIL in CTM is operational and successful across all GP practices bar one, with some restrictions on access.
- PSRS front end provided in primary care needs development to improve functionality – dependent on DHCW and has been requested since summer 2023. **Impact:** Restrictions on application of PHM in primary care. **Mitigation:** Working with primary care partners and providing extra support from Analysts in the PHM Unit.

1.14 Information Governance: new systems requiring specialist IG scrutiny with limited capacity internally to support. There are restrictions in terms of how we are able to apply PSRS data due to strict information governance rules for data flows and access in and around primary care resulting from the system in which we initially had to and continue to operate. **Impact:** Substantial delays to projects and/or restrictions in application and use of data. **Mitigation:** Cannot fully mitigate, however have initiated collaboration and skills-share with other Health Boards including ABUHB and CVUHB, ongoing discussion with practices to access DHCW information governance support to progress JCAs, DPIAs etc as needed. Further, in order to progress PHM at pace and scale in CTM, the Health Board could provide valuable support to investigate and implement alternative data flows that would link primary and secondary care data for patient care.

1.15 Capacity of primary care to support PHM approach. **Mitigation:** Measures are being taken to alleviate the requirement on primary

care, with support from the LPHT and other professionals (such as MDT leads or Cluster Development Managers) however it is inevitable that requirements of practitioners will remain in some areas. The LPHT continue to engage regularly with GP practices and other primary care professionals via the cluster meetings and are fully engaged at locality level in realizing the ambition of a wider partnership through the Accelerated Cluster Development work.

- 1.16 Funding for local data flows: CTMUHB currently fund the staffing for the PHM Unit, however long term funding to support the data flows (including licensing fees) has not been identified. **Impact:** A stable and sustainable approach has not been identified to date. **Mitigation:** Work is ongoing at local and national level to identify and secure funding to continue to deliver PSRS in CTM and provide an evidence base useful to inform the national rollout of PHM across Wales.



4. Assessment

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

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



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

5. Recommendation

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



6. Next Steps

1.19 Key work areas are outlined below with regards to implementation projects. In addition, work is being scoped on further projects including VBHC (diabetes and hypertension) and ongoing support given to development of a National Framework for PHM in Wales.

	2024					
	Feb	Mar	Apr	May	June	July
Implementation projects						
South Cynon CHWT/frailty						
North Cynon COPD						
Taffs Well CHWT						
Taff Ely outcomes evaluation						
Bridgend West COPD phase 1						
PHM webpage communications						
Local infrastructure development						
System wide adoption of PHM						
Build capability and capacity						
Update and develop key intelligence outputs						



Agenda Item

5.4

Population Health & Partnerships Committee

Building Healthier Communities Update – spotlight on housing

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships
	Beth Underwood Housing, Health and Innovation Manager
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

Acronyms / Glossary of Terms	
BHC	Building Healthier Communities



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTMUHB	Cwm Taf Morgannwg University Health Board
PHPC	Population Health and Partnerships Committee
RSL	Registered Social Landlord
WISE	Wellness Improvement Service



1. Situation / Background

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

2. Specific Matters for Consideration

- 2.1 The Healthy Housing Alliance has been in place since 2021 and is a partnership between RSLs and CTMUHB as the link between health and housing is well evidenced.¹ The Alliance aims to support practical projects that positively impact the wider determinants of health and help enable thriving communities across CTMUHB.
- 2.2 To ensure delivery against this important agenda, it was agreed to appoint a Health, Housing and Innovation Manager on a fixed term basis in 2022, which was joint funded by the RSLs and CTMUHB. This was the first role of its kind within the health and housing arena in Wales. Due to the early impact and success of this role, an extension has been agreed until end of March 2025.
- 2.3 In October 2023, a workshop was held with the members of Alliance to develop a revised workplan. A summary and progress position can be seen in the table below.

¹ [WHO Housing and health guidelines](#)



Project & objectives	Status
<p>Warm Homes ECO4 Raise awareness of and support households who are both financially (fuel poverty) and clinically vulnerable to access free home improvements, creating warmer, healthier homes. This draws down funding (billion £+ scheme) from energy companies, including 'finders fees'. Facilitating partnership between Interlink and local green broker. Each eligible referral via Interlink will generate revenue for the CVC.</p>	In progress
<p>Trivallis Enhanced discharge pathways Housing partner offer to provide OT resource and expedite home adaptations for identified Trivallis tenants. Reducing lengths of hospital stay.</p>	Scoping
<p>Valleys2Coast & WISE V2C own data evidencing prevalence of chronic illness & disability in their Bridgend communities. WISE to deliver their programmes to V2C tenants to support condition self-management and wellness.</p>	Planning
<p>Health & Housing Literacy Gather intelligence on levels of housing literacy across health professionals to inform design of information and training on housing related issues to improve support to patients. Work with housing partners to develop health promotion training/education to housing professionals.</p>	In progress
<p>Co-Produced pathways into CTMUHB roles - Employability Project Models in England have evidenced the success of a health/housing partnership developing agile pathways into employment (Band 2 NHS roles) for housing tenants, many of whom have previously been economically inactive. Aim to emulate these projects in CTMUHB.</p>	In progress
<p>Enabling thriving communities - Partnership Seed Funding Programme The Healthy Housing Alliance workshop asked the question 'If you were ten times bolder,</p>	Scoping



<p>what big idea would you recommend?' The primary idea was seed funding for communities as an enabling commitment based on discussions around –</p> <ul style="list-style-type: none"> • Fostering social connection • Help generate community identity and a sense of belonging • Develop groups for health • Help create conditions to thrive • Share resource from statutory bodies with community orgs • The community can be empowered to take ownership and accountability 	
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3. Key Risks / Matters for Escalation

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

4. Assessment

Objectives / Strategy	
<p>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</p>	<p>Improving Care</p> <p>If more than one applies please list below: Sustaining our future Creating health Inspiring People</p>
<p>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</p>	<p>Growing Well</p> <p>If more than one applies please list below: Living Well Ageing Well Dying Well</p>
<p>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</p>	<p>A Wales of Cohesive Communities</p> <p>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</p>



Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: Reuse Refine Repurpose Recycle

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: Will be considered as part of each separate development.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Will be considered as part of each separate development.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There are potential reputational impacts on the health board if specific elements of this work are not achieved	
Effaith Adnoddau	Yes (Include further detail below)	



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

There are different resource implications for each individual piece of work. This is included as part of each project plan.

5. Recommendation

5.1 The Committee is asked to note the update and progress to date.

6. Next Steps

6.1 The next steps for each of the projects include:

6.2 Warm Homes ECO4 strategy has shifted as their remains constraints on utilising/sharing health data in order to target identified households for ECO4 funding. Piloting with Interlink will provide learning to spread & scale with other partner CVC's. Measurement plan developed.

6.3 Trivallis Enhanced discharge pathways project behind schedule due to on-going operational pressures for CTMUHB, but work continuing.

6.4 Valleys2Coast & WISE aim to learn from this partnering work and how the model could be spread across wider housing partners.

6.5 Health & Housing Literacy working iteratively across a number of clinical teams. Valuable feedback being gathered. Project plan developed for design & implementation of housing knowledge into community clinical teams.

6.6 Co-Produced pathways into CTMUHB roles - Employability Project employability networks on board, Task & Finish Group in place across housing partners. Phase one project plan developed to work with CTMUHB colleagues. Working with Walsall Housing Group to learn from the Work4Health Programme.

6.7 Enabling thriving communities - Partnership Seed Funding Programme paper being presented to next Healthy Housing Alliance meeting.



Population Health & Partnerships Committee

MENTAL HEALTH STRATEGIC WORK PROGRAMMES UPDATE

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Lisa Davies, Assistant Service Director for Strategic Transformation and Delivery for Mental Health and Learning Disability Care Group
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley Deputy COO Primary, Community & Mental Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

Acronyms / Glossary of Terms	
CAMHS	Children and Adolescent Mental Health Services
HIW	Health Inspectorate Wales
MH&LD	Mental Health and Learning Disability
RPB	Regional Partnership Board
SLAs	Service Level Agreements
WHSSC	Welsh Health Specialised Services Committee



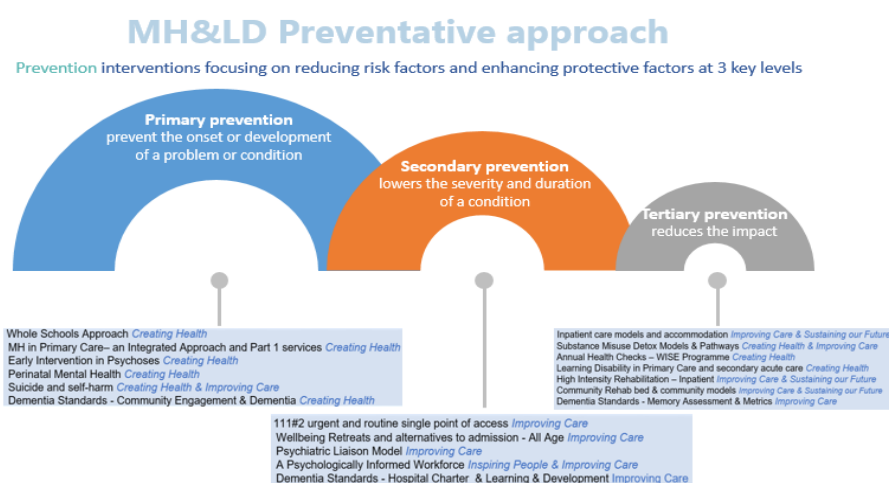
1. Situation / Background

- 1.1 This paper provides an overview of the progress made in the last six months on strategic work programmes and priorities within the Mental Health and Learning Disability (MH&LD) Care Group. It provides a forward look of the strategic priorities for the Care Group for 2024-2025 highlighted in the Integrated Medium Term Plan.
- 1.2 The Care Group has been restructured from a locality to a functional model. The newly formed operational Directorate's represent CAMHS and specialised services; Adults and Older Adults. There has been positive recruitment into the directorate leadership roles, which includes new psychological therapies leadership alongside medical; nursing and operational roles. The vision for the care group is to build and embed inter-professional and collaborative leadership at all levels of the care group.
- 1.3 The new structure will enable Directorates to develop 'Once-for-CTM' models.
- 1.4 Despite the period of transition impacting on capacity, the Care Group has achieved good improvement in 2023-24 within areas of targeted intervention for performance and quality, including:
 - Improving and sustaining the 80% waiting time standard for assessment and intervention under Part 1 of the Mental Health Measure for Adult Local Primary Mental Health Services
 - Significantly improving and sustaining the 80% waiting time standard for assessment under Part 1 of the Mental Health Measure for Children and Adolescent Local Primary Mental Health Services
 - Improving and sustaining the 90% of care and treatment plans being valid under Part 2 of the Mental Health for Children and Adolescent Mental Health Services (CAMHS)
 - Full de-escalation by our commissioners, WHSSC. for the Regional Tier 4 CAMHS Inpatient unit and complementary unannounced Health Inspectorate Wales (HIW) inspection
 - Positive HIW inspections and follow up visits in our adult and older adult services
 - Completion of 32 out of the 40 recommendations from the HIW discharge review through the implementation of the High Quality Inpatient Improvement Programme
 - Improvement in the percentage of patients waiting less than 26 weeks for psychological therapies (60% in December compared to 45% in March 2023)
- 1.5 The newly formed NHS Executive has implemented a Strategic Programme for Mental Health. The initial key focus will be on a national inpatient mental health programme to improve quality and safety as well as supporting the requirements and implementation of Right Care, Right Person in partnership with police and other agencies.

1.6 Welsh Government have been developing a successor strategy to Together for Mental Health and Talk to Me Too. Public consultation on the proposed new strategy is planned to go live at the end of February for 16 weeks with anticipated publication of the strategy and delivery plan in Autumn 2024. It is currently unclear whether there will be Mental Health Service Improvement funding released to the Health Boards for 2024/25.

2. Specific Matters for Consideration

2.1 The MH&LD Care Group's strategic development in 2023/24 was based on a key preventive approach across all levels of provision with the following aligned programmes of work:



2.2 Good progress on the key priorities is summarised below:

Key priority	Progress to date
High Quality Inpatient Programme	Completion of 32 out of the 40 recommendations identified from the HIW Discharge review and positive HIW unannounced inspection recognising the improvements made.
Rehabilitation and recovery programme	Full system wide review of demand; activity and capacity across the pathways; feedback from service users and stakeholders as well as benchmarking exercise. Interactive workshop in December 2023 with over 30 stakeholders. The proposed model and vision for the future system has been developed. A programme board and work streams will support implementation.
Review model of dementia day unit services	Independent review of current service models has been undertaken and recommendations on potential options for future service design have been scoped and discussed with senior multi-disciplinary clinical leads. Options appraisal and identification of preferred model expected early in quarter one of 2024/2023
Wellbeing retreats	Development of a service specification for the children and young person's pilot and procurement exercise completed, which resulted in no bids. Subsequent positive partnership development with Local



Key priority	Progress to date
	<p>Authority to re-exploring options to phase the project and deliver in partnership. Exploring support from the RPB for longer term funding.</p> <p>Slight delay with the development of the adult wellbeing retreat due to operational capacity. Now progressing at pace with revised timescales and target for implementation October 2024.</p>
Review of our Service Level Agreements (SLAs)	<p>Initial focus on recovery colleges and our commissioning model to support service user involvement. A comprehensive SLA review programme has been established to review all existing agreements in 2024-25.</p> <p>A new project will improve the reporting of the key metrics with third sector. This includes development of a central dashboard for information to be collated and presented supporting a system to more effectively evaluate and review the current services. In partnership with Improvement Cymru, this will enable access to outcome measure training for third sector colleagues.</p>
Development of an estate strategy	Scoping of current service provision and requirements for future estate has been undertaken. Externally commissioned review of opportunities to inform future strategic priorities. Priorities started to be scoped to inform the 10 year capital plan.
NHS 111 press 2	Positive participation and outcome from Peer review to inform national phase 2 of implementation. Awaiting feedback from the national programme on timescales for phase 2 of the project.
Ty Llidiard Improvement programme	Full de-escalation of the service by WHSSC following completion of remaining actions. Positive and complementary HIW unannounced inspection report.
Implementation of single clinical record system	Due to the proposed limited lifespan of the WCCIS electronic solution; further work is being undertaken to scope alternative options for consideration by the Board.

- 2.3 An interactive dashboard has been developed, with a programme of ongoing monthly iteration; with development and additions for new services areas and improvement in data quality. This is shared widely to improving access to business intelligence. Joint work with Information Colleagues underway to transition onto Power Business Intelligence software.
- 2.4 Regular monthly forums with senior colleagues in place to share key strategic priorities including public health population health analysis.
- 2.5 In December 2023 a workshop was held with wider clinical, operational and corporate leads to scope the initial priorities for each Directorate and identify the strategic opportunities and areas for transformation. This has informed the development of our Integrated Medium Term Plan (IMTP) for 2024-2027.
- 2.6 Our Mental Health and Learning Disabilities Care Group's vision is to deliver high quality, robust and sustainable services, meeting needs and hearing all voices to enable open, honest and continuous collective improvement.
- 2.7 Our 7 high profile objectives are :

- **Once for CTM** – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement
- **Strong primary prevention** – working in partnership across geography and population
- **Robust and responsive core service** which is timely, effective and promotes independence
- **No wrong front door** – welcoming, effective and responsive based on need
- Developing **new models of care** which respond to changing need and new opportunities
- **Sustainable use of resources** which are fit for the future
- A **people focus**, valuing, respecting and hearing the voices of all and supporting development for the future

2.8 The care group has scheduled regular quarterly away days in 2024-2025 to build on the development of our strategic priorities and take forward the actions required to realise our high level objectives.

3. Key Risks / Matters for Escalation

- 3.1 Joint working with Public Health colleagues to review access into our community services and consider the population characteristics of those patients that are referred compared to those are accepted. This would explore potential variation in access as well as compare to wider population health data and nationally reported data. This will complement the inequalities work undertaken in the Llynfi Valley.
- 3.2 Our strategic programmes and new models of care will require some longer term capital solutions. A series of proposals are being developed for the next ten years to strengthen inpatient and community models of care. The RPB 10 year capital strategic plan recognised the need for developing more supported accommodation for people with mental health challenges.
- 3.3 A key risk and priority is to implement a single electronic patient record. WCCIS is no longer a viable option and therefore the choice of system and timeline for implementation have been delayed. The care group is working at pace with digital colleagues to scope alternative options.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	Improving Care Sustaining our Future



Dolen i Feysydd Strategol BIP CTM Link to CTMUHB Strategic Areas	Living Well
	Ageing well Growing well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
Dolen i Hwyluswyr Ansawdd Link to Enablers of Quality	Whole-systems Perspective
Dolen i Feysydd Ansawdd Link to Domains of Quality	Effective
	Efficient Equitable Safe
	Yes - Reduce
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:

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

5. Recommendation

5.1 The paper is noted for information.

6. Next Steps

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



Agenda Item

Population Health & Partnerships Committee

Learning Disabilities Strategic Update

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Caitlin Jacob, Interim Partnerships and Planning Manager MHLD
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley, Deputy Chief Operator Primary Care, Community and Mental Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

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



1. Situation /Background

- 1.1 Swansea Bay University Health Board (SBUHB) provides the specialist adult services for people with a learning disability within both CTMUHB and Cardiff and Vale University Health Board (C&VUHB).
- 1.2 The services provided by SBUHB are:
 - community services,
 - specialist residential units and
 - acute assessment and treatment units (AATUs).
- 1.3 Learning Disability services for children and young people are delivered within CTMUHB through its paediatric services.
- 1.4 A Joint Adult Learning Disability Commissioning and Performance strategic group and operational group are established to give assurance on the delivery of high quality healthcare services to meet the needs of the population.
- 1.5 The CTM Regional Partnership Board Learning Disability Group, have responsibility for identifying and implementing regional priorities for learning disabilities.
- 1.6 The Learning Disability Strategic Action Plan 2022 to 2026 sets out Welsh Government's overarching strategic agenda and includes legacy actions from the Adult Specialised Services 'Improving Care: Improving Lives Review 2020'. The Health Actions focus on improving the capacity and capability of mainstream and specialist health services.

2. Specific Matters for Consideration

- 2.1 To provide effective and high-quality Learning Disability services into the future a programme of modernisation needs to be completed.
- 2.2 A three year Concise Modernisation Plan for inpatient and community services has been developed by SBUHB and endorsed by partners. A longer-term plan will be developed alongside the three year Modernisation Plan.
- 2.3 In alignment with 'Improving Care: Improving Lives', the priorities are :
 - 2.3.1 People do not spend longer in specialist hospital than needed
 - 2.3.2 To provide high quality prudent assessment, intervention and support in the community to prevent admission
 - 2.3.3 To ensure sustainable discharge.
- 2.4 The modernisation programme requires a change in the ratio of resources between inpatient and community care. For example, the Learning Disability Intensive Support Team (LDIST) has been delivered by SBUHB across CTM since April 2023. They provide short-term, intensive support seven days a week, offering early interventions and avoiding unnecessary hospital admissions.



- 2.5 The inpatient estate is not fit for purpose and the medium-long term capital investment to develop purpose built facilities is required. SBUHB are exploring the current options within a challenging NHS capital landscape and the feasibility of alternative funding streams.
- 2.6 An Inpatient Services Sub-Group has been established, reporting to the Joint Adult Learning Disability Commissioning and Performance Strategic Group. The Sub-Group will develop a detailed implementation plan and set out timescales for changes to be delivered. The three areas of focus are:
- Reduction of AATU capacity to allow development of seclusion facilities
 - Hafod y Wennol and linked Complex Care Unit Development
 - Alternative future delivery in the role and function of Laurels and Briary (Profound and Multiple Learning Disability service).
- 2.7 The NHS Executive have completed the fifth quarterly specialist Inpatient Audit cycle of adult learning disability inpatients since February 2022 to assist in monitoring progress in reducing the number of people in hospital beds. The CTM inpatient population has decreased from 30 in 2022 to 24 in September 2023.
- 2.8 21% (18) of inpatients were in Assessment and Treatment Units (AATU's), 75% (5) in Continuing Care Units (CCU'S) and 4% (1) in secure care. The average length of stay in an assessment and treatment unit is lower than the all-Wales position. The average length of stay in continuing care is higher than the all-Wales position with the longest at 19.5 years.
- 2.9 Phase 2 of the Inpatient Audit will include a 'Deep Dive' and take place shortly. This will gain a more detailed understanding of the arrangements for managing patient admission and the next stage of care, including transfer, discharge and any specific barriers to timely pathways of care.
- 2.10 The direct allocation of funding for specialist learning disability services is transferred from Welsh Government to SBUHB. The three Health Board Chief Executive Officers have made a commitment to strengthen the current commissioning arrangements. Further work is required including setting financial tolerances and the commissioning Health Boards' role in decision making relation to strategy and the deployment of resources.
- 2.11 The Cwm Taf Learning Disability Regional Commissioning Group (LDRCG) have identified the need for a Joint Regional Learning Disability Accommodation Strategy to inform the development of appropriate accommodation services. A mapping exercise will be undertaken. The scope will produce recommendations to inform future commissioning and capital and revenue implications.



3. Key Risks / Matters for Escalation

- 3.1 Workforce pressures in Learning Disability specialist services remain a high concern and is a risk monitored through the Joint LD Commissioning and Performance group Risk Register.
- 3.2 Capital investment will need to be secured to facilitate agreed changes to the estate. Options for securing capital funding through Regional Integration Fund and other funding streams will continue to be explored.
- 3.3 The lack of dedicated Programme Management resource remains a risk to the delivery of the modernisation plan. A proposal for fixed term Programme Management resource will be considered at the next Joint Adult Learning Disability Commissioning and Performance Strategic Group.

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 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	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:
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: None required
	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p>Cydraddoldeb - <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?</i> / Equality - <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	Outcome:	If no, please include rationale below: None required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

6 Next Steps

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

6.2 Further updates will continue to be provided to the Board.

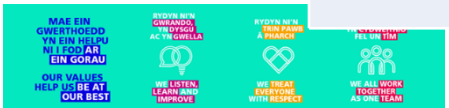


(Agenda Item) 6.3	7th March 2024	Population Health and Partnerships Committee	Strategy Team update – Living Well/Adulthood
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FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Marie Evans Leanne Bayliss
Presented By:	Vicki Wallace
Approving Executive Sponsor:	Linda Prosser
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Strategy Team meeting

Impact Assessment:

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





**STARTING
WELL**



**GROWING
WELL**



**LIVING
WELL**



**AGEING
WELL**



**DYING
WELL**

Presentation title - edit in Header and Footer



CTM 2030

Our Health Our Future

BUILDING HEALTHIER
COMMUNITIES TOGETHER



LIVING
WELL



Network of Services / Departments

- Substance use services
- Pharmacy / Community Pharmacy
- Harm Reduction services
- Outreach Service
- Infectious Diseases Point of Care Testing
- HIV
- Community Drug & Alcohol
- Hepatology
- Gastroenterology
- HMP Parc
- Probation Service
- Mental Health
- CAMHS
- Hep C Trust
- Health Protection Team
- Public Health Wales
- Dyfodol
- Barod
- Respiratory Services
- Cardiology Heart Failure Services
- Pulmonary Rehab / Heart Failure Rehab
- Smoking Cessation
- Respiratory Diagnostic Services
- Heart Failure Palliative Care
- Innovation & Research
- Value Based Healthcare
- Midwifery / Paediatric Services
- Rehabilitation Commissioners
- Range of 3rd sector providers
- National Transplant Centre
- Alcohol Care T&F group to extend to Head & Neck Cancer, T&O, Older People

Overview of Some Key Areas of Work

Hepatitis B & C Elimination 3Ps

Eliminating Hepatitis B and Hepatitis C as a public health threat in Wales

Welsh Government's Commitment

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.

What is Hepatitis B & C

	Hepatitis B	Hepatitis C
What is it?	Infection of liver caused by Hepatitis B virus. Chronic if lasts >6months.	Infection of liver caused by Hepatitis C virus
Transmission	Via blood and body fluids: unprotected sex, shared needles, needle injuries, unsterilised tattoo/piercing, pregnancy, blood transfusion in countries that don't check Hep B (UK does).	Via blood-to-blood contact: sharing needles, razors or toothbrushes; pregnant woman to-baby, unprotected sex (rare
Symptoms	In adults often no obvious symptoms, usually passes in a few months without treatment. In children often continues for years and may eventually cause serious liver damage.	Often no symptoms until liver significantly damaged. Can include flu-like, tiredness, loss of appetite, stomach ache, sickness.
Epi	Less common in UK than other parts of the world. High-risk groups: high-risk countries, PWID, people who have unprotected sex with multiple sexual partners.	Estimated 118,000 in UK had chronic Hep C in 2019. Estimated half of PWID have been infected.
Treatment	No cure. Usually clears without treatment. Medication can be given to treat symptoms.	Curable (>90% effective Rx), but can still be reinfected. Tablet treatments 8-12 weeks.
Vaccination	- Since 01/08/17 part of the routine vaccination schedule 6-in-1 vaccine, offered at 8, 12 and 16 weeks. - If infected whilst pregnant = extra doses of vaccine for baby at birth, 4weeks and 12months. - Everyone in a high-risk group (see PHW list).	No Vaccine

Eliminating Hep B and C: National Context

- WG Substance Misuse Delivery Plan 2019-22
- Cwm Taf Morgannwg Substance Misuse Delivery Plan
- Welsh Health Circular January 2023; refresh commitment; actions outlined for 2022-23 and 2023-24
- National Oversight Group convened
- Local multi agency Elimination Group established with a number of workstream sub groups e.g Prison, Probation Service, Treatment Pathway,
- Strategic Plan March 2023; Detailed Recovery Plan July 2023
- Progress Report due 31st March 2024.
- Revised Plan due May 2024.



13 Point Action Plan

- Develop joint recovery plans
- HB & APB much provide evidence of new investment in services to support elimination agenda
- Prevent infections (e.g update needling and syringe programmes)
- Increase case finding (e.g outreach services)
- Improve testing models (variety of settings)
- Improve testing in community pharmacies
- Improve testing in substance misuse services and referrals
- Improve testing and treatment in prisons
- Improve treatment times
- Improve numbers successfully treated
- Deliver national re-engagement programme (3,000 current infections)
- Improve our data

Target for Treatment

The table below sets health boards annual minimum treatment targets for hepatitis C for 2023/24:

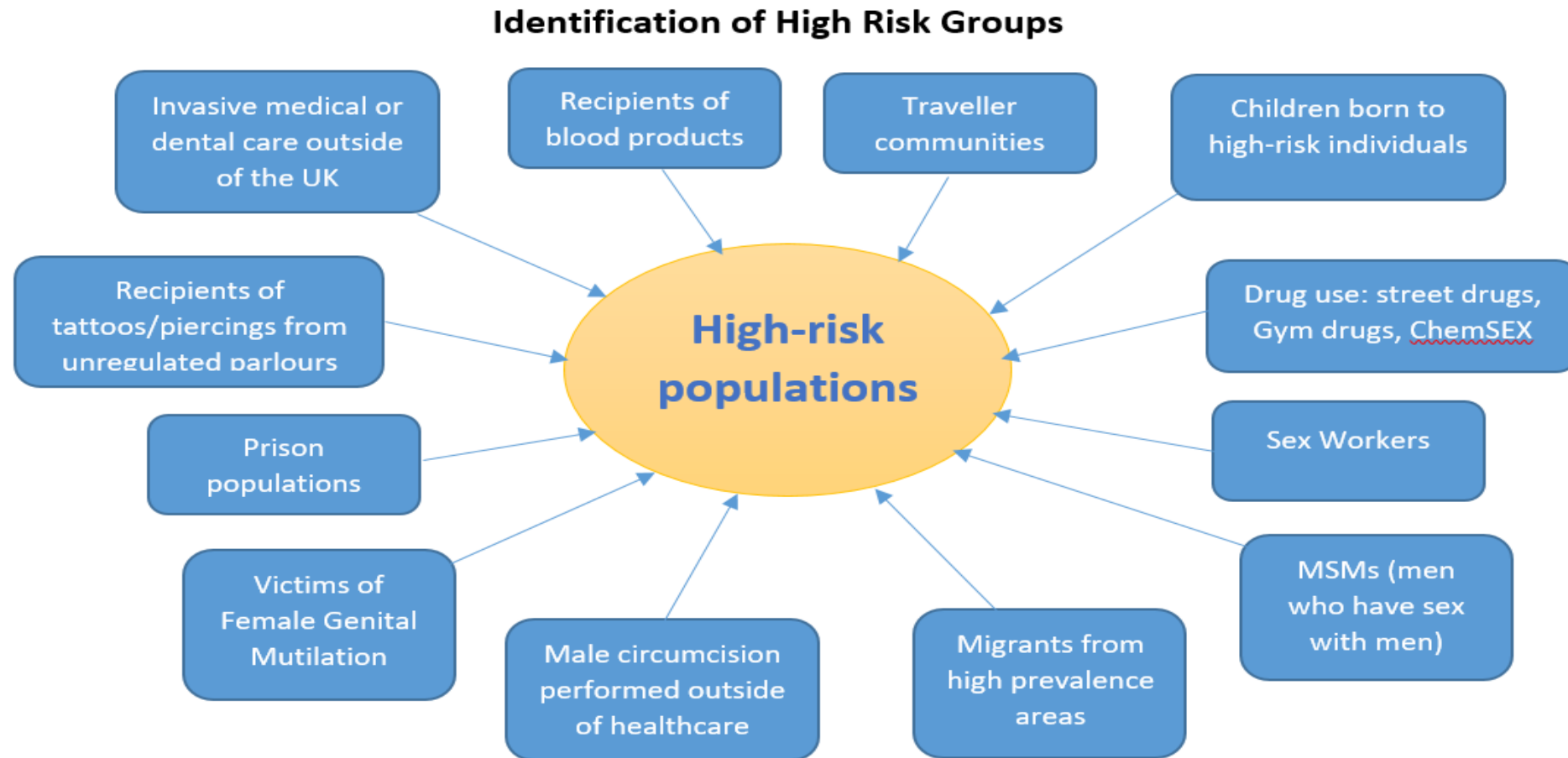
Health Board	Minimum number treated per year
Aneurin Bevan University Health Board.	80
Betsi Cadwaladr University Health Board	205
Cardiff and Vale University Health Board	205
Cwm Taf Morgannwg University Health Board	135
Hywel Dda University Health Board	60
Powys Teaching Health Board	10
Swansea Bay University Health Board	205
TOTAL	900

In the financial year 2022-23, **65 patients**/clients were treated for active Hepatitis C infection within CTMUHB.

The target for the financial year was **135** patients.

It must be highlighted that this target is set nationally but it is unclear how this target is identified, and it was acknowledged in the recent All Wales Hepatitis C meeting held in March 2023 that the targets may be over-estimated (A comparison is Aneurin Bevan UHB with a comparable population those target is 85 for this coming year).

High Risk Groups



Strategy Group Priorities / Measures/Value for Care Groups

Strategy Group Priority	Measures/Value to Care Group	
Adulthood/Living Well	Short Term	Longer Term
Liver Disease – Elimination of Hepatitis B and Hepatitis C	<ul style="list-style-type: none"> • Improve Service Provision and reduce patients with Hepatitis across CTM • Reduced numbers of Hep B and Hep C infected related admissions and re-admissions • Reduce lengths of stay • Reduce the incidence of hepatitis related liver disease and its complications (end-stage liver disease -cirrhosis and Hepatocellular carcinoma (HCC)) • Increase early identification and intervention / treatment to prevent long-term complications (ie. Liver damage) • Increase early identification to ensure prevention of transmission to others • Reduce the risk of babies at risk of developing hepatitis B from infected mothers • More supported treatment within the community setting moving away from interventions being traditionally delivered through hospital-based services • Delivery of care and treatment will be undertaken by non-specialists (including primary care professionals) 	<ul style="list-style-type: none"> • Invest to Save early diagnosis and prevention – cost of serious liver disease • Reduction in demand placed on liver disease services – progression to serious disease • Elimination of the disease within the CTM population • Reduction of liver transplants due to the virus • To improve outcomes for patients diagnosed with Hep B or Hep C • Reduce the number of deaths due to viral hepatitis and liver disease mortality • Savings to the health system due to reduction in required treatments following elimination and reduction in related diseases which could be re-invested in services • Improved population health and preventing onward transmission has societal benefits

Key Areas of Progress

- **Governance**

- Executive Lead, Clinical Lead and Project Manager in place. Multi-agency / professional steering group established and meetings held monthly supported by Adulthood Strategy group planning team.

- **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
- 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
- Significant work and investment made with a HITT undertaken at HMP Parc in 2022, however yet to receive micro-elimination
- SBAR drafted for Prison Partnership Board with the aim of developing 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
- Testing in A&E has been identified as an area that would benefit from a national focus, PHW have been commissioned to provide options for a single pilot in Wales in order to inform feasibility of any future roll-out
- Testing in Community Pharmacies – a national service specification for BBV testing in community pharmacies has been agreed and is currently being implemented in a minimum of 15 community pharmacies by end of 23/24.

Progress Continued...

- Re-engagement programme actions undertaken by already stretched BBV nurses – would benefit use of Health Protection Team
- Issue of DBS testing for under 18's as it is not validated and venepuncture is not an option – awaiting clarification from PHW therefore at a halt to rolling out in Young Persons Drug and Alcohol Service (YPDAS)
- **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 or 2021/22 and modelling undertaken for this has been questioned. PHW have been commissioned to support this area which includes estimating the prevalence of hepatitis B and C in line with work underway for HIV.
- **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 are in the process of developing a Progress to Elimination Tool – a data platform which will aim to support monitoring of progress towards achieving elimination in Wales – first version of this is due to go live during Q4 2023/24.
- **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.
- Need to incorporate BBV testing / HiTTs within inpatient mental health settings, however organisational restructure has delayed progress as awaiting appointment of Senior Nurse for Acute Unit
- 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.

Alcohol Care

1/3/24

Alcohol in Wales: A snapshot

- In 2018-19, the average annual consumption of all drinkers was **532 units**. This varied from 221 units for moderate drinkers to 3,973 units for harmful drinkers. The 18% of adults who were hazardous or harmful drinkers consumed 68% of all alcohol drunk by Welsh adults. The 2% who were harmful drinkers consumed 23%
- Wales has one of the most serious problems of drinking amongst young people below the legal age to purchase alcohol, with 54 per cent of 15 year old boys in Wales and 52 per cent of girls of that age saying they have been drunk at least twice.
- Alcohol consumption has increased significantly during the pandemic and has resulted an increase in obvious alcohol related presentations such as cirrhosis and Cancer, but also less obvious alcohol related presentations
- A large proportion of “frequent attenders” have alcohol (and other substance) dependency, and this often drives their ongoing behaviours and reasons for attendance

Current models

- **Rhondda Taf Ely and Merthyr and Cynon Localities:**
- Monday-Friday (9-5) - secondary care, including the Emergency Department, and satellite hospitals
 - Acute withdrawn of alcohol
 - Specialist ALN assessments - can determine the correct diagnoses, ensuring appropriate treatment
 - ALNs routinely provide advice to medical colleagues on prescribing and wider treatment plans.
 - On D/C ALNs will refer patients to the Community Drug and Alcohol Teams or to third sector substance misuse services.
- X1 WTE Band 6 which covers PCH and YCC
- X1 WTE Band 6 covering RGH and YCR.
- Current resource suggests “many missed opportunities” and unable to undertake preventative intervention.
- Patient feedback received has been positive.
- Substance Misuse Service on Bridgend site 1 WTE

Bid approval – future service model

X2 WTE Band 6 nurses and a Band 4 on each DGH site

- X1 WTE Band 6 based in A+E at the front door (proven in the Grange Hospital – see business case)
- X1 WTE Band 6 - cover all wards/”missed opportunities” & delivery of UHB wide education training.

Band 4 Assistant Alcohol Practitioners:

- Support Band 6 with brief intervention support for patients
- Develop Outreach caseload

Band 7 Clinical Lead/Manager

- managing the Alcohol Liaison Service across all 3 DGHs
- Service development
- Development of a UHB wide training programme for all healthcare professionals.

Resource will enable:

- Development of initiatives to target areas such as pre assessment, fracture clinic, outpatients departments.
- Develop the Audit C project
- Engagement with WAST.

Project vision and goals

Vision

To develop and provide 7 day a week patient-centred support for patients with alcohol related problems, in ways and places which meet the needs of the patients and families accessing them, in partnership with patients, families and other partner organisations.



Goals

- To improve outcomes for patients with alcohol related problems
- Develop new service in partnership with Service User Group & Partner Organisations
- Increase Alcohol Liason Intervention available 7 days a week
- Work with patients to identify goals which matter to them
- Increase early identification and intervention to individuals to reduce the harms caused from alcohol misuse
- Reduce number of hazardous and harmful drinkers in the Cwm Taf Morgannwg population
- Implement Drymester campaign for Foetal Alcohol Syndrome
- Reduce the number of alcohol related admissions.
- Reduce the number of alcohol related deaths.
- Reduce lengths of stay
- Reduce number of patients recorded as alcohol related cirrhosis
- Reducing “frequent flyers” through Alcohol Liason Intervention in A&E
- Increased referrals and links to community support services .
- Work in partnership with substance misuse services in the community to promote ongoing recovery.
- Provide robust UHB wide training programme with Nurse champions in departments

Intended Improvements/Measurable Outcomes

	Short and Longer Term	
	Short Term	Longer Term
Development of 7 Day Alcohol Care Service.	<ul style="list-style-type: none"> • A shift from a 5 to 7 day service. • Reduced numbers of alcohol related admissions and re-admissions • Reduce lengths of stay • Reduce number of patients recorded as alcohol related cirrhosis. • Reduce “frequent flyers” through Alcohol Liaison Intervention in A & E. • Improve the number of patients receiving interventions and care due to the ALS being available 7 days a week • Increase early identification and intervention to individuals to reduce the harms caused from alcohol misuse. • Increase referrals to community support services & community substance misuse service within the community to promote ongoing recovery. 	<ul style="list-style-type: none"> • Meet the projected increase in demand placed on services • Reduction in demand placed on liver disease services • Reduction in harmful, hazardous drinkers within the CTM population • To improve outcomes for patients with alcohol related problems • Reduce the number of alcohol related death and liver disease mortality • Impact on societal value associated with alcohol misuse e.g. family breakdowns, domestic violence. • Reduce disease risk due to key lifestyle behaviours. • Reduction in alcohol related brain injuries, patients often require long hospital stays, complex discharges involving packages of care and some times a referral to a specialist unit. • Reduction in peri alcohol exposure & foetal alcohol syndrome and the ongoing, often complex impact on individuals and the services accessed throughout their lives. The SIGN guideline states “Prevalence of FASD in the UK rising to 32.4 per 1,000 (95% CI 20.0 to 49.0) making neurodevelopmental disorder related to PAE one of the commonest preventable causes of impairment”. 32.4/ 1000 is 3.24%.

What have we done so far ?

Service User Involvement

- Engaging with Service User Group – Working jointly with the Area Planning Board and the third sector i.e. Barod, a focus group session was held on 15th February 2023 to engage, listen and learn, with service users on the both the existing alcohol care service provided as well as seeking their views on the expansion to a 7 day service.
- Further work included: Co-production of a A&E questionnaire, a patient leaflet and members were part of our recruitment process.
- Creative Facilitators were part of this work who have used the feedback to write and record a spoken word song. Bridge the Gap YouTube link <https://youtu.be/d88UEJID8Xo>

Service User Involvement

Celebration event held on 5th July 2023.

This event including the activities held for Alcohol Awareness Week and the wider work with the SIG has been an excellent example of:

- Partnership working
- Implementing a Patient Centred VBHC approach
- A good example of implementing a VBHC project with partner agencies

This was a fantastic event with clinicians, local authority, Welsh Government, Barod and service users all present.

A launch of the spoken word song was made at this celebratory event.



Progress to Date



A&E Alcohol Questionnaire

Completion of this questionnaire is entirely voluntary.

The following questions relate to alcohol use and aim to help identify patients who may be at increased risk of harm from alcohol. Your answers will remain confidential so please be honest.

If you would rather complete this questionnaire online, please scan the QR code using your mobile:



Alcohol Unit Reference

2.3 units One pint of cider and beer based on 4.5% ABV	2.3 units One glass of medium wine (175ml) based on 12% ABV	2 units One pint of lager based on 3.8% ABV	1 unit One single measure of spirits (25ml) based on 40% ABV	1.1 unit One bottle of alcopop based on 4% ABV
--	---	---	--	--

Questions	0	1	2	3	4	Your score
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per week	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 8 units in a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

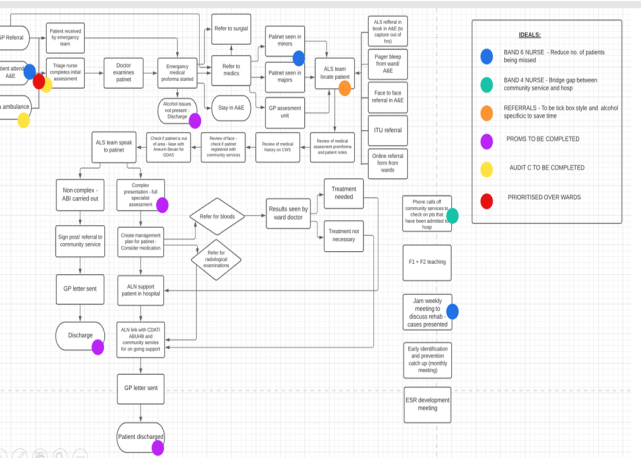
A total of 5+ indicates increasing or higher risk drinking

Following completion of this questionnaire, you may be contacted by a member of our alcohol liaison team to ask some additional questions and discuss your answers in more detail. If you are happy to be contacted, please leave your detail below:

Name:
Contact Number:

Please drop your completed form into the designated box next to reception.

Community support self-referral contact details:
 Cwm Taf Morgannwg Patients - DASPA 0300 313 0000
 Aneurin Bevan Health Board patients - 0245 933 999 3577



#DRYMESTER

FASD THE FACTS

FASD CAUSES LIFELONG DISABILITIES

FASD stands for Fetal Alcohol Spectrum Disorders. The conditions have been used to describe the range of lifelong disabilities that can occur as a result of drinking alcohol during pregnancy.

FASD IS PREVENTABLE

For more information visit www.drymester.org.uk

ALCOHOL AND PREGNANCY

NO SAFE TIME NO SAFE AMOUNT

#DRYMESTER

HELPING PARENTS TO BE BORN ALCOHOL FREE

CEFNOCI DARPAR RIANT I FYND HEB ALCOHOL

Do you wish partner you're having, use risk reduction for healthy team.

- 1. NIDDAE AG YFED ALCOHOL**
- 2. DDEI DYN AMER DDEI**
- 3. DYNNING DEWYSDAU ISDAL**
- 4. BOD YN FRANGWETHEL**

Am ragor a wybodaeth ewch i www.drymester.org.uk



The group felt it was positive there is a leaflet about the Service and had lots of ideas building on this, including having unit cups available at the hospital for people to take alongside the leaflet as well as D leaflets

Alcohol Awareness Week – Planned Activities 5th July 2023.

cwmtafmorgannwg.wales

Time	Venue	Event	Team Leader responsible for event	Barod Staff
9.30-1pm	Prince Charles Hospital	Engagement Stand	Kirsty Jones	Tracy
9.30-1pm	Engine House, Aberdare	Alcohol Awareness Training	Nicola Richards	Rob
2-5pm	The Next Step, Pontypridd	Engagement Stand	Izzy James	Sophie W
9.30am - 1pm	Royal Glam Hospital	Engagement Stand	Kirsty Jones	Jeff
12-6pm	Tesco Brewery Lane, Bridgend	Engagement Stand	Fiona Cox	Iona
2.30-4.30pm	Cyfartha High School, Summer Fair	Engagement Stand	Sam Miller	Alex Rees
10am-1pm	Asda, Merthyr	Engagement Stand	Kirsty Jones	Jess
1pm-4pm	Asda, Merthyr	Engagement Stand	Kirsty Jones	Morgan
1pm-2pm	Prince Charles Hospital (tilbury douglas contractors)	Alcohol Awareness training session	Izzy James	Izzy
12-4pm	Princess of Wales Hospital, Bridgend	Engagement Stand	Fiona Cox	Iona

•Published Articles

- 2 articles have been published from CTM in the Public Health Wales Network Bulletin which covers national, regional or local initiatives, policies or programmes aimed at preventing alcohol or substance misuse or improving outcomes for those who are affected by alcohol or substance misuse. The article focusses on us leading the National Patient Information
- leaflet development and our work with service users.
- [Alcohol and Substance Misuse - Public Health Network Cymru](#)





- The Public Health Team, Adulthood Strategy Group, VBHC team and colleagues across hepatology, paediatrics and midwifery services have been working together on the prevention agenda for FASD by localising #DRYMESTER- a campaign from Greater Manchester Health & Social Care Partnership which aims to spread the correct guidance about risks of drinking alcohol during pregnancy and to help parents go alcohol free.
- 27th November was the big day we got to launch #DRYMESTER at CTM which is the **first health board in Wales** to support the campaign. Please see attached communications and link to the webpage for more information. Watch the videos and scroll down to see the materials available:
- [#Drymester - Say no to alcohol in pregnancy](#)
- [Drymester - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

- There were ~4500 births during 2022-23, all patients will have a revised alcohol care assessment and will have evidence in their notes, signposting to Drymester or referred as per the pathway
- Already 80% of midwives have had face to face training and a training video has been disseminated to all midwives and obstetricians. This training has been made mandatory for community midwives.
- A yearly audit along with the other public health audits planned for October 24, mini audit planned for March 2024 to assess implementation.
- Work will now continue on evaluating the benefits and outcomes from this work.

Launch materials

Button Badges



Pens



Blue - English



Pink - English

#DRYMESTER

HELPING PARENTS-TO-BE GO ALCOHOL FREE

NO SAFE TIME NO SAFE AMOUNT

#DRYMESTER

HELPU DARPAR RIEN I FYND HEB ALCOHOL

DOES DIM AMSER DIOGEL DOES DIM SWM DIOGEL

RHANNWCH Y NEGES

Does dim amser diogel, dim swm diogel. Rhannwch y neges gyda'ch partner neu gyda'ch ffrind. Rhannwch y neges gyda'ch partner neu gyda'ch ffrind. Rhannwch y neges gyda'ch partner neu gyda'ch ffrind.

#DRYMESTER #DRYMESTER #DRYMESTER

#DRYMESTER HELPING PARENTS-TO-BE GO ALCOHOL FREE

FASD THE FACTS

FASD CAUSE LIFELONG DISABILITIES

UK Chief Medical Officers If you're pregnant, it's best to drink no alcohol.

CONDICIONS INCLUDE: Facial distortions, Small head circumference, Learning difficulties, Problems in social understanding, Poor impulse control, Problems with clear history or recall.

MAE FASD YN ACHOSI ANABI EDDAU GYDOL OES

MAE'R CYFLYRAU'N CYNWYS: Difficulties with learning, Difficulties with social understanding, Difficulties with impulse control, Difficulties with clear history or recall.

GELLIR ATAL FASD

For more information visit www.drymester.org.uk

SUPPORT A PARENT-TO-BE TO GO ALCOHOL FREE

If your partner is pregnant, your support is very important.

TOP TIPS TO SUPPORT YOUR PARTNER

- GO ALCOHOL FREE** - Be clear about your own drinking and avoid drinking around your partner.
- NO SAFE TIME NO SAFE AMOUNT** - If you are close to someone who is pregnant and drinking, consider some of these ideas about how to help.
- OFFER ALTERNATIVES** - Be clear about your own drinking and avoid drinking around your partner.

DEFNOGI DARPAR RIEN I FYND HEB ALCOHOL

Do you wish your partner to be drinking more with you? Ask them if they want to. Offer alternatives to drinking.

For more information visit www.drymester.org.uk

Alcohol Unit Measuring Cup



Alcohol Unit and calorie calculator



#DRYMESTER
HELPING PARENTS-TO-BE GO ALCOHOL FREE



DRYMESTER launch Week Commencing 27th November 2023

Date	Time	Site / Venue / Clinic	Person responsible	Drymester Materials required
27-Nov-23	all day	POW antenatal clinic/ Bridgend community		all resources both consumables (badges etc.) posters and online ready for use by all midwives
28-Nov-23	am	YCR community midwives and ANC		all resources both consumables (badges etc.) posters and online ready for use by all midwives
	PM	Bridgend		all resources both consumables (badges etc.) posters and online ready for use by all midwives , including drop down posters baby shower
29-Nov-23	am	Tirion Birth centre		all resources both consumables (badges etc.) posters and online ready for use by all midwives
29-Nov- 23	all day	YCC		all resources
30-Nov-23	am	PCH		all resources both consumables (badges etc.) posters and online ready for use by all midwives

Next Steps for the Project

- **Roll out of patient information leaflets and A&E questionnaire**
- **Continue to develop and share work with National Liver Implementation Group and beyond to support improvement care delivery across Wales**
- **Develop VBHC Measures (PROM / PREM / WREM) & information flows**
- **Continue to work with Service User Group and partners to develop goals orientated approaches**
- **Focussed approach with other service areas i.e. T&O, Head & Neck cancer**
- **Continuation of participation in Global Person Centred Approaches To Care Project**
- **Review further research opportunities**



Thanks for listening

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@cwmtafmorgannwg



Agenda Item

7.1

Population Health & Partnerships Committee

Partnership Boards Remit & Responsibilities

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships Philip Daniels Executive Director of Public Health
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
---	------------

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
PSB	Public Services Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

RPB	Regional Partnership Board



1. Situation / Background

- 1.1 CTMUHB works alongside partners in a regional partnership structure. This paper will set out an overview of the key elements to this.
- 1.2 It is important for CTMUHB to participate in these partnership arrangements as it is acknowledged that health care services alone only contribute between 10-20% to the health and wellbeing of the population.¹ If we want to achieve our strategic goal of “Building Healthier Communities Together”, it is critical we work with our partners and our communities to do this, and our regional partnership structure is part of this approach.
- 1.3 CTMUHB is a member organisation of two important partnerships, the Public Services Board and the Regional Partnership Board. This paper will set out an overview of both of these structures.

2. Specific Matters for Consideration

PSB - Public Service Boards

- 2.1 The Well Being of Future Generations (Wales) Act 2015 (Act) requires each local authority area in Wales to establish a statutory board known as a Public Services Board (PSB). The Act is about ‘sustainable development’ which is the process of improving the economic, social, environmental, and cultural well-being of Wales, by taking action in accordance with the sustainable development principle aimed at achieving the well-being goals.
- 2.2 CTM PSB aims to act as the principal strategic leadership forum for the planning, commissioning and delivery of public services across organisational boundaries to achieve better outcomes for the people of Cwm Taf Morgannwg.
- 2.3 Until May 2023, there were two PSBs operating within the footprint of CTMUHB, one covering the area of Bridgend, the other Rhondda Cynon Taf and Merthyr Tydfil. It was agreed to bring the two together under one PSB to reduce duplication and enable more effective joint working to improve the wellbeing for people in the CTM region. This operational model is due to be reviewed in May 2024.
- 2.4 The main tasks of CTM PSB are:

¹ <https://www.health.org.uk/news-and-comment/blogs/estimate-contribution-healthcare-to-health#:~:text=Health%20care%20also%20contributes%2C%20but,of%20health%20alongside%20health%20care.>

- Maintain and review an assessment of the state of economic, social, environmental and cultural wellbeing in CTM.
- To prepare and publish a Local Well-being Plan for CTM setting out local objectives and the steps it proposes to take to meet them
- To take all reasonable steps to meet the local objectives the Board has set
- To prepare and publish an annual report that sets out the Board's progress in meeting the local objectives
- To integrate the strategic requirements and delivery of the Community Safety Partnership with the Public Services Board.

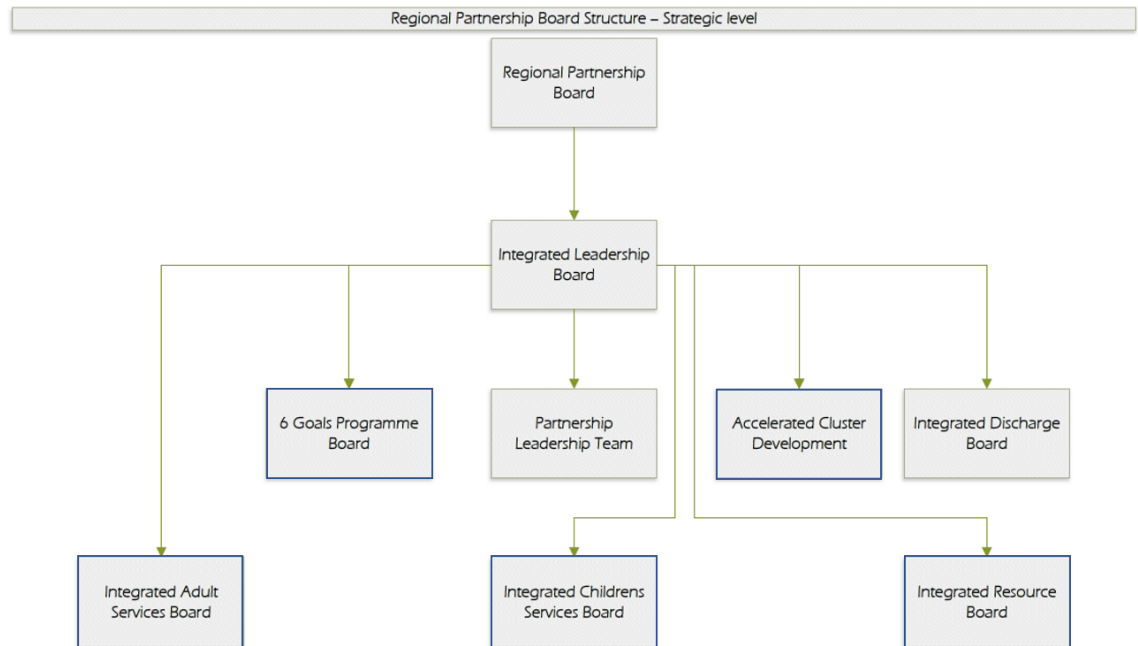
2.5 For further detail, the PSB has a [website](#) and the current Terms of Reference can be found at appendix 1.

RPB- Regional Partnership Boards

- 2.6 Part 9 of the Social Services and Wellbeing Act Wales (2014) identified the statutory need for regions to create RPBs to oversee integrated strategic approaches to deliver integrated Health and Social Care services. Since this time, Welsh Government have more recently published "A Healthier Wales: our Plan for Health and Social Care" which emphasises the need to prevent illness by supporting people to manage their own health and wellbeing and on enabling people to live independently for as long as they can.
- 2.7 Such national expectations clearly stresses the critical role of RPBs in delivering the expected transformation of health and social care delivery so that services become better coordinated and seamless. The CTM RPB brings together health, social services, housing, the third sector and other partners taking forward the effective delivery of integrated services in Wales.
- 2.8 The Board's aim is to be a strong and meaningful cross-sector partnership that works with professionals and residents to improve services. Its vision is to make a difference to people's lives by involving them, listening and taking action together to transform the way services are delivered.
- 2.9 The RPB's work focuses on eight priority groups: people with learning disabilities; unpaid carers; people with dementia; people with accessibility needs; neurodivergent people; children and young people; older people and people who access mental health services.
- 2.10 Following the development of a Population Needs Assessment in 2021, a Regional Area Plan has been co-produced with professionals and people with lived experiences. The plan sets out the priorities for the board until

2027. The plan focuses on what is important to our communities, and the areas that need immediate prioritisation.

2.11 The governance structure of the RPB is set out in the diagram below.



2.12 For further detail, the RPB has a [website](#) and the current Terms of Reference can be found at appendix 2.

APB- Area Partnership Board

2.13 Area Planning Boards (APBs) were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'. The APBs were intended to provide a regional framework, to:

- · Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and,
- · Enhance and improve the key functions of planning, commissioning and performance management.

2.14 The Crime and Disorder Act 1998 ("1998 Act") sets out the duties of responsible authorities in relation to tackling crime and disorder in their areas. Section 5 of the 1998 Act defines the 'responsible authorities' in each Welsh local government area as:

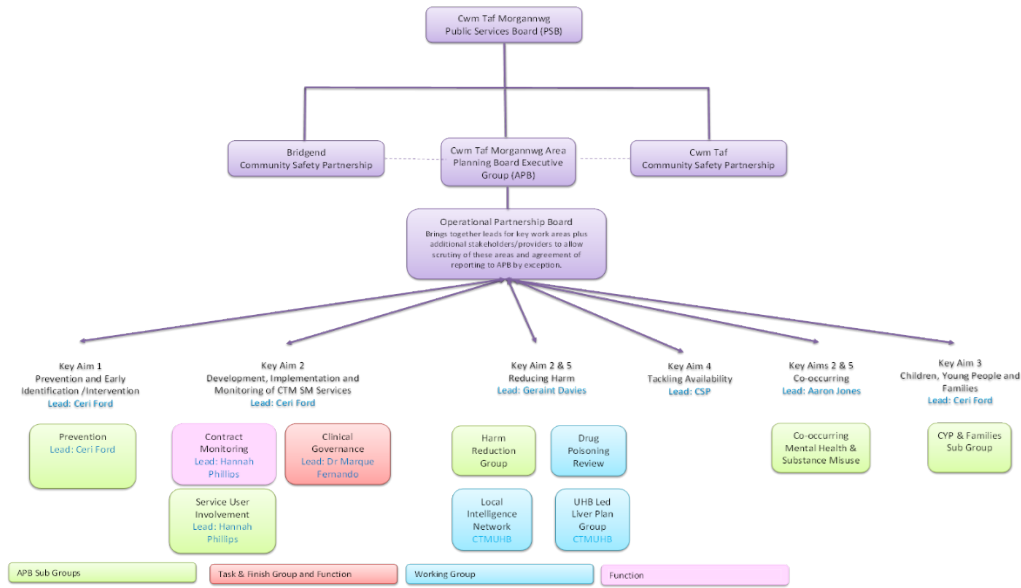
- · the council for the area;
- · every chief officer of the police any part of whose police area lies within the area;
- · every fire and rescue authority any part of whose area so lies;

- · every local health board any part of whose area so lies; and
 - · every provider of probation services operating within the area.
- 2.15 The responsible authorities for a local government area are collectively known as a Community Safety Partnership, or 'CSP'. Section 6 of the 1998 Act provides that as well as formulating and implementing a strategy for the reduction of crime and disorder, responsible authorities must also have a strategy for combatting the misuse of drugs, alcohol and other substances in the area.
- 2.16 The Social Services and Well-being (Wales) Act came into force in April 2016, setting out the requirement for local authorities and health boards who must work together to assess care and support needs (and carer support needs) of the population in their area (including people with substance misuse issues), with Partnership Boards required to prioritise the integration of services.
- 2.17 The statutory responsibility for formulating and implementing a local strategy for combating substance misuse in each local government area in Wales continues to rest with the responsible authorities for that area which forms CSPs. The Welsh Government's strategy for substance misuse 'Working Together to Reduce Harm' (2008-18) advocated strongly that CSPs and other agencies involved in tackling and reducing the harms associated with substance misuse should do more to plan treatment services and to pool resources at a regional level. The APB structure was therefore established to support delivery at a regional (Local Health Board) level. The membership of the APBs includes representatives from all the responsible authorities which comprise CSPs to enable statutory responsibilities in respect to substance misuse to be discharged at a regional level.
- 2.18 The governance structure for the APB is set out below:



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Cwm Taf Morgannwg
University Health Board



3. Key Risks / Matters for Escalation

3.1 The main risk to delivery of the partnership plans is when statutory responsibility of organisations do not align with partnership plans and approaches. However mitigating actions are put in place and the development of mature relationships between partners aim to reduce this risk wherever possible.

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: Inspiring People Improving Care 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 Prosperous Wales
	If more than one applies please list below: A Resilient Wales A Healthier Wales



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales A Wales of Cohesive Communities A Wales of Vibrant Culture and Thriving Welsh Language A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.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:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below: Refine Reuse Repurpose Recycle

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: This report does not relate to changes in service or policy
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This report does not relate to changes in service or policy
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	



	There may be a negative reputational impact on the HB if the regional partnerships are not able to deliver on their duties
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The Committee is asked to **NOTE** and discuss the contents of this paper.

6. Next Steps

6.1 CTMUHB will continue to be an active and engaged partner in regional partnerships.

APPENDIX 1 – CTM PSB Terms of reference

(attached as 7.1a Appendix 1)

APPENDIX 2 – CTM RPB Terms of reference

(attached as 7.1b Appendix 2)

Appendix 3 – CTM APB Terms of Reference

(attached as 7.1c Appendix 3)



Terms of Reference

1. Introduction

- 1.1 The Well Being of Future Generations (Wales) Act 2015 (Act) requires each local authority area in Wales to establish a statutory board known as a Public Services Board (PSB). The Act is about 'sustainable development' which is the process of improving the economic, social, environmental, and cultural well-being of Wales, by taking action in accordance with the sustainable development principle aimed at achieving the well-being goals

2. Vision

- 2.1 Cwm Taf Morgannwg PSB aims to act as the principal strategic leadership forum for the planning, commissioning and delivery of public services across organisational boundaries to achieve better outcomes for the people of Cwm Taf Morgannwg.

3. Aims

- 3.1 The aims of Cwm Taf Morgannwg Public Services Board are:
- To improve the quality of life and outcomes for citizens of Cwm Taf Morgannwg
 - To provide proactive, collective leadership in tackling the most challenging issues facing public services in the planning, commissioning, and delivery of services to the citizens of Cwm Taf Morgannwg
 - To stimulate dialogue, co-ordination and co-operation between local, regional and national public sector organisations to improve and integrate service delivery for the citizen
 - To remove blockages or obstacles by minimising bureaucracy and the preventative effectiveness of organisational boundaries
 - To celebrate success in the delivery of services for the citizens of Cwm Taf Morgannwg County
 - To consider 'best value' and prudence in the expenditure of public service resources and to explore areas where collaboration/integration would provide greater efficiencies and improved outcomes
 - To actively involve citizens in the delivery of public services

- To provide an integrated partnership framework for improving well-being in Cwm Taf Morgannwg with the Regional Partnership Board and regional Community Safety Partnership.(**appendix 2**)

4. Purpose

- 4.1 Cwm Taf Morgannwg PSB brings together public bodies, who deliver services locally to improve the social, economic, environmental, and cultural well-being of Cwm Taf Morgannwg by setting objectives that will achieve the well-being goals outlined in the Act.

A Prosperous Wales	A Resilient Wales	A Healthier Wales	A More Equal Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture and Thriving Welsh Language	A Globally Responsible Wales
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5. Principles and Values

- 5.1 Cwm Taf Morgannwg Public Services Board will seek to achieve these outcomes using the national sustainable development principle (five ways of working). This means the board will act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

- 5.2 The Board will work in ways that take into account:

- **Long term:** The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
- **Prevention:** How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
- **Integration:** Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
- **Collaboration:** Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
- **Involvement:** The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.

- 5.3 In particular, the Well-being Plan makes five commitments for the way the PSB will work together and these will be the core principles for the PSB that will guide and challenge activity throughout the PSB structure.

- Involvement and citizen voice will shape the design and delivery of the plan. We will maximise opportunities for working in a more inclusive

and co-productive way by working with Coproduction Network for Wales.

- PSB organisations are rooted in their communities. Through their size and reach, they can contribute to our local area in many ways beyond delivering services. We will maximise our contribution to improving well-being through using our assets to support communities through procurement, reducing our carbon footprint and as big employers of local people.
- Establishing a regional governance at the PSB that drives local delivery (based on need and improving equity) and campaigns at a national level on behalf of our communities.
- Improving intelligence across the region, agencies and partnerships so that we recognise and build on the many strengths of the area and understand the causes behind the challenges we face.
- We will keep our eye on the future by using systems thinking and focusing on outcomes so that we act in a way that will make sustainable improvements to well-being for future generations.

5.4 The board will work in a way that:

- Is open and transparent with honest dialogue
- Shares responsibility for outcomes
- Seeks innovative solutions, whilst looking at good practice, to meet outcomes
- Articulates the needs and aspirations of the people of Cwm Taf Morgannwg
- Promotes social justice, equality and respect for people in Cwm Taf Morgannwg.

5.5 Members will share a common commitment and responsibility to the PSB set out in their PSB pledge

6. Wellbeing Duty

6.1 In order to meet its wellbeing duty Cwm Taf Morgannwg PSB will:

- Improve the economic, social, environmental and cultural well-being of its area by contributing to the achievement of the well-being goals
- Assess the state of economic, social, environmental and cultural well-being in Cwm Taf Morgannwg to provide a robust evidence base
- Set objectives that are designed to maximise its contribution to achieving the wellbeing goals
- Take individually and collectively reasonable steps to meet those objectives
- Anything the Public Services Board does under Section 39(2)(b) of the Act must be done in accordance with the sustainable principle.

7. Statutory Duties and Main Tasks

7.1 The main tasks of Cwm Taf Morgannwg PSB are:

- Maintain and review an assessment of the state of economic, social, environmental, and cultural well-being in Cwm Taf Morgannwg
- To prepare and publish a Local Well-being Plan for Cwm Taf Morgannwg setting out local objectives and the steps it proposes to take to meet them
- To take all reasonable steps to meet the local objectives the Board has set
- To prepare and publish an annual report that sets out the Board's progress in meeting the local objectives
- To integrate the strategic requirements and delivery of the Community Safety Partnership with the Public Services Board.

8. Membership

8.1 Statutory Members

The statutory members of Cwm Taf Morgannwg Public Services Board are:

- Bridgend County Borough Council (BCBC)
- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Merthyr Tydfil County Borough Council
- Natural Resources Wales (NRW)
- Rhondda Cynon Taf County Borough Council
- South Wales Fire and Rescue Service (SWFRS)

The act specifies the individuals who represent each statutory member of the board as:

Member	Representative
Local Authority	The directly elected mayor of the authority or the councillor elected as executive leader of the authority, and the head of the authority's paid service designated under section 4 of the Local Government and Housing Act 1989 (c.42)
Local Health Board	Whichever the board designates (a) the chair (b) the chief officer (c) both
Welsh Fire and Rescue Services	Whichever of the following the authority designates: (a) the chair (b) the chief officer (c) both
The Natural Resources Body for Wales	The chief executive

8.2 Invited Participants

The following **statutory invitees** are invited to participate in the board's activities

- Welsh Ministers
- Chief Constable, South Wales Police
- The South Wales Police and Crime Commissioner
- Representatives of the HM Prison and Probation Services
- Bridgend Association of Voluntary Organisations
- Interlink RCT
- Voluntary Action Merthyr Tydfil

8.3 Other Partners

- Other bodies who exercise a function of a public nature may be invited to join in the activities of the PSB. The decision on which other invitees to invite must be made by the PSB and a written request issued.
- The PSB will engage with key partners or persons, who in the opinion of the board are interested in the improvement of the area's economic, social, environmental, and cultural well-being.
- All board members will be expected to progress and support the work of the PSB and are regarded as equal partners.
- All statutory and invited partners will have equal voice on the Public Services Board.

8.4 Wider Participation

- From time to time the PSB will engage more widely with people, communities and business. This is a specific commitment for Cwm Taf Morgannwg Public Services Board.
- Groups representing business, trade unions, campaign groups etc may attend PSB by invitation. This would be to raise concerns and make suggestions, not to participate in the business of the board. These invitees do not become members of the PSB as a result of accepting the invitation.
- PSB members will be expected to provide the Board with any data held which is relevant to the work and issues being undertaken collaboratively subject to GDPR requirements.
- To ensure opportunities for PSB scrutiny are capitalised upon; a member of the Scrutiny Committee will be invited to attend PSB meetings regularly as and observer to secure first-hand experience of the type of discussion/debate/challenge occurring at each PSB meeting.

8.5 Deputising Arrangements

Where a board member is unable to attend, a deputy should be nominated to attend in their place. That deputy should be fully briefed and have all powers delegated for the purposes of the activity of the PSB

- 8.6 Members of Cwm Taf Morgannwg PSB are listed as **Appendix 1** and will be updated as appropriate

9. Subgroups

- 9.1 The board may establish subgroups to support it in undertaking its functions
- 9.2 Each subgroup will prepare terms of reference and the chair of the sub-group will submit them to the Board for approval. Subgroups must include at least one member of the board and can include any invited participants or other partners

10. Meetings

10.1 Frequency

- 10.2 The PSB will hold a 'mandatory meeting' no later than 60 days after each subsequent ordinary election held under Section 26 of the Local Government Act 1972.

- 10.3 In addition the PSB will meet at least quarterly. The Chair may call additional meetings as and when deemed necessary.

10.4 Notice of Meetings

Notice of meetings with attached agendas, minutes and papers as agreed by the Chair shall be sent out to Board members at least 5 clear working days prior to each meeting.

10.5 Record of Attendance

The names of members present and apologies for absence at the meetings of the PSB shall be recorded in the official minutes of the meeting.

10.6 Minutes

Minutes of the meetings shall be taken and agreed at the next meeting as an accurate record.

For transparency minutes will be available on the Cwm Taf Morgannwg PSB website.

10.7 Chairing Arrangements

The first meeting of the PSB will be chaired by the local authority. Members can then appoint another statutory member or an invited participant to be

chair and vice chair. The chair will stand down and be appointed/re-appointed annually

10.8 Decision making

- Each organisation which participates in the PSB will be considered equal and each organisation will have one vote.
- Decisions of the board are to be made by building consensus through developing and agreeing to support decisions in the best interest of the PSB as a whole
- The Act requires that the statutory members of the board must be present at a meeting of the PSB for the decisions made during that meeting to be valid.

10.9 Resolving Disagreements

- All board members have an equal voice on the Public Services Board
- Disagreements between members relating to the board's functions will be resolved through consensus in most cases.
- In the event of a disagreement between statutory members it is the responsibility of the Chair to convene a meeting to resolve the disagreement. In the event that a consensus cannot be reached at the meeting the Chair will appoint an independent mediator who must not be in the employment of the statutory members. The statutory members must co-operate with the mediator. The costs of mediation will be borne in equal shares by the four statutory members.

10.10 Co-ordination and Support

Administrative support will be provided by a support team resourced by the local authorities and other partners. Ensuring that the functions of the Board are properly resourced is the responsibility of all statutory members equally. Rhondda Cynon Taf County Borough Council Democratic Services provide the secretariat.

11. Scrutiny

11.1 The work of the PSB will be scrutinised by Cwm Taf Morgannwg's PSB Scrutiny Panel which will have the power to:

- Review or scrutinise decisions made, or other action taken, by the Public Services Board for the local authority in the exercise of its functions
- Review or scrutinise the board's governance arrangements
- Make reports or recommendations to the board with respect to the board's functions or governance arrangements
- Consider such matters relating to the board as the Welsh Ministers may refer to it and to report to the Welsh Ministers accordingly

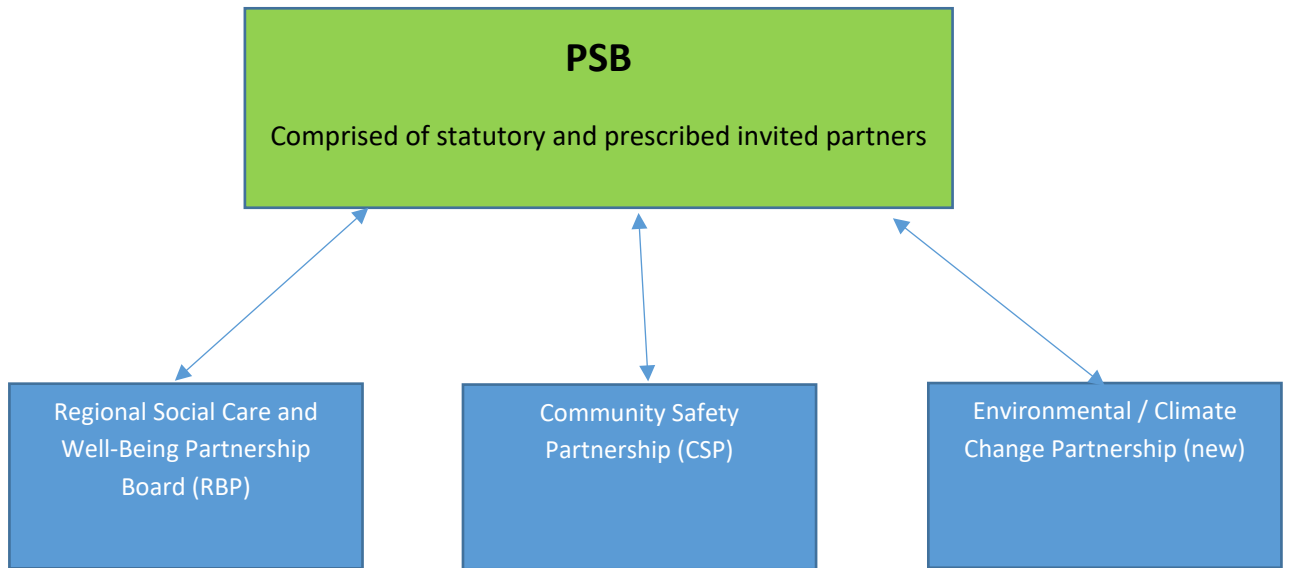
- Carry out such other functions in relation to the board as are imposed on it by this Act.
- 11.2 The PSB Scrutiny Committee will be provided with evidence in the form of the draft assessment of local wellbeing and the draft of the local wellbeing plan (both of which they will be formally consulted on) and copies of the final versions of both. It will also be provided with annual reports
- 11.3 The scrutiny committee must send a copy of any report or recommendation it makes to the Welsh Ministers, the Commissioner and the Auditor General for Wales.

12. Review and Evaluation

- 12.1 The working of the public services board and the governance of the board will be reviewed after 12 months.
- 12.2 These Terms of Reference will be reviewed annually and must also be reviewed at each meeting held after the date of each local government election.
- 12.3 The board may also review and agree to amend these terms of reference at any time.

Cwm Taf Morgannwg Public Services Board Membership

Member	Representative
Bridgend Association of Voluntary Organisations (BAVO)	Heidi Bennett
Bridgend County Borough Council	Cllr Huw David (Leader) Mark Shephard (Chief Executive)
Community Safety Partnership	Cllr Neelo Farr (Chair, Bridgend) Louise Davies (Chair, Cwm Taf)
Cultural Well-being	Richard Hughes – Awen Cultural Trust
Cwm Taf Morgannwg University Health Board	Jonathan Morgan (Chair) Paul Mears (Chief Executive)
Cwm Taf Regional Partnership Board	Cllr Jane Gebbie (Chair)
Department of Work and Pensions	Matthew Bennett Neil Jones
Higher and Further Education	Simon Pirotte- Bridgend College
Interlink RCT	Simon James (Chief Executive) Pauline Richards (Chair)
Merthyr Tydfil County Borough Council	Ellis Cooper (Chief Executive) Geraint Thomas (Leader)
National Probation Service Wales	Emma Richards (Vice Chair of PSB)
Natural Resources Wales	Michael Evans
Police and Crime Commissioner	Mark Brace (Chair of PSB)
Public Health Wales	Philip Daniels (Director)
Registered Social Landlords	Joanne Oak – Valleys to Coast
Rhondda Cynon Taf County Borough Council	Andrew Morgan (Chief Executive) Paul Mee (Chair)
South Wales Fire and Rescue Services	Huw Jakeway (Chief Fire Officer)
South Wales Police	Stephen Jones (Chief Superintendent for the regional BCU)
Transport for Wales	Natalie Rees
VAMT	Sharon Richards (Chief Officer) Suzanne Davies (Chair)
Welsh Government	Alyson Francis





Cwm Taf Morgannwg Region

The Regional Partnership Board

TERMS OF REFERENCE

INTRODUCTION

Part 9 of the Social Services and Wellbeing Act Wales (2014) identified the statutory need for regions to create Regional Partnership Boards (RPBs) to oversee integrated strategic approaches to deliver integrated Health and Social Care services. Since this time, Welsh Government have more recently published “A Healthier Wales: our Plan for Health and Social Care” which emphasises the need to prevent illness by supporting people to manage their own health and wellbeing and on enabling people to live independently for as long as they can.

Such national expectations clearly stresses the critical role of Regional Partnership Boards in delivering the expected transformation of Health and Social Care delivery so that services become better coordinated and seamless. The Cwm Taf Morgannwg Regional Partnership Board bring together health, social services, housing, the third sector and other partners taking forward the effective delivery of integrated services in wales.

To complement the work of the Regional Partnership Board, a Governance structure has been developed that is designed to enable and support the Regional Partnership Board deliver its priorities for the region.

The Cwm Taf Morgannwg Regional Partnership Board has been established in line with the Partnership Arrangements (Wales) Regulations 2015, SI 2015/1989 (W.299), made pursuant to the Social Services and Well-being (Wales) Act 2014. This makes provision for partnership arrangements between local authorities and Local Health Boards; and set out the requirements for each Local Health Board, and the local authorities within the area of each Local Health Board, to take part in partnership arrangements for the carrying out of specified health and social services functions.

The Partnership Bodies in Cwm Taf Morgannwg Region for the purposes of the Partnership Arrangements (Wales) Regulations 2015 are the three Local Authorities being Merthyr County Borough Council, Bridgend County Borough Council, Rhondda Cynon Taf County Borough Council and Cwm Taf Morgannwg Health Board. The Cwm Taf Morgannwg Regional Partnership Board is required to be established in relation to the partnership arrangements by the partnership bodies specified in the regulations.

1. Purpose of the Regional Partnership Board

The statutory objectives of the Cwm Taf Morgannwg Regional Partnership Board are:

- Respond to the population assessment carried out in accordance with section 14 of the Act.
- Ensure that a population assessment is carried out in accordance with Section 14 of the Social Services and Wellbeing Act.
- Implement the plans for each of the local authority areas covered by the board which local authorities and Local Health Boards are each required to prepare and publish under section 14A of the Act

- Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act.
- Promote the establishment of pooled funds where appropriate.

The Cwm Taf Morgannwg Regional Partnership Board must ensure that all partners work effectively together to improve outcomes for people in their region. They must ensure that services and resources are used in the most effective and efficient way to enable this.

Regional Partnership Boards are required to prioritise the integration of services in relation to their population. These will be defined by the Cwm Taf Morgannwg regional Area Plan:

2. Responsibilities

The Regional Partnership Board is responsible to:

- To produce an Area Plan in line with the requirements of the Social Services and Wellbeing (Wales) Act that responds to the population assessment by identifying the delivery of regional and integrated services that respond to the identified regional priorities
- Bring appropriate partners together to determine where the integrated provision of services, care and support will be most beneficial to people in the region
- Ensure that joint commissioning arrangements are developed as appropriate to deliver regional services
- Ensure that all partners work effectively to improve outcomes for people
- Ensure that all services and resources are used in the most effective and efficient ways partners
- Develop and coordinate both formal (including Section 33 NHS (Wales) Act 2006) and informal partnership arrangements
- Agree where appropriate to promote the development and use of social enterprises, cooperatives, user-led services and the third sector
- Ensure Regional governance arrangements are appropriate to deliver regional priorities
- Ensure that an annual report is prepared and agreed that identifies how the Board's objectives and priorities have been achieved.
- Oversee the allocation of grant funding and be accountable for its spend to ensure that bids are in line with regional priorities.
- Respond to a range of Welsh Government requirements as appropriate.
- Oversee pooled budget arrangements as appropriate
- Ensure that regional services and priorities are developed co-productively
- Ensure that the Region operates within a culture of learning that is based on evaluation to ensure services supported by the Region are sustainable and contribute effectively to regional priorities.

3. ACCOUNTABILITY

The Regional Partnership Board is accountable for the identification and delivery of regional priorities as set out in the Social Services and Wellbeing (Wales) Act 2014, Codes and Guidance Part 9 Statutory Guidance (version 2 – January 2020).

The Regional Partnership Board is not a formal decision-making body and has no executive powers. Courses of action will be agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required

The Regional Partnership Board is responsible the whole programme that is designed to progress the priorities identified by the Population Needs Assessment and as set out in the regional Area Plan. Delivery of these priorities will require effective coproduction and will result in the RPB being ultimately accountable to the Welsh Government.

4. MEMBERSHIP

The Membership of the Cwm Taf Morgannwg Regional Partnership Board is based on Social Services and Wellbeing (Wales) Act 2014, Codes and Guidance Part 9 Statutory Guidance (version 2 – January 2020)

TITLE	ORGANISATION
Maximum of 3 Elected Members	Merthyr CBC
Maximum of 3 Elected Members	Rhondda Cynon Taf CBC
Maximum of 3 Elected Members	Bridgend CBC
Maximum of 1 Independent Board Member	Cwm Taf Morgannwg Health Board
3 Executive Board Member	Cwm Taf Health Board
Director of Social Services	Merthyr Tydfil CBC
Director of Social Services	Rhondda Cynon Taf CBC
Corporate Director of Wellbeing	Bridgend CBC
1 Representative	BAVO
1 Representative	VAMT
1 Representative	Interlink
Carer Representative	Regional Carer Group
Service User representative	Regional Service User Group

1 Nominated Representative	National Third Sector Organisations
Care provider	TBC
Senior LA Housing Officer	TBC
2 Registered Social Landlord	TBC
Director of Education	TBC
Regional Commissioning Unit Representative	Cwm Taf Morgannwg Regional Commissioning Unit

The members of the Board may be substituted at any time by another person from their representative bodies. The persons appointed as Elected Members shall cease to be members of the Board if they cease to hold the office of Elected Member.

If any person appointed to the Board tenders written resignation, becomes incapable of acting or fails to attend Board meetings for a period of six months without sending apologies, that person shall cease to become a member of the Board.

The Board may co-opt such other persons to be members of the Board as it thinks appropriate.

Citizen and Carer representatives

With regard to Citizen and Carer representatives, it is recognised that these individuals cannot be expected to represent all people in need of care and support or all carers. Therefore such representatives will need to work with both the Regional Partnership Board and the citizen's panel (or other relevant groups) to effectively represent wider views to ensure that representative provides a "shared voice" that informs the development and delivery of integrated services are effectively informed.

Third Sector and Care Provider Representatives

Similarly, the representatives for the third sector and care providers cannot be expected to represent every organisation within their sector but they will need to ensure the sector is effectively engaged and able to influence and be involved in the design and delivery of integrated services

Housing – Local Authority representative

The senior local authority housing representative should be of sufficient seniority to allow them to provide an informed overview on improving well-being outcomes in the context of integration and collaboration between health, housing and social care and meeting the care and support needs of service users. They will represent other Directors of Housing in the region and will be expected to connect with regional structures, relevant groups and networks in order to ensure a fully informed outlook.

Housing – Registered Social Landlord

Representatives for registered social landlords cannot be expected to represent every organisation within their sector but they will need to ensure the sector is

effectively engaged and able to influence and be involved in the design and delivery of accommodation led integrated services, as appropriate.

Education

We would expect the senior local authority education representative to be at Director level to allow them to provide their perspective on improving the well-being outcomes of children with complex and/or care and support needs, those with emotional and behavioural difficulties, those who are looked after by the local authority or have been care experienced and those at the edge of care. They will represent other Directors of Education in the region and will be expected to connect with other regional and national structures such as the Association of Directors of Education in Wales (ADEW) to ensure a fully informed outlook.

CTMSB's Communications and Engagement Officer will liaise with the Communication Officers from partner agencies when there is information to disseminate via their channels in order to raise awareness of issues.

Chairing Arrangements

The Board shall determine the method by which a Chair and Vice Chair are appointed together with the period of office which applies to those roles. These roles will be reviewed by the Regional Partnership Board every two years. The role of the Chair and Vice Chair is to ensure that the RPB has oversight of the business of the region and to ensure that Regional Partnership Board agendas are appropriate and are considered appropriately. The Chair and vice chair must undertake their duties and responsibilities in a balanced and unbiased way.

The role of the Chair/Vice chair will also be required to include:

- Provide ad-hoc support and guidance to the Regional commissioning Unit as required
- Be available to provide support to and to listen to the views of other Board members as required
- Represent the Region at Welsh Government and other events as appropriate. This includes meeting with Ministers and Deputy Minister as required.
- Reviewing WG circulars and correspondence
- Developing RPB Agenda with Head of Regional Commissioning Unit
- Reviewing RPB papers
- Attending PSB Meetings and reviewing papers
- Chairing the RPB Workstream of the T4CYP Programme² (optional)
- Leading the Protect Workstream of the CTM TTP Programme (optional)
- Attending events as RPB Chair and responding to ROI from Oder People's Commissioner/Children's Commissioner/Future Generations Commissioner
- Attending Welsh Renal Care Network Project meetings (RPB 'sponsored' their Transformation bid – could end March 2021)

There will be occasions when it will be necessary for the Chair and or vice chair to be delegated decision making authority on behalf of the Board. Such occasions are considered too be rare and would require, where possible, advance agreement from the preceding Regional Partnership Board meeting.

Board decisions are expected to be reached by consensus, however where voting is required, the voting will be restricted to one vote per organisation represented and not one vote per representative.

In the event of a disagreement between members of the Board it is the responsibility of the Chair to convene a meeting to resolve the disagreement.

In the event that a consensus cannot be reached at that meeting the Chair shall appoint an independent mediator who must not be in the employment of any of the Partnership Bodies. Where mediation is required

- All Board members must cooperate with the mediator.
- The costs of mediation shall be borne in equal shares by the Partnership Bodies.

5. Quorum

A meeting of the Board shall be quorate if it is attended by representatives of all the Partnership Bodies.

6. FREQUENCY OF MEETINGS

The Regional Partnership Board will meet at least four times a year,”

The agenda for each meeting will be determined by the Chair and/or Vice Chair, working in conjunction with the CTMCSU. The CTMCSU will support the work of the Regional Partnership Board.

Task and Finish Groups will be set up and will involve relevant representatives from partner agencies as required.



CWM TAF MORGANNWG SUBSTANCE MISUSE AREA PLANNING BOARD

TERMS OF REFERENCE

1 BACKGROUND

- 1.1 Public Services Boards (PSB) act as the principal strategic leadership forum for the planning, commissioning and delivery of public services across organisational boundaries to achieve better outcomes for the people of Cwm Taf Morgannwg (CTM)
- 1.2 The Cwm Taf Morgannwg Public Service Board aims to meet the requirements of the Wellbeing of Future Generations (Wales) Act 2015, including maximising the local contribution of partner organisations towards the seven national well-being goals.
- 1.3 In support of the PSB, there are two Community Safety Partnership Boards (CSP), Cwm Taf CSP covering Merthyr Tydfil and RCT, and another for Bridgend. The statutory responsibility for formulating and implementing a strategy for combating substance misuse in Wales continues to rest with the responsible authorities which form CSPs. The Cwm Taf Morgannwg Area Planning Board, however, will have responsibility for strategic planning and commissioning of services for the treatment and prevention of substance misuse across the Cwm Taf Morgannwg Region.

2 THE ROLE OF THE AREA PLANNING BOARD

- 2.1 Area Planning Boards (APBs) were established by Welsh Government to provide a regional framework to:
 - Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy
 - Enhance and improve the key functions of planning, commissioning and performance management
- 2.2 The APB will assist responsible authorities to discharge their duties in relation to substance misuse by;
 - The development of an outcome based commissioning strategy across the APB area
 - Producing a fully costed implementation plan to support the commissioning strategy – this should make both capital and revenue implications of the strategy explicit

- Ensuring there are appropriate budget, accounting and audit management systems in place to effectively administer the SMAF revenue and capital funds within each of the APB's constituent organisation's governance structure
- Embedding the Core Standards for Substance Misuse and other relevant standards in all service planning and delivery systems and ensuring all funded services form part of an integrated care pathway
- Developing processes to receive, review and act on performance management data
- Identifying opportunities where planning, commissioning and delivering services on a regional basis will be cost effective and provide a better platform for engagement with service providers or users

2.3 The APB will also adopt the following which are consistent with the Cwm Taf Community Safety Partnership Board;

- To discharge the statutory responsibilities under the Crime and Disorder Act 1998 as Crime & Disorder Reduction Partnership for Cwm Taf
- Work innovatively towards improved safety, and feelings of being safe, for the people of Cwm Taf
- To focus on activity that adds value through a partnership approach above and beyond what can be achieved by any single organisation
- To remove barriers to effective working arrangements between and across partners and improve operational efficiency
- Establish services and interventions that are evidence based and respond to identified need through meaningful needs assessment
- Hold partners to account for the effective measurement of outcomes and performance, intervening where performance is poor or outcomes are not achieved
- Establish meaningful engagement with citizens and service-users in the development of services and interventions
- Support the PSB in the delivery of its priorities and work effectively with other strategic partnership boards to deliver shared objectives
- Ensure the adherence to the partnership delivery principles, as set out in section 4 below

2.4 The Wellbeing of Future Generations (Wales) Act 2015 lays down seven national Wellbeing Goals:

A Prosperous Wales	A Resilient Wales	A Healthier Wales	A More Equal Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture and Thriving Welsh Language	A Globally Responsible Wales
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The Act makes it clear that the listed public bodies **MUST** work together to achieve **ALL** of the goals, not just one or two. The Area Planning Board will need to demonstrate they have considered their contribution to these goals in the decisions and actions they take.

3 MEMBERSHIP

3.1 Membership of the Board will consist of:

Area Planning Board – Voting Members

Representation	Organisation	Designation	Nominated Deputy
UHB Local Public Health Team	Cwm Taf University Health Board	Interim Executive Director of Public Health APB Chair	Deputy Director of Public Health; Cwm Taf Morgannwg Public Health Team
Public Protection & Partnerships- Local Authority representatives (x 3)	Rhondda Cynon Taf County Borough Council	Service Director, Public Health, Protection and Community Services APB Vice Chair	Interim Head of Community Safety and Community Housing
	Bridgend County Borough Council	Head of Performance and Partnerships	Partnerships and Community Safety Partnership Manager
	Merthyr Tydfil County Borough Council	Head of Community Wellbeing	Community Safety and Regulatory Compliance Manager
Adults	Bridgend County Borough Council	Head of Adult Social Care	Group Manager, Social Services & Wellbeing, BCBC
Children and Young People	Rhondda Cynon Taf County Borough Council	Service Director Children Service (also representing MTCBC)	Head Of Children's Services, Merthyr Tydfil CBC

Representation	Organisation	Designation	Nominated Deputy
			Head of Children's Social Care, Bridgend CBC
CTM UHB and Primary Care	Cwm Taf University Health Board	Director of Primary Care and Mental Health	Service Director for Mental Health & Learning Disabilities
South Wales Police	South Wales Police	Community Safety and Partnerships Manager	Chief Inspector, Communities and Partnerships, Mid Glamorgan BCU
HMPPS Prison and Probation	His Majesty's Prison and Probation Service	Head of Probation Delivery Unit, Probation Service; Cwm Taf Morgannwg	Deputy Head of Probation Delivery Unit, Probation Service, Cwm Taf Morgannwg Her Majesty's Prison and Probation Service, Drug Strategy Lead for Prisons in Wales
PCC Office	Office of the Police & Crime Commissioner	Strategic Lead for Commissioning, Substance Misuse and Mental Health	(Policy Officer – Substance Misuse & Mental Health)

Area Planning Board – Advisory Members

Representation	Organisation	Designation	Nominated Deputy
Welsh Government	Welsh Government Substance Misuse Regional Advisory Team	SMART Advisor, Cwm Taf Morgannwg	Assistant Advisor, WG SMART
APB Commissioning Team	Cwm Taf Morgannwg Area Planning Board	Lead Officer	APB Project and Development Officer

Representation	Organisation	Designation	Nominated Deputy
Clinical Governance Representative	Cwm Taf Morgannwg University Health Board	Consultant Psychiatrist	N/A
CTM UHB Finance	Cwm Taf Morgannwg University Health Board	Assistant Director of Finance	Finance Manager
CTM UHB Primary Care	Cwm Taf Morgannwg University Health Board	To be determined	

3.2 All members are expected to provide a link into their own agencies and also advise the Board of any Legislative or service changes which may impact on the work of the APB.

4 PRINCIPLES OF EFFECTIVE PARTNERSHIP DELIVERY

4.1 The APB will be mindful of the following principles in everything it does:

- **Collaborative Advantage** – focus only on those activities or issues where there is added value from a partnership approach.
- **Early intervention** - with the aim of either preventing things from worsening or, better still, happening in the first place.
- **Targeted resources** – for example, in tackling inequalities where certain areas of Cwm Taf or groups of people may need specific support.
- **A skilled workforce** - within each of our organisations. We know that our vision requires a change of culture to implement the actions to deliver the well-being goals and we need better co-ordination of our committed, skilled people to be able to deliver change. We will seek opportunities for joint training, where possible, to establish an integrated approach to problem-solving.
- **Sustainable development** – working with the interests of the future generations of Cwm Taf Morgannwg in mind.
- **Valuing difference** – celebrating diversity and targeting resources better towards people's diverse needs.

5 GOVERNANCE & MANAGEMENT

5.1 The partnership must appoint a Chairperson and Vice-Chair. It is expected that the Chair of the APB will be the Executive Director of Public Health, Cwm Taf Morgannwg University Health Board. As RCT CBC acts as the 'grant recipient'

and receives the allocation of SMAF revenue on behalf of the APB, the Vice Chair will be the Service Director; Public Health, Protection and Community Services of the Authority.

- 5.2 Meetings will be held on a quarterly basis with a schedule of meeting dates circulated and agreed at the start of each financial year. Extra meetings may be called where 50% of the members identify the need.
- 5.3 The APB Commissioning Team will be required to provide administrative support to the APB, undertaking all required duties to ensure the APB meets its obligations. This includes secretariat arrangements for the APB meetings.
- 5.4 Full commitment is required from members expected to attend meetings. If they are unable to attend a specific meeting, a **senior level substitute** should be designated to attend in their place. Designated substitutes will be nominated in advance. The substitute should have the authority to participate in decision-making and the Chair should be notified of such arrangements in advance of the meeting. **To make decisions a meeting will need to be quorate.** (A quorate meeting requires the attendance of no less than 50% plus one of its voting members.)
- 5.5 All Members are responsible for the sharing of relevant information within their own agency / organisation and directing conversation and discussions with appropriate staff.
- 5.6 Although the decisions of the APB are not legally binding upon the members, it is expected that each organisation implement decisions according to their own respective governance arrangements.

6 ACCOUNTABILITY

- 6.1 Annex 1 highlights the governance structure of the APB and provides information relating to APB sub groups.
- 6.2 The APB will be accountable to the Public Services Board in respect of all its activities, including the oversight of Welsh Government grant funding expenditure. The APB will be accountable to Welsh Government and meet any of their requirements. It is also expected that key decision and update reports, when required will be provided to Local Authority Cabinet and Committees in line with individual Authority governance arrangements
- 6.3 Financial Governance
 - 6.3.1 Rhondda Cynon Taf CBC is the nominated banker and “grant recipient” for the Substance Misuse Action Fund revenue allocation on behalf of the Area Planning Board. RCTCBC is responsible for administering the grant in accordance with the agreement of the responsible authorities within the APB membership.
 - 6.3.2 RCT CBC as grant recipient will ensure it adheres to all terms and conditions of funding (Welsh Government and RCTCBC financial procedure rules) and

has regard to any guidance issue by the Welsh Government in respect of its role in holding and administering the SMAF on behalf of the APB.

6.3.3 It is expected that annual revenue expenditure plans are approved by the APB Executive Group.

6.3.4 Annual Capital Grant applications shall be scrutinised and approved prior to submission to Welsh Government. This will be carried out by the Executive Group or a smaller Task and Finish finance group as appropriate.

6.3.5 Within Welsh Government Financial terms and conditions it is possible to amend expenditure plans to respond to changes in priorities and / or to utilise unforeseen under spend (slippage) during the financial year. For this purpose, the following delegated authority arrangements have been agreed for approval of funding:

- Up to three thousand pounds to be approved by the Service Director; Public Health, Protection and Community Services, RCTCBC
- From three thousand pounds up to ten thousand Pounds to be approved by APB chair – Executive Director of Public Health, Cwm Taf Morgannwg UHB
- Over ten thousand pounds; approval of the APB executive group is required

In addition, all finance proposals including amendments must also be approved by Welsh Government.

6.4 Clinical Governance

A clinical representative from Cwm Taf UHB will have a role in making recommendations in relation to ensuring appropriate clinical governance arrangements have been put in place in respect to services commissioned by the APB.

6.5 Sub Groups

The APB has established Sub Groups or task and finish groups to carry out work on its behalf in relation to specific aspects of its business. These sub groups will be accountable to the APB; reports and updates will be provided via the APB quarterly meetings. (See Annex 1)

6.6 National Structures

There are a number of key national forums to support the delivery of the substance misuse strategy. In order to be effective, the APB must have mechanisms in place to contribute to and receive feedback from these forums which include;

- Substance Misuse National Partnership Board
- Advisory Panel on Substance Misuse (APoSM)

- National Implementation Board for Drug Poisoning Prevention (NIBDPP)
- Data information and Analysis Board (DIAB)
- Area Planning Board Chairs Group
- Alcohol Related Brain Damage Working Group
- Welsh Government and Alcohol Industry Network (WGAIN)
- Welsh Government Out of Work Service Board

7 CONSTRUCTIVE CHALLENGE

7.1 There is an expectation that constructive challenge amongst colleagues, within agencies and between agencies will take place with scrutiny and challenge occurring both internally by the APB and externally through local authority Scrutiny Committees; the Future Generations Commissioner and Wales Audit Office. This process will require all parties to demonstrate:

- Clear commitment to the ultimate goal i.e., making a positive difference to the lives of people who live in Merthyr Tydfil and Rhondda Cynon Taf
- A willingness to understand and respect individual organisational views
- Transparency and openness
- A full awareness of the governance agreements under which the PSB operates
- A willingness to listen to the views of other parties, even if they appear challenging to their own
- Effective communication – active listening skills, and
- Preparedness to fully utilise the wide range of skills, knowledge and experience which will be at the disposal of the APB

8 RESOLVING DISAGREEMENTS

8.1 From time to time disagreements may arise between members of the APB. Disagreements can be the result of healthy and constructive challenge and robust dialogue as part of the APB's role. Examples of subjects where disagreements might occur include:

- Communication;
- Lack of clarity about roles and responsibilities;
- Decision making;
- Progressing plans; and
- Issues related to performance management.

8.2 All members have a duty to act assertively and proactively to resolve disagreements. All members should challenge – and feel free to challenge - the policies or practice(s) of other organisations or individuals where they are concerned practice is failing to meet the desired outcomes. Resolution of any disagreements should be sought within the shortest timescale possible.

8.3 Initially, the APB will utilise a collaborative-style methodology to resolve any conflict(s) or disagreements. The collaboration style involves parties working together to resolve issues, with a 'win-win' attitude clearly focused on making a positive difference to the lives of people who live in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. If necessary other ways of resolving disputes, such as

mediation, will be used. Where mediation is used the parties must agree on the final, binding resolution.

9 REVIEW

- 9.1 Persons attending the APB will be required to review the relevance of the work of the APB **ANNUALLY**. The Terms of Reference for the APB should be reviewed **ANNUALLY** by all members; this will be placed as an annual event on the Forward Plan for the first meeting of each new financial year.

10 RELATED GUIDANCE DOCUMENTS

- 10.1 Below is a summary of guidance documents for APB members;

Substance Misuse Treatment Frameworks

<http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/policy/treatmentframework/?lang=en>

Substance Misuse Core Standards

<national-core-standards-for-substance-misuse-services-in-wales.pdf> (gov.wales)

Area Planning board Guidance

<revised-guidance-for-substance-misuse-area-planning-boards-2017.pdf> (gov.wales)

Well Being of Future Generations Act (Wales) 2015

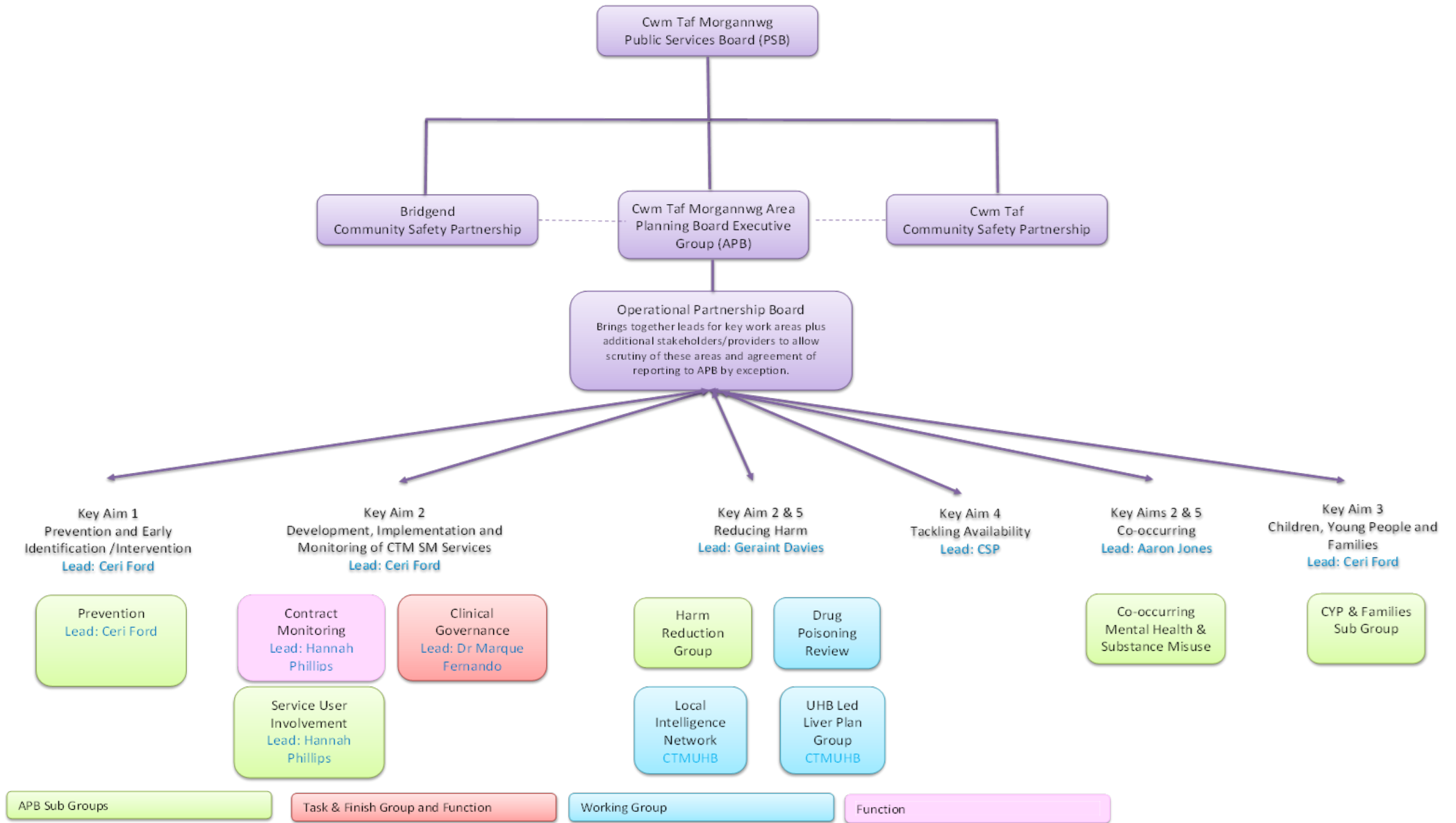
<http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en>

<http://www.senedd.assembly.wales/mglIssueHistoryHome.aspx?IId=010103>

Social Services and Well Being Act (Wales) 2014

[Social Services and Well-being \(Wales\) Act 2014 | Law Wales](Social Services and Well-being (Wales) Act 2014 | Law Wales) (gov.wales)

Annex 1- Governance of the APB





Agenda Item

7.2

Population Health & Partnerships Committee

Decarbonisation Action Plan – Refresh for 2024-26

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Vicki Wallace Deputy Director of Strategy & Partnerships
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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
Environmental Sustainability Group	17/01/2024	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CAVUHB	Cardiff and Vale University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
DAP	Decarbonisation Action Plan
WG	Welsh Government

1. Situation /Background

- 1.1 Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050. This target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030.
- 1.2 There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*.
- 1.3 A key enabling action within the Delivery Plan is the requirement for NHS organisations to produce DAPs which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target.
- 1.4 CTMUHB produced an action plan for 2022-24 and have regularly reported against it. There is now an ask from Welsh Government that this plan is refreshed to cover the period 2022-24.

2. Specific Matters for Consideration

- 2.1 Attached to Appendix 1 is the CTMUHB DAP for 2024-26. Much of the content remains the same as the 2022-24 DAP, as the actions remain Relevant and are long term in nature.

A summary document has been produced of success to date against the 2022-24 DAP and key areas of focus moving forward and has Been attached as Appendix 2.

Completed actions from the 2022-24 plan have been removed and stored on another tab within the document. This allows us to be clear On achievements to date and progress made.



- 2.2 Adaption is a new area that has been added into the 2024-26 DAP – at this current time it has not been added as a separate WG initiative to meet, but is included as a CTMUHB action to take against a number of the WG initiatives.
- 2.3 Work done by CAVUHVB has highlighted the gap between existing carbon reduction focused schemes and the stepped targets to meet the goal of the Public Sector to be collectively Net Zero by 2030. This position will be the same for CTMUHB. Therefore, another key addition is about capturing the carbon impact of wider work undertaken by the health board, and not just those specifically Initiated to reduce our carbon footprint.

3. Key Risks / Matters for Escalation

- 3.1 The same risks remain for the delivery of the 2024-26 plan as was in place for the 2022-24 plan. There remains a risk around staff capacity to engage or deliver initiatives beyond core duties and services. The financial position of CTMUHB impacts upon our ability to deliver the DAP, as many actions are dependent on financial resource to deliver.

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: Improving Care Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Prosperous Wales
	If more than one applies please list below: A Healthier Wales A Resilient Wales
Dolen i Hwyluswyr Ansawdd	Whole-systems Perspective



<p><i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i></p>	<p>If more than one applies please list below:</p>
<p>Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i></p>	<p>Efficient</p> <p>If more than one applies please list below: Person Centred Effective Equitable Timely Safe</p>
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</p>	<p>Yes - Reduce</p> <p>If more than one applies please list below: Reuse Refine Repurpose Recycle</p>

Impact Assessment		
<p>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></p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome:</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below: Will be considered as part of the each initiative</p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome:</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below: Will be considered as part each initiative</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>Yes (Include further detail below)</p> <p>There may be a negative reputational impact on the HB if it is unable to meet the Net Zero targets</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p> <p>There will be resource implications to the delivery of the DAP. This includes, staff, time, finance and equipment.</p>	



5. Recommendation

- 5.1 The Committee is asked to note and discuss the contents of this paper and attached appendices 1 and 2.
- 5.2 The Committee is asked to **ENDORSE FOR BOARD APPROVAL.**

6. Next Steps

- 6.1 The next steps for the development of the DAP are:
- Any final changes to the DAP following the discussion today.
 - Submit to the CTMUHB Board for sign off at the March 2024 meeting which will enable CTMUHB to meet the WG timelines for sign off.
 - To continue to report against the delivery of the DAP in 2024/25.

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Appraisal Approach

Appraisals of all opportunities were undertaken by NHS Wales by scoring the identified opportunities against the following four metrics:

- Carbon impact
- Technology and market readiness
- Effort and resource demands
- Strategic importance for enablement

A quantitative scoring was allocated to each metric, using the scoring matrix set out in the table below.

The sum of the scores for each measure forms the total score, which was integrated into the development of the decarbonisation roadmap and carbon emission reduction predictions.

The outputs of this table should not be used solely for prioritisation of one initiative over another.

Rather, this impact assessment has been used for identifying key initiatives for the roadmap for this delivery plan.

Scoring Available	Carbon Impact	Scoring Available	Technology and/or Readiness	Effort and Resource Demands	Strategic Importance for Enablement	Total score
9-10	Significant impact (>3% reduction in footprint)	5	Ready	Little or no additional effort	Significant	Sum of all scores
7-8	High impact (0.5 - 3.0% footprint reduction)	4	Expected to be ready imminently	Low - manageable with existing resources	Important	
4-6	Medium impact (up to 0.5% footprint reduction)	3	Approaching readiness		Medium	
2-3	Low impact	2	Medium maturity	High - difficult but manageable	Low-medium	
1	Negligible impact	1	Low maturity	Significant - more resource required	Low	

Additionally, a qualitative scoring was assigned to the following two metrics to recognise the financial implications of each measure:

- Investment cost
- Financial return

The appraisal matrix is set out on the next tab.

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
1	Carbon Management Initiatives	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	1	5	1	5	12	Low	Short ROI (<10 years)
2	Carbon Management Initiatives	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	1	5	2	4	12	Low	Short ROI (<10 years)
3	Carbon Management Initiatives	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	2	5	3	4	14	Low	Short ROI (<10 years)
4	Existing Buildings Initiatives	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	5	5	3	4	17	High	Short ROI (<10 years)
5	Existing Buildings Initiatives	Fully replace all existing lighting with LED lighting by 2025.	4	5	2	3	14	High	Short ROI (<10 years)
6	Existing Buildings Initiatives	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	8	3	1	5	17	Significant	Increased revenue costs
7	Existing Buildings Initiatives	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	5	3	1	5	14	Significant	Increased revenue costs
8	Existing Buildings Initiatives	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	6	5	2	4	17	Medium	Increased revenue costs
9	Existing Buildings Initiatives	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023	3	5	2	3	13	Medium	Short ROI (<10 years)
10	Existing Buildings Initiatives	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	6	5	2	4	17	High	Short ROI (<10 years)

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
11	New Builds and Major Refurbishment Initiatives	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	5	3	2	5	15	High	Short ROI (<10 years)
12	New Builds and Major Refurbishment Initiatives	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	2	3	2	3	10	Low	Short ROI (<10 years)
13	New Builds and Major Refurbishment Initiatives	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction- related carbon emissions.	2	5	3	3	13	Low	N/A
14	New Builds and Major Refurbishment Initiatives	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	4	5	3	4	16	Medium	N/A
15	New Builds and Major Refurbishment Initiatives	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	3	5	3	5	16	High	Long ROI (10 years+)
16	New Builds and Major Refurbishment Initiatives	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	4	5	3	4	16	Low	N/A
17	Transportation Initiatives	Health Boards and Trusts will ensure suitable sustainable transport infrastructure is installed at their sites.	2	5	2	4	13	High	N/A
18	Transportation Initiatives	NWSSP will implement a standardised system of vehicle management in owned and leased vehicles. This will entail central fleet management oversight within each Health Board or Trust.	1	5	3	3	12	Low	Short ROI (<10 years)
19	Transportation Initiatives	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery- electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	3	3	2	4	12	Low	Short ROI (<10 years)
20	Transportation Initiatives	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	3	3	2	4	12	Medium	Short ROI (<10 years)

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
21	Transportation Initiatives	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	3	5	3	4	15	No cost	N/A
22	Transportation Initiatives	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.	3	5	3	4	15	Low	N/A
23	Transportation Initiatives	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations.	5	3	2	4	14	Low	Short ROI (<10 years)
24	Transportation Initiatives	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.	6	1	3	3	13	Medium	Short ROI (<10 years)
25	Procurement Initiatives	NWSSP will transition to a market-based approach for supply chain emissions accounting.	2	5	2	3	12	Low	N/A
26	Procurement Initiatives	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	6	5	2	3	16	Low	N/A
27	Procurement Initiatives	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	4	5	3	4	16	Low	Potentially increased revenue costs
28	Procurement Initiatives	100% REGO-backed electricity will be procured by 2025, and 100% green gas by 2030.	1	5	2	0	8	Low	N/A
29	Procurement Initiatives	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	10	5	2	5	22	Low	Potentially increased revenue costs
30	Procurement Initiatives	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.	10	5	2	5	22	Medium	N/A

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
31	Procurement Initiatives	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	3	5	3	3	14	Medium	Short ROI (<10 years)
32	Procurement Initiatives	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan.	10	5	3	4	22	Low	N/A
33	Estate Planning and Land Use Initiatives	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	5	4	4	4	17	Low	N/A
34	Estate Planning and Land Use Initiatives	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	2	4	4	3	13	Low	N/A
35	Estate Planning and Land Use Initiatives	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	4	5	4	4	17	High	ROI from 5-15 years
36	Approach to Healthcare – Smart Working Initiatives	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	4	4	3	3	14	Low	N/A
37	Approach to Healthcare – Smart Working Initiatives	Support the Welsh Government’s target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	2	5	2	3	12	Low	Short ROI (<10 years)
38	Approach to Healthcare – Smart Working Initiatives	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	2	2	4	4	12	Low	Short ROI (<10 years)
39	Approach to Healthcare – Education Initiatives	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	3	3	4	4	14	Medium	Short ROI (<10 years)
40	Approach to Healthcare – Healthcare and Medicines	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	2	5	4	3	14	Low	Short ROI (<10 years)

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
41	Approach to Healthcare – Healthcare and Medicines	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	2	3	4	2	11	Medium	Short ROI (<10 years)
42	Approach to Healthcare – Healthcare and Medicines	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	3	5	4	4	16	Low	Short ROI (<10 years)
43	Approach to Healthcare – Healthcare and Medicines	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	3	3	4	4	14	High	Revenue costs could increase or decrease
44	Approach to Healthcare – Waste Initiatives	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	1	3	3	3	10	Low	N/A
45	Approach to Healthcare – Waste Initiatives	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	1	4	3	3	11	Low	N/A
46	Approach to Healthcare – Waste Initiatives	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	2	5	2	3	12	Low	N/A

Updated: 17/01/2024		CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan					Management Group: Environmental Sustainability Group						
Progress RAG Key	A - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time	Delivery Plan Senior Responsible Officer: Vicki Wallace							
Number of Key Actions	5		41	23	0	Key Actions Not Scheduled to Start	Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion		
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress April 2024 - April 2026	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
3	Carbon Management Initiatives	1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	Use the Welsh Health Environment Forum as a mechanism to support delivery plan implementation, share lessons learned, and the importance of decarbonisation and share best practice.	NWSSP, CTMUHB	Active participation in appropriate Welsh, UK, European and global sustainable healthcare information sharing/ learning initiatives	Continued participation in the Welsh Health Environment Forum via Linda Prosser/Vicki Wallace. Active encouragement of all staff to participate within appropriate networks. Raising of decarb/sustainability agenda through dedicated section in staff newsletter. Increase reach of CTM Green Group to share ideas and best practice.	Strategic Lead, Planning, Comms	Low	G	01/04/2022	Ongoing	Ongoing
4	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Develop a staff engagement approach to communicate: • NHS Wales commitments to decarbonisation • Case studies of progress Undertake consultations to support and engage in projects and encourage best practice behaviour.	CTMUHB	Develop a staff engagement approach to communicate: - NHS Wales commitments to decarbonisation - Case studies of progress - Undertake consultations to support and engage in projects and encourage best practice behaviour - Role and importance of adaptation within the climate emergency, including the development of adaptation planning processes within the health board and working with the Public Services Board to develop and adapt plan for the region - Complete carbon/decarb assessment of existing work programmes as per learning from Cardiff & Vale UHB	Continue to use CTM Green Group to share best practice and learning. Dedicated section on decarb/sustainability in fortnightly staff newsletter. Net Zero training developed by CTM people team and now on ESR. Continue to use Simply Do for engagement of green initiatives. Continue to learn from other organisations within Wales and internationally.	Strategic Lead, Planning, Comms	Low	G	01/04/2022	Ongoing	Ongoing
6	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Develop a targeted approach to encourage and facilitate low carbon staff travel. This will include keeping staff up to speed with available travel options and exploring opportunities to support and encourage the purchase of battery-electric vehicles (BEVs), ultra-low emission vehicles (ULEVs), bicycles, electric bicycles and public transport loan schemes and discounts.	CTMUHB	Facilities Directorate to review Site Travel Plans to include all active travel initiatives / solutions for each site, encouraging modal shift from single occupancy car travel to more sustainable modes, such as public transport, EVs, car sharing, active travel and flexible working. Ongoing, to be completed by March 2024.	Facilities Directorate already have Site Travel Plans which include active travel initiatives / solutions for each site but these need to be reviewed in line with new WG legislation / guidance. Site travel plans to be merged into one CTM Travel Plan. Waste & Fleet Team to review existing site travel plans and combine into one travel plan with Appendices for each site and aligning with the new Health Board organisation structure. Staff Notice Boards updated to include up to date bus, train and other public transport information. Digital Comms will be supporting transport info also. Comms team involved to promote travel options that includes car sharing. Environment Waste and Fleet team will be commencing Fleet & Transport Roadshows in Spring of 2024 to support with travel options and lower carbon options for staff, including cycling routes. Facilities working with Capital and Estates colleagues to implement safe cycle shelters and facilities for staff.	Facilities - Transport Capital/Estates,	Low	A	01/09/2022	31/03/2024	
7	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Closely follow the guidance set out in the Active Travel Action Plan for Wales to ensure suitable considerations for active travel are factored into decision making.	CTMUHB	Facilities Directorate to review Site Travel Plans to include all active travel initiatives / solutions for each site, encouraging modal shift from single occupancy car travel to more sustainable modes, such as public transport, EVs, car sharing, active travel and flexible working. Develop Healthy Travel Charter	Development of Healthy Travel Charter. Facilities Directorate already have Site Travel Plans which include active travel initiatives / solutions for each site but these need to be reviewed in line with new WG legislation / guidance and following Covid-19 and refurbishment works. Currently in discussions to pull all site travel plans into one CTM Travel Plan.	CTM Workforce Wellbeing Lead, Facilities, Planning, Comms (CTM Workforce Wellbeing Lead)	Low	A	01/09/2022	31/03/2024	
8	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Install secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging. Continue to explore localised opportunities to improve cycling infrastructure to and from hospital sites.	CTMUHB	Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Cycle to Work Scheme already in place at CTM. Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging. Arrangements to be added to the CTM Travel Plan by Facilities once storage has been installed. (RH DW WL RS 05/09/2022).	Capital, Facilities	Low	A	01/04/2023	01/03/2024	
9	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Brief senior management staff of the key themes of decarbonisation to ensure low carbon principles are integrated into decision making at all levels.	CTMUHB	Annual Decarbonisation presentation to Board. Ongoing work to integrate low carbon footprint service planning within CTM2030 Clinical Strategy. Build low carbon principles into business case/project development. Increase awareness of adaptation planning into decision making processes.	Continue to present to Population Health and Partnership Committee, Executive Leadership Group, CTM Transformation Board on progress against delivery of DAP and wider decarb initiatives. Ongoing work to integrate low carbon footprint service planning within CTM2030 Clinical Strategy.	Strategic Lead, Planning	Low	G	01/04/2022	Ongoing	Ongoing
10	Carbon Management Initiatives	3	Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Consider implementation models such as Energy Performance Contracts	CTMUHB	Continue with appropriate governance around driving the decarbonisation agenda within CTMUHB inclusive of Executive ownership of core initiatives. To work with NWSSP and WG regarding developing circular economies, CTMUHB as an anchor institution and different ways to lever change through procurement and contracting.	ESG in place - regular updates via PMP and Transformation Board for governance. ESG to oversee delivery of DAP. Building Healthier Communities to drive forward the foundational economy work and continue a focus on CTM as an anchor institution. Consideration of Wellbeing and Future Generations Act and how working with this can support delivery of decarb/foundational economy/anchor portfolios. CTM working with WGES and Local Partnerships to procure an EPC through the ReFIT Framework - ITT to be issued in Dec 2023 to award by April 2024.	Strategic Lead, Planning Estates	Low	A	01/04/2022	Ongoing	Ongoing
11	Carbon Management Initiatives	3	Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Engage with technical and commercial support available such as the Welsh Government Energy Service	CTMUHB	Estates to actively collaborate with the Welsh Government Energy Service, for example - working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, with learnings transferable to other hospitals. Facilities Directorate to engage with technical and commercial support both within NHS and externally for Facilities schemes (e.g. Transport, Waste, Catering).	Estates are actively collaborating with the Welsh Government Energy Service, working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, with learnings transferable to other hospitals. Signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. Facilities Directorate are already engaging and will continue to engage with technical and commercial support both within NHS (e.g. NWSSP Transport Decarbonisation Meeting, internally with CTM Green Group, CDO, DCOO and Corporate Planning Directorate) and externally for Facilities schemes for Transport, Waste and Catering. (e.g. Facilities & Consultant 'Business Mileage Reduction Strategy' project) - Action Complete. (RH DW WL RS 05/09/2022).	Estates, Facilities	Low	A	01/04/2022	Ongoing	
12	Carbon Management Initiatives	3	Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Build engagement and responsibility for decarbonisation across the organisations from the top down - actively engage across finance, procurement and estates teams	CTMUHB	Continue with appropriate governance around driving the decarbonisation agenda within CTMUHB inclusive of Executive ownership of core initiatives. Continue with staff newsletter, Simply Do and other engagement platforms. Retain sustainability considerations within board papers. Increase awareness of adaptation planning encourage thinking of adaptation agenda across whole of the organisation.	Continue with Green CTM, Environmental Sustainability Group, Simply Do, Staff newsletter, approach to board papers and regular reporting.	Strategic Lead, Planning, Comms	Low	A	01/04/2022	Ongoing	Ongoing
13	Existing Buildings Initiatives	4	Progress a transformational energy and water efficiency retrofit programme across the estate - every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Commission specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate.	CTMUHB	Commission specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate.	Estates have historically collaborated with the Carbon Trust (Welsh Government Energy Service) to survey and develop carbon management plans. Estates have signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to survey scope, engineer and implement decarbonisation projects across the estate.	Estates, Facilities	Medium	R	01/04/2022	22/03/2024	
14	Existing Buildings Initiatives	4	Progress a transformational energy and water efficiency retrofit programme across the estate - every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Buildings should be operated as efficiently as possible. Consideration should be given to: • Operational controls of buildings via BMS (included improved automated controls), and local heating controls (e.g. TRVs). • Installation of high-efficiency equipment such as chillers, high-efficiency-motors / pumps, EC fans, pipework insulation and lighting. • Ensuring cooling systems (e.g. space cooling, food storage, mortuaries, etc.) are well maintained and operated at maximum efficiency (e.g. variable speed compression). • Ensuring only low-global warming potential (GWP) refrigerants will be used in refrigeration and heat pump systems (e.g. Ammonia, CO2, R1234zd, R1234ze). • Ensuring existing HVAC equipment is operated at maximum efficiency (e.g. EC fans, auto fan speed regulation, heat recovery). • Low carbon heat technologies installed as replacement for fossil fuel-burning plant. • Improving thermal efficiency of buildings with fabric upgrades and draught proofing. • Utilising electric alternatives to gas tumble driers when replacement is due. • Ensuring gas-fired catering equipment is replaced with induction equipment during refurbishments/replacements. • Ensuring all ICT equipment procured is low-power equipment and that server rooms utilise free cooling and efficient cooling systems which are maintained at a sensible temperature.24 • Ensuring localised domestic hot water heaters are used where appropriate to reduce long pipe runs. • Ensuring that water saving equipment is used (e.g. water-saving urinals, automatic taps, dual flush toilets).	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. 2023 Appoint CTMUHB Re-Fit partnership contractor	Estates have contracted Local Partnerships to support the Health Board's procurement of a Re-Fit partner to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. Soft market testing questionnaire has been completed and published with feedback reviewed prior to publication of the ITT. ITT is in draft and scheduled for publication by mid December 2023 with a view to appoint a Re-Fit partner by end March 2024. Estates are actively collaborating with the Welsh Government Energy Service, working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, and transferable to other hospitals.	Capital, Estates	Medium	R	01/04/2022	22/03/2024	
15	Existing Buildings Initiatives	4	Progress a transformational energy and water efficiency retrofit programme across the estate - every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Ensure 'Action Plans' demonstrate estate-wide impact such that every building with an expected future towards 2030 will have undergone a multi-technology energy-efficient upgrade by 2030.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. 2024 Appoint CTMUHB Re-Fit partnership contractor	As CTMUHB ref no 14 ReFit Invitation To Tender (ITT) will be published Dec 2023 to appoint a successful decarbonisation service provider.	Capital, Estates	Medium	R	01/04/2022	31/03/2030	
16	Existing Buildings Initiatives	5	Fully replace all existing lighting with LED lighting by 2025.	Develop a lighting upgrade approach for each site, considering whether like-for-like replacement will be sufficient or if a new design is required. Seek expert advice in areas where LED lighting could have a detrimental impact on specialist technologies (e.g. LED flicker). Utilise natural lighting solutions where available.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. 2024 Appoint CTMUHB Re-Fit partnership contractor	Estates have been actively retrofitting conventional lighting with LED since 2006 with currently over 60% of all hospital properties converted. Retrofitting is scheduled to be completed by March 2025. Estates specify the installation of LED lighting for all major projects and replacement programs. This target has been included in the ReFit ITT for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024. PCH Refurbishment Programme specifies LED lighting.	Capital, Estates	Medium	A	01/04/2022	31/03/2030	
17	Existing Buildings Initiatives	5	Fully replace all existing lighting with LED lighting by 2025. Exceptions may be made where buildings are known not to have a future beyond 5 years (March 2027 with regard to this initiative)	Procure and implement LED upgrades across the estate by 2025. Exceptions may be made where buildings are known not to have a future beyond 5 years (March 2027 with regard to this initiative)	CTMUHB	LED project will be included in the Re-Fit decarbonisation programme for implementation from 2024 and is scheduled to be completed by March 2025	Circa £900k of WG decarbonisation funds will be invested in LED conversions during 2021-23. To date 60% of conventional lighting systems installed across the estate has been converted to LED. Phase 1 of the CTMUHB Re-Fit project will include conversion of all remaining conventional lights installed across the estate to be converted to LED by 2025. This target has been included in the ReFit ITT for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates	Medium	A	01/04/2022	31/03/2025	
18	Existing Buildings Initiatives	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	Commission low carbon heat specialists to develop a low carbon heat evolution plan at each acute site to set out a transition plan away from fossil fuelled heat toward low carbon heat. This will include heat generation, heat distribution, heat emitters, and building fabric upgrades. The evolution plans should consider technologies such as heat pumps, biomass, chiller heat recovery, wider heat networks (where realistic) and other innovative heat solutions such as sewage heat recovery and emerging heat pump technology.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and implementation of formulated low carbon heat plans as part of the CTMUHB Re-Fit project	Estates are actively collaborating with the Welsh Government Energy Service, working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, and transferable to other hospitals. Signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. ReFit ITT due to tender Apr-2023, with a successful service provider to be appointed by Q1-2024. The ReFit ITT includes the requirement for low carbon heat plans. The UHB continues to collaborate with Bridgend CBC on the Bridgend private wire and heat network project.	Capital, Estates	Medium	G	01/04/2022	22/03/2024	

Updated: 17/01/2024		CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan					Management Group: Environmental Sustainability Group Delivery Plan Senior Responsible Officer: Vicki Wallace						
Progress RAG Key	A - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time	Key Actions Not Scheduled to Start	Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion		
Number of Key Actions	5		41	23	0	1	65	0	69	19	0		
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress April 2024 - April 2026	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
19	Existing Buildings Initiatives	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	Implement upgrades to ensure that 60% of generated heat at acute sites is low carbon by 2030.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and implementation of formulated low carbon heat plans as part of the CTMUHB Re-Fit project.	Currently at planning stage, supported by the WGES and ReFit Program. Signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate which includes heat studies to be completed as part of the Phase 1 Re-Fit project. ReFit ITT being published Dec-2023 for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates	Medium	A	01/04/2022	31/03/2030	
20	Existing Buildings Initiatives	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Commission low carbon heat specialists to evaluate the potential to convert non-acute sites to low carbon heat by 2030, including heat generation, heat distribution, heat emitters, and building fabric upgrades.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and implementation of formulated low carbon heat plans as part of the CTMUHB Re-Fit project.	Currently at planning stage, supported by the WGES and ReFit Program. To be included in Phase 2 of the CTMUHB Re-Fit programme. ReFit ITT being published Dec-2023 for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates	Medium	G	01/04/2022	22/03/2024	
21	Existing Buildings Initiatives	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Implement changes to target a shift to full low carbon heating by 2030. Aim to have converted 50% of heat to low carbon heat by 2026.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and implementation of formulated low carbon heat plans as part of the CTMUHB Re-Fit project.	As CTMUHB ref no 20 ReFit ITT being published Dec-2023 for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates	Medium	G	01/04/2022	31/03/2030	
25	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	Decommissioning will be prioritised over refurbishment from 2025. Normal standard maintenance will continue; however, in the event of a CHP unit failing (for instance, engine replacement) decommissioning should be prioritised.	CTMUHB	There are no Estate plans to install new natural gas CHP units.	There are four existing units located at PCH, two at RGH and a very small unit at Glamhyd which will continue with serviced operation. Should major failures occur post 2025 the unit will be decommissioned, as opposed to refurbishment.	Estates	Low	G	01/04/2022	31/03/2025	
26	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	The ambition will be to decommission all CHPs by 2030 to support the transition away from fossil fuelled heating. For some installations, it is recognised that this 2030 ambition may need to be in with timescales for new build hospital developments.	CTMUHB	All CHPs will be decommissioned by 2030.	Existing CHP plant will continue to operate whilst still physically and financially operational. New installations of natural gas fuelled CHP plant will not be approved.	Estates	Low	G	01/04/2022	31/03/2030	
27	Existing Buildings Initiatives	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	Install effective building management systems (BMS) across the building portfolio, allowing members of estates staff to optimise energy consumption in heating, cooling and ventilation (HVAC) systems. At smaller sites, a simple programmable intelligent heating control with remote access will suffice.	CTMUHB	A BEMS strategy will be delivered and applied across all health board properties, implemented as part of the ReFit program.	CTMUHB BMS Strategy has been written in draft format and in the process of draft approval, prior to publication of the document. BMS improvement has been included in the ReFit ITT for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Estates	Medium	G	01/04/2022	31/03/2024	
28	Existing Buildings Initiatives	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	Develop standard operating procedures to optimise the efficient operation of buildings, this will include set schedules for time-clocks / operating setpoint / alarms.	CTMUHB	Monitoring and Verification systems together with operational procedures will be implemented by Gary Humphry and the Energy Compliance Group. Funding and implementation of the BMS strategy will be part of the CTMUHB Re-Fit project.	Active monitoring is currently in place for some properties. Monitoring will be implemented as part of the Re-Fit monitoring and verification process.	Estates	Medium	A	01/04/2022	31/12/2022	
29	Existing Buildings Initiatives	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	Ensure trained resource is in place to optimise energy use by BMS control. Ensure a process is put in place to regularly manage and optimise BMS controls.	CTMUHB	Estates to draft a cost benefit analysis for employing BEMS operators at each ILG covering responsibilities for all properties in their respective regions. Staff to be recruited if findings are positive. There is an annual Estates training plan in place for BMS training, which primarily targets operational staff who interact with BMS systems on a daily basis to ensure they optimise the energy use of sites.	Estates to draft a cost benefit analysis for employing BEMS operators at each ILG. Energy Support Officer to access training to ensure compliance for BMS as per their role.	Estates	Low	R	01/04/2022	31/03/2023	
30	Existing Buildings Initiatives	10	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Conduct feasibility studies to establish the viability of onsite generation such as solar PV and solar thermal collectors (either roof-mounted or car port mounted) at each site.	CTMUHB	Estates have installed circa £1m of solar PV across multiple sites during 2022/23, including Kier Hardie HP, YCC and YCR and Dewi Sant HP. Current EFAB funding round includes approx 500kWp PV installations at Glamhyd, Williamstown and NLAW. Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Estates have signed up to the ReFit Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate, which will include a PV gap analysis and car port PV projects if deemed feasible. 2023-25 plans for additional on site PV installations will be formulated as part of the CTMUHB Re-Fit project.	On Site PV is installed at: • Glamhyd Talth Newydd Boiler House • Glamhyd Talth Newydd South Plantroom • Kier Hardie Health Park Undergraduate building • New Surgery Penrice • POWH Ty Llidard • RGH Y Bwthyn NGS MacMillan • Porthawl Primary Care Centre • Ty Calon Lan • Dewi Sant • Kier Hardie Health Park main building • Ysbyty Cwm Cynon • Ysbyty Cwm Rhonda Study completed for CTMUHB by Welsh Government Energy Service for additional PV opportunities at Glamhyd Hospital and Ysbyty Cwm Cynon. 2023/24 and 2024/25 EFAB funding has been approved by Welsh Government for the installation of PV at Williamstown, the National Imaging Academy and the Glam Rhyd Hospital Sites Surveys will be ongoing through REFIT programme.	Capital, Estates	Medium	A	01/04/2022	31/03/2023	
31	Existing Buildings Initiatives	10	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Proceed with renewable energy installation in all viable instances. 100% of identified viable potential to be installed by 2026. 50% of identified viable potential to be installed by 2023.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Estates have signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. Which will include the installation of renewable energy options at all viable properties by 2030.	PPA signed with RCTCBC in Oct 2023 for solar farm near to RGH, for completion in Autumn 2024 Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. In total 2MW of solar developing at pace with RCT and Merthyr Tydfil Local Authorities with potential to complete in summer 2024.	Capital, Estates	High	G	01/04/2022	31/03/2030	
32	Existing Buildings Initiatives	10	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespan).	CTMUHB	To ensure appropriate maintenance schedule for renewable infrastructure/ generation	PPA signed with RCTCBC for solar farm near to RGH, for completion in Autumn 2024 Plan of works established and mainstreamed within estates management to ensure PV solar installations and maintained. PPM procedure has been drafted and shared with the Estates head of contracts to procure contract to maintain PV systems installed at Health Board properties. Contract to be procured. This is noted as a cost pressure currently, there are no external contracts to manage placed yet.	Estates	Low	A	01/04/2022	31/03/2023	
40	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	In new car parks, install underground cabling infrastructure (e.g. trunking) to enable straightforward installation of cabling for future charging points.	CTMUHB	Where this is possible this will be included but can only be operated within the constraints of capital funding provided by WG. It will need to be incorporated into all business cases moving forward that make changes or add new car parking	Site capacities will require ongoing evaluation as additional site loads are added to the electrical infrastructure such as: decarbonised gas loads; EV charging; decommissioning of CHP plant. Some in-ground ductwork introduced in Car Park A at PCH Refurbishment Programme as a late instruction to approved scheme to enable future EV provision. The HB policy on EV points in public car parks will need to be determined and once this is confirmed the supporting infrastructure can be developed	Capital	Medium	A	01/04/2022	31/12/2022	
41	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	Install a sufficient electric vehicle charging infrastructure as set out in the Transportation section of this report. Enough infrastructure must be in place to ensure charging is not a barrier to the procurement of electric fleet vehicles.	CTMUHB	Where this is possible this will be included but can only be operated within the constraints of capital funding provided by WG. It will need to be incorporated into all business cases moving forward that make changes or add new car parking. This will be included in line with vehicle charging policies developed and in place within CTMUHB. These policies would be developed by facilities	Site capacities will require ongoing evaluation as additional site loads are added to the electrical infrastructure such as: decarbonised gas loads; EV charging; decommissioning of CHP plant. Facilities to develop EV charging policy. Assistant Director of Facilities presented Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate and CTM Green Group in August 2022. (RH DW WL RS 05/09/2022).	Capital, Facilities	Medium	A	01/04/2022	31/12/2025	
42	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	Ensure sufficient rapid charging infrastructure is in place to ensure charging infrastructure is not a barrier to the procurement of electric emergency ambulances when they become commercially available (expected in 2028). It's acknowledged that in some rural areas this technology may not be feasible and in this instance, Health Boards and Trusts may exclude this action.	CTMUHB	This will be picked up in the development of all new business cases for capital investment moving forward	This will be picked up in the development of all new business cases for capital investment moving forward	Capital, Estates	Medium	G	01/04/2022	31/03/2028	
44	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Ensure that newly constructed sites sufficiently consider and incorporate sustainable transport, such as good public transport links, secure cycle storage, and charging facilities.	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Active travel options will be developed through the regional Healthy Travel Charter	Active travel options will be developed through the regional Healthy Travel Charter	Capital, Facilities	Low	G	01/04/2022	31/12/2022	
45	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Provide and promote secure cycle storage for staff and visitors, accommodating for emerging technologies such as larger e-bikes and electric scooters. Provide and promote public showers and changing facilities to encourage active travel.	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Capital, Facilities	Low	A	01/04/2023	31/03/2024	
46	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Strategically plan the location of new sites to reduce private vehicle commuting requirements where possible.	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Capital	Medium	A	01/04/2022	31/12/2021	
47	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Engage with local authorities to ensure that adequate zero-carbon transport facilities are installed to allow easy access to healthcare facilities (e.g. segregated bicycle lanes, park and ride facilities).	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Capital	Medium	A	01/04/2022	31/03/2023	
49	Transportation Initiatives	17	Health Boards and Trusts will ensure suitable sustainable transport infrastructure is installed at their sites.	Health Boards and Trusts will engage with NWSSP to develop the best proactive approach for EV charging infrastructure. Develop the approach for EV charging infrastructure implementation across each estate - this will include action on increasing electrical capacity, understanding the other development plans (e.g. renewable energy), and collaborating across other NHS organisations such as WAST. Implement the EV charging rollout at the scale and pace to match demand, which will be specified in the best practice approach.	CTMUHB	Engage with NWSSP to develop the best proactive approach for EV charging infrastructure.	Completed. NWSSP are leading an all Wales project to address a number of challenges around EV charging infrastructure etc. CTM are represented on this all Wales NWSSP task and finish project group by Facilities, Estates and procurement. This group and work is still ongoing and NWSSP have produced an OSOP - Initiative 17 EV infrastructure guidance document which has been shared with HBs in Wales and with CTM Estates, procurement and the ESG.	Facilities Estates Capital.	Medium	A	01/04/2022	30/09/2023	
50	Transportation Initiatives	17	Health Boards and Trusts will ensure suitable sustainable transport infrastructure is installed at their sites.	Explore localised opportunities for low carbon transport infrastructure as they arise (e.g. hydrogen) and implement if deemed feasible.	CTMUHB	Feasibility studies of future technologies will be carried out in collaboration with the Welsh Government Energy Services with knowledge gained shared across Wales via WHEF.	Feasibility studies have been carried out on Hydrogen CHP installations at Royal Glamorgan Hospital in collaboration with The Carbon Trust and Centrica Business Solutions. Currently not feasible.	Estates, Facilities	Medium	A	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
52	Transportation Initiatives	18	NWSSP will implement a standardised system of vehicle management in owned and leased vehicles. This will entail central fleet management oversight within each Health Board or Trust.	Ensure each Health Board and Trust has a single Fleet Manager in place with oversight of all Health Board / Trust fleet vehicles. They should put in place a central fleet management approach.	CTMUHB	1. Facilities Directorate to bid for and secure funding to implement a Fleet Management and Tracking System. 2. Facilities and Procurement to consider opportunities for alternative options for prioritising battery-electric fleet. - To be completed by March 2024. 3. Procurement to source suitable battery-electric fleet vehicles. - To be completed by March 2024. 4. Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2025. 5. Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery-electric fleet. - To be completed by March 2024.	1. CTM to have in place a dedicated Fleet Manager - Craig Edwards fleet manager in-post. Complete. Fleet Management has now been proposed and has been populated with fleet vehicle information. Fleet management system in place and work ongoing with IT colleagues to implement the App on Health Board driver mobile phones. MORR handbook updated to include Insurance details, accident management and EV vehicles. Signed off by Health and safety management, all drivers who receive a copy will have an automatic update on their licence check to show they have read and understand the Transport policy and terms of driving HB fleet. Assistant Director of Facilities presented the Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate and CTM ESG in August 2022. Decision to be made by CTM once the EV charging infrastructure (EVCI) is in place. Until the EVCI is in place a replacement an ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet.	Facilities - Transport Procurement	Medium	A	01/06/2022	31/12/2025	

Updated: 17/01/2024		CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan					Management Group: Environmental Sustainability Group						
Progress RAG Key	A - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time	Delivery Plan Senior Responsible Officer: Vicki Wallace							
Number of Key Actions	5		41	23	0	Key Actions Not Scheduled to Start	Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion		
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress April 2024 - April 2026	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
53	Transportation Initiatives	18	NWSSP will implement a standardised system of vehicle management in owned and leased vehicles. This will entail central fleet management oversight within each Health Board or Trust.	Implement / continue to implement telematics solutions to analyse and improve driver behaviour.	CTMUHB	Facilities to review and evaluate the current CTM Transport Fleet EV specifications - Set up Fleet check system and source and consider vehicle tracking system options. Either purchase own software and hardware or purchase with each vehicle lease.	Fleet EV Specifications completed. NWSSP group produced an EV Charging Infrastructure (EVCI) guidance document which has been shared with Estates, Procurement and the EMG. Fleet Check system has now been purchased, has been populated with fleet vehicle information. A vehicle tracking system has been sourced and options are purchase own software and hardware or include in each new fleet vehicle lease. IMTP bid 2024/25 for funding telematics for every facilities vehicle and future other Health Board fleet is required. Quotes have been sought for a managed system. Assistant Director of Facilities presented the Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate and CTM ESG in August 2022. Decision to be made by CTM once there is a firm date for the EV charging infrastructure (EVCI) to be put in place. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25.	Facilities - Transport, Procurement	Medium	A	01/06/2022	31/12/2025	
54	Transportation Initiatives	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery- electric wherever practically possible. In justifiable instances where this is not suitable, ultra-low emission vehicles should be procured.	Continue with existing vehicle procurement schedule, prioritising battery- electric vehicle fleet where practically possible from March 2022. In justifiable instances where this is not suitable (e.g. range issues), ultra- low emission vehicles can be procured. Exceptions will be made where technology is not market-ready (e.g. there are currently no market-ready ULEVs suitable to replace existing Non Emergency Patient Transport (NEPTS) vehicles).	CTMUHB	Facilities to review and evaluate the current CTM Transport Fleet specifications - To be completed by March 2023. Complete. (JG NK 14.03.23) Facilities and Procurement to consider opportunities for alternative options for prioritising battery- electric fleet. - To be completed by March 2024. Database identifies options with financial data. (JG NK 14.03.23) Procurement to source suitable battery-electric fleet vehicles. - To be completed by March 2024. Database identifies options with financial data. (JG NK 14.03.23) Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2024. Database identifies options with financial data. (JG NK 14.03.23) Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery-electric fleet. Summary of Key Actions 2024/2025. 1. DSDP Initiative 18: Deliver a standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management and a vehicle tracking system. 2. DSDP Initiative 19: Pending the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) and vehicle procurement lead in times. Produce an interim fleet lease replacement plan for cars and light goods fleet vehicles. Wherever possible EV's should be procured. If it is not practically possible to procure EV's, in justifiable instances, ultra-low emission vehicles should be procured. 3. DSDP Initiative 19 - Produce an EV fleet replacement plan in preparation for the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) roll out across CTM sites. Consider the value and benefits of both lease and capital purchase of EV's over a 5-7 year period? 4. Consider joint collaboration with Swansea Bay on Transport fleet plans and fleet procurement. 5. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. 6. Work with NWSSP and CTM Estates on DSDP Initiative 17, which states: "NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure."	Assistant Director of Facilities presented Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate, Finance (Mandy Pady) and CTM ESG in August 2022. Reviewed by COO/DCOO and MP finance. A decision to be made by CTM once a firm date is provided for the EV charging infrastructure (EVCI) to be in place. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. Carry out a further review of CTM transport fleet and business travel requirements. Aim to reduce fleet where practically possible. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. Work with NWSSP and CTM Estates on DSDP Initiative 17, which states: "NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure. CTM Estates Chris Lewis has been provided with CTM transport fleet details and location base of each vehicle to enable EV charging infrastructure at each site to be planned."	Facilities - Transport (Procurement Estates	Medium	A	01/06/2022	31/12/2025	
56	Transportation Initiatives	20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra low emission vehicles in their class.	Develop an approach to decarbonise fleet emissions, including: • Vehicle management systems to consolidate journeys • Technology such as low energy tyres and aerodynamic improvements • Exploring localised opportunities for alternative fuels (e.g. bio diesel / hydrogen)	CTMUHB	Facilities Directorate to bid for and secure funding to implement a Fleet Management and Tracking System. To be completed by March 2024. Facilities to review and evaluate the current CTM Transport Fleet specifications - To be completed by March 2023. Completed Facilities and Procurement to consider opportunities for alternative options for prioritising battery- electric or hybrid fleet. - To be completed by March 2024. Procurement to source suitable battery-electric or hybrid fleet vehicles. - To be completed by November 2023. Completed Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2024. Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery-electric fleet. - To be completed by March 2025. Summary of Key IMTP actions 2024-2025: Carry out a further review of CTM transport fleet and business travel requirements. Aim to reduce fleet where practically possible. 1. DSDP Initiative 18: Deliver a standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management and a vehicle tracking system. 2. DSDP Initiative 19: Pending the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) and vehicle procurement lead in times. Produce an interim fleet lease replacement plan for cars and light goods fleet vehicles. Wherever possible EV's should be procured. If it is not practically possible to procure EV's, in justifiable instances, ultra-low emission vehicles should be procured. 3. DSDP Initiative 19 - Produce an EV fleet replacement plan in preparation for the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) roll out across CTM sites. Consider the value and benefits of both lease and capital purchase of EV's over a 5- 7 year period? 4. Consider joint collaboration with Swansea Bay on Transport fleet plans and fleet procurement. 5. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. 6. Work with NWSSP and CTM Estates on DSDP Initiative 17, which states: "NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure."	Fleet Check vehicle management system is in place. The database is currently held with the Facilities Transport fleet team. (CE, Mar 23). Completed The infrastructure work is currently being reviewed by NWSSP. Facilities, Estates and Procurement are part of this group. (JG NK 14.03.23) A decision to be made by CTM once a firm date is provided for the EV charging infrastructure (EVCI) to be in place. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. NWSSP are leading an all Wales project to address a number of challenges around EV charging infrastructure etc. CTM are represented on this all Wales NWSSP task and finish project group by Facilities, Estates and Procurement. This group and work is still ongoing and NWSSP have produced an DSDP - Initiative 17 EV infrastructure guidance document which has been shared with HBS in Wales and with CTM Estates, procurement and the EMG. CTM Estates Chris Lewis has been provided with CTM transport fleet details and location base of each vehicle to enable EV charging infrastructure at each site to be planned.	Facilities - Transport Estates Procurement	Medium	A	01/04/2025	31/03/2028	
59	Transportation Initiatives	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	Consult staff to establish appropriate actions that can be taken to encourage wider uptake of BEVs/ULEVs and disincentivise high emission travel. Examples might include: • Introducing financial incentives to encourage/enable staff to purchase BEVs and ULEVs (e.g. salary sacrifice schemes) • Reducing the existing financial payment per mile to disincentivise private vehicle use, unless the vehicle is an ULEV vehicle. • Creating a financial incentive for using ULEV fleet vehicles (alongside increased access to ULEVs outlined in previous initiatives)	CTMUHB	1. Facilities to support with reviewing the current CTM Transport pool and service related vehicle specifications and what are CTM requirements. Should business travel claims be the first consideration for staff service travel between sites and community. 2. Facilities and Procurement to consider opportunities for alternative options for prioritising battery- electric pool vehicles. 3. NWSSP / Staff lease car leads to review and evaluate the current NHS Wales staff lease vehicle specifications / options. 4. Consult with Estates provision of EV charging infrastructure and units at CTM sites. 5. Work with NWSSP and Estates to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure. Until the EVCI is in place providing EV charging for staff private and lease vehicles and patients and visitors is not possible.	1. Facilities have reviewed the current CTM Transport pool vehicle specifications, the actual travel usage for each fleet vehicle by each Directorate, the value and cost effectiveness in accordance with the Transport and Travel Policy and the algorithm for business mileage and pool car assessments. Further work to be carried out by the Transport fleet team on the use of CTM fleet vehicles for service related and business travel and in 2024. A decision to be made by CTM once a firm date is provided for the EV charging infrastructure (EVCI) to be in place. 2. Facilities are working collaboratively with NWSSP as part of an All Wales approach with regards to the NHS Wales Transport & Travel Decarbonisation Strategy. NWSSP group produced an EV Charging Infrastructure (EVCI) guidance document which has been shared with Estates, procurement and the EMG. Work with NWSSP and CTM Estates. 3. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet.	Facilities - Transport Procurement Estates , Finance	Medium	A	01/06/2022	31/12/2025	
60	Transportation Initiatives	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	Update business travel policies to implement a travel hierarchy that encourages/incentivises sustainable travel and reduces the use of high emission vehicles.	CTMUHB	1. Facilities to work with a management consultant to develop a strategy which reviews business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport through a hierarchy approach. Complete. Strategy with recommendations completed by consultant in 2021. CTM to now implement the recommendations 'Business Mileage Reduction Strategy' to change organisation business travel practices. 2. Undertake data analysis of business mileage and salary sacrifice data. 3. Review previous Business Mileage Reduction report against Directorates and Departments. 4. Implement targeted intervention with business mileage high users.	1. Facilities to work with a management consultant to develop a strategy which reviews business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport through a hierarchy approach. Complete. 2. Facilities to work with a management consultant to develop a strategy which reviews business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport through a hierarchy approach. Complete. 3. Facilities are in the process of arranging meetings with NWSSP to discuss staff mileage and salary sacrifice data in line with WCES and review the recommendations from the CTM Decarbonisation Strategy for this area. (RH DW WL CE 06/03/2023) 4. Facilities will correlate processes for booking pool cars targeting the high mileage users for business mileage first (RH DW WL CE 06/03/2023).	Facilities, Corporate	Medium	A	01/04/2022	31/12/2023	
75	Procurement Initiatives	26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	NWSSP Procurement Services will work with the All Wales Medicines Strategy Group to develop a strategy to effectively ensure carbon emission reductions are accurately reflected in tender and other procurement documents. Together, the organisations will develop a Framework for assessing the sustainability credentials of suppliers which emphasises NHS Wales's commitment to emission reduction and scores sellers appropriately.	All Wales Medicines Strategy Group, NWSSP Procurement	Framework and developed and integrated, NWSSP Procurement services currently reviewing transitioning into operational procedures as well other key initiatives from the WBFCA	Framework and developed and integrated, NWSSP Procurement services currently reviewing transitioning into operational procedures as well other key initiatives from the WBFCA	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
77	Procurement Initiatives	27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	Undertake an activity to determine air / shipping / land transport miles for services / products over a set value.	NWSSP Procurement	Dedicated resource has been established recently with a focus on value to local supply chains (foundational/circular economy)	Dedicated resource has been established recently with a focus on value to local supply chains (foundational/circular economy)	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
79	Procurement Initiatives	28	100% REGO-backed electricity will be procured by 2025, and 100% green gas by 2030.	Purchase 100% REGO-procured electricity by 2025, and continue to procure renewable electricity thereafter. (In 2018/19, 93% of all electricity purchased by NHS Wales was REGO certified).	NWSSP Procurement	Already working towards, under the Utilities/Energy Category team	New Electricity contract from October-2022 includes 100% REGO certified supplies are purchased for electricity. 100% green gas to be considered at the next contract renewal date by NWSSP Procurement. Ongoing, REGOs to be included in all future utility contracts purchased. NHS Wales agreed new national energy contract with CCS (Crown Commercial Services). Decision taken at national level to abandon REGO supplies due to cost premium.	Estates	Medium	A	01/04/2022	31/03/2025	
93	Estate Planning and Land Use Initiatives	33	All-Wales strategic estate planning will have carbon efficiency as a core principle - quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	Lean upon the net zero framework as part of wider estate planning. Build this into the business case process when considering estate expansion and rationalisation.	WG Capital, Estates, Facilities	This will be picked up in the development of all new business cases for capital investment moving forward	This will be picked up in the development of all new business cases for capital investment moving forward	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
94	Estate Planning and Land Use Initiatives	33	All-Wales strategic estate planning will have carbon efficiency as a core principle - quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	Ensure rationalisation of the estate (as planned in business cases) fully seen through to ensure emissions are reduced as appropriate.	CTMUHB	Part of the estates strategy to be developed will need to incorporate this - this is planned to be drafted 2022-23	Part of the estates strategy to be developed will need to incorporate this - this is planned to be drafted 2022-23	Capital, Estates	Medium	A	01/04/2022	Ongoing	
96	Estate Planning and Land Use Initiatives	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation - NHS Wales organisations will maintain green space and utilize land for decarbonisation, including collaborating with neighbouring land owners.	Each Health Board and Trust will undertake a land evaluation to establish areas of the existing estate for potential renewable energy generation or greenhouse gas removal. Assessments will factor in location, existing land use, planned future land use, proximity to NHS sites and private wire opportunities.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons.	Estates have carried out a groundwork survey has been carried out to identify areas of forest land, crop land and settlement areas. Land evaluations have been carried out at the three district hospitals following which, Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Action is included in the Refit programme. Some land areas have been identified with local authority partners. TBC Glangrhyd Playing field is a potential solar farm location. PPA (Power Purchase Agreement) signed in October 2023 with RCTCBE for development of solar farm near to RIGL. Scheme planned for completion Autumn 2024.	Estates	Medium	A	01/04/2022	31/03/2024	

Updated: 17/01/2024		CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan					Management Group: Environmental Sustainability Group						
Progress RAG Key	A - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time	Key Actions Not Scheduled to Start		Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion	
Number of Key Actions	5		41	23	0	1		65	0	69	19	0	
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress April 2024 - April 2026	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
97	Estate Planning and Land Use Initiatives	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation - NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	Health Boards and Trusts should support localised initiatives to maintain green spaces on hospital sites for use by staff, the public and patients. Research widely notes the positive effect this can have on the mental and physical health of populations. Should land be required for development (which is sometimes unavoidable), equivalent mitigation (such as replacement planting, green space or a carbon sink) should be provided, ideally locally. Health Boards and Trusts may wish to work with organisations such as NHS Forest39 to develop green spaces, encourage biodiversity, develop localised carbon sinks and provide a space where the health and wellbeing of patients, staff and communities can be enhanced. These areas can also be used to aid recovery and social prescribing. Organisations should consider land use change and biodiversity enhancement projects as these will contribute to the overall carbon reduction targets. This should be done in line with their public sector biodiversity duty.	CTMUHB	1. Facilities maintaining green spaces at all sites although there have been restrictions with Covid-19 resulting in Grounds & Gardens Team having a reduced workforce. 2021/22, DW/WL. The 'CTMUHB Biodiversity and Ecosystem Resilience Plan' has been drafted and approved by the Health Board's Environmental Management Steering Group. The next stage will be to achieve Board approval of the plan in order for it to be fully endorsed by the organisation. Following consultation, this is planned to be undertaken when feasible under the Covid-19 pandemic and following alignment with CTM Decarbonisation Strategy. 3. Implement actions from approved 'CTMUHB Biodiversity and Ecosystem Resilience Plan'. Summary of key actions to be taken forward 2024-26. CTM with support from Facilities Capital/Estates, Bridgend Community Care Group Directorate and People Services Wellbeing work towards achieving and maintaining Glandryd Hospital Green Flag Award. To achieve the Glandryd Community Hospital site Green Flag award requires Bridgend Community Care Group Directorate to engage in the local community engagement required actions in the Green Flag Award audit plan and supported by the Facilities Grounds and Gardens site actions to prepare the site for the Green Flag Award assessment which will require to be arranged for a pre-audit assessment. There will also be a requirement for resources to support the grounds maintenance work. 4. Capital/Estates are taking forward the renewable energy generation scheme 'REFIT' (Tim Burns, Paul Lewis, Chris Lewis).	1. Facilities with support from Capital / Estates to maintain and encourage green spaces on hospital sites for use by staff, patients and visitors. - Action Complete. NHS Forest planted trees (c80) planted across the estate as part of Queen's Canopy. - Action Complete. 2. CTM with support from Facilities Capital, Estates, Workforce and Corporate to implement CTMUHB Biodiversity and Ecosystem Resilience Plan. Plan has been updated following pandemic by Planning and Facilities. Updated plan to be approved by the CTM Environmental Management Steering Group and CTM Decarbonisation Programme Board. (NH DW WL KS 05/09/2022). CTMUHB Biodiversity and Ecosystem Resilience Plan presented at CTM Decarbonisation Board and was approved on 11/01/2023. Actions from plan to now be implemented and monitored through the renamed CTM Environmental Sustainability Group moving forward. Charitable Funds have funded the installation of 22 benches for the Bridgend Region to promote staff and patient wellbeing. Benches have now been installed at POW, Maesteg, Glandryd and Tonteg sites.	Facilities, Estates, Low	G	01/01/2022	31/03/2024		
98	Estate Planning and Land Use Initiatives	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	Conduct feasibility assessments for large-scale renewables including solar PV and wind generation. Actively and collaboratively engage with Local Authorities and neighbouring landowners to scope opportunities and partnerships to share space and promote sustainable land use.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons.	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. At Heads of Terms HoT stages with MTCBC with intention to connect to solar farm at Pen Y Dre (Merthyr) by late Summer 2024. PPA (Power Purchase Agreement) signed with RCTCBC in October 2023 for development of solar farm near to RGH. Scheme planned for completion Autumn 2024 Working with BCBC to develop a commercial plan for a heat network and solar farm.	Estates	Medium	A	01/01/2022	31/03/2023	
99	Estate Planning and Land Use Initiatives	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	Proceed with renewable energy installation in all viable instances. 50% of identified viable potential must be installed by 2026, 100% of identified viable potential must be installed by 2030.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Estates have signed up to the Refit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate, which will include a PV gap analysis and car port PV projects if deemed feasible.	To seek and secure funding as required to implement recommendations from the Refit Decarbonisation Procurement Programme, including implementing PV and EV car ports. Refit ITT being published Apr-2023 for completion by the winning Refit service provider. Refit contract to be awarded in Q3-2023.	Estates	Medium	G	01/01/2022	31/03/2030	
100	Estate Planning and Land Use Initiatives	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	CTMUHB	To ensure appropriate maintenance schedule for renewable infrastructure/ generation	Plan of works established and mainstreamed within estates management to ensure PV solar installations are maintained. This is noted as a cost pressure currently, there are no external contracts to manage placed yet.	Estates	Low	A	31/03/2023		
103	Approach to Healthcare - Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Establish the proportion of the workforce that could feasibly work remotely (expected to predominantly be office-based staff). Actively encourage staff to work remotely where this can be feasibly achieved (it's recognised that in some parts of rural Wales this will not be possible without infrastructure upgrades).	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 09/08/2022 ICT: the significantly reduced capital allocation this year and next two years has a detrimental effect on the provision of ICT equipment to users to allow remote access, and also for any local works required to reposition the CTM estate for other uses. 09/03/2023 ICT: position as at last reporting. The capital allocation to CTM is a barrier to refresh and expansion of digital assets and systems. Investing in the underlying infrastructure to enable mobile working across CTM. Continuing to support as many staff as possible to work flexibly, as was the case during COVID. Awaiting further detail around an agile working policy, and also the findings of the Estate strategy. 15/12/2023 ICT: continuing to invest as noted in March 2023, and see ref 104.	ICT, OD	Low	G	01/04/2022	31/12/2022	
104	Approach to Healthcare - Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Where suitable, create hot desk environments to provide smaller office space and facilitate meeting spaces when required.	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 08/08/2022: See update against CTMUHB action 111. 09/03/2023: See update against CTMUHB action 111.	ICT, OD, Estates	Low	G	01/04/2022	31/03/2023	
105	Approach to Healthcare - Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Consider the future transformation of office space into additional healthcare facilities as required.	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 08/08/2022: See update against CTMUHB action 111. 09/03/2023: See update against CTMUHB action 111.	ICT, OD, Estates	Low	G	01/04/2022	Ongoing	
106	Approach to Healthcare - Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Continue opportunities to work with external partners to share and utilise office space to reduce travel requirements.	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 08/08/2022: See update against CTMUHB action 111. 09/03/2023: See update against CTMUHB action 111.	ICT, OD, Estates	Low	G	01/04/2022	Ongoing	
107	Approach to Healthcare - Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Build upon the progress made during the Covid-19 pandemic and maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and patient travel. It is acknowledged that this is not the case universally and traditional methods of care will be encouraged in scenarios where senior medical staff consider this more effective.	CTMUHB	Review the range of digital consultation and remote monitoring solutions and opportunities. Review the estate in line with the estates/accommodation strategy. Increase the ability of patients to interact with the service digitally via clinical portal and online booking solutions.	Participate in the national review of remote consultation digital solutions, such as Attend Anywhere. 09/08/2022: Awaiting update on national position 08/08/2022: National funding made available until April 2025, to continue to support current deployments. Awaiting details of any further opportunities. 15/03/2023: national funding has been reviewed, and looks set to end by April 2024, one year early.	ICT	Low	G	01/04/2022	Ongoing	
108	Approach to Healthcare - Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Continue to use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services. Also consider the opportunity for developing an NHS Wales app (similar to the NHS England app).	CTMUHB	Roll our online services which support patients accessing primary, community and hospital care to administer their appointments and care needs virtually as much as is possible. Extend the scope of WISE and our virtual triage and care delivery services. Increasingly deploy telehealth solutions for monitoring and patient support where clinically and cost effective to do so.	We are using a third party company to provide virtual outpatient appointments for our elective patients, greatly reducing the number who will require triage in the hospital outpatient setting. We have established WISE (a health promotion, re-conditioning and optimisation service) based on a digitally enabled virtual service model. We are actively supporting the roll out of the NHS Wales app by providing leadership of numerous committees. In addition we are evaluating the availability of a patient portal for primary care. 08/09/2022: No ICT update/ no change 09/03/2023: No further updates.	ICT (Stuart Morris)	Medium	A	01/04/2022	Ongoing	
109	Approach to Healthcare - Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.	CTMUHB	Continuous review of technology requirements for healthcare professionals, to ensure they are provided with the devices and solutions of best fit for their role. Deploy experience management tools, to ensure best use of technology and applications, and avoiding unnecessary replacement of hardware.	We have deployed a number of applications that support digital and mobile ways of working. This has been backed up by the change in our device inventory to be heavily biased towards lap top, ipads & smart phones and in our assessment of the software license types we need to purchase. We are migrating all users onto a new mobile device management platform which will improve access to the core medical record and digital support & clinical management tools. 09/08/2022: See update against CTMUHB ref 111. 15/03/2023: See update against CTMUHB ref 111.	ICT	Low	A	01/04/2022	Ongoing	
110	Approach to Healthcare - Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Develop a best practice approach for the use of digital technology and further explore digital consultation technology. In particular, align this with the Welsh future healthcare journey visions and the concept of providing care closer to home.	NWSSP, CTMUHB	Implement the best practice approach, based on evidence collated in earlier stages of implementation. Continuous feedback into the approach, developing as appropriate. Evaluate the roll out of digital histology and AI as a means for enabling online diagnosis	We have deployed a number of applications that support digital and mobile ways of working. This has been backed up by the change in our device inventory to be heavily biased towards lap top, ipads & smart phones and in our assessment of the software license types we need to purchase. We are migrating all users onto a new mobile device management platform which will improve access to the core medical record and digital support & clinical management tools. 08/08/2022: See update against CTMUHB action 111. 09/03/2023: See update against CTMUHB ref 111. 15/03/2023: See update against CTMUHB ref 111.	ICT	Low	A	01/04/2022	31/03/2023	
111	Approach to Healthcare - Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.	CTMUHB	Over 15 digital applications, including digitising the inpatient record, will be implemented or markedly upgraded in 2022/23. These run in parallel to a process for undertaking the business analysis and making the case for the implementation of core digital functionality such as e-prescribing and medicines management, single sign on, AI for diagnostic and imaging clinical support.	Baseline required improvements, including further rollout of digital patient notes (60k to date), options for managing the rollout of print services, e-for print services and digital transcription. 09/08/22: ICT continue to make progress in some areas, such as e-prescribing, however other areas require additional financial and staffing resources, e.g. print review/reduction/managed print services. 09/03/2023: No ICT update / no change 15/03/2023: HEPMA business case signed off by the Board, and submitted to WG.	ICT	Medium	A	01/04/2022	Ongoing	
113	Approach to Healthcare - Education Initiatives	39	Health education will be used to champion decarbonisation across our service - we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	Health Boards and Trusts will support sustainability working groups and wider collaboration with healthcare professionals across Wales and beyond (e.g. Doctors for Greener Health Care Networks).	CTMUHB	Support sustainability working groups and wider collaboration with healthcare professionals across Wales and beyond (e.g. Doctors for Greener Health Care Networks). Clear L&D offer to be developed	Green CTM established individual, practice, and departmental projects ongoing with links to all Wales networks (medicine management, Green Health Wales, etc.) Simply Do platform collecting sustainability ideas	Corporate, OD	Medium	A	01/04/2022	Ongoing	Ongoing
121	Approach to Healthcare - Healthcare and Medicines	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	Ensure medical gas capture technology is integral to all new builds and major refurbishments.	CTMUHB	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	Pharmacy, Estates	Low	A	01/04/2022	Ongoing	
122	Approach to Healthcare - Healthcare and Medicines	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	Actively engage with suppliers and disposal facilities to utilise suitable methods to capture left-over bottled nitrous oxide that is not used (estimated to typically be >30%) and ensure sensible disposal. It's not believed that technology is currently commercially available to enable re-use of this left-over gas.	All Wales Medicine Strategy Group	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	Pharmacy, Estates	Low	A	01/04/2022	31/12/2022	Action not applicable to Health Board, guidance only.
123	Approach to Healthcare - Healthcare and Medicines	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	Work with senior medical staff, the Welsh Respiratory Health Implementation Group, pharmacists, doctors and asthma nurses to create alignment and develop guidance for prescribers to encourage reviews of patients' requirements and ensure inhalers are suitably prescribed. Utilise current existing mechanisms such as national guidelines for COPD and asthma management, national apps and the national Welsh Standard educational packages to achieve this change through co-production. The aim of this is to reduce over-reliance on reliever/SABA inhalers and focus on improved patient understanding, non-pharmacological interventions such as smoking cessation, exercise and the correct use of preventative therapies. Avoiding the destabilisation of patients will be paramount.	All Wales Medicine Strategy Group, RHIG	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort. WG funding for 'sustainable innovation scholar' will push forward inhaler recycling, inhaler swapping to lower carbon footprint and medication management - to carry out work intensively with a specific RCT base GP community pharmacy in order to develop spread + scale approach to be implemented across CTMUHB. Digital tool developed to stratify asthma patients according to risk and identify those with the greatest SABA use, potential to be developed further for use in any Vision practice with input from Vision. An EMIS tool is also in development.	Community Pharmacy	Medium	A	01/04/2022	31/03/2024	
124	Approach to Healthcare - Healthcare and Medicines	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	All Wales Medicine Strategy Group, CTMUHB, RHIG	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort. WG funding for 'sustainable innovation scholar' will push forward inhaler recycling, inhaler swapping to lower carbon footprint and medication management - to carry out work intensively with a specific RCT base GP community pharmacy in order to develop spread + scale approach to be implemented across CTMUHB. Digital tool developed to stratify asthma patients according to risk and identify those with the greatest SABA use, potential to be developed further for use in any Vision practice with input from Vision. An EMIS tool is also in development. Encourage HCP completion of All Wales online learning (Asthma/COPD) with progress monitored using tutor dashboards. Ventolin is the biggest contributor to inhaler carbon footprint across the HB by a significant margin. The carbon footprint of a Salamol inhaler is half that of Ventolin. Technician led switch underway in the Rhondda Cluster and across Bridgend. Inhaler prescribing sessions completed with trainee GPs in Rhondda including encouraging use of low GWP inhalers at diagnosis where appropriate. Educational sessions also delivered at Bridgend GP prescribing Leads and to the Bridgend pharmacy team. Targeted pharmacist led asthma reviews switching to low GWP inhalers where appropriate and addressing SABA overuse.	Community Pharmacy	Medium	A	01/04/2022	31/12/2022	

Updated: 17/01/2024	CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan						Management Group: Decarbonisation Strategic Group Delivery Plan Senior Responsible Officer: Elle McNeil						
Progress RAG Key	R - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time		Key Actions Not Scheduled to Start	Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion	
Number of Key Actions	0		1	5	0		0	9	8	-2	7	1.33333333	
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress Q2 2022/23	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
1	Carbon Management Initiatives	1	Implement required governance - named Director required to report to Decarbonisation Board	Support the review of ENCO2de HTH 07-02 to develop best practice guidance to support carbon management in Welsh Health Boards and Trusts. Distribute this guide to Health Boards and Trusts upon	NWSSP, CTMUHB	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	No Cost	G	01/01/2022	01/04/2022	01/01/2022
1	Carbon Management Initiatives	1	'Action Plans' will be developed, which will form the basis of how organisations will implement Delivery Plan initiatives - these will be developed two-yearly and committed to within Integrated Medium-Term Commitment to 'Action Plan' implementation within Integrated Medium-Term	Develop 'Action Plans' specifically setting out how the initiatives will be implemented	CTMUHB	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Low	G	01/01/2022	31/03/2024	31/03/2024
22	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP	Continue to certify all CHP plant to the CHPQA programme to ensure efficient operation. Health Board will also report CHPQA compliance information and CHP maintenance spend through EPFMS when inputs increase	CTMUHB	The application for CHPQA has been successfully processed for the past 5 years and will continue in future.	The application for CHPQA has been successfully processed for the past 5 years and will continue in future. Ongoing - CHPQA audit is carried out on an annual basis at both PCH	Estates (Paul Lewis)	Low	G	Ongoing		
23	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	Increase CHP metric reporting on EPFMS to track CHPQA compliance and maintenance spend - this will be developed to understand compliance with this initiative.	NWSSP, CTMUHB	Action complete	Action complete	Estates (Paul Lewis)	Low	G	01/01/2022	31/03/2023	01/01/2022
24	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	No new natural gas CHP units will be considered going forward. For the existing known schemes, these will be subject to an options appraisal.	CTMUHB	There are no Estate plans to install new natural gas CHP units.	Existing CHP plant will continue to operate whilst still physically and financially operational. New installations of natural gas fueled CHP plant will not be approved.	Estates (Alan Martin, Paul Lewis)	Low	G	01/04/2022	31/03/2023	01/01/2022
33	New Builds and Major Refurbishment Initiatives	11	Develop and build low carbon buildings to net zero standard - engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	Continue in the short-term to ensure that all new buildings achieve a BREEAM 'Excellent' score and all refurbishments achieve a BREEAM 'Very Good' score.	CTMUHB	This is a standard element of the Welsh Government approval of schemes that progress under Designed for Life and for all schemes funded by Welsh Government. Action Complete	This is a standard element of the Welsh Government approval of schemes that progress under Designed for Life and for all schemes funded by Welsh Government. Action Complete	Capital (Rosie Cavill, Jeremy Holfield)	Low	G	01/04/2022	31/03/2030	31/03/2022
34	New Builds and Major Refurbishment Initiatives	11	Develop and build low carbon buildings to net zero standard - engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	All NHS organisations will adopt the agreed net zero approach for all new building designs and ensure new builds are certified to net zero. This will ensure: • Carbon in construction is identified and reduced as much as possible (e.g. low carbon building materials, replacement of onsite diesel generators with solar generators, etc.) • Carbon throughout the life of the building and resource use is reduced as much as possible (e.g. only the highest efficiency equipment can be utilised) • Renewable energy will be utilised on-site (e.g. solar PV and/or solar thermal on roofs)	CTMUHB	This is noted for all schemes moving forward and is a standard part of the Welsh Government Business Case requirement for schemes. Action Complete	This is noted for all schemes moving forward and is a standard part of the Welsh Government Business Case requirement for schemes. Action Complete	Capital (Rosie Cavill, Jeremy Holfield)	Low	G	01/04/2022	31/12/2022	31/03/2022
36	New Builds and Major Refurbishment Initiatives	12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages - and be responsible for ensuring the Net Zero Framework process is followed.	Ensure that each new build project has in place a suitably qualified client-side sustainability representative. They will be responsible for: • Providing due diligence support for the optimal low carbon design across all development stages • Ensuring the agreed net zero approach and accreditation process is followed	CTMUHB	This will need to be included in all tenders. The capital team will liaise with consultants to ascertain if inclusion of a specific requirement in the tender specification will suffice or a separate appointment with a detailed tender specification. It is expected that this will need to be an externally contracted response	This will need to be included in all tenders. Standard tender documentation is being reviewed to ensure that this is being included for all tendered schemes.	Capital (Rosie Cavill)	Low	G	01/04/2022	31/03/2024	31/03/2024
38	New Builds and Major Refurbishment Initiatives	13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings - this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	Consider the use of modular designs to standardise the construction approach and therefore minimise construction waste and transportation of construction machinery. This will be championed alongside designs incorporating efficient low carbon heat and a modern healthcare approach.	CTMUHB	This will be standard part of larger scheme development and is expected to be part of the AWCP D4L requirement	This will be standard part of larger scheme development and is expected to be part of the AWCP D4L requirement. This is an ongoing consideration for all capital schemes within CTM. Note - PCH Refurbishment Programme approval pre-dates this requirement	Capital (Rosie Cavill) / Capital PCH (Jeremy Holfield)	Low	G	01/04/2022	31/12/2022	31/12/2022
39	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	Health Boards and Trusts will undertake an activity to establish the Authorised Service Capacity (kVA) required at each new build and major refurbishment site to service additional capacity requirements for electric vehicle (EV) charging infrastructure (including staff, public and fleet vehicles). Once capacity is assigned to EV charging, it must not be removed at a later date (e.g. for site expansion).	CTMUHB	Capital and Planning teams are to collaborate with the Energy Team where significant increased demand is planned due to service change or redevelopment on a site by site basis, and engage with Western Power as early as possible to agree any increase in capacity, and understand any site constraints that might restrict the planned development.	Site capacities will require ongoing evaluation as additional site loads for new developments are added to the electrical infrastructure such as EV charging. Capacity increase investigated for PCH and was not available at this point in time. Future additional capacity reviews will be required at all sites that	Capital, Estates (Rosie Cavill, Paul Lewis, Gary Humphrey)	Medium	A	01/04/2021	31/12/2021	31/12/2021
43	New Builds and Major Refurbishment Initiatives	15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	Ensure all new or refurbished sites utilise low temperature heating systems with variable flow temperatures and a low carbon heat source. No new natural gas, oil or LPG boilers will be installed as a primary heat source going forward beyond those which are currently planned - fossil fuels may only be used as backup energy sources.	CTMUHB	It will be a requirement for all WG business cases that low carbon solutions are included. It will become standard policy for all smaller internal replacements that low carbon options are considered and selected wherever possible	It will be a requirement for all WG business cases that low carbon solutions are included. It will become standard policy for all smaller internal replacements that low carbon options are considered and selected wherever possible	Capital (Rosie Cavill, Jeremy Holfield)	Low	G	01/04/2021	31/12/2021	31/12/2021
55	Transportation Initiatives	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery- electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	Evaluate the advantages of obtaining corporate membership to local car clubs that utilise battery-electric and hybrid vehicles. Implement if deemed valuable.	CTMUHB	Action complete	Procurement to implement a car club scheme that utilises battery-electric and hybrid vehicles and implement if deemed valuable. Complete.	Facilities, Procurement (Wayne Lewis, Craig Edwards, AnnMarie Pritchard)	Low	G	01/04/2021	31/12/2022	31/01/2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cwm Taf Morgannwg Decarbonisation Action Plan Summary



Decarbonisation Action Plan 2023-24

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each, which has been assessed for the potential to help facilitate or directly reduce carbon emissions. The Strategic Plan builds to help on the policy position developed within the well-being of Future Generations (Wales) Act 2015, Environmental (Wales) Act (2016), Prosperity for All: A Low Carbon Wales (2019) and net Zero Wales (2021).

One of the key actions set out within the NHS Wales Decarbonisation Strategic Delivery Plan is for each organisation to have their own Decarbonisation Action Plan (DAP). The decarbonisation and wider sustainability agenda have become a driver for positive change and promotes innovative ways of working and forward thinking. The Health Board needs to challenge "business as usual" ways of working and exploit existing and emerging technologies to change the way it delivers its services; and to operate its premises portfolio more efficiently.

CTMUHB DAP also aligns to other key strategies such as the Estates Strategy, Agile Working Strategy and is key to the delivery of CTM2030.

By reducing energy consumption and carbon emissions, the Health Board will be making a positive contribution to the Welsh Government's aspiration for a net-zero carbon public sector by 2030.

Climate change represents a significant risk to the health board and the health and population we support. If reduction action is not delivered across society, we will see increased demand on our services from extreme weather events, more regular adverse business continuity events and increased air pollution, with impacts on respiratory health in particular. Our infrastructure will require significant investment and adaptation to cope with warmer summer temperatures, milder wetter winters and more intense rainfall events. The action we take to address climate change will lead to many co-benefits to our population including cleaner air, a more physically active population and improved mental well-being.

This DAP builds upon our previous plans in 2021 and 2022. Through the delivery of our DAP we aim to become more mature and carbon literate as an organisation.

NHS Wales Target

- Against a 2018/19 baseline of 1,001,378 tCO₂e
- Reduce emissions by 16% on/before 2025
- Reduce emissions by 34% on/before 2030

Although CTMUHB is making great progress, due to changes in baseline and methods of data collection, as well as resourcing pressures, the 16% target is unlikely to be met by 2025. This is in line with all other health boards across Wales.

Decarbonisation Action Plan Key Achievements (2022-24)

The Health Board has led and delivered some exciting, innovating and transformational carbon reduction projects. All reducing our environmental impact and improving the health and wellbeing of staff, patients and our wider communities. These are a few of our key achievements:-

Facilities

In February and June 2023 - CTM Environmental Management System was subject to ISO-14001 Stage 1 and Stage 2 external audit. The audit took place across acute and community sites, the Laundry and CPU over an 11 day period. Certification was successful with no major or minor non-conformities reported. Certification is in place until June 2026 (subject to annual surveillance audits in 2024 and 2025).

The Facilities Team are also raising awareness with support from the Communication Team on initiative "Rethink, Recycle, Repurpose", to encourage staff to support the Waste Reforms and Segregation Compliance.

The Environment Waste and Fleet team have been busy across all Health Board sites promoting waste and fleet management and signposting staff and visiting patients to vital and useful information. The team have shared information on clinical patient home collections, recycling equipment and to support the Health Boards transition in to Welsh Governments April 2024 single source workplace segregation strategy and the wider 2050 Net Zero targets.

Corporate

The environmental profile is raising within CTMUHB with regular Green meetings being held producing new ideas for future initiatives. The Green CTM staff-working group actively engages in developing our responses to the Welsh Government NHS decarbonisation plan.

The Health Board were successful and received £60,000 of funding from the Health and Social Care Climate Emergency National Programme. Using this, the Health Board successfully delivered the Green Scholar Scheme supporting a cohort of "Sustainable Innovation Scholars" to develop their understanding of sustainable healthcare and carbon reporting for a 6-month period. One Innovative Scholar was successful in winning an award at the NHS Wales Awards 2023 in the category of Working seamlessly across the Public and Third Sector.

The Green space intranet site developed by staff supports us all to understand climate change as individuals within health care settings. We actively encourage nominations for Green Champions.

The Diploma in energy and carbon management level 3 apprenticeship is now available to all staff.

Work on the Healthy Travel Charter has been signed off by the Health Board and is being progressed through Public Services Board. The Public Services Board has been awarded funding to develop a climate adaption plan for the region; CTMUHB will be a key partner in this work.

Digital

The Digital Team continued to rollout replacement and additional digital devices to users. The replacement of legacy digital infrastructure (servers and networks) has progressed. The team are actively engaging with suppliers around mapping out the current demand for printing, in order to implement a managed print service, leading to a reduction in printers and printed documents, which will reduce our carbon footprint.

The CTM Digital Team have used Aternity to improve digital services, reducing environmental impact and plan for the future.

Aternity is a platform that helps the Digital Team monitor and improve the end-user experience of all applications and devices within Cwm Taf Morgannwg. It can measure the performance of any application, whether it is web-based, cloud-based or traditionally installed, and any device, whether it is a desktop, laptop, tablet or mobile. It can also identify the root cause of any delays or issues, whether they are related to the network, the device or the application itself. This enables our support staff to quickly diagnose and resolve problems, and optimise the productivity of all staff who depend on digital tools.

- Using Aternity to measure the user adoption and satisfaction of new applications or features, and gather feedback from users.
- Using Aternity to benchmark our performance against industry standards and best practices, and identify areas for improvement.
- Using Aternity to support our remote and hybrid working models, and ensure that our staff have the best digital experience regardless of their location or device.

A third party company was commissioned to provide virtual outpatient appointments for our elective patients, greatly reducing the number who will require triage in the hospital outpatient setting. WISE (a health promotion, re-conditioning and optimisation service) has been established based on a digitally enabled virtual service model. The digital team are supporting the roll out of the NHS Wales app by providing leadership of numerous committees.

Estates & Capital

Estates have worked with Local Partnerships under the RE:Fit Cymru Framework and Welsh Government Energy Service programme, helping to make our buildings more energy efficient. Re:fit Cymru is an energy performance contract framework that enables the Welsh public sector to secure guaranteed savings and reduce carbon impacts by accessing Energy Performance Contracts (EPCs). The Estates Team published the Re:Fit Invitation to Tender in December 2023 and are currently going through the bidder selection process to select a preferred partner and award the contract by April 2024.

Solar PV (Photovoltaic) installations are now operational on 11 sites, which include Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda, Dewi Sant Health Park, Glanrhyd Hospital, Kier Hardie Health Park, New Surgery Pencoed, Porthcawl Primary Care Centre, Ty Lydiard, McMillan RGH and Ty Calon Lan in Mountain Ash. The Health Board has installed approximately 650kW of PV since 2022 with plans to continue this progress.

Cwm Taf Morgannwg and RCT County Borough Council have signed a Power Purchase Agreement for the supply of renewable energy from the proposed Coed Ely Solar Farm directly to the Royal Glamorgan Hospital, bringing the scheme a step closer to fruition. It is anticipated that the scheme will meet the full site demand on peak summer days, providing approximately 15% of the hospital's annual electricity requirements. This is enough energy to power 370 typical homes for a year, will save approximately 240 tonnes of CO₂ per year, and at costs significantly lower than grid-supplied electricity.

Medicines

The Pharmacy Team are working with the National Respiratory Health Implementation Group and NHS Wales Green Agenda Programme to implement a change towards prescribing lower carbon footprint inhalers. The aim is to reduce NHS Wales' carbon footprint by reducing the percentage of high-global warming impact inhalers (metered dose inhalers) prescribed, from 70% to less than 20%, by 2025. This work is being progressed by our local Respiratory Delivery group, primary and secondary care working with patients to help them understand how they can switch to inhalers in order to help tackle the climate crisis.

Practices are engaging with medicines management in a positive way to reduce the inhaler carbon footprint. The overall inhaler carbon footprint in CTM has seen a reduction over the last 4 quarters of 23%. Following intensive work from a respiratory pharmacist an individual practice within CTM has demonstrated a reduction of 34.6% in inhaler carbon footprint.

The health board has reduced Ventolin MDI usage by 54%. The team plan to replicate these changes with work being rolled out to further practices within CTM.

Next Steps

CTMUHB will continue to work actively on the delivery of the DAP for 2024-26. This includes, but isn't limited to the following:

Delivery against the Site Travel Plans developed by the Facilities team which includes active travel initiatives and solutions for each site. These plans will be reviewed to ensure they are in line with WG Legislations and Guidance. Fleet Transport Roadshows will continue in spring 2024 and will support with travel options and lower carbon options for staff including cycling routes. The estates team will be working on ensuring that adequate compartmentalised bicycle storage with adequate provision for electric bicycle charging is available across all sites within CTM. Active Travel options will be developed through the Regional Health Travel Charter.

The CTM Estates & Capital Department expects to award the Re:Fit contract and commence work with our preferred partner in April 2024. The Re:Fit programme will develop investment grade proposals leading to the delivery of a range of installations and upgrades of energy plant and equipment across our estate. These will be focussed on addressing the priorities identified within our Decarbonisation Action Plan and the NHS Wales Decarbonisation Strategic Delivery Plan.

Estates will continue to work in collaboration with all three neighbouring local authorities to progress opportunities for partnering on private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Solar farm schemes supplying RGH and PCH expected to be delivered in 2024-25 (subject to the local authorities leading the schemes)

Welsh Government has approved additional funding (through EFAB) for the continued installation of PV at Williamstown, the National Imaging Academy and the Glan Rhyd Hospital Sites. Potential total in excess of 500kW to be installed during 2024-25.

NWSSP are leading an all Wales project to address a number of challenges around EV charging infrastructure (EVCI) with Facilities, Estates and Procurement part of this group. Until the EVCI is in place a replacement ultra-low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25.

WG funding for 'sustainable innovation scholar' will push forward inhaler recycling, inhaler swapping to lower carbon footprint and medication management. The pharmacy team will carry out work intensively with a specific RCT base GP/ community pharmacy in order to develop a spread and scale approach, which will be implemented across CTMUHB.

CTMUHB Respiratory Delivery Group and Medical Gases Committee will continue developing plans to explore methods of minimising gas wastage and technologies to capture expelled medical gases. Work is being scoped to consider removal of existing N2O pipes/ manifold across the estate starting with POW as POW theatre development does not include N2O manifold in line with evolving practice.

Sustainable solutions to create value from plastic waste, delivering sustainable innovations that address plastic waste, reduce plastic pollution, support green growth, and population wellbeing. Fundamentally, shifting plastics in the direction of upstream solutions in the areas of production, infrastructure, processing, and future business models. This will help switch plastics from a linear model into a circular one, focusing on transforming the value chain and sharing the burden of accountability.

Agenda Item Number: 8.1.1

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board

Population Health & Partnerships Committee Held on Tuesday 7th November 2023 at 13:00 Via Microsoft Teams

Members Present:

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

In Attendance:

Greg Dix	Deputy Chief Executive/Executive Director of Nursing, Midwifery & Patient Care
Linda Prosser	Executive Director of Strategy & Transformation
Julie Denley	Deputy Chief Operating Officer – Mental Health, Primary Care and Community Services
Victoria Wallace	Deputy Director of Strategy & Partnerships
Lauren Edwards	Executive Director of Therapies & Health Science
Philip Daniels	Interim Executive Director of Public Health
Ana Llewellyn	Nurse Director, Mental Health & Learning Disabilities
Tracy Evans	Clinical Nurse Specialist, Primary Care (for agenda item 3.3)
Hannah Emanuel	Clinical Nurse Specialist, Primary Care (for agenda item 3.3)
Emma Walters	Head of Corporate Governance & Board Business

Agenda Item

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

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

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

1.2 **Apologies for Absence**

Apologies had been received from:

- Ian Wells, Independent Member
- Gethin Hughes, Chief Operating Officer

1.3 **Declarations of Interest**

There were none declared.

2. **CONSENT AGENDA**

2.1 **Consent Agenda Business**

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

3. **MAIN AGENDA**

3.1 **PHP Committee Action Log**

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

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

There were no matters arising.

3.3 **Shared Listening & Learning Story – Homeless Service**

A Llewellyn introduced T. Evans and H Emanuel who provided Members with a presentation on the Homeless Service.

L. Thomas queried how the Team would ensure drug compliance, for example and sought clarity as to whether support was in place from other services, for example, Social Care. T. Evans advised that the Team had close links with all social care services and with the pharmacies regarding multi-disciplinary working.

The Chair commented that this was an excellent example of a service that was making a difference to people's lives.

P. Daniels advised that homeless people did not engage typically with health and social care services and added that 75% of homeless people had physical health problems, 80% had mental health problems with only 45% being diagnosed. P Daniels queried whether the Team were linking in with other areas such as Cardiff with regard to inclusion health. T. Evans advised that they were not linked in but would be happy to look at this. P. Daniels advised that he would be happy to share the information and link in with them outside of the meeting.

M. Jehu referred to the projects that were being funded by the Police and Crime Commissioner helping people with addictions and substance misuse and offered to provide some contacts with regard to this.

J. Denley advised that this was a cluster project initially and was now being mainstreamed by primary care who provide support and funding in terms of sustainability for this work. J Denley added that the service had also received some funding from the Regional Partnership Board.

A Llewellyn advised that the service provided ensured that these individuals had a sleeping bag or a cup of coffee and acted as a conduit to ensure that the individuals had a health assessment undertaken.

G. Padmore-Dix congratulated T. Evans and H. Emanuel on their work and for their presentation which he felt was excellent and added that he would put them in touch with the Director of Nursing for Unscheduled Care to discuss how the emergency department could provide support.

The Chair thanked T. Evans and H. Emanuel for their presentation. The Chair added that the Committee reviewed lots of data, plans and strategies with their main question being '*what difference does it make*' and added that the presentation provided an insight into what a huge difference the service made with very limited resources and added that the Committee were very grateful for the work being undertaken and congratulated them on the award they had received.

Resolution: The Presentation was **NOTED**.

4. GOVERNANCE

4.1 Organisational Risk Register

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

Resolution: The report was **NOTED**.

5. CREATING HEALTH

5.1 Active Travel Charter

P. Daniels presented a report and presentation on the Active Travel Charter.

L. Thomas commented that whilst she was an advocate of this Charter, she advised that if the Health Board were going to champion this then she felt the Charter needed to be strengthened. Members noted that there had been a number of discussions held at the Board Development Sessions during the year in relation to some of the barriers that existed such as lack of cycle racks and showers for example. P. Daniels confirmed that Public Health Wales were working with a school in Merthyr Tydfil that was being re-developed to support them in designing safe routes to school, cycle storage

and showers. However, he advised that whilst he did take on board the point made, there was an increase being seen in relation to the introduction of cycle routes within Health Board and Local Authority areas.

M. Jehu commented that he was also an advocate of this and agreed with the comments made by L. Thomas. M Jehu referred to leadership, which he felt should come from young people and questioned whether this could be linked into the Children's Charter so that the children themselves were acting as leaders in changing this for the future.

The Chair commented that she agreed with the comments made by L Thomas and added that whilst it was evident that Members supported the Charter, it was felt that leadership and resourcing could be strengthened, with the need to build the ethos of the charter into key pieces of work.

P. Daniels advised that he would share the work that Cardiff and Vale University Health Board were leading on which would demonstrate evidence to the Committee in relation to the impact of active and sustainable Travel Charters outside of the meeting.

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

- Their commitment to the whole systems approach to Healthy Weights by supporting the development of an active travel charter in CTM.
- Give authorisation to the public health team to proceed with a proposal to the Public Service Board (PSB).
- That a member of the Board be identified who is willing to champion the Active Travel Charter concept to the PSB at their December 2023 meeting.
- That the Health Board commits to becoming a signatory of the Charter.

Action: To share the work by Cardiff & Vale UHB on active and sustainable travel charters with the Committee.

5.2 **Creating Health Strategic Pillar**

P. Daniels presented the report to Members which provided an update on progress with the development of the Creating Health Pillar.

The Chair commented that it was good to see all these areas being brought together and advised that it would be helpful to see the Implementation Plan at a future meeting and how this would translate into key pieces of work being undertaken. The Chair also advised that she would welcome the opportunity to observe a Strategic Board Meeting to gain an insight on the discussions being held.

Resolution: The Report was **NOTED.**

Action: To bring the Implementation Plan back to a future meeting of the Committee.

5.3 Health Protection Service

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

M. Jehu referred to the work being undertaken in relation to health protection and queried what the appetite for this was within the community. P. Daniels advised that he could not comment specifically on the community appetite, he advised that vaccination rates had dropped significantly this year which may be as a result of negative feedback being shared via social media channels. P Daniels advised that there was a lot of work underway in terms of understanding those behavioural insights into what people felt and what the barriers were for them engaging with the vaccination services.

L. Thomas commented that whilst she accepted that it would be difficult for the Team to address the wider population issue in relation to vaccinations it was within the health boards control to address the workforce issues to deliver this. P. Daniels, in response, advised that part of the issue was in relation to funding and capacity and that the Team should know what funding would be available for next year by the end of this year once the allocation letter was received from Welsh Government.

The Chair advised that this could be a potential organisational risk in relation to the challenges faced by the vaccination programme and it was agreed that the risks needed to be reviewed to determine whether they needed to be escalated to the Organisational Risk Register as appropriate.

Resolution: The report was **NOTED**.

Action: To review the risks in relation to the vaccination programme and escalate to the Organisational Risk Register, if required.

6. IMPROVING CARE

6.1 Primary Care Strategic Update

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

The Chair thanked J. Denley for her report and advised that it would be helpful for herself and some newer members of the Committee if they could receive a report on the Clusters and the Accelerated Cluster Development at a future meeting. J. Denley confirmed that she would be happy to present a report at a future meeting regarding this and added that the report could include some of the history and where the service currently is in terms of progress.

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

Action: To receive a report on the Clusters and Accelerated Cluster Development at a future meeting of the Committee.

7. **SUSTAINING OUR FUTURE**

7.1 **CHOICE -Year 3 Service Report**

P Daniels presented the report to Members and highlighted key updates.

P. Daniels suggested that the Committee could receive a further update on the service by way of a patient story. The Chair agreed that she would welcome this and referred to the difficult financial decisions that were having to be made and what this would mean in terms of moving forwards with the service. P Daniels advised that whilst funding had been received for four years, it did create a challenge with staff seeking more security regarding their posts.

Resolution: The report was **NOTED**.

Action: To receive a further update via a Patient Story at a future meeting of the Committee.

7.2 **Regional Partnership Board Further Faster Pathway Update**

L Prosser presented the report that provided the Committee with an update on the progress made to date with the Further Faster Pathway Programme of work.

J. Denley also provided an update on the primary care element of the work being undertaken by the team.

L. Thomas commented that this was the future of care completely and suggested that it could be quite useful if the Team engaged with one of the specialist community services who sit outside of the acute sector in England and particularly engaged with the National Lead on community Services. J. Denley confirmed that this would be helpful.

L. Thomas referred to some challenges within the report such as telehealth and advised that she was conscious of the maturity around that, particularly in terms of the electronic patient records which were not quite where they were in comparison to some part of England and secondly the workforce challenges that had a heavy reliance on the therapeutic workforce. J. Denley advised that there were some products coming out Nationally and added that the Team were also looking at using a measure such as 'Healthy Days at Home'. J Denley added that it had been developed regionally and should not be too difficult to implement, however, mechanisms would need to be put into place to ensure that the measures were clear. J Denley also advised

that workforce would always be a challenge in terms of the therapeutic workforce.

L. Edwards, responding to the challenges with workforce, advised that with regard to therapies there could be an opportunity to undertake some creative thinking about staffing within the services and what skill sets were in place, ensuring that there was a balance of core skills in a range of different professions.

The Chair advised that she did not underestimate the challenges outlined and noted that there would be a detailed Implementation Plan developed which would be helpful for the Committee to receive at a future meeting.

Resolution: The report was **NOTED**.

Action: To receive the Implementation Plan once developed at a future meeting.

7.3 Building Healthier Communities Group Update

L. Prosser and V. Wallace provided an update on progress on the establishment of the Building Healthier Communities and the portfolio of work being undertaken.

The Chair thanked L. Prosser and V. Wallace for the update and advised that the report referred to workshops which were excellent in generating enthusiasm, ideas and actions, but not always that good at seeing them through, and added that it would be good to see how this progresses and what the impact of those actions would be.

L. Prosser advised that this was why they wanted to bring a whole range of different work streams together under one banner as there was previously an overlap between them all and they were now looking at this differently as the statutory sector and to shift the culture away from how it was previously.

Resolution: The report was **NOTED**.

7.4 Regional Partnership Board (RPB) Annual Report

L Prosser presented the RPB Annual Report for 2022-23.

Resolution: The report was **NOTED**.

7.5 Area Public Board and Public Service Board

P Daniels provided a verbal update on the Area Public Board and Public Service Board.

Resolution: The report was **NOTED**.

7.6 Green Scholar Programme

L. Prosser and V. Wallace presented the report that provided an update on progress with the Green Scholar Programme of work.

L. Thomas queried whether there was an opportunity to cross reference this with the Charitable Funds Committee as it could be something that would be worth reviewing through a slightly different lens in relation to the funding for it and added that this could also be an area of focus for the Fundraising Manager once in post given this has good green credentials for attracting funding. L Thomas suggested that they speak to the Chair of the Charitable Funds Committee with regard to this.

M. Jehu suggested there was a potential to link up with other organisations to support the green scholars, and referred to the active travel report and the fact that children were now walking to school as opposed to being driven. M Jehu advised that a number of parents were concerned about community safety and suggested that it may be helpful to engage with local police officers in regard to this piece of work.

Resolution: The report was **NOTED**.

8. CONSENT AGENDA

8.1 ITEMS FOR APPROVAL

8.1.1 Unconfirmed Minutes of the Meeting held on 2nd August 2023

Resolution: The Minutes were **APPROVED**.

8.2 ITEMS FOR NOTING

8.2.1 Outcome of the Committee Self-Assessment Survey & Improvement Plan

Resolution: The Self-Assessment Survey and Improvement Plan was **NOTED**.

8.2.1 Post Payment Verification Mid-Year Update (Primary Care Element)

Resolution: The report was **NOTED**.

8.2.2 Strategy Groups Update

Resolution: The report was **NOTED**.

9. OTHER MATTERS

9.1 Forward Work Plan

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

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

9.2

Committee Highlight Report to Board

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

9.3

Any Other Business

There was none to report.

9.4

How did we do today?

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

10.

Date of Next Meeting:

7th March 2024 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH AND PARTNERSHIPS 'IN COMMITTEE'
HELD ON 7 NOVEMBER 2023, AS A VIRTUAL MEETING WHICH
WAS HELD VIA MICROSOFT TEAMS**

PRESENT:

Carolyn Donoghue	Independent Member (Chair)
Lynda Thomas	Independent Member (Vice Chair)
Mel Jehu	Independent Member

IN ATTENDANCE

Greg Padmore-Dix	Deputy Chief Executive/Executive Director of Nursing, Midwifery & Patient Care
Linda Prosser	Executive Director of Strategy & Transformation
Julie Denley	Deputy Chief Operating Officer – Mental Health, Primary Care and Community Services
Victoria Wallace	Deputy Director of Strategy & Partnerships
Lauren Edwards	Executive Director of Therapies & Health Science
Philip Daniels	Interim Director of Public Health
Emma Walters	Head of Corporate Governance & Board Business

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from:

- Gethin Hughes – Chief Operating Officer
- Ian Wells – Independent Member

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. MAIN AGENDA

2.1.1 Vaccination & Immunisation Strategic Plan & Equity Plan

P. Daniels presented the Vaccination & Immunisation Strategic Plan and Equality Plan.

The Committee discussed a potential organisational risk in relation to the challenges faced by the vaccination programme and agreed to review the risks with a view to escalation to the Organisational Risk Register as appropriate.

Resolution: The Committee **ENDORSED** the Strategic Plans for **BOARD APPROVAL**.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

There was none.

3.1.2 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The Chair advised that the date of the next meeting would be the 7th March 2024.

UNCONFIRMED



Agenda Item

8.1.3

Population Health & Partnerships Committee

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

Dyddiad y Cyfarfod / Date of Meeting	07/03/2024
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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation /Background

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

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

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

4. Assessment

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



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

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

5. Recommendation

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



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University Health Board

6. Next Steps

6.1 There are no next steps required.

Population Health & Partnerships Committee

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

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

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

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

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

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

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

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

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

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

POPULATION HEALTH & PARTNERSHIPS COMMITTEE- FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Action from November 2023 meeting	Additional Item	Share Listening & Learning Story – CHOICE Project	Interim Director of Public Health	7 March 2024
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
Request via email	Additional Item	Decarbonisation Action Plan	Executive Director of Strategy & Transformation	7 March 2024
Agreed at agenda planning meeting	Additional Item	Partnership Boards Remit & Responsibilities	Executive Director of Strategy & Transformation	7 March 2024
Annual Cycle of Business 2024-25	Annual Item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 March 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	1 May 2025
Annual Cycle of Business 2024-25	Annual Item	Review of the Committee Terms of Reference	Director of Governance/Board Secretary	1 May 2024
Annual Cycle of Business 2024-25	Annual Item	Director of Public Health Annual Report	Interim Director of Public Health	1 May 2024
Action from November 2023 meeting	Additional Item	Accelerated Cluster Development	Deputy COO/Director of Primary,	1 May 2024

			Community, MH & LD	
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
Action agreed at November 2023 meeting	Additional Item	Regional Partnership Board Further Faster Pathway – Implementation Plan	Executive Director of Strategy & Transformation	13 November 2024

Completed Activity from the Forward Work Programme

Requested via agenda planning meeting	Additional Item	Green Scholar Programme	Executive Director of Strategy & Transformation	7 November 2023 - Completed
Annual Cycle of Business 2023-24	Annual Item	Post Payment Verification Annual Report (Primary Care Element for noting)	Director of Finance & Procurement	7 November 2023 - Completed
Annual Cycle of Business 2023-24	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	7 November 2023 – Completed
Requested via email.	Additional Item	Creating Health Strategic Pillar	Director of Public Health	7 November 2023 – Completed
Requested at Agenda Planning meeting October 2023	Additional item	Shared Listening & Learning Story – Homelessness Service	Director of Primary, Community, MH & LD	7 November 2023 - Completed
Requested at Agenda Planning meeting October 2023	Additional Item	Vaccination & Immunisation Strategic Plan and Equity Plan	Director of Public Health	7 November 2023 – Completed
Requested at Agenda	Additional item	Health Protection Service	Director of Public Health	7 November 2023 – Completed

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