

# Strategic Development Committee

Tue 12 May 2026, 13:00 - 16:00



## Agenda

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

5 min

*Kath Palmer, Committee Chair*

#### **1.1. Welcome & Introductions**

*Information Kath Palmer, Committee Chair*

#### **1.2. Apologies for Absence**

*Information Kath Palmer, Committee Chair*

#### **1.3. Declaration of Interest**

*Information Kath Palmer, Committee Chair*

### 13:05 - 13:05 **2. CONSENT AGENDA BUSINESS**

0 min

*Kath Palmer, Committee Chair*

The Committee Chair will ask if there are any items from the Consent Agenda (Section 9) that Committee Members wish to bring forward to the main agenda for discussion

### 13:05 - 13:10 **3. PRELIMINARY BOARD MATTERS**

5 min

#### **3.1. Action Log**

*Kath Palmer, Committee Chair*

 3.1 Action Log SDC 12 May 2026.pdf (7 pages)

#### **3.2. Matters Arising not contained within the Action Log**

*Kath Palmer, Committee Chair*

### 13:10 - 13:30 **4. SHARED LISTENING & LEARNING STORY**

20 min

#### **4.1. Listening & Learning Story - Population Health Management**

*Discussion Sam Roberts, Senior Public Health Practitioner & Maura Matthews, Senior Public Health Practitioner*

 4.1 Shared Listening & Learning Pop Health Mmt SDC 12.05.26.pdf (8 pages)

### 13:30 - 13:35 **5. STRATEGIC PILLAR - INSPIRING PEOPLE**

5 min

#### **5.1. People Plan - Verbal Update**

*Discussion Hywel Daniel*

13:35 - 14:35  
60 min

## 6. STRATEGIC PILLAR - IMPROVING CARE

### 6.1. Board Assurance Framework - To follow

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

To focus on the Strategic Risks assigned to the Strategic Development Committee

### 6.2. Strategic Clinical Services Plan (Strategy Deployment) - To follow

*Discussion* Claire Thompson, Executive Director of Strategy & Transformation

This item to include metrics and milestones and the outputs of the Board Development Session held on 23 April 2026

#### 6.2.1. Focus on Primary and Community Care Transformation and Community by Design

*Discussion* Julie Denley, Deputy Chief Operating Officer

 6.2.1 SCSP PCCT Update SDC 12 May 2026.pdf (2 pages)

#### 6.2.2. Fragile Services/Reconfiguration - To follow

*Discussion* SCSP Programme Director

#### 6.2.3. Integrated Community Care Services

*Discussion* Matt Jenkins, Regional Integrated Services Director

 6.2.3 SCSP ICCS SDC 12 May 2026.pdf (7 pages)

#### 6.2.4. Mental Health Services Transformation - To follow

*Discussion* Clare Williams, Care Group Director

To include an update on Mental Health IMTP

### 6.3. Regional Working for Clinical Services

*Discussion* Claire Thompson, Executive Director of Strategy & Transformation

To include:

- An update on the Approval of the OBC for Llantrisant Health Park
- Clinical Services Plans in these areas: Ortho, Ophthalmology, Stroke, Diagnostics, Pathology

 6.3 Partnership Working SE Wales SDC 12 May 2026.pdf (10 pages)

### 6.4. COMFORT BREAK - 10 Minutes

14:35 - 15:20  
45 min

## 7. STRATEGIC PILLAR - CREATING HEALTH

### 7.1. Work Plans of the Strategy & Transformation Work Groups to support Building Healthier Communities Together

*Discussion* Claire Thompson, Executive Director of Strategy & Transformation

To include: Corporate Projects such as Diabetes, Frailty Anchor Organisation

### 7.2. Strategic Initiative: Partnership Working

#### 7.2.1. Regional Partnership Board Update

*Discussion* Claire Thompson, Executive Director of Strategy & Transformation

 7.2.1 RPB Update SDC 12 May 2026.pdf (8 pages)

## **7.2.2. Public Services Board Update**

*Discussion Philip Daniels, Executive Director of Public Health*

 7.2.2 Public Service Board Report SDC 12 May 2026.pdf (6 pages)

## **7.2.3. Area Planning Board Update**

*Discussion Philip Daniels, Executive Director of Public Health*

 7.2.3a APB Highlight Report SDC 12 May 2026.pdf (4 pages)

 7.2.3b Appendix 1 APB Highlight Report SDC 12 May 2026.pdf (1 pages)

## **7.2.4. Creating Health Annual Report (including Delivery Plan Refresh)**

*Decision Philip Daniels, Executive Director of Public Health*

 7.2.4 Creating Health Annual Report 25-26 SDC 12 May 2026.pdf (37 pages)

15:20 - 15:40  
20 min

# **8. STRATEGIC PILLAR - SUSTAINING OUR FUTURE**


## **8.1. Three Year Financial Outlook - To follow**

*Discussion Sally May, Executive Director of Finance*

## **8.2. Healthy Weights Strategic Plan**

*Decision Philip Daniels, Executive Director of Public Health*

 8.2a Healthy Weight Strategic Plan Report SDC 12 May 2026.pdf (6 pages)

 8.2b Healthy Weight Strategic Plan v 2.1 SDC 12 May 2026.pdf (34 pages)

15:40 - 15:50  
10 min

# **9. CONSENT AGENDA**

## **9.1. For Approval**

*Information Kath Palmer, Committee Chair*

### **9.1.1. Unconfirmed Minutes of the Meeting held on 11 February 2026**

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

 9.1.1 Unconfirmed Minutes 11.02.26 SDC 12 May 2026.pdf (16 pages)

## **9.2. For Noting**

### **9.2.1. Annual Cycle of Business**

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

 9.2.1a Annual Cycle of Business cover report SDC 12 May 2026.pdf (4 pages)

 9.2.1b Annual Cycle of Business SDC 12 May 2026 v3.pdf (6 pages)

### **9.2.2. Non Routine Board Business (Forward Plan)**

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

 9.2.2 Forward Work Plan - SDC 12 May 2026.pdf (3 pages)

15:50 - 15:55  
5 min

# **10. CLOSE OUT BUSINESS**

## **10.1. Any Other Business**

*Discussion*                      *Kath Palmer, Committee Chair*

## **10.2. Meeting Feedback**

*Discussion*                      *Kath Palmer, Committee Chair*

Is there anything we should do more or less of?

Have we managed our time well and allowed open and balanced discussion?

Have we considered our values and acted in a way that supports embedding our values across CTM?

Have we maintained a strategic focus? Have we received sufficient assurance from a range of sources?

Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

## **15:55 - 15:55 11. Private/Closed Session Business**

0 min

*Information*                      *Kath Palmer, Committee Chair*

The following item will be received in closed session:

Maesteg Community Hospital Development Update

## **15:55 - 15:55 12. Date and Time of Next Meeting**



0 min

*Information*                      *Kath Palmer, Committee Chair*

The next meeting will be held on Tuesday 11th August at 1:00 pm

OPEN ACTIONS: Strategic Development Committee Action Log (as at 09.03.2026.26)

Name Comm		Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board							
Date of action from			Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Strategic Development Committee 11th February 2026	3.1 Action Log	Page 2	Action Log	Query whether two actions (Strategic Equality Plan and Financial Position) could be closed, noting that both had been incorporated into the annual cycle of business. Agreed to review these outside of the meeting.	Head of Corporate Governance & Board Business & Executive Director of Strategy and Transformation	Executive Director of Strategy and Transformation	mai-26	Proposed for Closure	Both items have been Added to the Annual Cycle of Business
Strategic Development Committee 11th February 2026	4.2.1 Strategic Clinical Services Plan Updates - Primary & Community Care Transformation	Page 4	Community by Design Update	To bring a dedicated update/slides on Community by Design to a future committee meeting.	Director of Primary, Community and Mental Health	Director of Primary, Community and Mental Health	mai-26	Open	Added to Forward Work Plan
Strategic Development Committee 11th February 2026	4.2.1 Strategic Clinical Services Plan Updates	Page 4	Mental Health Transformation Next Step	To bring back an updated view of the Mental health IMTP at a future meeting	Service Director for Mental Health and Learning Disabilities	Executive Director of Strategy and Transformation	mai-26	Open	Added to Forward Work Plan
Strategic Development Committee 11th February 2026	4.2.2 South East Wales Regional Working for Clinical Services	Page 5	Clinical Executive Engagement on Regional Joint Committee (RJC) Work	Chris Dawson-Morris and Jenny Winslade (via Claire Thompson) to ensure the Clinical Execs are sighted on RJC work before items go to the RJC.	Director South East Wales Regional Collaborative	Executive Director of Strategy and Transformation	mai-26	Open	Chris Dawson-Morris to update
Strategic Development Committee 11th February 2026	4.2.2 South East Wales Regional Working - Llantrisant Health Park Update	Page 5	Llantrisant Health Park Update	LHP (Llantrisant Health Park) Phase 2 OBC Updates - work needed to update OBC with additional workforce, operational and orthopaedic detail before Welsh Government review.	Executive Director of Strategy and Transformation	Executive Director of Strategy and Transformation	mai-26	Proposed for Closure	OBC updated and submitted to Welsh Government on Wednesday 25 February. Awaiting feedback from Welsh Government.
Strategic Development Committee 11th February 2026	4.3 Update on the Maesteg Community Hospital Development	Page 5 & 6	Maesteg Hospital Development	Board options for Maesteg redevelopment to be presented after the pre-election period (May).	Assistant Director of Transformation	Executive Director of Strategy and Transformation	mai-26	Proposed for Closure	Report to be received in the In Committee session for the May meeting, prior to a report being received at the Public Board Meeting on the 21 May 2026
Strategic Development Committee 11th February 2026	5.2 Population Health Management	Page 9	Population Health Management	Population Health Management to be escalated to Board level for further consideration and oversight	Executive Director for Public Health	Director of Corporate Governance/Board Secretary	mai-26	Proposed for Closure	Contained within the Committee Highlighted Report for the March 2026 Board Meeting
Strategic Development Committee 11th February 2026	5.3.1 Strategic Initiative: Regional Working	Page 10	Regional Partnership Board Update	Children and young people remain visible within system level planning and Board oversight	Executive Director of Strategy and Transformation	Director of Corporate Governance/Board Secretary	mai-26	Proposed for Closure	Contained within the Committee Highlight Report that was presented the March 2026 Board Meeting

Date of action from	 		Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Strategic Development Committee 11th February 2026	5.3.2 Regional Partnership Annual Report	Page 11	Regional Partnership Annual Report	Clarification required on the timing of the 2025/26 Regional Partnership Board Annual Report for it to be added to the forward planner.	Strategic Lead for Children, RCTCBC	Executive Director of Strategy and Transformation	mai-26	Proposed for Closure	RPB to sign off 2025-26 Annual Report at their July 2026 meeting.  Added to Annual Cycle of Business.
Strategic Development Committee 3rd July 2025	6.6 Strategic Equality Plan 2024/2025	Page 9	Strategic Equality Plan 2024/2025	People Directorate to link in with Corporate Governance to plan a Board Development Session specifically on the SEP	Corporate Governance & Executive Director for People	Corporate Governance & Executive Director for People	feb-26	Proposed for Closure	
Strategic Development Committee 3rd July 2025	6.4 CTM Area Planning Board	Page 8	CTM Area Planning Board	(Committee Chair), Executive Director of Public Health and Chief Operating to arrange a separate meeting to explore integration opportunities with the mental health transformation programme, focusing on approaches to address underlying causes and better support the health needs of younger populations.	Executive Director of Public Health	Executive Director of Public Health	okt-25	Open	The Team are in the process of finalising the Mental Health Needs Assessment, which includes CYP mental health needs/provision. Once this is completed, we will organise a meeting with DPH, COO and Chair.
Strategic Development Committee 1 October 2025	7,1	Page 12	Strategic Financial Planning and Impact	To add to the Committee Cycle of Business for the Committee to receive the report on an annual basis.	Director of Corporate Governance/Board Secretary	Executive Director of Finance	feb-26	Proposed for Closure	The Annual Cycle of Business has been reviewed and approved and will be presented to the May meeting of the Committee for noting.

CLOSED ACTIONS: Strategic Development Committee Action Log

Name of Meeting: Strategic Development Committee

Comm  
Date of action from



Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Date of action from	Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update	
Strategic Development Committee 1 October 2025	4,1 Page 3	Board Assurance Framework - Strategic Risks	To review the narrative to Strategic Risk 1b in relation to Ambulance Handovers, Patient Waits and Boarding.	Chief Operating Officer	Chief Operating Officer	mar-26	Closed	The team have updated the BAF which is awaiting formal sign off from the Chief Operating Officer for the next iteration to be presented to the March 2026 Board Meeting.
Strategic Development Committee 3rd July 2025	5,6 Page 7	Llantrisant Health Park Business Case - Verbal Update	The Committee requested further updates on the Business Case to be provided at future Committee Meetings.	Deputy Director of Strategy and Partnerships	Executive Director of Strategy & Transformation	nov-25	Closed	Update received as part of the SEW Regional Working for Clinical Services for February 2026
Strategic Development Committee 3rd July 2025	5,5 Page 6	Maesteg Community Hospital Development	Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future Committee meetings	Assistant Director of Transformation	Executive Director of Strategy & Transformation	okt-25	Closed	Update planned for EO Public Board in March 2026 and the Committee received an update at the February meeting.
Strategic Development Committee 3rd July 2025	5,1 Page 3	Mental Health Transformation Programme	Provide a comprehensive update on the Mental Health Transformation Programme at a future Committee meeting - to be added to the Forward Work Plan.	Service Director, Mental Health & Learning Disabilities	Chief Operating Officer	feb-26	Closed	Received at the February 2026 meeting
Strategic Development Committee 1 October 2025	5.8.1 Page 9	Director of Public Health Annual Report 2024-25	To share the Public Health Wales report outside of the meeting.	Executive Director of Public Health	Executive Director of Public Health	feb-26	Closed	The DPH Annual Report has been shared.
Strategic Development Committee 1 October 2025	5,6 Page 7	Diabetes 5yr Strategic Action Plan	To share information outside of the meeting in relation to primary prevention and the healthy school's programme.	Executive Director of Public Health	Executive Director of Public Health	feb-26	Closed	Report was shared via email 12.02.26
Strategic Development Committee 1 October 2025	5,1 Page 3	Our Strategy (CTM2030) Deployment	Members to review the foundational products slides and to feedback to C. Thompson.	Executive Director of Strategy and Transformation	Executive Director of Strategy and Transformation	feb-26	Closed	Feedback provided and SDC to be updated as part of the 2026/27 IMTP
Strategic Development Committee 16 January 2025	6.6 - Health Protection Strategic Update Page 9	Vaccination Programme	Explore the availability of data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	apr-25	Closed	An update was received outside of the meeting and has been circulated to Members. It is proposed to close this action.  The Executive Director of Public Health updated the Committee, stating he would discuss with the vice chair upon her return.
Strategic Development Committee 16 January 2025	6.2 - RPB Update Page 7	Format of future updates.	Future reports to provide a provide a breakdown of the £22m allocation to teams and when available the priorities of the RPB and how these dovetail CTMUHB Plans.	Linda Prosser, Executive Director of Strategy & Transformation	Linda Prosser, Executive Director of Strategy & Transformation	apr-25	Closed	COMPLETED AT APRIL 2025 COMMITTEE MEETING

People & Culture Committee April 2024  Revisited at the Strategic Development Committee - 16 January 2025	5.2 Strategic Equality Plan  Action Log	Pages 3 & 4  Page 2	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Hannah Williams, Assistant of OD and Wellbeing	Executive Director for People	apr-25	Closed	At the Committee meeting on the 16.1.2025 - C. Donoghue sought clarity on the current status of the gender pay gap investigation as the position was not clear from the narrative within the Action Log. H. Daniel agreed to review the action with the team outside of the meeting and revert to the Committee with an update.  <b>UPDATE:</b> April 2025, an update was received outside of the meeting and circulated to Members via Email. Propose to close
Strategic Development Committee 16 January 2025	7.3 - Digital and Data Strategy / Strategic Digital Transformation Programmes	Page 11	Digital Delivery Road Map and Funding Allocations	Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Stuart Morris, Director of Digital	Stuart Morris, Director of Digital	Added to forward Work Plan	Closed	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	6.5 - Healthy Travel Charter	Page 9	Future Updates	Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to SDC Cycle of Business for January as the annual update.	Closed	Propose to close from action log as captured Cycle of Business.
Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Future Updates	Forward work plan to note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to forward Work Plan	Closed	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	5.1 - ACSP	Page 3	ACSP to a Board Development Session	Governance Team to add the Acute Services Clinical Plan to the Forward Work Plan for a future Board Development Session.	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)  Director of Corporate Governance (BD Topic Planning)	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)  Director of Corporate Governance (BD Topic Planning)	Added to Board Development topic list	Closed	Propose to close from action log as captured in Board Development Programme topic List.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Stuart Morris, Director of Digital	Director of Digital	jan-25	Closed	Patient Centred Contact requirement included in IMTP submission for 2025/2026
Digital and Data Committee meeting August 2024	3.2 Spotlight Topic	Pages 3-4	Spotlight Topic: Progress on Digital and Data Programmes	Research and conduct a comprehensive analysis of figures around the Digital Maternity Programme.	Director of Digital / Assistant Director for Digital Transformation F11:G11	Director of Digital	jan-25	Closed	National Digital Maternity Programme suspended. Health Board to proceed with local procurement.

Digital and Data agenda planning session 15 July 2024	N/A	N/A	Spotlight Topic: Digital from a Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	jan-25	Closed	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Director of Digital	Director of Digital	jan-25	Closed	Patient Centred Contact requirement included in IMTP submission for 2025/2026
People & Culture Committee April 2024	5.2 Strategic Equality Plan	Pages 3 & 4	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Assistant of OD and Wellbeing	Assistant of OD and Wellbeing	jan-25	Closed	<ul style="list-style-type: none"> <li>Data analysis showed that the pay gap is (as the original report speculated) due to proportionally more women in lower banded clinical and non-management roles, and more part-time workers. We are in discussions currently about how to best support colleagues (including their development and readiness) this will form part of the OD, L&amp;D and Inclusion workplans during 2025/26</li> <li>In terms of awards: the main awards are being incorporated into the pay scale (no longer as an award, including the same incremental payment points for part-time staff). Therefore, this will not impact the gender pay gap data in future.</li> <li>Clinical Excellence Awards (CEAs) and the new National Clinical Impact Awards are for consultants and are allocated within England and Wales, and sifted twice at a National level. CTM does not have power of awarding these and only receives 1-2 of these awards per year. The low awarding rate means this will have little impact on the gender pay gap. As this is a national award, CTM do not</li> </ul>
Population Health & Partnerships Committee Meeting 1 August 2024	5.1 Population Health Management	Page 3	Population Health Management Programme Update	To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed	Propose to close - received as part of the Primary Care Strategic Update at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting 1 August 2024	5.2 Health Protection System	Page 3	Health Protection System	To bring a further update on staff vaccinations back to the Committee to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed	Proposed to close - received as part of the Health Protection Report at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting - November 2023	5.1 Active Travel Charter	Pages 3 & 4	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Director of Public Health	Executive Director of Strategy & Transformation	jan-25	Closed	The implementation plan is going to the SDC January 2025 Committee and will be going to EMB at the end of January.
Population Health & Partnerships Committee Meeting - May 2023	02/23/11	Page 7	Primary Care Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Chief Operating Officer	Chief Operating Officer	jan-25	Closed	In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.

Population Health & Partnerships Committee - November 2024	5,1	Page 4	Director of Public Health Annual Report - Diabetes	To check if the outcome of the Board to Board session had been circulated to all Independent Members	Head of Corporate Governance & Board Business	Director of Public Health	jan-25	Closed	Propose to close - the outputs from the Board to Board meeting held on 27 June have been shared with Board Members.
Population Health & Partnerships Committee - May 2023	7.2 Regional Partnership Board Further Faster Pathway Update	Page 7	Regional Partnership Board Further Faster Pathway update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	jan-25	Closed	Propose to close - received at the November 2024 PHP committee meeting
Strategic Development Committee 16 January 2025	3.1 Action Log - Vaccination Programme	Page 2	Vaccination Programme	Lessons Learnt and future approach to be shared with the Committee	Philip Daniels, Executive Director of Public Health  Hywel Daniel, Executive Director For People	Philip Daniels, Executive Director of Public Health  Hywel Daniel, Executive Director For People	Added to forward Work Plan	Closed	Now added to forward work programme
Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Circulation of Public Health reference material.	Circulate to the Committee the Public Health Wales prioritising prevention documents.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Complete	Closed	P Daniels circulated via email outside of the Committee meeting.
Strategic Development Committee 3 April 2025	7.5 Annual Review of the WBFGA	Page 9	Annual Review of the Well Being of Future Generations Act (WBFGA) and Objectives	It was recommended that an additional objective for the WBFGA concerning the Welsh Language be presented for approval at the May Board Meeting.	Executive Director of Public Health	Executive Director of Public Health	Complete	Closed	The additional objective was approved at the May Public Board Meeting.
Strategic Development Committee 3 April 2025	7.4 Digital and Data Strategy	Page 9	Digital and Data Strategy	Digital challenges identified to be captured within the Digital Risk on the Board Assurance Framework. Discussion between Assistant Director of Governance & Risk and Director of Digital.	Assistant Director of Governance & Risk	Director of Digital	Complete	Closed	The May iteration of the Board Assurance Framework has been updated in terms of the Strategic Risk to capture the challenges discussed at the meeting in April 2025.
Strategic Development Committee 3 April 2025	7.1 Staff Survey & People Plan	Page 7	Staff Survey	The People Plan was presented with confirmation that it would be submitted to the Board at the end of May 2025 and to follow would be publicised across CTM in June 2025. Ensure the item is on the Board agenda for May 2025	Deputy Director for People	Hywel Daniel, Executive Director for people	Complete	Closed	The People Plan was approved at the May Public Board Meeting.
Strategic Development Committee Meeting 3 April 2025	6.4 Area Planning Board Upsate	Page 6	Area Planning Board Update	The Executive Director of Public Health will review and correct inaccuracies in the cover report and resubmit it after the meeting and ensure future reports were suitable for the lay reader, particularly in regard to the use of acronyms	Executive Director of Public Health	Executive Director of Public Health	Complete	Closed	The task was completed after the Committee Meeting, and the new bundle was subsequently re-uploaded to the Website and Admincontrol.

Strategic Development Committee 3rd July 2025	5,2	Page 4	Enhanced Community Care Service Update	ECC to be added to the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy.	Service Director for Primary Care & Community	Chief Operating Officer	okt-25	Closed	This item will be received by the Health Board at it's Public Meeting on the 25th September 2025 and therefore due to all Members being sighted there will not be a requirement for it to be received at this Committee.
Strategic Development Committee 3rd July 2025	5,3	Page 4	Strategic Clinical Services Programme - Case for Change	Rectify the error identified and resend the revised Acute Clinical Services Programme document to the Committee.	Programme Director	Executive Director of Strategy & Transformation	okt-25	Closed	On agenda for the September 2025 Board Meeting and October SDC. Further updates will be provided to the Board with the SDC providing oversight of the overall strategy deployment programme.
Strategic Development Committee 3rd July 2025	6,1	Page 7	Regional Partnership Update 2024/2025	To include a forward-looking section in future Regional Partnership Board reports, detailing planned initiatives and anticipated outcomes	Head of Regional Commissioning Unit	Director of Strategy and Transformation	okt-25	Closed	The outcomes are produced twice a year – end of September and then end of year. The update report provided for September focusses on the performance framework and the end of year report will include a forward looking section detailing the planned initiatives for the forthcoming year.
Strategic Development Committee 3rd July 2025	6.3 Health Protection System Update	Page 8	Health Protection System Update		Executive Director of Public Health	Executive Director of Public Health	okt-25	Closed	Response circulated to Committee via email outside of meeting.
Strategic Development Committee 3rd July 2025	6.5 CTM Public Service Board Update	Page 9	CTM Public Service Board Update	Circulate the final approved Public Service Board Annual Report to Committee Members once received	Executive Director of Public Health	Executive Director of Public Health	okt-25	Closed	Circulated to Committee via email 11.9.25.

# Population Health Management (PHM): Strategic Development Committee

## Shared Listening & Learning Story

Presenters: Sam Roberts, Senior Public Health Practitioner & Maura Matthews, Senior Public Health Practitioner

May 2026

**Population Segmentation groups together individuals with similar health care need; this can help us find specific groups of patients to target for preventative care.**



**Increasing health care utilisation and comorbidities**

Low need, no chronic conditions		Low need, primary care only, single condition	Some need, primary care only, multiple conditions	Moderate need in one or more settings, few chronic conditions		High need in some settings		Highest need in most settings	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Very low use, no chronic condition; younger	Low use, average primary care; younger	Managing single chronic condition in primary care; low use	Managing multiple chronic conditions in primary care	Higher A&E only, no chronic conditions; mostly young	Raised GP, higher prescription; some outpatients; 1 chronic condition; older	Higher GP, prescription, A&E; some outpatients; 1-2 chronic conditions	High emergency care; raised GP; higher outpatients; few chronic conditions; young	Highest need in most settings, not acute; oldest	Highest need in most settings including acute; oldest

# Meddygfa Glan Cynon Surgery Frailty Project



## Aim

The primary aims of the project were focused on testing the feasibility and acceptability of implementing a Population Segmentation and Risk Stratification data approach in Meddygfa Glan Cynon Surgery, and if using such data resulted in improved outcomes for patients with frailty.

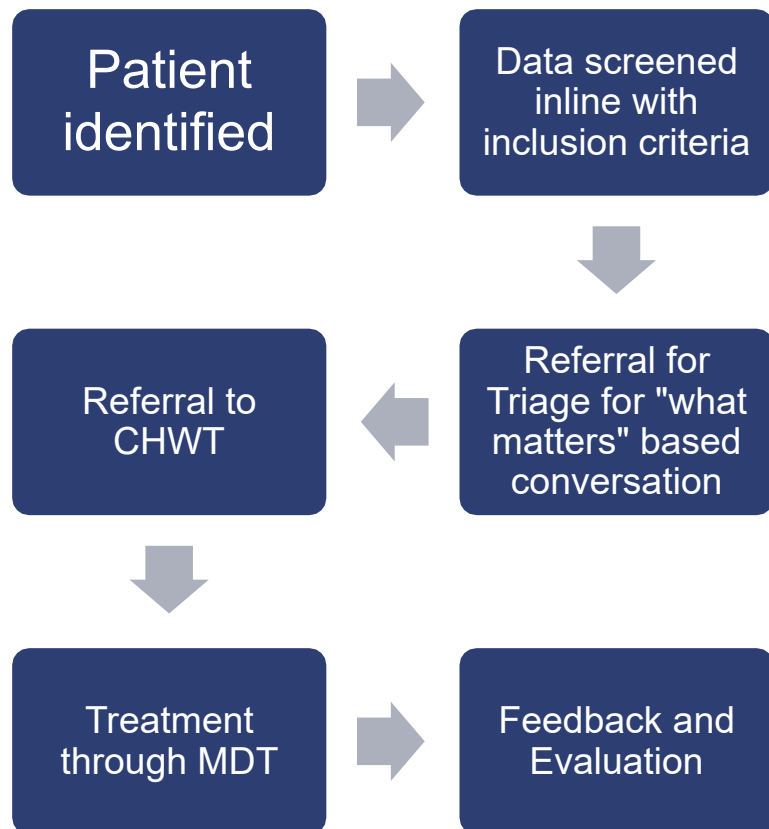


## Project cohort

Using a Population Health Management approach, patients were eligible if they were:

- ✓ Registered with Meddygfa Glan Cynon Surgery
- ✓ Live in the identified areas of deprivation in Meddygfa Glan Cynon Surgery (top 20%, most deprived fifth)
- ✓ Age 40+
- ✓ Are in segments 4 or 7
- ✓ Have a mild, moderate or severe eFi score
- ✓ Have a circulatory condition (atrial fibrillation, coronary heart disease, heart failure, stroke/transient ischemic attack), chronic obstructive pulmonary disease, diabetes, osteoporosis or arthritis

## Meddygfa Glan Cynon Surgery Frailty Project



### Intervention

The Population Health Management Unit worked closely with Meddygfa Glan Cynon Surgery and the pre-existing Community Health and Wellbeing Team (CHWT) to develop this project and identify and contact at-risk patients.

Patients were triaged by the GP lead, care discussed through a 'What Matters' based conversation and referral made to the multi-disciplinary CHWT as appropriate. The CHWT consists of professionals from health, social care and the third sector.

# Project evaluation

## Quantitative data

**Monitoring form:** completed By CHWT GP with anonymised patient outcomes

## EQ5D and Patient Centre Assessment

**Tools:** EQ5D and a patient centred assessment method (PCAM) as a means of measuring health and wellbeing and included Visual Analogue Scale (VAS)

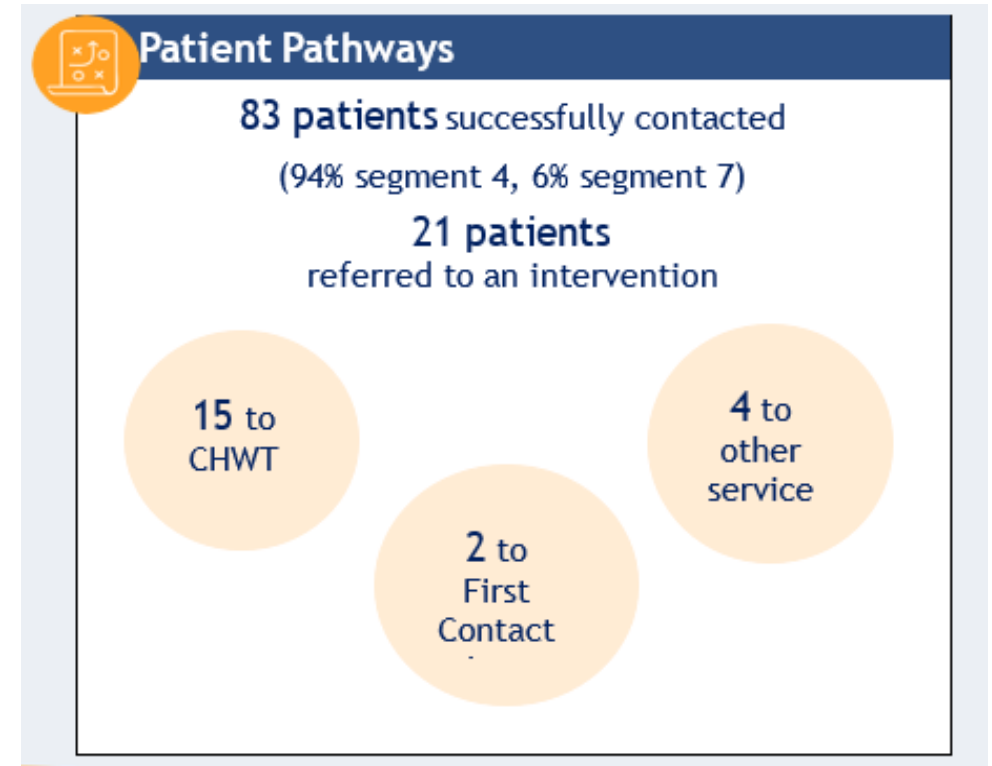
## Qualitative data

### Three semi-structured interviews:

Discussions included interviewees' role in the project, the feasibility and acceptability of using PS data, outcomes for patients and impact on primary care.

### One focus Group

### Four patient case studies





## Patient Experience

Michael (60) is the main carer for his partner (35) and two children (8 & 9) and is struggling with his mobility, multiple chronic conditions and mental health. Following a "what matters" conversation, referrals were made to the mental health support worker and Ty Ellis for counselling. Further support was given through Resilient Families and Llamau for debt management advice.

Occupational therapy assessment was completed, and equipment supplied including perching stool, shower bench and stair rails. Community pharmacy staff carried out a medication review and pain management discussed. A referral was made to Help Me Quit.

**"The rails have really helped me, and I have already used them to stop me falling"**

Michael

*" I know from our point of view the medicine reviews we did technically should have been done by the surgery, but they had been missed...So we saved them by doing them ourselves."*

*"It's definitely picking up the people who have n't contacted health services....."*

*" ....our referrals have been fantastic and a lot to get your teeth stuck into for most of these patients."*

*"I think that it would have been nice to have some more communication during the project....."*

## Population Health Management in Practice: A Review



## Key findings



**1,210+**  
patients proactively contacted



**555+**  
patients referred to targeted interventions

### Reduced risk of:

Winter exacerbations (COPD) by increased compliance with NICE management guidance.



Crisis related to frailty and fuel poverty with a decrease in emergency admissions as reported in the Taff Ely Outcomes Evaluation



Quantitative data from focus groups, semi structured staff interviews and case studies reporting patient benefits and acceptability of PHM proactive approach



Enabled earlier, preventative intervention and better system coordination



Average project costs £6000 per project from various sources (Primary Care Clusters, Local Public Health Team, Welsh Government Six Goals Fund)excluding PHM staffing costs



# Any Questions?

For further information, the PHM webpage is available at: [Population Health and Population Health Management - Cwm Taf Morgannwg University Health Board](#)

Or

Email the PHM team at: [ctm.phmunit@wales.nhs.uk](mailto:ctm.phmunit@wales.nhs.uk), or Samantha Roberts  
[Samantha.Roberts11@wales.nhs.uk](mailto:Samantha.Roberts11@wales.nhs.uk) or Maura Matthews  
[Maura.Matthews@wales.nhs.uk](mailto:Maura.Matthews@wales.nhs.uk)

Thank you for listening

# Primary Care & Community Transformation (PCCT)

- Work continues to align national and local priorities / policies to develop an ambitious vision for transformation across CTM primary care and community services
- Vision and Ambition Paper drafted by National Association of Primary Care (NAPC) and internal review underway to update / reflect latest thinking across CTM (and NHS Wales and local partners)
- Key priorities and objectives to be agreed in Q2 2026/27 that will be monitored through PCCT Board
- Workstreams being reorganised to align with 3 priorities outlined by 'Community by Design' (see overleaf):
  1. **Chronic Conditions:** GMS, Community Teams, tackling multiple co-morbidities
  2. **Urgent and Same Day Care:** SDEC model across CTM, phlebotomy services etc.
  3. **Prevention and Population Health Management:** PCCT activity to be underpinned by population health activity and data from across CTM
- PCCT objectives / priorities to consider existing resource (and additional) capacity to deliver change, role of Joint Partnership Boards (and locality groupings), role of clusters, primary and community estates, role of Navigation Hub and other NHS Wales priorities (ie. Six Goals)
- PCCT plan, including key objectives and timelines, will be available for wider discussion at next SDC

# Community by Design

**'A health transformation programme to deliver better outcomes through integrated services in the community' and will focus on three key areas:**

1. Developing a prevention first approach supported by a population health management approach
2. Developing a new model for the management of chronic conditions that supports people to remain well in the community
3. Ensuring that urgent and same day care needs are met in a way that strengthens the community by design approach and allows people to be supported in the community where possible and appropriate

The above key pillars will be led by:

- Chronic Conditions – Paul Mears (Chief Executive, CTMUHB)
- Urgent and Same Day Care – Phil Kloer (Chief Executive, HDUHB)
- Prevention and Population health Management – Tracey Cooper (chief Executive, Public Health Wales)

**Community by Design to be delivered by  
Primary Care and Community Services Transformation activity**



Cwm Taf Morgannwg  
Partneriaeth | Regional  
Rhanbarthol | Partnership

# Integrated Community Care

Progress update to CTM SDC,  
May 2026



# ICCS target model

Through the Regional Partnership Board, CTMUHB is working with partners to develop an Integrated Community Care System (ICCS) for Older People and People Living with Frailty.

The key features of this model are:

- Care provided through integrated community pathways;
- A workforce organised as integrated teams on a local footprint and digitally enabled;
- A robust (legal) framework to enable new ways of working, potentially including structural change and pooled resources;
- People and professionals supported by seamless working between the Clinical Navigation Hub and each Single Point of Access;
- An infrastructure of a joint approach to commissioning intentions, market intelligence, market management and shared quantifiable outcomes.





# How ICCS is governed and resourced

Regional Partnership Board  
Chair – Cllr Jane Gebbie

Integrated Leadership Board  
Chair: Paul Mears

Regional Adults Services Board  
Joint Chairs: Julie Denley & Claire Marchant

Partnership Leadership Team (PLT)  
Joint Chairs: Claire Thompson & Neil Elliott  
Meets monthly

**CTM Integrated Community  
Care System (ICCS) Program**

Regional Commissioning Group of senior officers  
Chair: Matt Jenkins  
Meets Monthly

Other Adults Board Programs:

- Dementia
- Learning Disabilities
- Neurodivergence
- Unpaid Carers



# Delivery in 2025

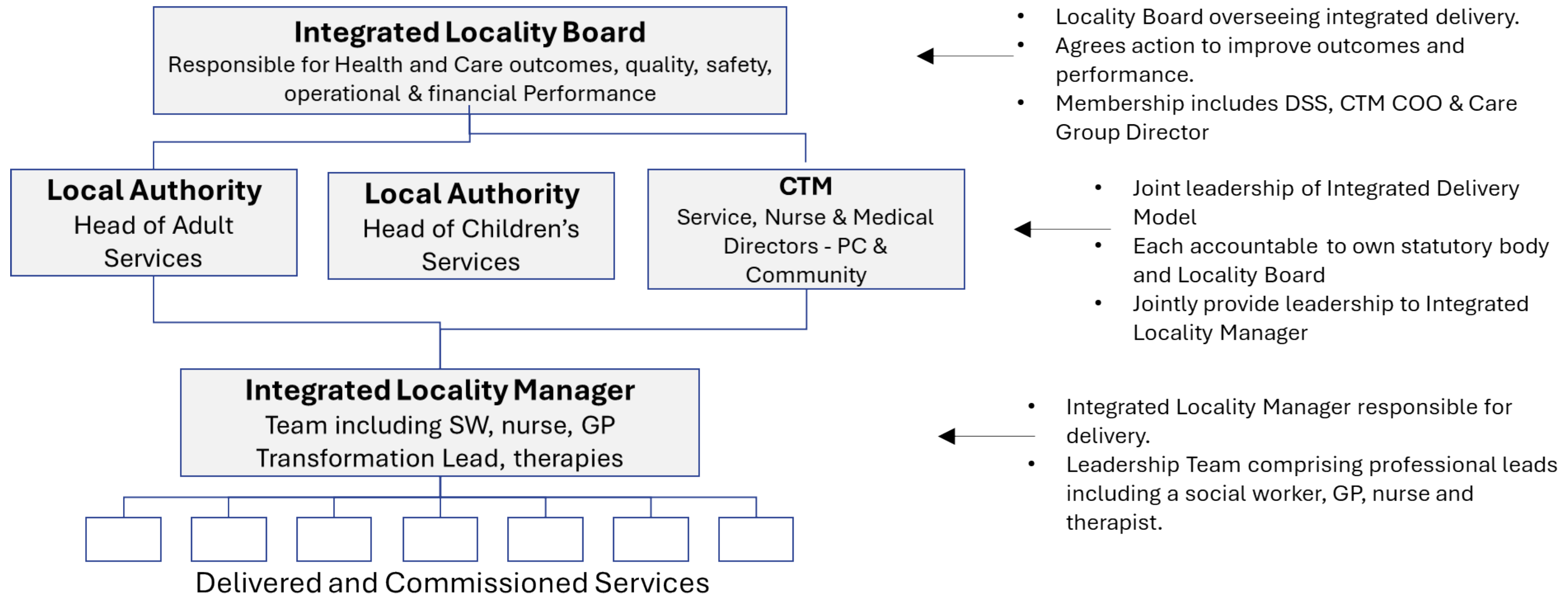
Deliverable	Status
1. Develop a Financial Business Case to support future investment decisions	An advanced draft of the ICCS Business Case has been completed
2. Collectively agree a stronger legal framework for joint accountability and to enable further integration.	The four Statutory organisations signed up to a legal Regional Partnership Agreement (RPA)
3. Agree a set of quantifiable measures to strengthen collective accountability for delivery of the ICCS	Outcome indicators and performance measures set out in the RPA. Reporting to commence at start of 2026-27
4. In the RCT and Merthyr Tydfil areas, improve joint working amongst patient-facing and care giving staff to achieve greater 'alignment'.	The Health Board established a new intermediate care 'Hospital at Home' team by consolidating existing services and creating c. 100 new posts. With this complete we are now working towards aligning front-line teams in RCT and Merthyr Tydfil.
5. In the Bridgend area, continue to develop the established integrated model	Working with the Bridgend Community Resource team, a specification for an ICCS Demand and Capacity model has been developed. Further work progressing on the management tier and a strong performance framework.
6. Create a pathway between Clinical Navigation Hub (CNH) and Single Point of Access (SPA)	Increased joint working between the CNH and the RCTCBC SPA in the Ty Elai site and a pathway has been established for local authority Mobile Responders in RCT and Merthyr Tydfil.



# Next steps to Spring 2027

Objective	Lead Officers
1. Strengthen integrated management structure in each locality (see next slide).	GH, JD, CM, LCJ, NE, MJ
2. Improve the effectiveness of regional and locality governance.	GH, CT, JD, CM, LCJ, NE, MJ
3. Align front-line teams in RCT and Merthyr Tydfil – improve working relationships, identify opportunities and challenges in creating a ‘team around the person’.	NE, LCJ, JD. MJ
4. Develop demand and capacity model, and use outputs to steer workforce models	CM, MJ
5. Explore opportunities for digital development e.g. MOSAIC and Welsh Nursing Care Record, with a view to a shared route-map.	All with Digital Exec Directors
6. Market shaping actions – needs assessment, market stability, aligned commissioning intentions, market positioning statement and new Area Plan.	All
7. Risk assessment of Regional Integration Fund to enable re-set once national position is clear. Engage CEOs and finance directors in the development of a long-term financing plan.	All with Finance Exec Directors
8. Set out options and timescale for full integration e.g. integrated teams on a local footprint with single management, pooled budgets. Engage HR Directors.	All with Human Resources Exec Directors

# What could integrated Health and Local Authority leadership and governance look like in each locality?





# Measuring progress

Field	Indicator examples
<p><b>Population wellbeing outcomes</b>  <i>'Measures that describe the aggregate effect of our Integrated Health and Community Care System on our population'</i></p>	<p>Healthy days at home, 'What matters to me'</p>
<p><b>System shift</b>  <i>'Measures that describe the extent to which we are rebalancing the system, meeting needs closer to home and reducing failure demand in acute healthcare and long-term social care provision.'</i></p>	<p>% care home conveyance without CNH input, &gt;75 y.o. with Future Care Plan in place, Intermediate care team referral and waiting times, Pathway of Care Delays, hold or reduce the level of long-term social care packages, hold or reduce volume of commissioned care following a hospital stay, % death within 48 hrs of admission from a care home</p>
<p><b>Service performance</b>  <i>'A selection of performance metrics for specific services in and around our optimal community model'.</i></p>	<p>GP practices achieving all national access standards, District nursing referrals and waiting times, older people's mental health measures, waits for social care assessment, reablement, domiciliary care, residential, CHC</p>
<p><b>Feedback from our population and staff</b>  <i>'A range of measures that describe how people experience different areas of service provision. Also, how staff in community roles feel about their work – research shows job satisfaction correlates with service quality.'</i></p>	<p>PROMS and PREMS. Family/ carer reported outcomes            Social care quality/ 'what matters' measures via the national performance framework/ local surveys of everyone with a care plan            Survey of each person that has received intermediate care            Staff sickness rates and turnover in intermediate care teams</p>



**Agenda Item**

6.3

**Strategic Development Committee**

**Partnership Working – SE Wales**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Chris Dawson-Morris SEW RJC Director
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson Executive Director of Strategy & Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
---	------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
The updates included here have been given through the regional programme groups to the Development Group & Executive Management Group that sit as cross-Health Board forums in support of the RJC	February / March / April 2026	Noted and formal escalations via RJC



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
CAVUHB	Cardiff & Vale University Health Board
ABUHB	Aneurin Bevan University Health Board
JCC	Joint Commissioning Committee
LHP	Llantrisant Health Park
RJC	Regional Joint Committee
SEW	South East Wales



## 1. Situation / Background

1.1 Health Boards are working together across the Southeast to build stronger, more sustainable services shaped by our region’s health needs. This shared approach helps the region to tackle challenges, reduce inequality and improve care for everyone. The Joint Committee is delivering on this ambition through;

### 1. Demonstrating Delivery

Deliver on our commitments to regional services in diagnostics, orthopaedics, ophthalmology and cancer.

### 2. Creating the conditions

Establish effective operating, financial and governance models for regional working. Build trust and confidence in the partnership. Remove barriers to regional working.

### 3. Identifying Opportunities

Develop principles and plans for future clinical services to address population need.

1.2 The Regional Joint Committee approved its workplan at its meeting in January. The workplan is set out below with updates as scheduled.

## 2. Regional Programmes

### Orthopaedics

2.1 The programme vision is to provide high quality, equitable care with the best outcomes for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way. A regional plan was presented to Boards in September 2025.

Products/Actions/ Deliverables	Quarter	Impact
SE Wales primary arthroplasty clinical model (ABUHB, CAVUHB and CTMUHB sites) and Primary arthroplasty pathway including pre-operative and follow-up care	Q1	Inform LHP Full Business Case
Primary arthroplasty workforce model and resourcing plans	Q1	Resourcing plan for LHP and wider model
Performance monitoring & metrics (Arthroplasty)	Q1	Accountability framework to support commissioning
Finance model - including workforce and procurement (Arthroplasty)	Q1	To enable commissioner/provider model and standardisation of joints



Refresh Demand and Capacity (D&C) - other Subspecialties	Q3	Enable wider orthopaedics plan
Assess performance monitoring metrics	Q3	Enable wider orthopaedics plan
Develop plans for sub-specialty regional opportunities (other than primary arthroplasty)	Q4	Regionalisation of wider subspecialties

### **Regional Diagnostics**

2.2 The regional diagnostic programme has been established to develop and deliver plans for services sustainability across core diagnostic modalities.

#### **Radiology**

2.3 A Regional plan was developed in November 2025, establishing common demand and capacity position for the region and considering key challenges to address.

<b>Products/Actions/ Deliverables</b>	<b>Quarter</b>	<b>Impact</b>
Regional management group established	Q1	Support consistency in diagnostic provision
Workforce Plan for Sonography – priority due to immediate service risks	Q2	Address shortfalls in service
Radiology Workforce plan	Q3	Sustainable workforce model
Regional response to Lung Screening – regional offer to lung screening programme	Q2	Supporting equitable access to the roll out of screening maximising existing assets

#### **Endoscopy**

2.4 The programme aims to bring a regional service model approach to drive out variation, enable greater access and develop a collaborative training approach.

<b>Products/Actions/ Deliverables</b>	<b>Quarter</b>	<b>Impact</b>
Regional management group established	Q1	Support consistency in provision
Training academy model established	Q3	Collaborative approach to training staff
Operating model for regional endoscopy units	Q3	Enable LHP delivery
Repeat D&C assessment to inform LHP Opening and capacity utilisation/ Case Mix	Q3	Enable LHP delivery and regional planning
Consideration of commissioning and delivery of complex procedure model – collaboration with JCC	Q3	Utilisation of regional capacity and population equity

#### **Pathology**

2.5 The programme aim is to deliver, sustainable, patient-centred and value based cellular pathology services by standardising service delivery across



the Health Boards, integrating pathways, ensuring high-quality end-to-end services across the region

<b>Products/Actions/ Deliverables</b>	<b>Quarter</b>	<b>Impact</b>
Refresh programme Governance structure and workstreams Initiation of Strategic Outline Case (SOC)	Q4 25/26	Ensure effective regional ownership of the programme
Development of a Business Case for Regional Cellular Pathology Unit	Q1	Sustainable cellular pathology service
Agreement of the business case for Regional Cellular Pathology	Q2	Sustainable cellular pathology service
Following agreement of business case, Begin development of OBC/FBC	Q2-Q4	Sustainable cellular pathology service
Continuation of standardisation work	Q1-Q4	To ensure standardised service model ahead of proposed centralisation

### **Ophthalmology**

2.6 The vision for the programme is that Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way.

<b>Products/Actions/ Deliverables</b>	<b>Quarter</b>	<b>Impact</b>
Regional Alliance Model – Cataracts Pilot	Q2	Streamlined operational model
Implementation of Open Eyes, OPERA and shared patient Treatment list model	Q2	Streamlined pathway and reduced administrative burden
Completing Cataracts – implementation of single regional pathway	Q3	Delivering efficiency gains for the region and maximising capacity
Regional Glaucoma Pathway	Q4	Streamlined operational model
Workforce Strategy – comprehensive strategic workforce plan	Q2	Sustainable workforce model

### **Cancer**

2.7 The programme is working to bring grater consistency to services to standardise governance and support arrangements enabling grater collaboration.

<b>Products/Actions/ Deliverables</b>	<b>Quarter</b>	<b>Impact</b>
Support consistent approach to MDTs across SEW approaches by support implementation and spread of NHS P&I's MDT Charter and associated 'Bridging Document' to be published Dec '25/ Jan '26	Q4	Consistent approach and standards across all MDTs which are auditable and support identification of resource gaps.



Regional Oncology workforce plan	Q4	Establish a regional oncology workforce baseline with an associated Workplan Plan to address any gap identified.
Shared Patient Treatment List (PTL) established	Q3	Individual cancer patients tracked in real time across their pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral (HIR) from HBs into VCS will also provide an in-built validation to the PTL
Implementation (tracking of) of cancer-related MAG actions	Q4	Consistent delivery of cancer-related MAG actions across SEW (i.e. Capsule sponge, symptomatic FIT, Unscheduled bleeding on HRT/Post-menopausal bleeding pathway, breast pain only pathway (BPOP), Tele-derm)

2.8 A regional Stroke Programme was previously operational in the region. Temporary services changes in Cwm Taf Morgannwg University Health Board (CTM), have provided medium term sustainability in the South-Central Stroke region. A report on the impact of this service change will be taken through the CTM Board in January. Actions to deliver a shared on-call rota in the South-Central region are taking place through operational teams. The regional stroke programme manager for South-Central is no longer in post. The work on the national stroke network, including the development of Stroke Service Standards, and work on fragile services is under review as part of the considerations of the functions of NHS Performance and Improvement at a national level. Therefore, the programme has been paused, this will be reviewed once there is clear direction from the national stroke work.

2.9 Following the first Regional Joint Committee, three task and finish groups have been established to develop proposals to address cross cutting



challenges related to regional working. These groups will provide formal updates into the Joint Committee Structures once workplans are defined.

- Regional Contracting and Commissioning – developing a proposed framework for the region
- Digital: Establish Shared Patient Treatment List - Minimum viable product is proof of concept for cataracts and lower limb arthroplasty
- Digital: Ability for clinical teams to see patient records neutral of home health board

### 3. Specific Matters for Consideration

- 3.1 There has been significant progress in regional work over the last three months, including;
- All Health Boards approved the Phase 1 Full Business Case and Phase 2 Outline Business Case for Llantrisant Health Park (LHP)
  - Formal Welsh Government Approval of Phase 1 Full Business Case for LHP
  - Developed 2026/27 Workplan for the South East Wales Regional Joint Committee (SEWRJC) approval
  - Reviewed the governance structures under the SEWRJC and developed a revised governance model
  - Established task and finish groups to consider potential commissioning frameworks and digital solutions for shared patient treatment list and visibility of patient record
  - Regional Radiology Plan, including regional demand and capacity, developed and shared with Boards as part of LHP Full Business Case
  - Delivered more than 25,000 cataracts cases via regional hubs and collective outsourcing in 25/26 representing a 330% growth in cases in 3 years

### 4. Regional Programme Progress

#### Orthopaedics

- 4.1 Highlights in the delivery of the regional orthopaedics programme includes;
- Enabled development of the Phase 2 LHP Business Case
  - Chief Operating Officers, Medical Directors and Clinical Directors engaged on regional principles and draft medical model
  - Continued work with workforce, clinical and operational leads to develop pathway-wide workforce model
  - Refresh of orthopaedic demand and capacity underway with NHS Performance and Improvement colleagues.

#### Regional Diagnostics

- 4.2 Highlights in the delivery of the regional diagnostics programme include;
- Working with Health Education and Improvement Wales to establish an Endoscopy Academy to grow the future workforce
  - Agreement to implement Royal College of Pathology points system in Pathology across the region bringing consistency to reporting



- Developing Strategic Outline case for Cellular Pathology

**Ophthalmology**

**4.3** Highlights in the development of the ophthalmology programme include;

- Delivered more than 25,000 cases in 26/27
- Maintaining Ministerial Advisory Group recommendations achieving list numbers rising from an average of 5 in 22/23 to 7 in 25/26 through driving regional standards
- Roll out of Open Eyes, a digital referral system, live in March 2026 in all Health Boards
- Initial plans for implementation of Electronic Referral System (Opera) in spring
- Agreement of a standardised regional pathways for cataracts with plans for it to be adopted nationally

**Cancer**

**4.4** Highlights in the development of the Cancer programme include

- The programme is working to bring greater consistency to multidisciplinary team approaches to standardise governance and support arrangements enabling greater collaboration
- Work on enabling greater consistency in sharing data and a consistent regional patient treatment list is underway

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

5.1 Key risks for these programmes are escalated through the regional governance architecture to the RJC or Boards as required. This report presents the opportunity for any CTM-specific discussion of regional working or escalations, of which there are none specific to CTM on this occasion.

**6. Assessment**

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	All strategic goals are impacted – so also Inspiring People, Creating Health, Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	All life course areas are affected – so also starting well, growing well, aging well, dying well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	This should impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales



<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	Leadership
	Regional working should impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, Learning, Improvement & Research and Whole System approach.
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	Effective
	This should impact on all quality domains – Equitable, Efficient, Person centred, Timely, Safe.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	All elements of environmental sustainability could be reflected in regional working, so to also include Reuse, Refine, Repurpose, Recycle

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



**Resource Impact**  
(People / Financial)

**7. Recommendation**

7.1 The Committee is asked to **note** the work of the Regional Joint Committee programmes

**8. Next Steps**

As laid out in section 2 in the quarterly milestones for each programme area.



**Agenda Item**

7.2.1

**Strategic Development Committee**

**Regional Partnership Board Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	For Future Publication
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Matt Jenkins Regional Integrated Services Director CTM Regional Partnership
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Matt Jenkins Regional Integrated Services Director CTM Regional Partnership
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
---	------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Regional Partnership Board	13/02/2026	Noted

<b>Acronyms / Glossary of Terms</b>	
<b>RPB</b>	Regional Partnership Board
<b>ICCS</b>	Integrated Community Care System



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<b>PNA</b>	Population Needs Assessment
<b>WBA</b>	Well-being Assessment (Public Services Board)
<b>MSR</b>	Market Stability Report
<b>MPS</b>	Market Position Statement

## 1. Situation / Background

1.1 The Regional Partnership Board (RPB) plays a central role in coordinating integrated health and social care across Cwm Taf Morgannwg. Over the past year, the Partnership has balanced system-shaping with delivery, agreeing regional service models that now guide investment, service change and accountability across partners. This is increasingly important as system pressures grow and future national funding arrangements evolve.

## 2. Specific Matters for Consideration

### RPB Update – Current Position and Priorities

#### 2.1 Overall position

The RPB remains focused on prevention, community-based care and translating national priorities into practical, place-based action. Regional investment and delivery continues to be managed through an agreed performance framework, providing transparency and assurance across partners.

#### 2.2 Key workstreams

##### *Adults Services Board*

The Board is being re-set around a tighter set of shared regional priorities, strengthening accountability and delivery focus. Key areas include:

- Implementing the Integrated Community Care System model, which is reported separately to the CTM Strategic Development Committee.
- Development of a more consistent regional approach to care home contracting to support market stability, quality and sustainable commissioning.
- Progression of a regional dementia workforce plan.
- Strengthened leadership and coordination for learning disabilities and unpaid carers.

##### *Children's Services Programme Board*

The Board is being strengthened as a strategic decision-making body supporting delivery of the Whole System: Whole Heart strategy, with clearer governance, accountability and senior leadership ownership. The Strategic Development Committee previously received a report on this strategy and the approach to implementation.

### *Capital Board*

Oversight of an expanding portfolio of integrated health and social care capital schemes, ensuring capital investment translates into tangible service change aligned to agreed models of care.

## **Population Needs Assessment – Approach and Strategic Importance**

### 2.3 Purpose of the Population Needs Assessment

A core function of the RPB is to bring partners together to assess local population needs and develop joined up responses. This requirement is partly addressed through the development of a statutory Population Needs Assessment (PNA). A PNA should be designed to provide a robust, proportionate and insight-driven understanding of current and future care and support needs, carers' needs, and the range and level of services required. It combines quantitative data with lived experience and explicitly considers inequalities and future trends.

### 2.4 Programme approach

Development of the PNA (aligned to the Public Services Board statutory Wellbeing Assessment) is being delivered through a phased programme running from April 2026 to June 2027. This includes discovery and scoping, data mapping and gap analysis, engagement and insight gathering, synthesis and drafting, validation and publication. The approach is intentionally collaborative and proportionate, maximising existing data and engagement activity across partners.

### 2.5 From PNA to Market Stability Report and Market Position Statement – determining social care sufficiency

A key area of interest for the Strategic Development Committee is how partners will determine what constitutes sufficient social care provision. The PNA is the critical evidence base for this judgment:

- The PNA identifies the range, level and location of need, including current unmet need and projected future demand.
- This evidence directly informs the Market Stability Report (MSR), which assesses whether the current market is capable of meeting identified needs, including issues of capacity, quality, workforce and financial sustainability.
- In turn, the Market Position Statement (MPS) will set out the strategic commissioning intent, describing how partners intend to shape and influence the market to address gaps, manage risk and support sustainable provision.

Importantly, sufficiency is not assessed on service volumes alone. Through the PNA, partners will consider:

- Whether services are accessible, appropriate and equitable.
- Whether the workforce is sufficient and sustainable.

- How well services align with preventative, community-based models of care.
- How market risk and fragility are distributed and managed.

This creates a clear line of sight from population need, through evidence-based assessment, to commissioning decisions and market management.

## **Regional Integration Fund (RIF): Risk Assessment and Future Funding Considerations**

### 2.6 Structured assessment of RIF investments

As national funding arrangements evolve, a structured risk assessment of the existing Regional Integration Fund (RIF) portfolio is being undertaken to strengthen assurance and inform future funding and investment decisions. The value of the RIF to the Regional is circa £22million, and it makes a significant contribution NHS community care, including for example to the new Hospital at Home Service.

This work focuses on developing a consistent, region-wide view of the RIF projects currently in delivery, considering not only progress to date but their ongoing strategic relevance, sustainability and contribution to regional priorities. The assessment is intended to support defensible decisions as clarity emerges on future funding following the Senedd election.

Key areas of focus include:

- Alignment with agreed regional service models, particularly the Integrated Community Care System;
- Evidence of impact and outcomes, including contribution to prevention, reduced system pressure and improved population outcomes;
- Financial and workforce sustainability beyond time-limited funding arrangements;
- Deliverability at scale and the extent to which projects are embedded within core service pathways; and
- Risks and dependencies, including reliance on short-term funding, market fragility or concentration of delivery within individual organisations.

### 2.7 Timescale and Strategic Development Committee (SDC) review

The risk assessment is scheduled to be completed by September, providing a clear evidence base ahead of future funding and prioritisation decisions. Outputs will support a more transparent approach to identifying:

- activity that should be prioritised for continuation or transition into recurrent commissioning;
- activity that may require adaptation or consolidation; and
- areas where funding should be concluded or reshaped to better align with population need and system strategy.



This work strengthens assurance that RIF investment is being actively and consistently scrutinised at a regional level, with a focus on long-term value, affordability and alignment to agreed service models, rather than short-term delivery alone.

### 3. Key Risks

- 3.1 **Funding uncertainty:** Future national funding arrangements may impact medium-term planning. Mitigated through strengthened performance frameworks, scenario planning and demand and capacity modelling. (RAG: Amber).
- 3.2 **Loss of momentum or partner disengagement:** Ongoing system pressures may limit capacity. Mitigated through disciplined governance, clarity of purpose and continued focus on delivery. (RAG: Amber)

### 4. Assessment

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



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

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

## 5. Recommendation

### 5.1 The Committee is asked to:

- Note the current position and priorities of the Regional Partnership Board;
- Note the approach to development of the Population Needs Assessment and its role in informing Market Stability Reports and Market Position Statements;
- Note the approach to risk assessment for Regional Funds; and
- Consider the implications for the Health Board's strategic planning, commissioning and future investment decisions.

## 6. Next Steps

### 6.1 The next steps are:

- Continued delivery regional work programs and develop the effectiveness of RPB governance to this end;



GIG  
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NHS  
WALES

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Cwm Taf Morgannwg  
University Health Board

- Progression of the Population Needs Assessment programme in line with agreed timetable;
- Development of the Market Stability Report and Market Position Statement informed by emerging PNA evidence;
- Progressing the RIF funding risk assessment; and
- Further updates to the Strategic Development Committee as sufficiency judgements, market analysis and commissioning implications become clearer.



**Agenda Item**

7.2.2

**Strategic Development Committee**

**Public Service Board Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

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

<b>Acronyms / Glossary of Terms</b>	
CTM PSB	Cwm Taf Morgannwg Public Services Board
CCR	Cardiff Capital Region
RCTCBC	Rhondda Cynon Taff County Borough Council



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

MTCBC	Merthyr Tydfil County Borough Council
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## 1. Situation / Background

1.1 The Cwm Taf Public Services Board (CTM PSB) Board brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas, as mandated by the Wellbeing of Future Generations Act (2015). Its purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working.

It published [an assessment of well-being in 2022](#) that is available along with a series of summary reports and published the [Well-being Plan](#) for 2023-2028.

## 2. Specific Matters for Consideration

2.1 SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES PSB met 9<sup>th</sup> April 202 and considered updates on Community Cohesion, Climate adaptation, Health Inequalities, Community Safety Partners, CCR Child Poverty Strategy, Workforce Well-being, Funding.

2.2 The CTM PSB is ideally placed to focus system-wide action to address health inequalities and the wider determinants of health.

2.3 A highlight report of current activities pursuant to its wellbeing plan is provided below:

Workstream	Update	RAG
Climate Change Risk Assessment	Data Map Wales and OS showcased the updated mapping including utility and partner data sets. A workshop session was held on 09.03.26 to consider How do we finalise this as a product? How do we analyse interdependencies? Where does this feed in for decision making?. To explore this in detail we will pick one location and test this approach to look at impact for communities. A Resilient Communities Together programme has been developed to guide involvement work with 3 communities across CTM. A sprint session has been held on communication and engagement on climate adaptation and systems thinking approaches being explored to promote integration and collaboration. The risk assessment is available via <a href="https://www.ctmpublicservicesboard.wales/climate-change-risk-assessment">https://www.ctmpublicservicesboard.wales/climate-change-risk-assessment</a>	
Workforce Well-being Sub-board	The chair fed back to the PSB in April with proposed priority areas and seeking increased membership from partner organisations. A neurodivergence (ND) task group is established jointly with Regional Partnership (RP) to promote a common approach and increased understanding of ND in the workplace. The PSB has asked the group	



	to look into community volunteering policies in line with Future Generations Commissioners recommendation.	
Active Travel Charter	Sustrans is helping organisations complete a review of current work to feedback into the network on actions within the charter.	
Young Voices Project	Reverse Mentoring - Self tape videos of senior leaders are now available for young mentors to view ahead of pairing process. There has been a delay with recruitment of young people from within the service areas, this will be reviewed in May. Evaluation of first round will take place in October 2026. It is agreed to have a rolling Programme of recruitment and participation with a target of 6 young people paired with a senior leader.  Children & Young People (CYP) Network continue with bi-monthly meetings and will lead on the well-being Assessment (WBA) on the voices of young people with information/analysis and specialist engagement.	
Health Inequalities	A task group is being established on health inequalities led by MTCBC Chief Executive. MTCBC have succeeded with a bid for funding for embedding Marmot principles into joint work with RCT as early adopter receiving some additional support and will progress via the PSB for the whole CTM area.	
Community Cohesion	An update was provided to the PSB including challenges of dealing with misinformation, information sharing and communication of community insight to give more strategic approach to prevention and engagement. This work is led by the chief executives strategic meeting.	
Well-being Assessment	A joint working group with RP is set up to work with partners on the wellbeing assessment and population needs assessment. A joint workplan with RP is being prepared. PSB agreed an approach that will be more focussed on priorities in line with the revised advice from WG.	
Food Resilience sub board	Draft terms of reference for the sub board are being prepared and a proposal for engagement with communities will be the focus of discussion at the next meeting.	

### 3. Key Risks / Matters for Escalation

Risks/Issues	Description & Mitigation	RAG
Strengthen focus on delivery	A PSB delivery plan was shared with PSB with all workstreams key actions for the coming year	



Avoiding duplication

The health inequalities task group will map current work on health inequalities. Climate sub boards will use systems thinking to integrate programme

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies, please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Starting Well
	If more than one applies, please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies, please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies, please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies, please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reuse
	If more than one applies, please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required- external update



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

## 5. Recommendation

5.1 That the Committee notes the update.

## 6. Next Steps

6.1 Continued engagement with the CTM PSB

6.2 A workstream has been established to refine and agree the scope and terms of reference for the workstream and develop a programme of work against which progress can be reported to the PSB through our strengthened governance arrangements.



**Agenda Item**

7.2.3

**Strategic Development Committee**

**Highlight Report from the Cwm Taf Morgannwg Area Planning Board**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels Executive Director of Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Area Planning Board	11/02/2026	Noted



<b>Acronyms / Glossary of Terms</b>	
APB	Area Planning Board
Buvidal	Long-acting opiate substitute therapy
CDAT	Community Drug and Alcohol Team
KPI	Key Performance Indicator
Tier 1/2/3/4	Levels of substance use services in Wales (preventative, non-clinical, clinical, inpatient detox/rehab respectively)
YPDAS	Young Persons Drug and Alcohol Service

## 1. Introduction

- 1.1 This report had been prepared to provide the Strategic Development Committee with details of the key issues considered by the Area Planning Board at its meeting on 11<sup>th</sup> February 2026.
- 1.2 Key highlights from the meeting are reported in Appendix 1.

## 2. Purpose of this Meeting

- 2.1 The Cwm Taf Morgannwg Area Planning Board has responsibility for strategic planning and commissioning of services for the treatment and prevention of substance misuse across the Cwm Taf Morgannwg Region.

## 3. Highlight Report / Status Update

- 3.1 The Highlight Report is attached at Appendix 1.

## 4. Assessment

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



<a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Choose an item.
	All domains of quality are applicable
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

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



**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 Strategic Development Committee is asked to **NOTE** the highlights outlined in Appendix 1.
- 5.2 The Strategic Development Committee is asked to continue to support developments in the substance use space, in recognition of the high burden of morbidity and mortality caused by substance use in CTM.

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

- Overseeing and continuing to monitor the current contract activity for all projects.

- Development & Implementation of the New CTM Substance Use Contract 2026-31
- Development of the Tier 3 Service Specification – 2026-31
- Developing strategic approach, including a focus on drug-related deaths

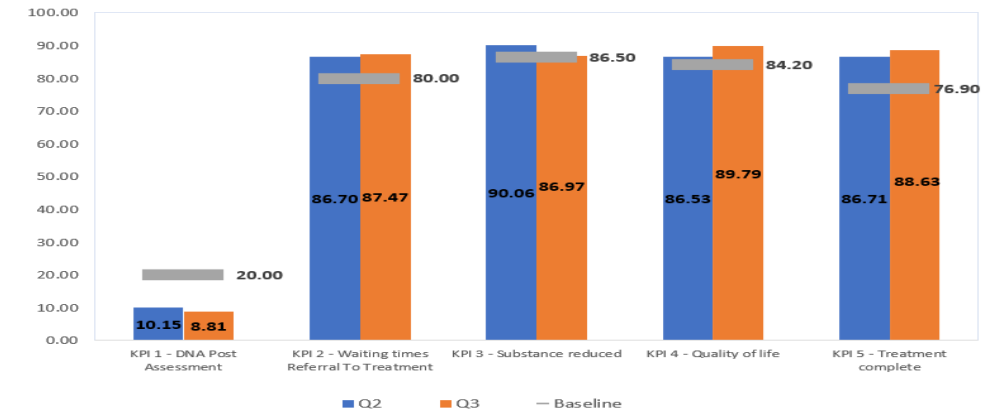
**OVERALL RAG**



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

Workstream	Status Update	RAG
Criminal Justice Service and Partnership Working	Significant issue with new CJ service commissioned by PCC (G4S, Dr PA) with Dr PA operating without license in Wales. Abrupt withdrawal of prescribing services for people in CJ system 13/04/26. CTMUHB Drug and Alcohol services have stepped in to meet need. Concerns due to be raised to PCC and WG.	
Drug Related Deaths (DRDs)	CTM highest in Wales at 15 deaths/100,000 people in 2024 (Wales 9/100,000). Joint APB and Health Board project to provide a detailed understanding and develop a coordinated strategic approach to drug-related deaths in CTM. Work to identify people presenting to CTMUHB with non-fatal OD and provide harm-reduction support progressing.	
Buvidal	Welsh Government evaluation very positive Buvidal. Paper is being prepared for APB Finance and Commissioning Group which will report on progress in relation to reducing Buvidal prescribing to the funded level.	
Operations and data reporting	Consistency of practice remains a challenge, with differing operational practices across CDAT localities, and data inconsistency. Review of CDAT SOP underway.	
Tier 4 – Residential Rehab	Demand continues to exceed budgetary capacity. Review of CTM T4 framework due to be finalised and shared.	
Co-occurring Mental Health and Substance Use	Revised Standard Operating Procedures, training for MH staff, and new post part of renewed impetus for care to people with co-occurring MH and SU needs. Review of governance needs underway.	
Re-commissioning Update	New Barod CTM Substance Use Integrated Service (Tier 1&2) launched 1 <sup>st</sup> of April Tier 3 Specification (CTMUHB) to be finalised HMP Parc services currently under recommission.	
Ketamine Task &	Work underway between CDAT and Urology to develop regional Ketamine	

**KEY METRICS: Qtr 2 - KPI Performance compared to the previous Qtr**



**RISKS/ ISSUES:**

Risk Issue	Description & Mitigation	RAG
PCC/HMPPS commissioned CJ service	Increased caseloads in Barod and CDAT likely due to refocus of service on core-remit. Temporary withdrawal of CJ prescribing services having impact on CTMUHB services and service users	
Community Drug & Alcohol Team (CDAT)	CDAT Taff performance improving, data improvement and reconciliation work underway, including new Bridgend data for Q3	
Bridgend CDAT Data	No treatment data provided for Bridgend Tier 3 since reallocation of administration resource in Q3 24-25.	
Young Person Drug & Alcohol (YPDAS)	Waiting lists are still in place. Band 6 nurse recruited March to support wait list reductions	
Primary Care Drug & Alcohol Service (PCDAS)	Lack of Primary Care capacity continuing to impact on discharge pathways for CDAT	



**Agenda Item**

6.2.4

**Strategic Development Committee**

**Creating Health Annual Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kate May- Assistant Director of Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels- Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Creating Health Programme Board	16/04/2026	Approved

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
PHM	Population Health Management
AWDPP	All Wales Diabetes Prevention Programme



BBV	Blood Borne Virus
CTMUHB	Cwm Taf Morgannwg University Health Board
HMQH	Help Me Quit in Hospital
IMTP	Integrated Medium Term Plan
KITT	Keeping in Touch Team
MECC	Making Every Contact Count
PHM	Population Health Management
PHW	Public Health Wales
PIPYN	Pwysau Iach Plant yng Nghymru (Healthy Childrens Healthy Weight in Wales)
PSB	Public Services Board
PSRS	Population Segmentation and Risk Stratification

## 1. Situation / Background

1.1 Creating Health one of the strategic pillars of the CTM 2030 strategy, focusing largely on prevention and population health with the following overarching aims;

- Increasing healthy life expectancy and reduce inequalities
- Ensuring equal focus on mental and physical health
- Building healthier communities
- Being a healthy organisation

The purpose of the Creating Health Programme is to provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation. The programme will oversee the delivery of a number of defined workstreams and provide specialist input into the programmes of contributing work delivered across the health board.

1.2 A delivery plan was drafted to reflect these responsibilities and set out a mechanism for monitoring progress against these and approved by board late 2024.

The following objectives are included in the plan;

- Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
- Become a population health organisation (modelling priority action areas on the [Ottawa Charter](#))
- Build Healthier Communities
- Empower Systems leadership for Population Health Improvement

1.3 This update is intended to provide an overview of the progress made in the Creating Health Programme including key achievements during 25/26 and plans for the future.

## 2. Specific Matters for Consideration

2.1 The Creating health Delivery Plan was operationalised during 2025

2.2 A data dashboard has been developed using multiple relevant sources of data into one document to facilitate ongoing review.

2.3 Significant progress has been made against the deliverables set out for 2025/26. A position against these can be found below:

Programme	2025/26 Deliverables	Creating Health Objective	March 2026 Position

<b>AF and HPT</b>	Build on current learning to develop pathways for patients to offer a holistic support through the system to improve their opportunities to change behaviour and reduce risk	Objective 1 Objective 3	Collaborative working with primary care and pharmacy colleagues has continued to provide learning and improvements to care during 25/26. Number of strokes avoided being evaluated.  Options to embed this into established primary care services are now being explored.
<b>3 Ps</b>	Undertake local and national evaluation of the impact of SPOC team.	Objective 3	Evaluation complete and learning shared. Highlights include the KITT TEAM has strengthened waiting list validation and accuracy, reduced unnecessary appointments, and supported more efficient clinical scheduling
	Further development of roll out plan, for other priority patient groups to be developed and implemented. Implementation of 2025/26 quarterly milestones as monitored by Welsh Government.	Objective 3	Roll out plan delivered and learning shared. Continuation of the programme included within Digital and Transformations IMTP proposals
	Evaluation of impact of KITT team, third sector in signposting patients to a wide range of community based services.	Objective 3	Evaluation complete. Learning from 3Ps projects, and the collaborative relationships built, have been transferred to other programmes of work e.g. Persistent Pain Programme
<b>National Hepatitis Elimination Programme</b>	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 3	The BBV offer of testing has been above 97% for 10 consecutive months and the BBV screening has been above 90% for 11 consecutive months, HMP Parc is now in leading the way in term of micro elimination across Wales.  In February 2026 the National Oversight Group has recently proposed the establishment of an independent and objective evaluation process for prisons in Wales to declare micro-elimination of Hepatitis C, with an ongoing review to evaluate the sustained achievement of micro-elimination
	Implement a sustainable service for testing across the three probation offices within CTM.	Objective 3	Successful business case for Health Protection funding to complete mass testing within probation services across our health board areas

	Continue to improve testing rates and ultimately treatment rates.	Objective 3	Improving the diagnosis to treatment times has been a priority area for improvement during 2025/26 with a positive impact on the numbers treated in terms of early intervention.  Improvements in the prison settings have included increased number of clinics, new referral pathways and a reduction from diagnosis-to-treatment time within the prison from 163 days down to 23 days.
<b>MECC</b>	Re-establish MECC Level 2 offer in line with national direction from PHW	Objective 1 Objective 2 Objective 3 Objective 4	Regular sessions of Level one and two training have been delivered consistently throughout 25/26.
	Scope ambition of Level 1 MECC training (e-learning) mandatory for all CTM UHB employed staff, and for this to act as a pre-cursor for relevant staff to go on to undertake the Level 2 training	Objective 1 Objective 2 Objective 3 Objective 4	MECC will nationally align with Primary Care from January 2026, and there are planned discussions about what this means in practice for embedding of both Level 1 and Level 2 training for NHS staff. Due to a widened, more flexible behavioural science offer in CTM, there have been no further discussions regarding mandating Level 1 training for CTM UHB staff, however, all colleagues engaging in training with the Behavioural Science team are encouraged to complete beforehand
<b>PHM</b>	Review of implementation and delivery of the model within CTM	Objective 1 Objective 2 Objective 3	Review drafted and to be fed into the Strategic Delivery Plan for PHM for 11 March 2026 at the PHM Steering Group meeting.
	Work with HB corporate team on ways to embed a PH approach to all HB business	Objective 2 Objective 3	Regular PHM Steering group meetings held and new methods of data extraction and linkage being scoped for testing in 2026/7. This will enable more sustainable and effective rollout of PHM across the Health Board. Options paper being drafted for PHM Steering group. Strategic Delivery Plan for PHM also drafted for sign off by end of 25/26.

	Develop training specifically around using PSRS tool	Objective 2 Objective 3	Basic training modules being developed via Learning and Development, to be delivered in 2026/7. Delay to advanced module development while new data flows being tested as will need to be reflected in training provided.
	Develop how to guides, case studies and FAQ to support clinical teams develop PHM project ideas	Objective 2 Objective 3	How to guide and case studies complete. Ongoing work with Learning & Development to turn these into bitesize learning modules to support building capability among primary care colleagues.  Case study development with communications company for delivery by end March 2026
	Scoping exercise on secondary care requirements	Objective 2 Objective 3	Reallocated to 2026/7 following timescales of piloting of direct data flows from primary care from managed practice. Use of segmentation models to be tested in secondary care on linked datasets and testing of SAIL versus in-house generation of segments on population health dataset to be completed once data flows implemented.
<b>Integrated weight management and Whole system approach to Healthy Weight</b>	Introduction of obesity tier 2 and 3 for children	Objective 3	Tier 1- Pipyn mobilisation planning underway following approval of IMTP business case. Stakeholder session planned February 2026 to discuss Tier 3 needs/solutions
	Develop consistent CTM offer on Food Environments contribution	Objective 3 Objective 4	Business case being developed, continuing work to understand all opportunities
	Building upon evaluation of PIPYN service to inform system learning and service development	Objective 3 Objective 4	Evaluation in progress and system learning to be included in Healthy Weight Roadmap
	Ongoing measuring impact and learning of PHW nine steps for CTM	Objective 3 Objective 4	Ongoing work. Joint regional action plan in development. Regional Food resilience sub-board established
	Development of CTM Healthy Travel Charter	Objective 3	Healthy Travel Charter agreed with partners, in implementation phase
<b>Smoking Cessation</b>	Ongoing delivery of smoking prevention activity	Objective 3	Ongoing delivery of prevention activity across CTM has continued with 5% treated smokers target achieved.

	Evaluate HMQH model	Objective 3	Evaluation complete and implementation of recommendations ongoing as the HMQH service continues to be delivered with smoking cessation being embedded into pre and post op pathways across CTM
	Review impact of Primary Care referral data and target groups appropriately	Objective 3	Targeted interventions delivered for specific groups in community settings included workplace awareness campaigns, community pharmacy and community hubs
	Ongoing delivery of comms plan	Objective 3	Ongoing delivery of comms planned achieved
	Review progress of 24/25 and evaluate updated prevention strategy from PHW and continuously improve HMQ service offer	Objective 3	Services continuously evaluated throughout 25/26, plans to engage patternner support in action towards and smoke-free 2030 and intention to develop an organisational tobacco plan
<b>Catering</b>	Grab & Go Shop RGH under phase 2	Objective 2 Objective 3	Completed
	Implement Coffee ground waste recycling	Objective 2 Objective 3	Coffee ground waste recycling in place across a number of sites
<b>Diabetes</b>	To systematically introduce preventative services for Type 2 Diabetes – these include prediabetes screening, remission services (very low calorie diet), patient education programme, physiological support	Objective 3	The CTM 5 year diabetes strategic plan was published in 2025 which outlines three strategic objectives for the health board  CTM wide roll out of the AWDPP  CTM has seen a further increase in the uptake of all 8 care process from 46.61% in April 2025 to 50.39% in January 2026, and our uptake has remained the highest in Wales since October 2025.
<b>Mental Health and Well-being</b>	Complete Mental Health and Well-being assessment for CTM	Objective 2 Objective 3	CTM Mental Health and Wellbeing Needs Assessment completed end of Feb 2026 and awaiting sign off at Creating Health Programme Board
	Develop with CTM partners Mental Health and Well-being Strategy for CTM	Objective 2 Objective 3	The Mental Health and Wellbeing strategy implementation will now lead by the strategic and planning team in CTM

			<p>A new RPB mental health and wellbeing sub-group has been formed to lead on the delivery strategy.</p> <p>The MH and WB Health Needs Assessment (HNA) will help inform next steps for the RPB subgroup.</p>
<b>Social Prescribing</b>	Explore digital solutions to providing information and the monitoring of activity and outcomes	Objective 1 Objective 2 Objective 3 Objective 4	Lamplight data management system now used by many social prescribing organisations so activity and outcomes can be compared
	Establish a strategic view of local community development needs.	Objective 1 Objective 2 Objective 3 Objective 4	This overlaps with wider work being undertaken in our communities about better understanding and listening to the voices of our communities being taken forward via Building Healthier Communities. This is a long term ambition and an ongoing workstream
	Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4	Work continues to progress via Social Prescribing working group and wider relationships
<b>Data and Performance</b>	Ongoing performance monitoring schedule	Objective 1 Objective 2 Objective 4	Ongoing reporting to support performance monitoring has been agreed to include an annual performance report and bimonthly programme specific 'deep dives'. This is in addition to the bimonthly programme updates to Creating Health Programme Board.
	Scope and implement where possible the automation of data feeds	Objective 1 Objective 2 Objective 4	Automation of data feed was not possible due to complex issues of data ownership and access. However, a programme of annual reporting has been agreed with access to all necessary data in place.

	Re-evaluate performance measure targets	Objective 1 Objective 2 Objective 4	Performance measures were reviewed by the Creating Health Programme Board in series of meetings during 2025/26. Ongoing reporting to support this has also been agreed to include an annual performance report and bi monthly programme specific 'deep dives'.
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#### 2.4 Notable changes in the Creating Health Programme from 2026/27

- The programme formally known as Making Every Contact Count (MECC) has been developed into a more broad 'Behavioural Science' programme of work to reflect more accurately scope of the programme.
- Given the changing behaviours in the population and subsequent changes in need, the Tobacco Harms programme has been developed into 'Reducing harms from tobacco and nicotine'. This will include harms from tobacco free behaviours such as vape use
- All Healthy Weight and integrated weight management activities will report via one Healthy Weight programme into Creating Health from 2026 onwards
- The data and performance workstream has come to an end with regular performance reporting agreed and implemented
- The 3Ps programme has come to an end with parts of this being brought into business as usual arrangements
- Catering, previously a standalone programme, has been incorporated in to a broader Population health Framework Programme supporting CTM developing as a population health organisation
- Several new work streams have been added to the portfolio of reporting programmes of work including; Maternity Population Health, Housing and Community, Income Maximisation and Population health Framework

### 3. Key Risks / Matters for Escalation

- 3.1 The Creating Health Delivery Plan has been refreshed to reflect the changes above and deliverables for 2026/27 and beyond. Our commitment to support Wales developing as a Marmot Nation has also been reflected upon and included in the refreshed plan.
- 3.2 The Creating Health Delivery Plan 2026-29 is attached as Appendix 1.
- 3.3 If sufficient resources are not made available to enable the work of the programmes supporting Creating Health, then the associated deliverable may be at risk.

### 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 /	Choose an item.
	If more than one applies please list below:

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

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

<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)
	If sufficient resources are not made available in programme areas as needed, work to deliver the objectives of the delivery plan will be limited

## 5. Recommendation

- 5.1 Note progress during 2025/26.
- 5.2 Note changes to programmes within Creating Health Programme from 2026 onwards.
- 5.3 Approve Creating Health Delivery Plan 2026-29
- 5.4 Note risks of resource availability to support ongoing delivery

## 6. Next Steps

- 6.1 Six monthly reports from Creating Health Programme to follow.

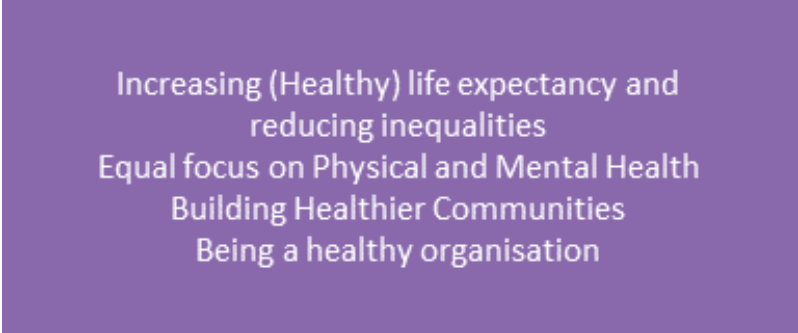
## Appendix 1

# Cwm Taf Morgannwg Creating Health Strategic Delivery Plan (SDP) Update 2026-2029

## Introduction

This delivery plan refreshes the overarching delivery plan produced in 2024 and focusses on delivery over the next three years.

Creating Health remains one of the four strategic pillars for CTMUHB and has the following high-level keys aims.



Increasing (Healthy) life expectancy and  
reducing inequalities  
Equal focus on Physical and Mental Health  
Building Healthier Communities  
Being a healthy organisation

The purpose of the Creating Health Programme is to;

- Provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation
- Oversee the delivery of a number of defined work streams reporting to Creating Health Programme Board.
- Monitor, support and provide specialist input into the wider delivery of activities across the health board that will contribute to embedding a population health approach across the organisation.

The programme will monitor the relevant population health outcomes and associated KPIs linked to the high level aims within the Creating Health strategic pillar, in order to support meaningful improvement in population health and inequalities of the CTM population (see appendix 1).

Many programmes of work across the Health Board include activities that will help deliver the above aims and contribute to the overall health of our population. Those reporting to the Creating Health Board include;

- AF and Hypertension
- Behavioural Science (formally MECC)
- Hepatitis Elimination
- Population Health Management (PHM)

- Reducing harms from Tobacco and Nicotine
- Healthy Weight Programmes
- Social Prescribing
- Diabetes
- Mental health and Well-being
- Income maximisation
- Maternity Population Health
- Housing and Community
- Population Health Framework

Additional workstreams across the Health Board will also contribute to the outcomes of Creating Health, as the approach of population health and prevention become more embedded across the health board functions.

The underlying principles of VBHC will be assumed across all programmes of work and details of this can be found in appendix 2.

A significant amount of work is being undertaken in Mental Health Services that cross cut many of the other programmes. Therefore, there is a requirement for all programmes to consider impacts on both mental and physical health in their work stream planning acknowledging that mental health and physical health are of equal importance. Several Mental health initiative overlap the programmes above and are currently reporting to Improving Care, they will not be required to report to Creating Health in addition.

Reporting of progress of the programme deliverables will be via the Creating Health Board, with governance arrangements set out in the [Creating Health PID](#). The review of nationally reported KPIs and locally developed population health outcome measures, will be the responsibility of the Creating Health Programme board on behalf of CTMUHB with specialist advice for action or improvement will be provided via the Director of Public Health (DPH) role.

Although risks will be managed at a service level, any risks scoring 8 or over will be notified to the Creating Health Programme Board for inclusion in the summary to SDC and QSEC as appropriate.

## Role of the Strategic Delivery Plan

To ensure the coordination of efforts across all programmes, the Creating Health Strategic Delivery Plan (SDP) will set out related activities, delivery timescales and reporting arrangements.

The Creating Health SDP is a multiyear, live plan which is monitored regularly and reviewed annually to check we are making progress with regards to prevention and inequalities across the Health Board area. Ongoing evaluation of the delivery plan will be required in order to align with any changes to national policy.

## Ministerial Priorities and Policy Drivers

[A Healthier Wales](#), published in 2018, sets out plans for the long-term future vision of a 'whole system approach to health and social care' in Wales, focused on health and well-being, and illness prevention. It is intended to help address the future health and social care challenges facing Wales, including an ageing population, lifestyle changes, public expectation, and new and emerging medical technologies.

A number of key pieces of enabling public health legislation have come into effect in Wales in recent years, which have shaped our new strategy and this plan. These challenge public sector bodies to consider the longer-term impacts of decisions, and to support a greater focus on prevention and addressing inequalities. They include:

- [The Well-being of Future Generations \(Wales\) Act 2015](#)
- [The Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#)
- [Socio-economic Duty 2021](#)
- [Social Services and Well-being \(Wales\) Act 2014](#)
- [Environment \(Wales\) Act 2016](#)
- [Active Travel \(Wales\) Act 2013](#)
- [Socio-economic Duty \(wales\) Act 2010](#)

### **Other drivers locally include:**

CTM Regional Partnership Board [Whole System: Whole Heart Strategy](#)

CTM Public Services Board *Collaborative Approach to Tackling Inequalities in Health* working Group

The [CTM Population Needs-Assessment Summary](#) also informs our work and will be renewed during 2027.

Welsh Government [ambition](#) for Wales to become a Marmot nation.

## CTM 2030

The Creating Health Strategic Delivery Plan sets out how we will contribute to the delivery of the outcomes and objectives in CTM's Strategic Plan- CTM2030.



Creating Health is one of four integrated strategic goals, alongside Inspiring People; sustaining our future; and Improving care, which galvanise the health board and its partners towards “*Building Healthier Communities Together*”, where we not only treat people when they become sick, but also support them to remain, and become, well.

These strategic pillars report into the over-arching CTM Strategic Transformation Board, supported by the work of the five strategy groups, (Starting; Growing; Living; Aging; and Dying well), covering the whole life-course, and are underpinned under-pinned by three key strategy themes:

- **Building healthier communities** – encouraging wellbeing and prevention
- **Integrated Community Services**- including primary care, mental health and social care
- **Clinical Services Plan** – acute hospital services

The foundation of these activities are the organisation’s **Values**, which help us **Be At Our Best**.



## Collaboration and partners

Achieving better outcomes cannot be achieved working in isolation. Many of the activities within the Strategic Delivery Plan are not purely in CTM UHB’s control and require effective working with our partners to be delivered successfully. Quality public services require collaboration and integration between partners, working across the public, private and voluntary and community and social enterprise sector, as well as private sector and academic partners. We are building strong, valued relationships to develop new operating models and tackle whole system challenges.

The Health Board will collaborate with wider partners via our Strategy Groups and Clinical Services in working to reduce levels of poor lifestyle and clinical risk and contributing to a reduction in inequalities and inequities in our population and our services. This will be supported by:

- Effective use of data, including utilisation of different needs assessment methodology and staff/public contributions to identify need and priorities;
- An evidence based but innovative approach to care planning with opportunity for further research and development at a local level;
- Maximising learning around behavioural insights and change while incorporating into practice;
- Enabling individuals to have the knowledge, skills and confidence to look after their own health;
- Building on the work funded via the WG Regional Integration Fund (RIF), use of Population Health Management techniques such as population segmentation and risk stratification (PSRS) to help address multi morbidity and identify groups at greater risk of ill-health. This enables us to focus specific interventions and proactively allocate resources more effectively; and
- Continued partnership work to achieve a whole system approach and maximise community assets.

## Finance

The trend for increasing healthcare costs to individuals, the health sector and wider society is significant, with the current financial landscape across the NHS remaining extremely challenging. Investing in population health improvement can be part of the solution to this challenge. [The evidence shows](#) that prevention is cost-effective, provides value for money and gives returns on investment in both the short and longer terms. Population-level approaches are estimated to cost on average five times less than individual interventions. This [systematic review](#) has indicated that for each £1 spent, an average return on investment to the wider health economy was £14.

Therefore investing in cost-effective interventions to reduce costs to our health services and other sectors can help sustain CTM's health system and economy for the future.

## Creating Health Strategic Overarching Aim and objectives

**Aim: To enable equity of health outcomes for the population of CTM.**

## Objectives

1. Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
2. Become a population health organisation (modelling priority action areas on the [Ottawa Charter and Marmot Principles](#))
3. Build Healthier Communities
4. Empower Systems leadership for Population Health Improvement

## Objective 1: Improve Population Health Metrics and Reduce Inequalities in Health

As a UHB we are committed to:

- Earlier detection and mitigation of activities & environments that may cause a deterioration in the quality of life, happiness and healthy life expectancy. (Direct + indirect determinants of health)
- Increasing the awareness of our people within our communities on how to manage their health and the health of their 'dependents' and 'others'. Which in turn should result in an uptake of screening initiatives, acceptance of prescriptions, healthy living
- Delay or prevent the progression in severity of chronic diseases – Longitudinal analysis of prevalence rates and clinical and cost effectiveness of mitigating actions.

Historically we have benefited from the public health observatory providing robust retrospective analysis, enabling comparisons within our community and across the UK. The UHB is dependent on this analysis in many ways and will contribute to restoring and developing the Observatory's data and analysis which was greatly diminished by the covid-19 pandemic.

To be successful, the CTM creating health programme will require a strategic change in its use of data and analysis to be able to apply population health management techniques alongside AI and advanced analytical approaches.

As a Health Board we aim to be leaders in Population Health Management (PHM); aligning services to best support the people who need it the most. To identify those people, the Public Health Team has led the PHM programme of work to seek to understand patient populations by characteristics related to their need and use of health care resources.

## Objective 2: Realise CTM UHB as a Population Health Organisation

Population health is an approach aimed at improving the health of an entire population, improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.

Improving outcomes requires a multi-agency, system wide approach and a combination of population wide and targeted interventions taking into account the wider determinants of health. The Health Board has a key role, however, in prioritising prevention and early detection and intervention in all its pathways and striving to improve the equity of all care it delivers.

**As a health board we are committed to is developing as a population health organisation** and seeking to maximise our role in promoting good health and well-being to staff (80% of whom live in the CTMUHB footprint) and residents through the most effective use of all its resources and opportunities from estates, health promoting hospitals and employment and skills increasing our role as an anchor organisation.

This approach was endorsed by the Board in May 2021.

We are also committed to embedding principles and processes across our organisation that put population health at the heart of our decision making, planning and delivery of services, aligning our functions with both the Ottawa Charter and the Marmot Principles. A CTM population health framework is being developed to support this.

## Objective 3: Build Healthier Communities

The overall vision of CTMUHB is “Building Healthier Communities Together”. This includes working together internally within the health board, and externally with our population, communities and partner organisations. This objective within Creating Health focuses on what we can do to contribute to developing, supporting, and working with our communities to build capacity to encourage wellbeing and prevention.

This includes but is not limited to:

- Our role as an anchor institution
- Our role as part of the foundational economy and circular economy
- Our role in ensuring “More than just words” is enacted and embedded
- Our role in achieving Net Zero

A subgroup focussing on Building Healthier Communities will continue to meet as necessary to share best practise and encourage collaborative working and ongoing

engagement with the PSB will continue with participation in a number of work groups, to support the development of healthier communities.

## Objective 4: Enable Systems Leadership for Population Health Improvement

Transforming a complex system – such as the health system or the environment in which we live – is a monumental task, requiring coordinated action by people with very different viewpoints. Systems-change initiatives often engage multiple organisations – governments, companies, civil society organizations, worker associations, research institutions and others – combining their capacities to achieve a shared goal.

CTM UHB, as an Anchor institution, is the largest employer and purchaser of goods and services in Bridgend, RCT and Merthyr Tydfil. It also plays a key role in partnerships such as the Regional Partnership Board, Public Service Board, Area Planning Board and Community Safety Partnership. As such, it has significant potential to operate as a System Leader to support population Health improvement beyond the health service estate.

Systems leadership is a set of skills and capacities that any individual or organization can use to catalyse, enable and support the process of systems-level change. It combines collaborative leadership, coalition-building and systems insight to mobilize innovation and action across a large, decentralized network

The complex challenges we face that require collective action, where no single entity is in control. Through promoting and foregrounding equity and prevention, the health board, its staff and independent members, can all play a role in mobilizing alliances of diverse stakeholders around a shared vision for systemic change, empowering widespread collaboration, innovation and action; and enabling mutual accountability for progress to shift systems towards sustainability and equity.

### Deliverables and Timescales

Each programme reporting to Creating Health has a detailed work plan with unique supporting deliverables and milestones. These detailed plans are available on request, however the top key deliverables for the programmes are listed in Appendix 3 and will be monitored as part of the reporting structure in the Creating Health Programme.

### Key Performance Indicators (KPIs)

Recognising the long-term nature of population health improvement, the Creating Health Board will utilise both long and medium-proximal measures of progress.

Over the last two years, working closely with the Informatics and Health Intelligence teams, a baseline dataset has been designed and established. Reporting arrangements for monitoring of key performance indicators has been developed to provide ongoing oversight of progress towards agreed targets.

An annual report to the Creating Health Programme Board will include performance against Public Health Outcome measures and relevant NHS Performance Framework measures based on the most recently available data.

In addition to an annual report, a rolling bi-monthly series of programme specific 'deep dives' will be reported at each programme board to review programme specific updates and progress.

Annual review of performance measures will include;

The CTM Population Health Outcome measures were developed in 2020 to provide long term clarity, ambition and focus the CTM's ambitions for 'Creating Health';

S/N	Goal	Update frequency
1a	By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average	Annual
1b	By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average	Annual
2a	By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual
2b	By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual
3	By 2030 Avoidable Mortality in CTM matches the Wales average	Annual
4	By 2030, cardiovascular and cancer mortality in CTM matches the Wales average	Annual
5a	By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births	Annual
5b	By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average	Annual
6a	By 2030, the smoking prevalence in CTM is down to 5%	Annual
6b	By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	Annual
7a	By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase	Annual
7b	By 2030, the percentage of adults who are obese will decrease	Annual

In addition, the relevant measures reported elsewhere by the healthboard from Quadruple Aim 1 and 2 of the [NHS Wales Performance Framework 2026-2027](#), may also be used to monitor incremental improvements to nationally reported

performance aligned to the timeframes of existing reporting mechanisms annually.

Measure	
1	Percentage of adult smokers who make a quit attempt via smoking cessation services
2	Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
4	Percentage of children who are up to date with all routine scheduled vaccinations by age 5
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
7	Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old
8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
9	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months
10	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months
11	. Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)
12	Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)

Current position\* in relation to these measures can be found in appendix 4.

\*Available performance date at the time of writing is based on 2025/6 measures

## Governance and Monitoring

The Creating Health SDP is an integral part of the business planning framework for the Health Board, driving the delivery of significant activity and building momentum to deliver improved population outcomes. The SDP monitoring arrangements aim to support the delivery of activities, provide assurance and advise the Health Board on actions where required. This includes ensuring appropriate resource and capacity is available to support delivery and that proportionate corporate assurance and risk management arrangements are in place.

Programme leads, named within the SDP, are responsible for providing a bimonthly (2 monthly) highlight reports on programme activity progress. Information collated will focus largely on exceptions, where there are issues to successful delivery and is used to build both individual activity information and whole Health Board trends over time. The Creating Health Pillar meetings will provide an opportunity to informally engage and influence the development of SDP

activities at an early stage e.g. through engagement with an activity's outline business case or commissioning plan. As well as this, where highlight reports identify activities of concern, the Creating Health Pillar meetings will provide an opportunity to address specific lines of enquiry.

The Health Board's governance arrangements provide collective ownership of organisational issues, particularly on activity that has high risk, complexity and financial value within the SDP, to identify constructive action and assist effective delivery. Programme monitoring information is considered by the CTM Transformation Board every 2 months, with a full report taken to Strategic Delivery Committee bi-annually (every 6 months).

The Creating Health Pillar will produce an annual report for submission to the Board, of progress against its KPIs and narrative update on constituent programmes. This will inform production of an annual workplan, with allocated deliverables, alongside update of the SDP.

Oversight of activity will also be monitored as it progresses through the specified informal and formal governance and decision-making process, in line with CTM UHB's Standard Operating Procedures.

## Appendices

### Appendix 1

#### Context

##### Why Creating Health?

###### Health Inequalities

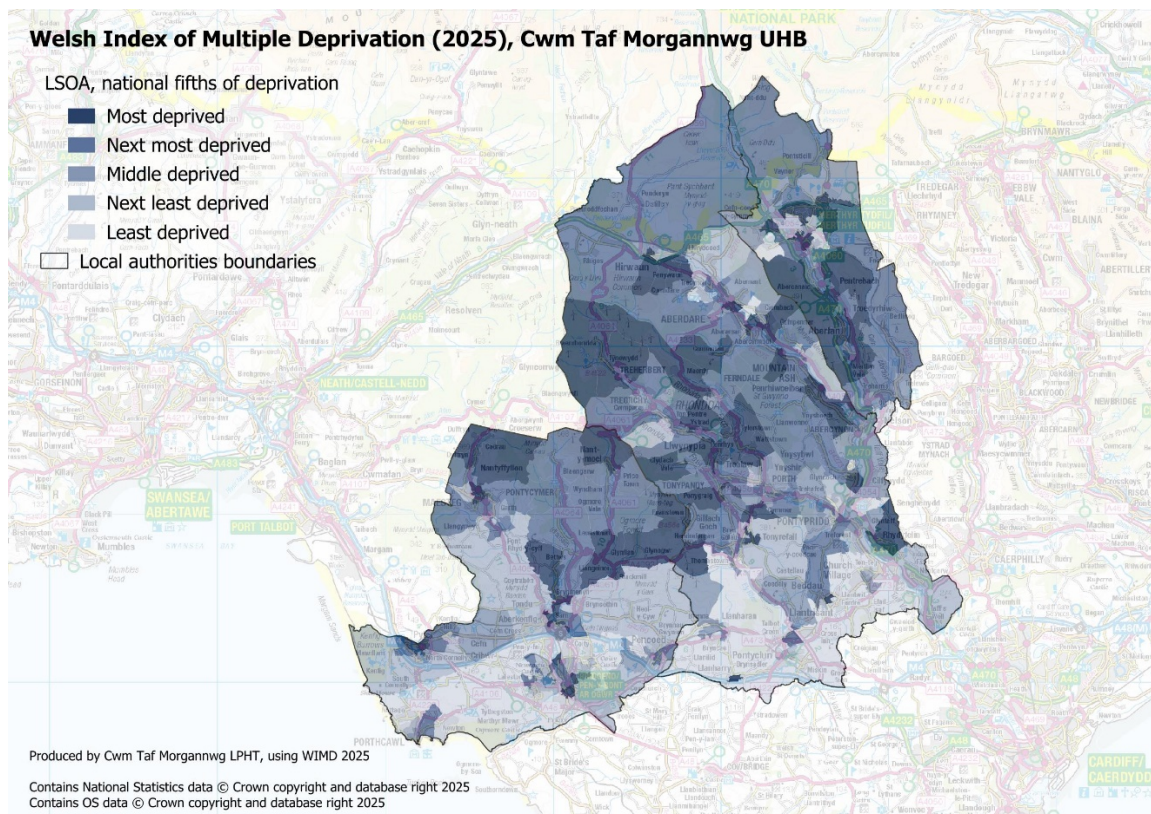
Wales' population is the [highest it has ever been, but it is also ageing because of falling birth rates](#) and migration. The population is expected to continue to grow and then fall as we move to 2050, although this may be slowed by improvements in life expectancy. However, there is a growing understanding that such improvements are not evenly distributed across different population groups.

Health inequities are **unfair** and often **avoidable** differences in an individual's health, when comparing different people or groups, that are due to biological, social, geographical or other factors. These factors interact in a dynamic way across the life course and can persist through generations. The key point here is that they are unfair.

The geographical area covered by Cwm Taf Morgannwg University Health Board, comprising Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils, is home to approximately 450,000 people. It is a place of close-knit communities, rich heritage and natural resources, social capital, aspiration and potential.

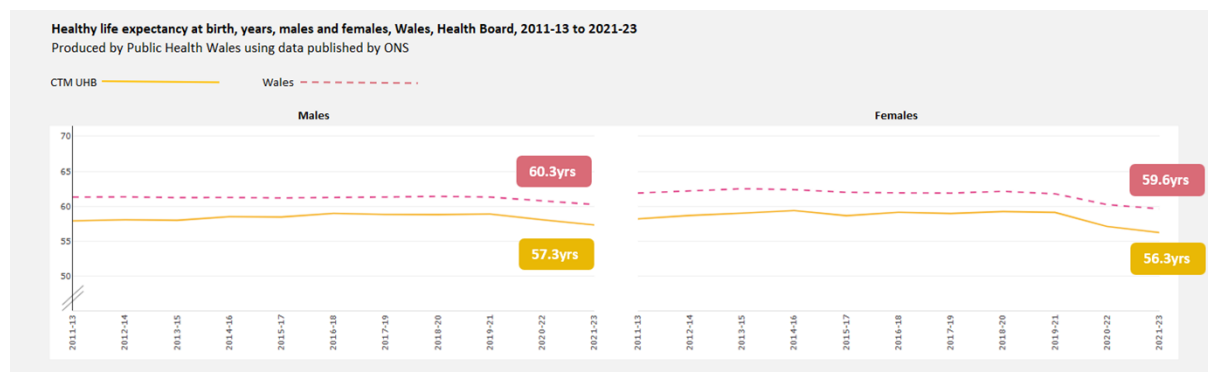
CTM has, however, a higher percentage of more deprived areas than other Health Board areas in Wales. 51.9% of CTM live in the two most deprived fifths of Wales, the highest percentage of all health boards. Fewer people in CTM live in the least deprived fifth (18.8% compared to 20% in Wales) and 4 of the 22 small areas in 'deep-rooted deprivation' in Wales are in CTM.

The distribution of deprivation across the Cwm Taf Morgannwg footprint highlights deprivation in the post-industrial areas and valley communities towards the north of the Health Board



There is a clear association between health and deprivation. Profiles of health behaviours such as smoking, obesity and chronic disease indicate a generally poorer picture within CTM than the Welsh average. Despite promising improvements from the preceding decade, a continuing picture of health inequities within our population remain evident when comparing Life Expectancy and Healthy Life Expectancy across geographical areas within CTM.

Both life expectancy and healthy life expectancy in CTM is below the Welsh average.



Most notably however is the gap in life expectancy at birth between the most and least deprived in CTM is now estimated at 6 years for males and 5.3 years for females. With regards to Healthy life expectancy, the gap is greater, at 10.7 years and 12.1 years for males and females respectively.

Inequalities in health arise because of inequalities in society and the conditions in which people are born, grow, live, work and age – leading to differential levels of vulnerabilities. To change this we need to act on the 'root' causes. These 'root' causes can be thought of as the basic building blocks for health such as good education, good quality housing, fair work, money and resources, social fabric of our communities and our surroundings. Without these, our health and wellbeing are affected, leading to ill-health that is avoidable and unfair.

These underlying levels of deprivation and chronic ill health contributed to CTM experiencing the highest levels of covid-19 infection and mortality in Wales. Further details of CTM's population, its health risks and outcomes, can be found in the [CTM Director of Public Health Report \(2023\)](#) and [Cwm Taf Morgannwg Wellbeing Assessment 2022](#). A new wellbeing assessment will be delivered by the PSB and partners in 2026 and CTM will support the development of this.

The key point is that these outcomes are inequitable and avoidable. The length of life (life expectancy), as well as the number of years lived in good health (healthy life expectancy) is falling in our most deprived communities (PHW, 2022), particularly for women.

Clearly our intention will be to increase not only life expectancy, but also to maximise the number of years lived in good health. Crucially, the difference between healthy life expectancy and life expectancy is a period of years living in ill-health and a period therefore when there will be an increased health need. By focusing on helping improve healthy lives at every opportunity throughout the life course, this will decrease illness, increase life expectancy and also extend the period of healthy years lived.

## Wider Context

### Responding to the Climate Emergency

Climate change represents a significant risk to the health board and the health and population we support. If reductive 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.

### Changes in Digital Technology

Digital and mobile technology continues to evolve and transform the way we live and work. We need to commit to supporting innovation and research that will allow us to realise the opportunities offered by technology, connect communities and increase productivity. Technology also has powerful potential to radically change the way we work as an effective, modern Health Board.

### Connected Communities

Accessible, inclusive services that meet people's needs and the way they lead their lives are essential to reducing inequalities and improving healthy life expectancy.

Adequate public transport and digital infrastructure will mean that people can travel to health and care services, access skills and employment opportunities.

## Appendix 2

### Value Based Health Care

#### A person-centred Value-Based Healthcare Approach

Embedding Value-Based Healthcare (VBHC) principles in Cwm Taf Morgannwg University Health Board's Creating Health Strategy is crucial for improving health outcomes, reducing inequity, and ensuring efficient resource utilisation. By focusing on patient-centred care, VBHC enhances the quality of care by working in partnership with patients, families and clinicians regarding the treatments to individual needs and what matters most to them, thereby achieving better health outcomes.

Furthermore, VBHC emphasizes measuring and analysing patient-reported outcomes and experiences, allowing for continuous improvement and evidence-based decision-making. This approach reduces inequity by ensuring that all patients receive high-quality care based on their specific health conditions rather than a one-size-fits-all model. CTMUHB align to the European Alliance for Value in Health, four pillars of VBHC include:

These pillars are crucial for creating a comprehensive and effective healthcare strategy:

##### 1. Personal Pillar:

- **Patient-Centred Care:** This pillar focuses on delivering care that is tailored to individual patient needs and preferences. It emphasizes shared decision-making and ensuring that patients are actively involved in their care process. By prioritizing patient experiences and outcomes, healthcare providers can achieve better health results and higher patient satisfaction.

##### 2. Technical Pillar:

- **Clinical Effectiveness and Efficiency:** This involves using evidence-based practices and technologies to ensure that care is both effective and efficient. It includes the implementation of best practices, continuous quality improvement, and the use of advanced medical technologies to enhance the precision and effectiveness of treatments.

##### 3. Allocative Pillar:

- **Resource Allocation and Cost-Effectiveness:** This pillar focuses on the optimal use of resources to achieve the best possible health outcomes. It involves prioritizing interventions that provide the

greatest value and ensuring that resources are distributed equitably to meet the needs of all patients. By allocating resources wisely, healthcare systems can reduce waste and improve overall efficiency.

#### 4. **Social Pillar:**

- **Equity and Population Health:** This pillar emphasizes the importance of addressing social determinants of health and reducing health disparities. It involves creating policies and practices that promote health equity and ensure that all population groups have access to high-quality care. By addressing broader social factors, such as socioeconomic status, education, and environment, healthcare providers can improve the health of entire communities.

These pillars ensure a holistic approach to healthcare, prioritising patient well-being, and fostering a sustainable healthcare system.

## Appendix 3

### Deliverables

Programme	2026/27 Deliverables	Creating Health Objective	2027/28 onwards Deliverables	Creating Health Objective
<b>AF and HPT</b>	<p>Develop plan to embed service into Primary care Services</p> <p>Produce model of redesigned WISE services</p> <p>Ongoing delivery of outreach offer</p> <p>Increased case finding and long-term condition prevention</p>	<p>Objective 1</p> <p>Objective 3</p>	<p>Review remodelled service and complete service evaluation</p> <p>Continue to deliver an outreach offer</p>	<p>Objective 1</p> <p>Objective 3</p>
<b>National Hepatitis Elimination Programme</b>	<p>Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability</p> <p>Implement a sustainable service for testing across the three probation offices within CTM.</p> <p>Continue to improve testing rates and ultimately treatment rates.</p>	<p>Objective 1</p> <p>Objective 3</p>	<p>Sustained delivery of micro elimination of Hepatitis C within Parc Prison</p> <p>Maintain sustainable service for testing in probation services</p> <p>Continue to improve testing rates and ultimately treatment rates.</p>	<p>Objective 1</p> <p>Objective 3</p>

	Scope pilot for Diseases of elimination approach			
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<p><b>Behavioural Science</b></p>	<p>Twelve training sessions undertaken quarterly</p> <p>Ninety individuals to undertake training every quarter</p> <p>Behavioural science application support provided to 6 projects/areas of work each quarter (ad hoc/applied).</p> <p>Support implementation of behaviourally informed approaches in clinical pathways across the different care groups in the Health Board.</p> <p>Embed impact evaluation of behavioural science application to inform and strengthen ongoing practice and support model of delivery.</p> <p>Integrate academic research and key findings/recommendations into evidence-based intervention development.</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> <p>Objective 4</p>	<p>Twelve training sessions undertaken quarterly</p> <p>Ninety individuals to undertake training every quarter</p> <p>Behavioural science application support provided to 6 projects/areas of work each quarter (ad hoc/applied).</p> <p>Expand organisational capability, ensuring behavioural science becomes a routine component of staff development, communication design, and frontline practice</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> <p>Objective 4</p>
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<p><b>PHM</b></p>	<p>Review implementation models in CTM in short/med term</p> <p>Increased case finding for existing services.</p> <p>Increased proactive identification of patients for preventative interventions and services.</p> <p>Review implementation models in CTM in short/med term</p> <p>Increased case finding for existing services.</p> <p>Increased proactive identification of patients for preventative interventions</p> <p>Development and implementation of PHM infrastructure using CTM shared care record (phase 1 is pilot in managed practice)</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> <p>Objective 4</p>	<p>Move towards a more mature PHM system by increasing capability for delivering PHM and proactive preventative care pathways in both primary and community care and secondary care.</p> <p>Scale and spread the PHM delivery offer phase 2 to non-managed practices in CTM using shared care record</p> <p>Identification of key population groups and development of proactive care models</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> <p>Objective 4</p>
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<p><b>Healthy Weight Programmes</b></p>	<p>Introduction of obesity tier 2 and 3 for children</p> <p>Sign off of Healthy Weight roadmap</p> <p>Roll out of PIPYN CTM wide</p> <p>Ongoing measuring impact and learning of PHW nine steps for CTM</p> <p>Implement Obesity Pathway Innovation Programme locally</p> <p>Develop regional Food Partnership action Plan</p> <p>Develop and implement operational measures for HW</p> <p>Implement CTM Healthy Travel</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> <p>Objective 4</p>	<p>Continued delivery of Healthy Weight Road Map</p> <p>Ongoing measuring impact and learning of PHW nine steps for CTM</p> <p>Implement Regional Food partnership action plan</p> <p>Ongoing review of service capacity</p> <p>Ongoing implementation of CTM Healthy Travel</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> <p>Objective 4</p>
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<p><b>Reduction in Harms from tobacco and nicotine</b></p>	<p>Build capacity, quality &amp; awareness of smoking cessation delivery across CTM</p> <p>Develop the Health Board's role in achieving smoke-free by 2030 target</p> <p>Delivery and continuous improvement of HMQ in Hospital model</p> <p>Tackle inequities in smoking prevalence, including developing an understanding of barriers for priority groups</p> <p>Implement maternity smoking pathway &amp; quality HMQ for Baby service</p> <p>Develop wider partner support for achieving smoke-free by 2030 target</p> <p>Prevent children &amp; young people from taking up smoking and vaping</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p>	<p>Continued development of HMQ services towards Smokefree 2030</p> <p>Continued development of children &amp; young people prevention programme</p> <p>27/28 Develop HMQ provision within Lung Health Check programme</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p>
<p><b>Diabetes</b></p>	<p>Delivery of the CTM 5-year diabetes strategic plan.</p> <p>Support diabetes remission service implementation/evaluation</p> <p>Support equitable roll out of the AWDPP</p> <p>Explore enhanced diabetes case-finding</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p>	<p>Continued actions from year 1</p> <p>Further scale AWDPP, remission and case-finding</p> <p>Continue improvements in 8 Care Processes and structured diabetes education</p>	<p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p>

	<p>Co-produce an intervention to pilot with the intention of delaying/reducing risk of development of T2DM in women with GDM</p> <p>Support preconception work in RCT</p> <p>Support diabetic eye screening equity work</p> <p>Explore opportunities to support transition for people living with T1DM from CYP to adult services.</p> <p>Review and support Structured diabetes education work</p> <p>Support increased uptake of 8 care process</p> <p>Support implementation of the new CTM T2DM pathway</p> <p>Support implementation of recommendations for staff living with diabetes</p>		<p>Embed data dashboard, PROMs/PREMs</p> <p>Strengthen equity monitoring and targeted interventions</p>	
<b>Mental Health and Well-being</b>	Develop an implementation plan of recommendations from the CTM MH and WB needs assessment by the end of March	Objective 1 Objective 2	Delivery of the CTM implementation plan for mental health and wellbeing	Objective 1 Objective 2

	Develop a clear workplan to support the local implementation of the two national strategies: National Mental health and wellbeing strategy and National Suicide Prevention and Self-Harm Strategy.	Objective 3	Ongoing delivery and evaluation of local workplans to support National Mental health and wellbeing strategy and National Suicide Prevention and Self-Harm Strategy.	Objective 3
<b>Social Prescribing</b>	Establish a strategic view of local community development needs.  Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4	Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4
<b>Income Maximisation</b>	Evaluation pension credit/warmer homes work  Review income type and population options for targeting 26/27  Support HB in Wales with roll out of warmer homes project	Objective 1 Objective 2 Objective 3 Objective 4	Embed income maximisation work in business as usual practise	Objective 1 Objective 2 Objective 3 Objective 4
<b>Maternity Population Health</b>	Development of Maternity Population health strategy	Objective 1 Objective 2	Ongoing implementation of Maternity Population Strategy  Evaluation of Social Complexities Team	Objective 1 Objective 2 Objective 3

	<p>Sign off for CTM Maternity Population Health Strategy</p> <p>Development of measurable objectives Development of Social Complexities Team</p> <p>Healthy weight pathway evaluation and shared learning</p>	Objective 3	Implementation of new healthy weight pathways as appropriate	
<b>Housing and Community</b>	<p>Develop Health and Housing data linkage project</p> <p>Build place-based partnerships for wellbeing work</p>	Objective 1 Objective 3	Scope sustainable options of delivery	Objective 1 Objective 3
<b>Population Health Framework</b>	<p>Scope programme objectives focussed around key themes:</p> <ul style="list-style-type: none"> <li>- How we work</li> <li>- Who works with us</li> <li>- Finance and budget</li> <li>- Inequalities</li> <li>- Marmot</li> </ul> <p>Sign off CTM Population Health Framework</p>	Objective 1 Objective 2 Objective 3 Objective 4	Deliver defined programme of work with associated deliverables	Objective 1 Objective 2 Objective 3 Objective 4



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## Appendix 4 Current performance against KPIs CTM Population Health Outcome Measures;



Creating%20Health  
%20data\_20260114\_

## NHS performance framework;



HB%20Integrated%  
20Performance%20C



**Agenda Item**

8.2a

**Strategic Development Committee**

**Healthy Weight Strategic Plan**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Rob Green – Consultant in Public Health
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Angela Jones – Deputy Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	Endorse for Board Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Healthy Weight Steering Group, Adult Weight Management Steering Group, Babies, Children and Young People Healthy Weight Group	Multiple dates	Co-production
Creating Health	Spring/Summer 2025	Initial scope and framework agreed



Diabetes Programme Board	Feb 2026	Feedback and socialisation
ICB	Mar 2026	Feedback and socialisation
Creating Health	Apr 2026	Endorse for SDC

<b>Acronyms / Glossary of Terms</b>	
GLP1	Glucagon-like peptide-1
CTMUHB	Cwm Taf Morgannwg University Health Board



## 1. Situation / Background

1.1 Healthy Weight is a strategic priority for CTMUHB, with levels of overweight and obesity being key drivers for health inequalities, poor health outcomes, increased UHB activity and spend.

1.2 Key healthy weight data for CTM include:

- 22% of babies in CTM receive any breastmilk at 6 months (lowest in Wales)
- 1 in 4 children enter primary school overweight and 1 in 8 living with obesity.
- 60% of 11–16-year-olds do not regularly eat fruit or veg (highest in Wales)
- 100,000+ adults living with obesity (BMI 30+, 33%)
- 17,000~ adults with a BMI over 40 (5%)
- CTM local authorities have some of the highest densities of fast-food takeaways in Wales
- £98m-£205m – estimated total annual costs of obesity and related conditions to CTMUHB

1.3 The CTMUHB Healthy Weight Strategic Plan brings together all relevant healthy weight workstreams into a single plan, outlining initial priority actions and longer-term strategic direction.

1.4 The Healthy Weight Strategic Plan aligns to the 2025-27 delivery plan for the national Healthy Weight: Health Wales strategy, alongside the longer-term aims of the strategy.

## 2. Specific Matters for Consideration

2.1 The Healthy Weight Strategic Plan outlines activity across the six domains of the Healthy Weight Healthy Wales delivery plan:

- Embedding a whole system approach
- Supporting families and the foundations for lifelong health
- Working towards schools and settings that support good health
- Creating healthier food environments
- Supporting people to live active lives
- Providing high quality, equitable, compassionate treatment pathways

2.2 Priority actions for 2026/27 include:

- Launching our regional joint action plan for the food environment through the Public Service Board's food resilience sub-board.



- Rolling out the Pipyn programme CTM wide, providing support to children and family around healthy weight, and building a legacy of healthy environments.
- Reviewing and strengthening our adult weight management services, piloting digital capacity, and participating in the All-Wales Obesity Pathway Innovation Programme led by Public Health Wales (dependant on confirmation of final model).

### 3. Key Risks / Matters for Escalation

- 3.1 There are a number of Healthy Weight-related risks logged within CTMUHB. Work is currently underway to review these.
- 3.2 Key risks include:
- 3.2.1 5462 High adult obesity rates resulting in an increase in obesity related conditions and poorer health outcomes - insufficient clinical capacity and/or insufficient medication budget within the adult weight management service to support the population living with obesity and overweight.
- 3.2.2 5579 Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.
- 3.2.3 6179 High and increasing prevalence of overweight and obesity in children and adults.
- 3.3 There is a pending risk on the risk register relating to inability of the Health Board to respond to the Welsh Health Circular (WHC) - 2025/043 - New clinical pathway for treating and managing obesity.

### 4. Assessment

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



<a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Choose an item.
	If more than one applies please list below: All apply
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Choose an item.
	If more than one applies please list below: All
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Individual QIAS to be undertaken as individual workstreams progress
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Assessments will be undertaken in due course as individual workstreams progress
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Working to provide better support for people living with obesity will strengthen the reputation of the health board	
<b>Effaith Adnoddau</b>	Yes (Include further detail below)	



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

The strategy advocates for, but does not commit to increased resource in the healthy weight space.

## 5. Recommendation

5.1 The Strategic Development Committee is asked to Endorse the Healthy Weight Strategic Plan for Board Approval.

## 6. Next Steps

6.1 Welsh language translation and light touch design work to be completed prior to submission to July Board.

6.2 Creating Health Programme Board will receive annual updates on progress against the Strategic Plan and a refreshed annual plan.

6.3 The Healthy Weight Steering group will oversee the delivery of the Strategic Plan

6.4 Work is underway to refresh governance, finalise implementation plans, and agree key metrics alongside other mechanisms for understanding progress.

## **Cwm Taf Morgannwg Healthy Weight Strategic Plan**

**A three-year framework to guide our strategic approach to healthy weight across CTMUHB**

## Summary

Being a healthy weight is increasingly challenging in our society, with the number of people living with overweight or obesity doubling in the UK over the past three decades. Our towns and villages are increasingly flooded with energy-dense, poor-quality food, whereas accessing good quality, affordable food is increasingly challenging. Opportunities for physical activity are limited for many people. Low incomes and poor infrastructure often serve to compound these challenges. As a result, obesity is now one of the key drivers of ill-health in Cwm Taf Morgannwg (CTM).

Our vision is to create healthier environments that make it easier for the people of CTM to live their lives a healthy weight, and to empower people living with obesity to achieve and maintain a healthy weight through compassionate, accessible, and psychologically informed support - reducing health inequalities, enhancing quality of life, and preventing ill health.

Our obesogenic environment has developed over decades, building healthier communities will require similar timeframes. However, with the current impact of obesity in CTM, this is essential long-term work and requires long-term strategic commitment.

We will be doing this through work within our organisation, with regional partners, and as part of a national system on the 6 priorities of the 2025-27 Healthy Weight: Healthy Wales delivery plan:

1. Embedding a whole system approach
2. Supporting families and the foundations for lifelong health
3. Working towards schools and settings that support good health
4. Creating healthier food environments
5. Supporting people to live active lives
6. Providing high quality, equitable, compassionate treatment pathways

Our flagship actions for 2026-27 include:

- Launching our regional joint action plan for the food environment through the Public Service Board's food resilience sub-board.
- Rolling out the Pipyn programme CTM wide, providing support to children and family around healthy weight, and building a legacy of healthy environments.
- Reviewing and strengthening our adult weight management services, piloting digital capacity and participating in the All-Wales Obesity Pathway Innovation Programme.

Our wider initial priorities are outlined on our plan on a page on page 4.

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## Glossary and Acronyms

Term	Explanation
<b>AWMP</b>	All-Wales Weight Management Pathway – nationally agreed levels of weight management support provision according to patient need
<b>AWMS</b>	Adult Weight Management Service
<b>BMI</b>	Body Mass Index
<b>CYP</b>	Children and Young People
<b>GLP-1</b>	Glucagon-like-peptide-1 receptor agonist, weight loss medication category including Semaglutide (sold under Wegovy and Ozempic brands). GLP-1 used colloquially to cover all current novel weight loss medications.
<b>GLP-1/GIP</b>	Combined GLP1 and Glucose-dependent insulinotropic polypeptide receptor agonist, weight loss medication category including Tirzepatide (sold under Mounjaro brand)
<b>HWHW</b>	Healthy Weight: Healthy Wales – national 10-year healthy weight strategy
<b>HWHY</b>	Healthy Weight: Healthy You – Public Health Wales designed national Level 1 weight management programme.
<b>NERS</b>	National Exercise Referral Scheme
<b>OPIP</b>	Obesity Pathway Innovation Programme – 3 year UK Research and Innovation programme, with All-Wales bid awaiting formal confirmation as of April 2026.
<b>Pipyn</b>	Pwysau Iach Plant Yng Nghymru (Healthy Children Healthy Weight in Wales) – healthy weight programme working with families with children aged 3-7 and on their wider environment, initially incepted as part of Welsh Government funded pilot.
<b>PHW</b>	Public Health Wales
<b>PSB</b>	Public Service Board

## Healthy Weight Strategic Plan on a Page: Initial priority actions for a Whole System Approach to Healthy Weight

Domain	Our priority actions for 2026/27
<b>Embedding a Whole System Approach across CTM</b>	<ul style="list-style-type: none"> <li>• Embed a Whole System Approach with strategic partners across CTM to develop a shared understanding of the challenges in our communities, and integrate action to bring about sustainable, long-term change.</li> </ul>
<b>Supporting families and the foundations for lifelong health</b>	<ul style="list-style-type: none"> <li>• Delivery of the CTMUHB Infant Feeding strategy, and working to enhance local delivery of national initiatives, including PHW breastfeeding welcome scheme, awareness of National Breastfeeding Helpline, and UNICEF Baby Friendly Initiative Gold across the Health Board.</li> <li>• Developing a pan-CTM Pipyn offer, supporting families and children aged 3-10 to grow up a healthy weight, focusing on health inequalities and leaving a legacy of healthy environments.</li> <li>• Continuing work to identify refine a local model and identify funding for a Level 3 child obesity service.</li> </ul>
<b>Healthy settings: CTMUHB as a Population Health Organisation, and working with Schools and other settings</b>	<ul style="list-style-type: none"> <li>• Working through our Healthy Pre-schools and Schools programmes to support settings across CTM taking a whole-setting approach to healthy weight.</li> <li>• Increasing participation in the Food and Fun summer activity programme, increasing access to food and nutrition education, physical activity, enrichment activities as well as healthy meals.</li> <li>• Enabling more people to eat healthier food on our CTMUHB sites, with an initial focus on incremental retail menu development.</li> <li>• Improving healthy travel options around CTMUHB sites through our work on the PSB Healthy Travel Charter.</li> <li>• Continuing to develop our active workplace culture &amp; identifying opportunities to better support staff living with overweight or obesity.</li> </ul>
<b>Creating Healthier Food Environments</b>	<ul style="list-style-type: none"> <li>• Building our regional food network in partnership with the Public Service Board to support the development of long-term, whole system, collaborative action.</li> </ul>
<b>Supporting people to achieve and maintain a healthy weight</b>	<ul style="list-style-type: none"> <li>• Reviewing our adult Level 2 and Level 3 services, developing digital offers and continuing to increase capacity with face-to-face offers for our most complex patients.</li> <li>• Implementing clear, equitable eligibility criteria for weight loss medications, focusing on highest priority patients based on national guidance and available funding.</li> <li>• Working with national colleagues on future developments for weight loss medications in Wales.</li> <li>• Engaging with the All-Wales Obesity Pathway Innovation Programme (OPIP) to test hybrid digital and community weight management support.</li> <li>• Reviewing our maternal weight management offer and better integrating support during pregnancy with support during the first years of life.</li> </ul>

# Introduction

Obesity is one of the key drivers of ill-health in Cwm Taf Morgannwg (CTM). The doubling of obesity rates seen in the UK since the mid-90s is not the product of individual-level actions, but of changes in our environment which makes maintaining a healthy weight increasingly difficult. These environmental factors disproportionately affect people living in communities with higher levels of deprivation, where we see our highest rates of obesity.

In CTM around 2 in 3 adults are overweight and 1 in 3 are living with obesity. 1 in 4 children are overweight on entry to primary school and around 1 in 8 are living with obesity.

Overweight and obesity are key risk factors for a wide range of conditions, including diabetes, cardiovascular disease, cancers, musculoskeletal disorders and common mental health conditions. Obesity is associated with an increased risk of adverse birth outcomes for mother and baby.

Work by the University of Bangor estimated the annual cost of obesity to CTMUHB to be between £98m and £205m.

The development of novel weight loss medications represents an opportunity for individualised approaches to weight loss, but significant challenges remain around scale and cost of delivery for a stretched healthcare system, and the sustainability and long-term impact of weight loss for people taking them.

Without long-term, system-wide, preventative action that recognises the impact of the upstream drivers of overweight and obesity we will not be able to create an environment that enables our future generations to grow up a healthy weight.

## **Cwm Taf Morgannwg University Health Board Healthy Weight Strategic Plan**

This three-year road map (2026/27 - 2029/30) outlines the direction for Healthy Weight activity in CTMUHB and current priority actions. Co-ordinated action across the Health Board, and with regional partners is essential to maximising our impact.

Our strategic plan follows the framework set out as part of the Healthy Weight: Healthy Wales (HWHW) delivery plan 2025-2027, which focuses on children and young people and includes six themes:

- embedding a whole system approach
- supporting families and the foundations for lifelong health
- schools and settings that support good health
- creating healthier food environments
- active lives
- treatment pathways

## Key strategies and guidance

**Healthy Weight Health Wales<sup>i</sup>** - this Strategic Plan is the CTMUHB response to the national Healthy Weight Healthy Wales (HWHW) strategy, which sets out a national vision for 2030 and beyond. HWHW is organised along 4 pillars, with the 2025-2027 Delivery Plan organised as described above.

- Healthy Environments
- Healthy People
- Healthy Settings
- Leadership and Enabling Change

**Wales Community Food Strategy**, and **Food for Our Future: How Local Authorities Can Shape Better Food Systems in Wales** – Strengthening local food systems, improving healthy eating and creating more sustainable communities across Wales.<sup>ii,iii</sup>

**Marmot Nation** – building healthier environments that enable people to be a healthy weight aligns with the Welsh Government’s ‘Marmot Nation’ ambition.<sup>iv</sup>

**All-Wales Weight Management Pathway** – Sets out nationally agreed levels of support for people living with overweight and obesity, agreed pathways exist for adults and children, with a maternity pathway in development. Intensity of support increases to meet individual need and complexity.

**NHS Wales Planning Framework 2026-2027** – Increasing the proportion of children in Wales who are a healthy weight as reported through the National Child Measurement Programme, focusing on those most disadvantaged is a priority under the framework for Population Health and Prevention.

**NICE Guideline NG246 – Overweight and Obesity Management** – Covers the prevention and management of overweight and obesity in children and young people, and adults and informs the actions covered by this Plan.

## Local Strategic Importance

Healthy Weight has been recognised as a strategic priority of the health board in the current IMTP (2026-2029). System wide action to prevent obesity will be essential to the long-term delivery of sustainable health services.

Enabling more people to live with a healthy weight will be key to achieving the key strategic aims of **CTM2030: Creating Health, Improving Care, Inspiring People and Sustaining our Future**.

The CTM Regional Partnership's **Whole System Whole Heart** children's strategy outlines a system wide ambition to enable healthy lives and support children to grow up active, well-nourished and at a healthy weight.<sup>v</sup>

The road map aligns with the current CTMUHB **5-Year Diabetes Strategic Plan**.

The Health Board currently has three organisational risks relating to Healthy Weight. These are currently under review.

- 5462 High adult obesity rates resulting in an increase in obesity related conditions and poorer health outcomes - insufficient clinical capacity and/or insufficient medication budget within the adult weight management service to support the population living with obesity and overweight
- 5579 Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.
- 6179 High and increasing prevalence of overweight and obesity in children and adults.

# Healthy Weight in Data

## Healthy Weight in Childhood<sup>vi,vii,viii</sup>

- 22% of babies receive any breastmilk at 6 months (lowest in Wales)
- 1 in 4 children enter primary school overweight and 1 in 8 living with obesity
- 60% of 11–16-year-olds do not regularly eat fruit or veg (highest in Wales)
- 83% of 11–16-year-olds aren't meeting physical activity recommendations.

## Adults living with obesity in CTM<sup>ix,x</sup>

- 100,000+ adults living with obesity (BMI 30+, 33%) 1,500 people develop obesity annually
- Around 17,000 adults with a BMI over 40 (5%)
- 38% of pregnant people are living with obesity on initial antenatal booking, and around 8% have a BMI over 40 (~330 out of 4100)

## Our environment<sup>xi,xii</sup>

- CTM local authorities have some of the highest densities of fast-food takeaways in Wales
- 50% of respondents found accessing affordable food challenging in Rhondda Cynon Taf

## Cost and Service impact<sup>xii,xiii,xiv,xv</sup>

- £98m - £205m – estimated total annual costs of obesity and related conditions to CTMUHB
- £2.8m – estimated annual cost of increased rates of emergency caesarean section
- £2m - £5m – estimated costs of obesity-related workforce absence to CTMUHB
- Increased length of inpatient stay and complexity of intervention.
- Majority of diabetes cases are attributable to overweight and obesity.

### What our families tell us:

Lack of transport can make it difficult to get to supermarkets where fruit and vegetables are more affordable.

Working long hours and multiple jobs can make it difficult to find the time or energy to prepare healthier meals for families.

Takeaways are sometimes the only option in the evenings if local shops close earlier.

Antisocial behaviour means people don't feel comfortable allowing their children to play outside.

Constant promotion of unhealthy options, or takeaway leaflets through the door puts pressure on families to eat unhealthily.

# Embedding a Whole System Approach to Healthy Weight

Our Whole System Approach to healthy weight is a long-term approach to build healthier environments that enable healthier choices and sustainable change.

## **Systems Working Key to our Vision for a Healthier Weight**

The proportion of people living with obesity in the UK has doubled over the past 30 years. More so in our more deprived communities, where we see more of the environmental factors behind these rises - lack of access to good quality food, green space, transport, community safety issues and low incomes making it hard for people to afford healthier options.

Obesity, and our obesogenic environment are complex, so it is essential that we take an approach that recognises this complexity. Systems working looks at the many interconnecting factors that contribute to our increasing numbers of people living with obesity, and seeks to identify leverage points for change.

Through this work we aim to instigate long term system change to support population health and reduce inequalities.

## **What Systems Working Is**

Systems working recognises complexity and seeks to align how we prioritise. It involves:

- Developing shared goals and language across sectors
- Understanding local assets and barriers
- Co-producing actions with diverse stakeholders.
- Experimenting, learning and adapting
- Using data to find patterns which can help inform and evaluate change
- Capturing impact of structural changes and the ripple effects of our work

## Action Scales Model

The Action Scales Model (figure 1) is a systems-thinking framework that helps people to understand that there are different levels where interventions can affect the system: events, structures, goals, and beliefs. It shows how most solutions usually focus on visible events, and more sustained and transformative change comes from shifting interventions towards underlying goals and beliefs that shape how the system behaves. The model encourages balancing short-term action with deeper work, recognising that deeper levels are harder to change but have greater long-term impact.

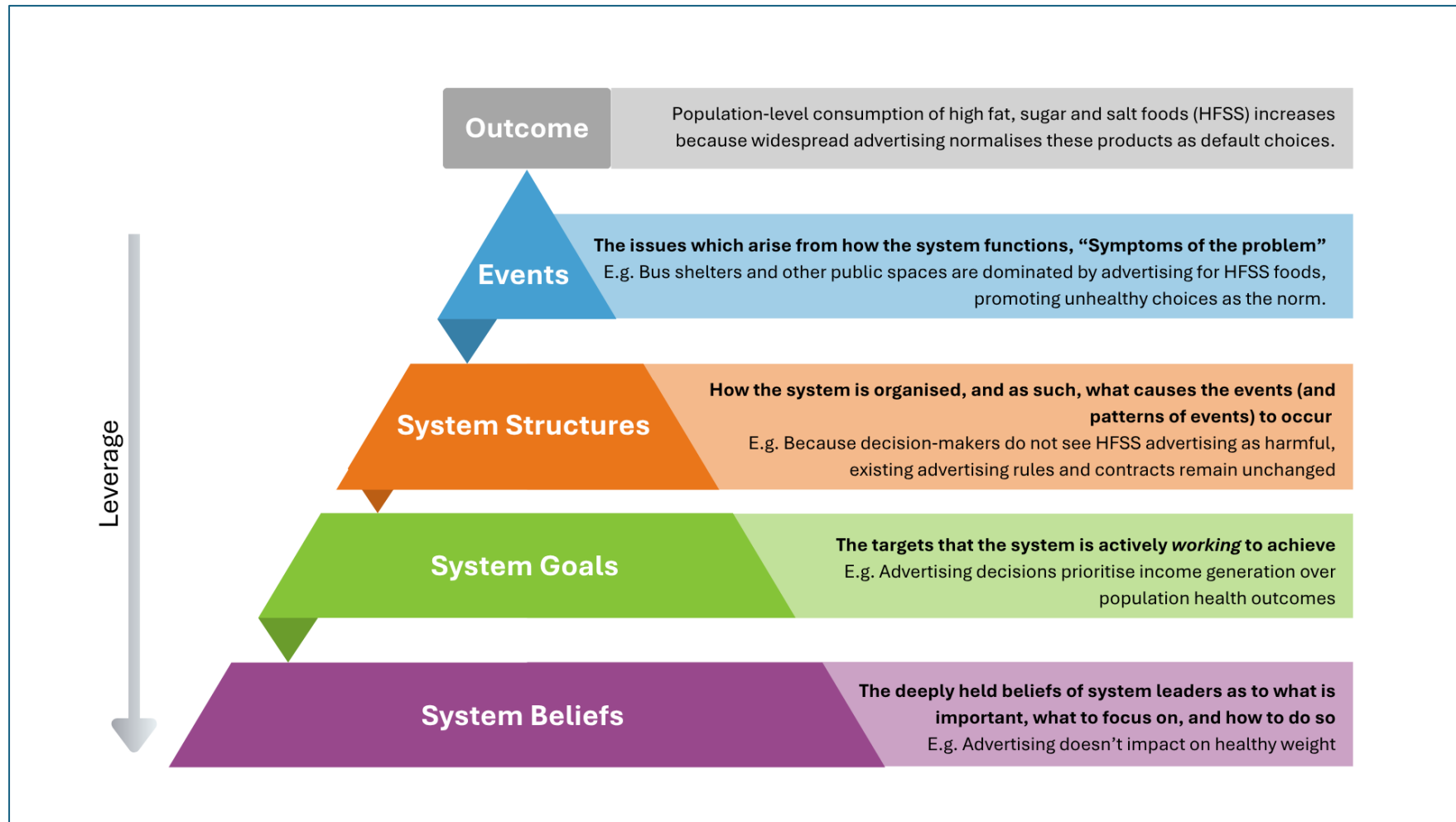


Figure 1: Action Scales Model, adapted from Noble et al, 2022. The Action Scales Model. doi:10.1177/17579139211006747

**What we are working on:**

While there are many systems that come together to cause our high levels of obesity, we are currently focusing on our food environment, following many conversations with our residents and partners.

We are currently:

- Building a regional food network with CTM Public Services Board partners, with a shared understanding of our food system and working to shared goals.
- Embedding healthy weight ambitions and goals within local strategic partnerships and plans
- Listening and amplifying community voices on food through appreciative inquiry
- Expanding and strengthening relationships with key stakeholders in the food system
- Learning how to support community-level leadership for local food systems with the Treherbert Learning Community

## Our Regional Joint Action Plan

Our regional joint action plan (figure 2) has been developed through work with partners across CTM, particularly the Food Sustainability leads in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. The 8 key areas for action will be prioritised, and initial actions will be progressed collaboratively through the Food Resilience Sub-board of the PSB.

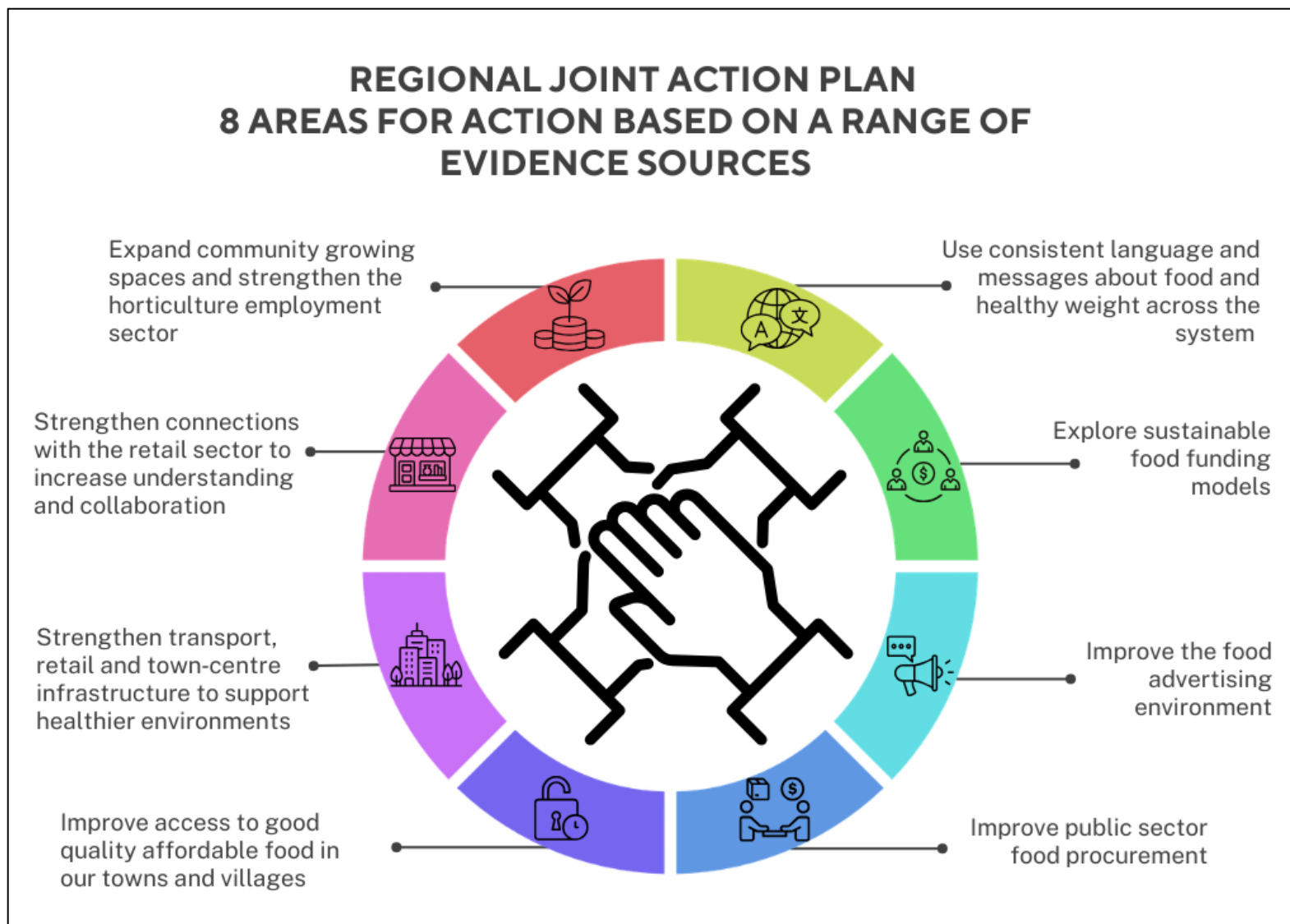


Figure 2: draft regional joint action plan

# Supporting Families and the Foundations for Lifelong Health

## Vision

Giving every child and family the best start for a healthy weight and lifelong wellbeing through supportive, health promoting environments; providing family-based support for those who need it most.

## Why this matters:

Around 1 in 8 children aged 4-5 are living with obesity in Cwm Taf Morgannwg, 1 in 4 being overweight. Data from England suggests obesity rates may double by the time children leave primary school. The rates of childhood obesity in our areas of high deprivation are almost twice as high as those in more affluent areas. Only 1 in 5 babies are breastfed at 6 months.

Earlier onset of obesity is associated with a greater likelihood of developing conditions such as diabetes, cardiovascular disease, musculoskeletal problems, and obesity related cancers.

Childhood obesity is also associated with poorer mental health and wellbeing, and

performing less well at school. Recent work by PHW emphasises the importance of focusing on the early years, with many children showing signs of excess weight gain before the age of 3.

Preventing childhood obesity is complex and requires a whole system approach, from support for families in the first 1000 days, the environments our children grow up in, supporting families with healthy behaviours, and more focused work with those families and children in greatest need.

Giving children the best start starts pre-conception with good maternal health, while breastfeeding significantly reduces the chances of developing obesity and type 2 diabetes with a range of other important health and wellbeing benefits. PHW's 10 Steps to a Healthy Weight outlines the best actions in the early years to help children grow a healthy weight.<sup>xvi</sup>

We know that many of our families struggle to access or afford good quality food. Child poverty, poor quality housing, safe spaces to play and many other issues interact to make it hard to give children the best start.

The Child Measurement Programme measures 4–5-year-olds annually. In 2023/24 it found:

1100 children living with overweight or obesity (26%)

510 children living with obesity (12%)

Rates were 40 - 50% higher in our highest vs lowest primary care cluster area – showing the impact of deprivation.

There are many stakeholders and potential touch points, from midwifery, health visiting and school nursing, education, our services providing healthy weight support, through to how we advocate for healthier environments to grow up in and lift families out of poverty.

## What's the Status Quo?

Our current programmes and workstreams include:

- Building on the success of the Pipyn programme in Merthyr, taking a whole system approach to working with families and the environment around them to give our children the best chance of growing up a healthy weight with a CTM-wide roll out.
- Delivering the CTMUHB infant feeding strategy, working to increase the numbers of families providing breastmilk to their babies, creating a supportive breastfeeding culture, and promoting strong parent infant relationships and adopting the Baby Friendly Initiative across our services.
- Recording the height and weight of children on entry to primary school to track healthy weight progress each year.

Key gaps for our CYP healthy weight system include:

- How we integrate across our maternity, early years and children's programme for maximum impact on healthy weight.
- No available support for our most complex children and families living with obesity, in the form of a Level 2 or 3 Children and Young People's weight management service.
- No systematic follow up for children identified as living with overweight or obesity in our child measurement programme.
- No Pipyn equivalent programmes aimed outside of the current age-range of 3-7 to scale up our preventative, systems approaches.

## Our priorities for action

### Pipyn – cornerstone of our approach

Pipyn has been running since 2023 in Merthyr Tydfil as part of a Welsh Government funded pilot, with funding from Rhondda and Taf Ely Primary Care Clusters since 2024/25. Pipyn employs a dual approach to preventing childhood obesity, working directly with families on key skills around food, activity and healthy behaviours, while listening to their barriers and understanding their local environment as part of wider work on a whole system approach to healthy weight.

The announcement of recurrent investment of £600,000 in Pipyn from with CTMUHB is an opportunity to roll out Pipyn across CTM.



Working on building a pan-CTM model for Pipyn as a cornerstone of our approach to healthy weight in childhood is a core priority of this Plan. This work will include:

- Collaborative work within CTMUHB, across Dietetics, Public Health, Strategy and Planning, School Nursing, our Healthy Schools programme Primary and Community Care and more.
- Continuing to build external partnerships with Local Authority, schools, voluntary sector organisations and local community groups.
- Continual learning cycles, using quantitative data and listening to our families and stakeholders using appreciative enquiry and systems thinking approaches to widen impact and take a Whole System Approach.
- Focusing on areas of higher deprivation where childhood obesity rates are likely to be highest, and barriers to being a healthy weight greatest.
- An initial focus on families with children aged 3-10 for upstream preventative approaches.
- In the future, exploring how we can better engage with early years programmes and secondary school age children to work with babies, children and young people aged 0-18.

#### Our Priorities for this Strategic Plan

Lifecourse	Where do we want to be	Our Initial Priorities	In the longer term we want to
<b>Maternity and Early Years</b>	Deliver an integrated approach to healthy weight across key health contacts, from maternity, through to health visiting and school nursing, to ensure women, babies and children are supported to be a healthy weight.	<p>Implementing the CTMUHB Infant Feeding Strategy to increase rates of breastfeeding in CTM.</p> <p>Identifying opportunities to enhance local delivery of national initiatives, including PHW breastfeeding welcome scheme, National Breastfeeding Helpline and Baby Friendly Initiative Gold Standard</p> <p>Piloting and spreading an improved approach to handover and transition of care between maternity and health visiting – ensuring we build on antenatal work to improve healthy weight.</p> <p>Working to improve family incomes and enable better access to quality food, learning from benefit maximisation work with older adults. e.g., Healthy Start cards.</p>	Work with national colleagues to understand the most impactful actions across the early years to support children and families with a healthy weight.

<p><b>School-age children</b></p>	<p>A whole system approach to healthy weight, with collaboration between a sustainably funded Pipyn programme, the Health Promoting Schools programme, school nursing and our Whole System Approach team to maximise our impact for primary school age children, working with education partners. This work will have wider ripple effects to families and the wider community.</p>	<p>Pipyn roll out, focusing on primary school aged children. Taking an approach of proportionate universalism, with pathways from secondary care and other partners. (Recognising service gaps for younger children, older children and those with severe obesity and complex needs)</p> <p>Completing initial rapid evaluation of Pipyn, providing the foundation for ongoing learning, evaluation and improvement.</p> <p>Building on the potential to learn from our Pipyn families, and work across our system to make the changes that will enable them to live healthy lives.</p> <p>Reviewing opportunity for applying behavioural science to how we communicate and follow up with families around the Child Measurement Programme</p> <p>Working with the Regional Partnership’s Children’s board and Health Education Partnership to identify collective opportunities for action.</p>	<p>Maximise the value of the child measurement programme, enabling families to take action to improve healthy weight and building the support around them to make this achievable.</p>
<p>All ages</p>	<p>Sustainable implementation of co-designed, holistic level 3 weight management service for children in greatest need.</p>	<p>Securing long-term, sustainable funding to implement a level 3 weight management service for children.</p>	<p>Work with the adult weight management service to provide integrated family-based support, delivered as close to our communities as possible.</p>

# Settings that support good health – our educational and healthcare settings

## Educational Settings

Working in partnership to help our pre-schools, schools and other educational settings develop as healthy weight supporting settings for children, families and communities through curriculum, ethos, environment and community connections.

### Why this matters:

The majority of children spend a significant amount of their week in school. Our schools and settings play an influential role in providing a supportive environment in which children develop positive physical activity and food behaviours, shaping their lifelong relationship with food and physical activity.

Schools and settings also have the potential to help remove barriers and enhance opportunities for those children who have less opportunity to participate in after school activities or to try a range of different foods at home, and in doing so help to reduce inequalities. Healthy free-school meals offer an opportunity for all primary school aged children to have a good quality meal each day.

### Status Quo

- 1732 Children through our Food and Fun programme in collaboration with schools and Local Authority partners in Summer 2025.
- 36 of our pre-school settings have achieved accreditation on the Healthy and Sustainable Pre-schools programme.
- 84 pre-school settings across the CTM region have completed the Food and Nutrition element of the Healthy and Sustainable Pre-School Scheme.
- The role out of free-school meals in primary schools, and upcoming new national regulations and guidance for food in schools present an opportunity for closer collaboration.
- The Pipyn programme has been working in schools across Merthyr Tydfil County Borough Council, and Rhondda and Taf Ely GP clusters, providing direct support to families, and working with the wider school on food, activity and healthy behaviours.

### Our Priorities for this Strategic Plan

Where do we want to be	Our initial priorities	In the longer term we want to
Working together with education settings and leaders to create healthier environments that	<ul style="list-style-type: none"> <li>• Continuing to work through our Healthy Pre-schools and Schools programmes to support settings across CTM taking a whole school and whole setting approach to healthy weight.</li> <li>• Delivering Pipyn in schools across CTM, building a legacy of healthy environments.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with education partners to maximise uptake of good quality food in primary schools through free school meals.</li> </ul>

<p>support children and families to grow up a healthy weight.</p>	<ul style="list-style-type: none"> <li>• Piloting new approaches focusing on food and physical activity with pre-schools and schools' clusters.</li> <li>• Increase participation in the Food and Fun summer activity programme, increasing access to good quality food, and reducing holiday hunger.</li> <li>• Working with partners to understand free school meals uptake &amp; supporting Local Authority catering colleagues responding to new nutritional standards.</li> <li>• Reviewing how we follow up with families and schools on Child Measurement Programme results to provide better support, and link in with other programmes.</li> <li>• Strengthening collaboration between health and education with the Health and Education Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Identify opportunities for improving the food environment around 11-18-year-olds, anticipating Welsh Government action.</li> </ul>
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## CTMUHB – becoming a Healthy Weight Organisation

### Developing a healthy food environment, healthy travel and support to our staff to achieve and maintain a healthy weight.

#### Why this matters:

Enabling people to eat well and move more is fundamental to reducing our levels of obesity in CTM. As the largest employer in the region, CTMUHB has a responsibility to lead by example, more so as the vast majority of our staff live in the CTM region. Whether people are attending our sites as staff, visitors or patients, it's essential that we play our part in providing a healthy environment.

Evidence shows that nursing and non-registered healthcare professionals are particularly at risk of obesity.<sup>xvii</sup> People living with obesity require on average 4-10 days additional sick leave a year. A recent report estimates that CTMUHB spends between £2 and £4.2 million on staff absence related to obesity annually.<sup>xviii</sup> This does not include cost of temporary staffing, or the impact of early retirement or long-term absence due to obesity related illnesses. Creating a healthy working environment is essential.

Healthy travel is an important component of enabling people to move more. Healthy travel options can be particularly challenging in the CTM region, and there are areas of CTM where accessing our sites by public transport, or active travel is not feasible – this issue goes beyond healthy weight and links with wider agendas around economic opportunity, poverty and sustainability.

#### The Status Quo

Insight from our staff tells us some of the challenges in eating well while working on our sites. We understand that the food environment for our staff is not just about the food provided in our outlets, but also about wider food culture within our organisation and how working practices enable staff to access good quality food.

Where staff are struggling with overweight and obesity, we have limited capacity in our healthy lifestyle’s courses, and access to these, and mainstream weight management services can be challenging around work and family responsibilities, alongside significant waits in the Level 3 service.

CTMUHB has recently adopted the CTM regional healthy travel charter in recognition of the need to increase opportunities for healthy and sustainable travel to, from and between our sites.

<b>Domain</b>	<b>Where do we want to be</b>	<b>Our initial priorities</b>	<b>In the longer term we want to</b>
Healthy Food Environment	<p>Our sites are healthy food environments where increasing numbers of staff, patients and visitors choose healthy options.</p> <p>Staff are enabled to eat healthily regardless of what shift they are working, or whether they purchase food on site or bring food from home.</p>	<ul style="list-style-type: none"> <li>Identifying opportunities for incremental improvements to our retail menus.</li> <li>Undertaking initial insight work into perceptions of healthy food among catering staff and restaurant customers.</li> <li>Implementation of All Wales Food Standards.</li> <li>Reviewing the evidence on effective food environment interventions in hospitals with Health and Care Research Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Identify resource for more in depth work to co-produce and test healthier menus with staff across CTMUHB.</li> <li>Work with Welsh Government on planned consultation to develop healthier retail offers within hospitals.</li> </ul>
Healthy Travel	Staff, visitors and patients find it easy to take healthy and sustainable travel options to and between our sites	<p>CTMUHB adopted the CTM regional Healthy Travel Charter in March 2025. As part of this work, we are:</p> <ul style="list-style-type: none"> <li>Undertaking an initial staff travel survey.</li> <li>Identifying existing healthy travel infrastructure</li> <li>Exploring travel offers for staff and patients, linking to the health inequalities agenda.</li> <li>Mapping healthy travel facilities and routes around our sites</li> </ul>	<ul style="list-style-type: none"> <li>Work collectively as a region to drive long-term improvements in healthy travel across the region.</li> </ul>
Staff Wellbeing	Our staff are supported to be active during and around the working day and are able to access healthy including availability of weight management support.	<ul style="list-style-type: none"> <li>Continuing to develop our active workplace culture, including through our Big Team Challenge and Active Soles campaigns.</li> <li>Considering how to strengthen connections between the Healthy Lifestyle and Barriers to Exercise Courses provided through the wellbeing service and adult weight management services.</li> </ul>	<ul style="list-style-type: none"> <li>Consider learning from experiences of other Health Board in Wales in new models of healthy weight support for staff, including digital weight management offers.</li> </ul>

## Creating Healthier Food Environments – Increasing access to good quality affordable food

Our food environment, the food available to us in our local area and how it is labelled and marketed, plays a central role in what we choose to eat and drink.

The National Institute for Health and Care Excellence (NICE) recognises that healthy weight cannot be separated from the environment in which people live. This includes the food environment, such as proximity to food retail outlets and the types of food available.

Insight and survey work in CTM has highlighted:

- The proliferation of Hot Food Takeaways, and bombardment of families with advertisements for takeaways and other unhealthy foods.
- A lack of access to affordable, good quality food.

As well as being a priority for local action through our Whole System Approach to Healthy Weight, there are key national workstreams which are described in more detail in the HWHW Delivery Plan. We are working to feed local insight into national decision making around these elements, and advocate for our CTM communities. Planned work areas include:

- Consulting on limiting hot food takeaways around schools.
- Consulting on limiting placed on the promotions of food and drinks high in saturated fat, salt and sugar.
- Supporting the availability of healthier food options on high streets, and local food businesses developing healthy choices.
- Consulting on options to improve the healthy food offer in public sector settings, including within NHS settings, local authorities and leisure centres.
- Restricting advertising of food high in fat, sugar and salt.
- Working with UK Government where levers sit beyond devolved powers – e.g., on food reformulation.

# Active Lives - Supporting a whole system approach to increasing physical activity across Cwm Taf Morgannwg

In the UK, physical inactivity is associated with one in 6 deaths and up to 40% of many long-term conditions. While increasing physical activity has a limited role in directly losing weight, moving more is key to long term health and wellbeing. Less than 20% of 11-16 year olds in CTM meet the recommendations for physical activity.

Actions to increase physical activity within Healthy Weight Healthy Wales primarily sit at a national level or with other organisations (e.g., Sport Wales), however there may be opportunities for local amplification, within limited capacity.

## Local activity to promote active lives includes:

- The Central South Activity Partnership (CSAP) is the regional body responsible for improving access to and promoting physical activity across CTM. Established in 2025, they are taking a whole system approach to increasing rates of physical activity, recognising communities' different starting points, infrastructure and different needs. We will support the CSAP as it develops, particularly where synergies exist with our Whole System Approach to Healthy Weight.
- Through our Healthy Pre-Schools, Healthy Schools and Pipyn workstreams we are working with educational settings to equip more children and families to be more active.
- The CTM Public Service Board's healthy travel charter work is building a regional, collaborative approach to making active and sustainable travel easier for more people.
- There are opportunities for better collaboration between Local Authority planning departments, with support from Public Health Wales and their recent Planning Healthier Places guidance.

## National plans include:

- Increased promotion of physical activity guidelines to professionals and practitioners.
- Support for affordable play environments.
- Increasing participation in active travel initiatives.
- Working to understand how the planning system can better deliver active environments.
- Create more green and blue spaces to support active recreation.

### What our families tell us

"Play services are often full and too expensive, pushing families out of the area."

"We need better, safer cycling infrastructure; some cars even use the cycle paths."

"I'm one of the only pupils who cycles—my bike is the only one in the school bike locker."

# Treatment Pathways: Weight Management Services and Novel Weight Loss Medications

Empowering people living with obesity to achieve and maintain a healthy weight through compassionate, accessible, and psychologically informed support covering nutrition, physical activity and wellbeing - reducing health inequalities, enhancing quality of life, and preventing ill health.

Providing equitable, safe access to weight loss medications for those in greatest need within available resources, ensuring corresponding support for psychological needs, physical activity, and sustainable behaviour change.

## Why this matters:

Even modest weight loss brings significant health benefits for people living with overweight/obesity, reducing the risk of diabetes, cardiovascular disease and other associated conditions. Novel weight loss medications such as GLP1s offer significant, rapid weight loss, but there are many unanswered questions, including the impact of corresponding rapid weight regain and best models of delivery. GLP1s must be used alongside nutrition and physical activity support for safe, effective intervention.

5% weight loss is considered clinically significant, as an illustration of impact, studies have shown each 1kg of weight loss to be associated with:

- 16% reduction in diabetes risk
- 0.6mmol HbA1c reduction in people with diabetes
- Systolic and diastolic blood pressure reductions<sup>xix,xx</sup>

Weight management services have been shown to be cost-effective and are a key part of a whole systems approach to healthy weight. In addition to psychologically and behaviourally led approaches, bariatric surgery and total diet replacement have been shown to be effective and cost-effective.

## All Wales Weight Management Pathway in CTMUHB

Support for adults to achieve and maintain a healthy weight is provided under the All-Wales Weight Management Pathway (AWMP). The AWMP sets out 4 levels of support for individuals, starting with universal self-directed support, progressing to multidisciplinary support for people with complex needs.

Pathways exist for Adults, Children and Maternity (currently in development)

The AWMP and CTMUHB provision and programme status is described in the table below.

Across all services there are challenges around digital and data, which are essential for long-term service development, monitoring and evaluation, reducing administrative burdens on skilled staff, and understanding local performance and equity. There are further challenges including funding levels, staffing (e.g., fixed term contracts), skill mixes and accommodation.

Level	Description	Criteria	Provision in CTM	Programme status summary
1	Brief Advice and Self-Directed support	BMI 25-30 kg/m <sup>2</sup> without co-morbidities	National <i>Healthy Weight Healthy You</i> (HWHY) platform provides self-directed support. Foodwise and foodwise in pregnancy apps available for signposting.	Previously support provided to upskill community partners - little investment in this area currently.  No data available on local uptake or performance of HWHY
2	Multi-component weight management support	BMI ≥30 kg/m <sup>2</sup> without co-morbidities BMI ≥25 kg/m <sup>2</sup> with co-morbidities	Provision provided under two schemes: Joint Care Programme (via local authority leisure partners) and the Foodwise Plus programme. A mix of online and face to face provision is available.	Despite high numbers of eligible people, demand and uptake for L2 programmes are low. Resource from L2 has been moved to support L3 programme. Our L2 offer is currently under review.
3	Specialist multi-disciplinary weight management services	BMI ≥40 kg/m <sup>2</sup> BMI ≥35 kg/m <sup>2</sup> with co-morbidities / significant additional considerations	L3 service running since 2022, significant service development work undertaken to increase capacity (350) and performance within resource. Capacity to provide medication for 70 people. Realist evaluation underway.	Waiting list closed as of xx while service review and development work undertaken. Capacity <0.3% of eligible population, waiting list of >4000. Capacity to provide weight loss medication for 70 people. Challenges around accommodation.
4	Specialist bariatric surgical services	BMI > 35 kg/m <sup>2</sup> and recently diagnosed diabetes/ BMI of >40 kg/m <sup>2</sup>	Provided by Swansea Bay UHB via national commissioning arrangements	Very low number of places. Challenges around after care support for people accessing bariatric surgery overseas.
Maternity	Bump Start & Community Bump Programme	BMI threshold and support intensity corresponds to adult pathway	Those with BMI >40 receive specialist midwife support in Bump Start. BMI >30 are eligible for enhanced community support.	Recent review found increasing complexity in Bump Start, requiring MDT support (not available) and inconsistent delivery of Community Bump. Developing a new model of care is a priority.

## **Obesity Pathway Innovation Programme**

In March 2026 Public Health Wales was awarded a UK Research and Innovation grant as part of the UK Wide Obesity Pathway Innovation Programme (OPIP) over three years (2026-2029). The grant aims to support the development of innovative community and primary care-based weight management pathways, and inform a better understanding of how systems might respond to challenges around delivering weight loss medications and associated support.

Co-produced with stakeholders across Wales, the PHW proposal outlines a hybrid community-digital model. Within the model a national digital spine will provide a consistent interface for data collection and engagement with digital weight management support, and a community programme supports people to engage with the digital offer, alongside connecting them with weight friendly community assets to enable sustainable behaviour change, and tackle stigma and isolation.

At the time of writing, the Programme is in a refinement phase. With opportunities for local delivery across each of the 7 Health Boards, the All-Wales OPIP is a potential opportunity for CTM to significantly upgrade our digital infrastructure for weight management aligned with a national approach and national digital infrastructure. Participating in OPIP should enable CTMUHB to test and learn how we better support communities with healthy weight, including through understanding what community delivery of wrap around care for people accessing novel weight loss medications might look like.

CTMUHB will be actively engaging with the All-Wales programme as it develops, and taking a final decision regarding participation through internal governance dependant on the final model.

## Novel Weight Loss Medications<sup>1</sup>

GLP1 and GIP receptor agonists<sup>2</sup> such as Tirzepatide (Mounjaro) and Semaglutide (Wegovy/Ozempic) represent a significant development in approaches to healthy weight support. They offer rapid, significant weight loss (up 10-20% plus), alongside improvements in cardiometabolic markers. Semaglutide is licensed for a 2-year treatment duration, through secondary care. Mounjaro has been licensed with no set duration, for both secondary and primary care.<sup>3</sup>

The National Institute for Health and Care Excellence (NICE) has found them to be cost effective for people with a BMI of > 35kg/m<sup>2</sup> and certain co-morbidity profiles.

There is a significant, unquantified increase in private prescriptions for weight loss, and an incremental increase in prescriptions of GLP1/GIPs in General Practice as part of diabetes care.

There is currently no substantive national plan or funding for the roll out of novel weight loss medications. As of February 2026, [interim guidance](#) for Mounjaro states that prescribing should be through specialist weight management services, or for those with certain co-morbidity profiles through other services.<sup>xxi</sup>

It is expected that all patients accessing Mounjaro are given professional support for diet and exercise, in line with licensing.<sup>xxii</sup>

NHS in England has developed a 12-year roll out plan for specialist weight management services and primary care, setting out prioritisation groups, based on complexity. There is no national plan for Wales.

<sup>1</sup> This section represents a high-level overview, and signals strategic approach. More detailed work is underway to understand the challenges, inform the Board and advise next steps, aligned to the framework below.

<sup>2</sup> Glucagon-like Peptide-1, Glucose-dependent Insulinotropic Polypeptide receptor agonists

<sup>3</sup> An internal report to the Executive Management Board gives more detail to the background of GLP1/GIPs (Jan 26)

### 2026 Orforglipron

Eli Lilly plans to submit orforglipron for regulatory approval at the end of 2025; a decision by the National Institute for Health and Care Excellence is expected in 2026. It is less effective than injectables for mean weight loss, but a daily pill could suit some patients better

### 2026 CagriSema\*

CagriSema (cagrilintide + semaglutide; Novo Nordisk) is currently in phase III trials with previous data suggesting it could offer higher weight loss results than semaglutide alone

### 2027

Dual GLP-1 and glucagon RA survodotide (Zealand Pharma, partnership with Boehringer Ingelheim) could be available from 2027\*

### 2030

Roche has said it is aiming to make its

### 2026

Oral Wegovy (semaglutide; Novo Nordisk) has been submitted to the US Food and Drug Administration for approval in the United States

### 2027 Retatrutide\*

Phase III results for retatrutide (Eli Lilly) are expected late 2025/2026, after which the drug would need to be approved by the MHRA. If licensed, it could be more effective for weight loss than other GLP-1s

### 2030 MariTide\*

MariTide (maridebart cafraglutide; Amgen) is currently in phase III trials. If licensed, it could promise weight loss with fewer side effects, with dosing at less frequent intervals

Figure 3: Development timeline for new weight loss medications. From *The Pharmaceutical Journal*, 2025

Recent work in CTMUHB estimated the cost to the Health Board of mirroring the NHS England roll out at **£27 million**, albeit with a significant degree of uncertainty.

Novel weight loss medications are rapidly developing, with a significant pipeline of new agents and modes of delivery (e.g., oral), indicating significant ongoing uncertainty in service planning. (figure 3)<sup>4</sup>

#### **Status quo – GLP1s and CTMUHB**

- The L3 AWMS has capacity to prescribe GLP-1s to 70 people, within an overall service capacity for 350. A majority of patients accessing the service state a preference for medications and 25 formal complaints were recorded 2025/26 around access to medications through the service. (Weight management prescriptions represent a small proportion of the overall number of GLP1 issues within CTMUHB.)
- Welsh Health Circular 2025/043 sets out initial guidance, however there is no national framework, nor resource for the long-term implementation of GLP-1s.
- Unpredictable developments in policy, medication technology and societal responses present challenges to planning.

A number of concerns remain around the roll out of GLP-1s:

- System ability to deliver at scale, with limited prescribing capacity and ability to provide wrap around support.
- Uncertainty around optimal models of delivery and wrap around support for different patient groups.
- Rapid weight regain following cessation of medications, and optimal treatment duration
- Opportunity cost of significant investment, which could be directed to upstream, sustainable healthy weight interventions.

Across a number of areas, lack of access, increased demand and increased private use of GLP-1s are having an unquantified impact:

- Increased primary care activity for requests for weight loss medications, support with side effects for private prescriptions, or where wrap around support is inadequate.
- Increase in secondary care consultant enquiries to AWMS re: access to weight loss medications, where they feel patients may benefit from weight loss.
- Increase in concerns regarding waiting list and medication access.
- Attendances at A&E and urgent care relating to GLP-1s and potential side effects (786 attendances at CTMUHB A&Es listing Mounjaro as part of presenting complaint)<sup>xxiii</sup>

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<sup>4</sup> [Beyond GLP-1: the next wave of weight-loss medication innovation - The Pharmaceutical Journal](#)

- An unknown number of eligible patients are unable to access GLP-1s where rapid weight loss may result in significantly improved outcomes, or access to treatments or interventions where their weight is a barrier.
- Increasing health inequalities, where only those with means to pay are able to access health benefits, despite obesity being twice as prevalent in most vs least deprived areas.
- Reputational risk to health board.

### **Future developments in providing weight loss medications**

Responding to developments in weight loss medications will require collective working between national and regional systems on a range of challenges, including those listed below:

- Prioritisation and eligibility criteria
- Models of delivery and support
- Funding mechanisms
- System capacity and capability, including workforce development
- Public and professional communications

The All-Wales Obesity Pathway Innovation Programme is designed to answer some of the questions around models of delivery and support, system capacity and capability, and workforce development.

Future developments in a system response to GLP-1s are likely to include elements of the following:

- New models of delivery, including through general practice and community pharmacy prescribing, or digital services that are either nationally developed or commissioned through commercial providers.
- A need to develop low-cost, community-based models for supporting people with physical activity, dietary changes and sustained behaviour. This will have synergies with the wider Whole System Approach to Obesity.
- Continual evolution and iteration as technologies develop and societal expectations and responses change.

## Strategic Framework and Initial Actions – Weight Management Pathways and Novel Weight Loss Medications

We want to empower adults in Cwm Taf Morgannwg to achieve and maintain a healthy weight through compassionate, accessible, and psychologically informed support. Services must be tailored to local need and local conditions, with a blend of digital and face to face options providing patient choice.

The table below summarises our road map to sustainable, equitable weight management services for CTMUHB.

Service Area/AWMP Level	Where do we want to be	Our initial priorities	In the longer term we want to
Level 1	Residents are able to access evidence-based healthy weight information. Communities are able to self-support with food and nutrition skills	<ul style="list-style-type: none"> <li>Advocating for better local data on HWHY</li> <li>Clearer communication with Primary Care on the Healthy Weight agenda and opportunities for collaboration</li> <li>As part of our Whole System Approach and Pipyn work, sharing consistent narratives around Healthy Weight with community partners.</li> </ul>	<ul style="list-style-type: none"> <li>Consider our role in supporting communities with key healthy weight skills (through e.g., delivery of Foodwise and Get Cooking programmes, and building community capacity with train the trainer models)</li> </ul>
Level 2	Accessible, effective, and cost-effective level two support, delivered at scale.	<ul style="list-style-type: none"> <li>Reviewing the Joint Care Programme and wider Level 2 offer.</li> <li>Piloting the commissioning of digital models of provision to integrate alongside a revised L2 service model.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a long-term digital model, alongside face-to-face support for those in need (e.g., digitally excluded).</li> <li>Work at an All-Wales level on shared digital provision</li> <li>Increase identification and referral of people with a BMI&gt;30 for support with healthy weight.</li> <li>Integrating with community models of accessing healthy advice, building on lessons from OPIP</li> </ul>
Level 3	Equitable, effective provision, delivered at sufficient scale, with evidence-based support for those waiting.  All eligible patients in service can receive weight loss medications.	<p>The waiting list for the service will be closed in 26/27, while service review and improvement work is underway</p> <ul style="list-style-type: none"> <li>Developing a model of support for those on waiting list, and undertaking appreciative enquiry to understand wider support needs.</li> <li>Developing a systematic understanding of current performance through the Evaluweight study.</li> <li>Establishing a patient reference group for service co-production.</li> <li>Working to establish funding to match prescribing capacity to wider service capacity.</li> <li>Piloting, evaluating and integrating digital provision.</li> </ul>	<ul style="list-style-type: none"> <li>Implementing a sustainable model of blended digital and face to face capacity, with increased capacity through digital services.</li> <li>Work to support implementation of future national directives on weight loss medications, with L3 service evolving to meet evolving situation.</li> <li>Work alongside CYP services to build an integrated family model, recognising that health weight is often a challenge rooted across multiple family members.</li> <li>Advocating for a national review of current weight management pathway triage levels</li> </ul>

		<ul style="list-style-type: none"> <li>• Clearer eligibility and prioritisation criteria for access to GLPs, working at a national level to support service development where possible.</li> </ul>	
Level 4	Eligible patients able to access surgical options, and appropriate post-operative support available for all.	<ul style="list-style-type: none"> <li>• Responding to national guidance for support to residents who have had weight management surgery overseas.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure equitable access for CTMUHB patients to bariatric surgery.</li> </ul>
Maternity	Sustainable model of health weight support with clear programme intentions	<ul style="list-style-type: none"> <li>• Building on 25/26 review of Bump Start programmes, evaluating options for healthy weight support in Maternity and developing implementation plan.</li> <li>• Improved shared care planning for pregnancy in the context of obesity.</li> </ul>	<ul style="list-style-type: none"> <li>• Review alignment with pending Maternity Weight Management Pathway and identify opportunities for improvement</li> </ul>
GLP1/GIPs	Equitable, safe and proportionate delivery for high-priority patients based on national guidance and available resource.	<ul style="list-style-type: none"> <li>• Work across the Health Board to ensure a joint approach to the provision of GLP1s, with a focus on eligible patients in greatest need, equity and appropriate wrap around support.</li> <li>• Work at national level to collectively address system challenges, advocating for All Wales approaches to a complex, resource intensive challenge.</li> <li>• Clear communication with public and stakeholders on eligible criteria, and any future developments in access or support.</li> <li>• Adopting a flexible and judicious approach to long-term planning for GLP1s based on available national direction and CTMUHB resource.</li> <li>• Advocating for GLP1 prescribing capacity within the L3 service to match wider service capacity.</li> </ul>	
Cross Cutting	Strong quantitative and qualitative data informing continual service improvement.	<ul style="list-style-type: none"> <li>• Improving digital infrastructure to streamline data collection and patient experience including with online self-referral.</li> <li>• Review of current data systems and utilisation with improvement plan.</li> <li>• Development of patient reference group.</li> <li>• Participating in the All-Wales Obesity Pathway Innovation Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Implement clear and visible performance metrics across all weight management programmes.</li> </ul>

## Understanding Impact – learning cycles, metrics and evidence pie.

The impact of the programmes of work covered by the Healthy Weight Road Map will be captured in a range of ways, recognising the range of different activities this encompasses. Outcomes are influenced by a complex system of interacting components; learning about progress must reflect this.

As an evolving plan, responsive to new opportunities and changes in the conditions around us, continuous learning cycles will inform the direction of actions. This is long term work – our obesogenic environments have evolved over decades and will take time to unpick.

Ultimately, we want to see reductions in the number of people living with obesity in CTM, however, there are significant limitations to national figures on healthy weight in adults, including time lags, methodology and small sample sizes, reducing their utility for monitoring progress.

The 2026/27 NHS performance framework has set a target for a reduction in the number of children living with overweight and obesity as recorded by the Child Measurement Programme (CMP). CMP is the most accurate snapshot of our population, recording the height and weight of around 90% of 4-5-year-old children on entry to primary school.

The CMP is still reported with a year's lag, however if the work outlined in this Road Map is delivered at sufficient scale, in tandem with national level action, then it is realistic to see a shift in our childhood obesity figures as recorded in the CMP.

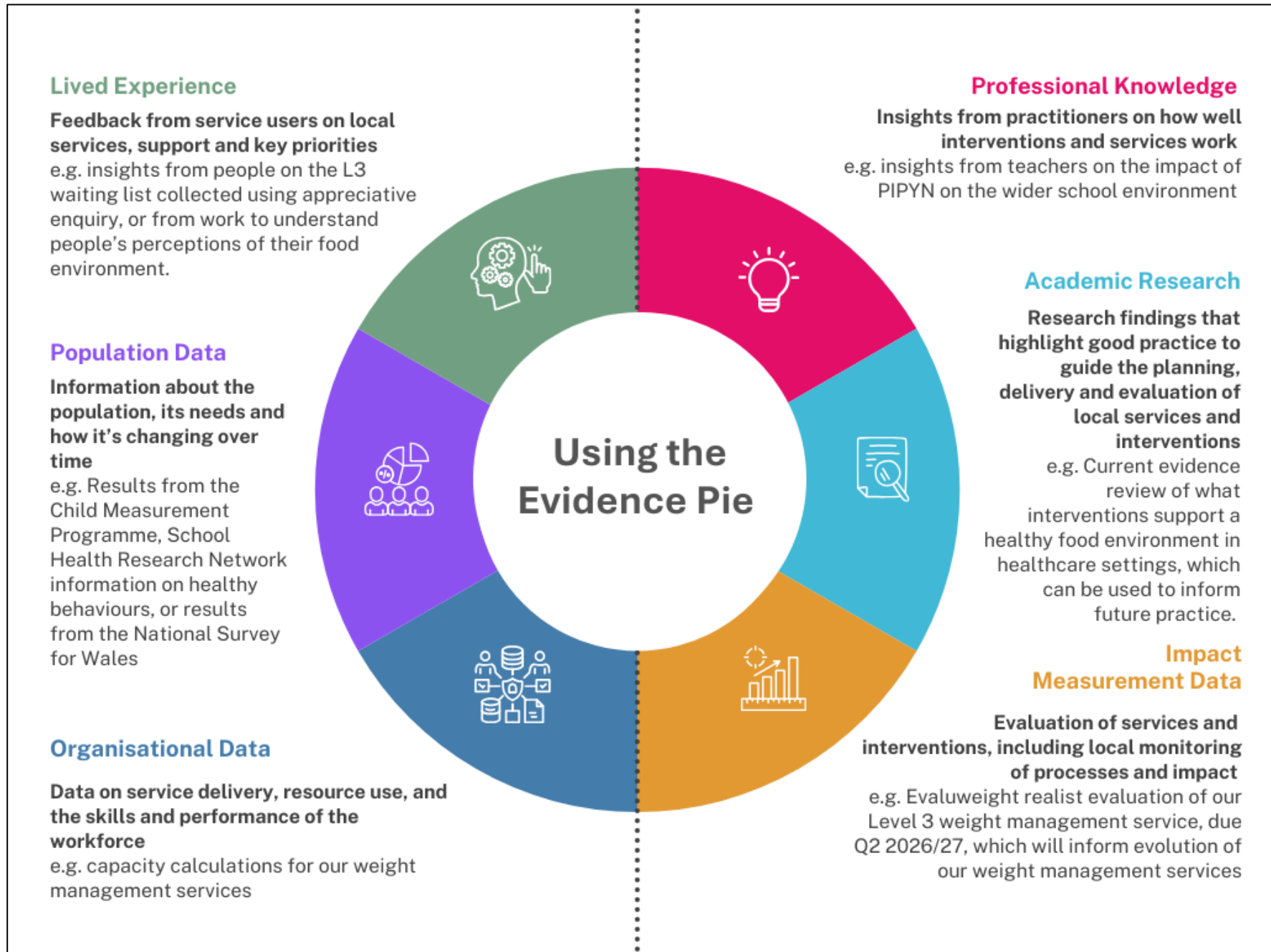
### Using the Evidence Pie

Beyond these metrics, we will review the progress of our plans using a range of methods. The Evidence Pie, adapted as part of Rhondda Cynon Taf County Borough Council's (RCTCBC) Health Determinants Research Collaborative (HDRC) is a useful framework for outlining how different types of information can be used to inform this decision making.

It is adapted below to illustrate how we will use different sources to inform the monitoring and iteration of our plans (fig x).

In addition to the sources outlined by the evidence pie, we will also use tools for understanding the impact of work across a complex system, such as Ripple-effect Mapping and Most Significant Change. More broadly, we want to see:

- Consistent prioritisation of healthy weight and the food environment in strategies across our partners in CTM
- System Maturity measures showing coherence spreading across the system.
- Social Network Analysis showing strong relationships between key stakeholders across CTM.
- A shift to a culture of learning; to understand and improve a complex system.



## Governance

The production and delivery of the Healthy Weight Road Map is overseen by the Healthy Weight Steering Group, which reports into the board structures via the Creating Health Programme Board. Individual workstreams are led by respective sub-groups feeding into the HW Steering Group or are co-ordinated directly by the group.

Membership of the Steering Group and sub-groups or allied groups (e.g., Healthy Travel Network) include colleagues from across the different directorates and care groups.

An annual report will be provided to the Creating Health Programme Board to ensure delivery is on track.

## Next Steps

The Healthy Weight Steering Group will lead the development of annual plans outlining key deliverables and metrics mapped against the strategic plan's priorities and based on reflection of progress against the current year's plans.

The plan will undergo a full refresh in line with the release of subsequent Health Weight Healthy Wales Delivery Plans.

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- <sup>xxi</sup> [New clinical pathway for treating and managing obesity \(WHC/2025/043\) \[HTML\] | GOV.WALES](#)
- <sup>xxii</sup> Welsh Government correspondence to CTMUHB 29<sup>th</sup> of January, 2026.
- <sup>xxiii</sup> Data extraction from A&E 'presenting complaint' field, to give initial indicator on activity levels, all years to January 2026. No further validation carried out.

## Unapproved Minutes of the Strategic Development Committee

<b>Date and Time of Meeting</b>	Wednesday 11 <sup>th</sup> February 2026 13.00 -16.00pm
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Kath Palmer	Committee Chair / Health Board Vice Chair
	Carolyn Donoghue	Independent Member
<b>In Attendance</b>	Neil Mesher	Independent Member
	Dilys Jouvenat	Independent Member
	Kathy Mason	Independent Member
	Claire Thompson	Executive Director of Strategy and Transformation
	Sally May	Executive Director of Finance
	Philip Daniels	Executive Director for Public Health
	Hywel Daniel	Executive Director for People
	Stuart Morris	Director of Digital (in part)
	Julie Denley	Deputy Chief Operating Officer
	Atif Ali	Programme Director for Acute Clinical Services
	Clare Williams	Service Director for Mental Health and Learning Disabilities (in part)
	Lauren Edwards	Executive Director of AHPs and Health Science
	Dale Stolzenburg	Assistant Director of Transformation
	Paul Williams	Head of Strategic Planning and Commissioning
	Andrea Davies	Clinical Director of Psychological Services
	Victoria Oxley	Deputy Director of Strategy and Partnerships
	Beth Underwood	Health Housing Innovation Programme Manager
	Rosie Cavill	LHP Infrastructure Programme Director
	Matthew Jenkins	Strategic Lead for Children, RCTCBC
	Sarah James	Deputy Chief Operating Officer
Nia McIntosh	Children's Strategy Lead, RCTCBC	
Stacy Chamberlain	NEST & Children's Services Lead, RCTCBC	
Calum Shaw	Sustainability Manager (in part)	

	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager
	Sharon Edwards	Corporate Governance Officer
<b>Observing</b>	Paul Dalton	NWSSP Head of Internal Audit

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<p><b>Welcome and Introductions</b></p> <p>K Palmer, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items.</p> <p>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.</p> <p>The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.</p>
1.2	<p><b>Apologies for Absence</b></p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>• Gareth Watts, Director of Governance (E. Walters Deputising)</li> <li>• Gethin Hughes, Chief Operating Officer (S. James/J. Denley Deputising)</li> <li>• Rachel Rowlands, Independent Member</li> </ul>
1.3	<p><b>Declarations of Interest</b></p> <p>There were no interests declared</p>
<b>2.</b>	<b>CONSENT AGENDA BUSINESS</b>
	<p>K. Palmer reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 7) that the Committee Members wished to bring forward to the main agenda for discussion.</p> <p>There were no items raised.</p>
<b>3.</b>	<b>COMMITTEE GOVERNANCE ARRANGEMENTS</b>
3.1	<p><b>Action Log</b></p> <p>K. Palmer noted that the Committee had been asked to note the Action Log and confirmed that they were content to close the actions proposed for closure.</p> <p>D. Jouvenat queried whether two actions (Strategic Equality Plan (SEP) and Financial Position) could be closed, noting that both had been incorporated into the annual cycle of business.</p> <p>C. Thompson advised that whilst the items had been added to the Annual Cycle of Business the original intent of the actions were relating to the SEP and not simply about inclusion in routine reporting but about planning a specific Board</p>



	<p>Development Session which had not yet taken place and confirmed that the actions could be reviewed outside of the meeting before a decision on closure could be made.</p> <p>In response, E. Walters confirmed that the actions would be reviewed outside the meeting and a response provided.</p>
Resolution	The Committee <b>NOTED</b> the Action Log and confirmed that they have received suitable assurance to close the actions proposed for closure, subject to the actions relating to the SEP and the Financial position which would be reviewed further outside the meeting.
Action	Two actions will be reviewed outside the meeting to clarify whether the original intent has been fully met.
3.2	<b>Matters Arising Not Captured on the Action Log</b> There were none identified.
<b>4.</b>	<b>STRATEGIC RISK MANAGEMENT</b>
4.1	<p><b>Digital and Data Strategic Delivery Roadmap Update</b></p> <p>S. Morris presented the Digital and Data Highlight Report, outlining progress on core programmes and work underway to define strategic digital and data design principles, including considerations around developing versus buying solutions and ensuring resilience and appropriate structure.</p> <p>K. Mason emphasised the importance of establishing a coherent set of principles to guide the organisation’s approach, noting that digital should be seen not only as an enabler but also as a shaper of service delivery. She highlighted the need to strengthen digital and data understanding and capability across organisational leadership.</p> <p>S. Morris agreed with K. Mason’s point, emphasising that digital and data literacy must be embedded across all Leaders, not solely within the digital team, and that this would be supported through leadership development and mainstreaming digital as a core organisational competency.</p> <p>C. Donoghue queried the respective roles of national and local organisations in delivering digital solutions, expressing concern that individual health boards continue to develop local responses to issues that appear national in nature and questioning where responsibilities and resources sit.</p> <p>S. Morris acknowledged the lack of clarity regarding national and local roles and responsibilities, advising that this remains an ongoing issue being raised with Welsh Government and Digital Health and Care Wales. He advised that further work is underway nationally to define these boundaries, but that clarity has not yet been fully achieved.</p>
Resolution	The Committee <b>NOTED</b> the report
Action	None identified
4.2	<b>Strategic Initiatives</b>
4.2.1	<p><b>Strategic Clinical Services Plan Updates</b></p> <p>C. Thompson introduced the Strategic Clinical Services Plan (SCSP) as a framework aligning four major programmes:</p> <ul style="list-style-type: none"> <li>• Acute / Fragile Services</li> <li>• Primary &amp; Community Care Transformation</li> </ul>



	<ul style="list-style-type: none"> <li>• Integrated Community Care</li> <li>• Mental Health Transformation</li> </ul> <p>C. Thompson emphasised the importance of managing interdependencies to avoid conflicting initiatives.</p>
4.2.1a	<p><b>Fragile services</b></p> <p>A. Ali presented an update and advised that fragile services were being managed within the Strategic Clinical Services Plan as part of a system wide transformation approach, rather than through reactive, service by service responses. He emphasised that fragility is usually a symptom of wider system pressures and not isolated service failure and that services are identified as fragile based on risk characteristics such as reliance on short term mitigations, rota fragility and vulnerability to operational shocks.</p> <p>A. Ali advised that this approach provided a structured, evidence-based route to risk management, assurance and options development through the SCSP.</p> <p>C. Donoghue asked whether the fragile services model was used elsewhere and whether it aligned with regional or national practice, particularly given that fragile services often span organisational and regional boundaries. She queried whether the methodology and triggers used would be understood and accepted by regional partners and comparable across health boards.</p> <p>In response, A. Ali confirmed that the approach is not unique and aligns with how other health boards are addressing service fragility. He explained that CTM is in contact with neighbouring health boards and that the same risk-based triggers such as workforce fragility and reliance and short-term mitigations are being used elsewhere, ensuring the approach is fair, consistent and comparable across organisations.</p> <p>C. Thompson commented that in addition to the technical, risk-based methodology for identifying fragile services, it is essential to develop a clear and consistent narrative about fragility and service change, as this shared story helps guide understanding and behaviour across the organisation.</p>
4.2.1b	<p><b>Primary &amp; Community Care Transformation</b></p> <p>D. Stolzenberg, supported by J. Denley, provided a high-level update on the Primary and Community Care Transformation Programme.</p> <p>D. Stolzenberg advised that work is progressing to develop a clear vision and ambition, including defined outcomes and measures of success. He highlighted strong alignment with the national and regional initiatives, including 'Community by Design' and Integrated Community Care and emphasised ongoing engagement with local authority partners and clinicians, particularly around future models for same day and urgent care access.</p> <p>J. Denley advised that 'Community by Design' is still in development nationally and that the local programme would evolve to reflect national direction once clarified. She suggested to bring a future update to the Committee.</p>



	<p>K. Palmer advised that an update had previously been provided to the Vice Chairs and that a further update to the Strategic Development Committee would be welcomed.</p>
4.2.1c	<p><b>Integrated Community Care System (ICCS)</b></p> <p>M. Jenkins presented the update, reporting that the ICCS programme is moving from design into implementation, supported by strong governance arrangements aligned with other strategic initiatives.</p> <p>M. Jenkins highlighted engagement through the Regional Adults Board and upcoming discussions with Chief Executives of statutory partners, emphasising that success will depend on coherent working across primary and community care, alongside progress on workforce development, digital interoperability, and demand and capacity modelling.</p> <p>J. Denley highlighted the importance of strong links between primary care, integrated community services and regional services advising that effective integration will depend on having the right performance measures and dashboards in place.</p>
4.2.1d	<p><b>Mental Health Transformation Programme</b></p> <p>C. Williams outlined national and local mental health transformation priorities, focusing on the introduction of Flexible Open Access models:</p> <ul style="list-style-type: none"><li>• Child and Adolescent Mental Health Services (CAMHS) – pilot a single-session, one-at-a-time interventions via the Shine team</li><li>• Adult Services - 111 Press 2 pathway redirecting callers directly to Mind</li></ul> <p>L. Edwards asked about workforce training and development implications for single-session therapy. C. Williams explained the distinction between a “one-at-a-time mindset” and formal single-session therapy, acknowledging national confusion in terminology. A. Davies confirmed that single-session therapy is an established psychological practice and not a new clinical concept.</p> <p>C. Thompson queried how longer-term mental health service redesign would be brought back to the Committee. C Williams confirmed that further updates would align with the Integrated Medium-Term Plan (IMTP) development process.</p> <p>K. Palmer commented that the mental health work was exciting and noted that whilst individual changes may appear small, their potential impact at scale is significant. K. Palmer emphasised that if successfully implemented more widely, the approach could make a substantial difference to outcomes for people with mental health needs and welcomed the progress being made.</p> <p>K. Palmer queried whether there was a dedicated corporate resource in place for mental health, and that given the scale and ambition of the programme, it was for the Committee to understand whether sufficient dedicated capacity had been allocated to drive the transformation forward rather than relying solely on existing Care Group or programme resources.</p>



	<p>C. Thompson acknowledged the concern raised and explained that whilst there was no single, dedicated corporate resource solely for Mental Health transformation, that there was some dedicated capacity within the Mental Health Care Group, and added that overall corporate resource was limited and required careful prioritisation across transformation programmes.</p> <p>K. Mason reflected on the four programme updates, noted how well they were aligned to their respective national and regional contexts and queried how the Committee and Board would gain a clear overview of the Strategic Clinical Services Plan (SCSP) , particularly from patient and pathway perspective and how this whole-system picture would be monitored over time particularly through the IMTP.</p> <p>C. Thompson acknowledged the point and responded that, alongside the individual programme detail, it was important to develop a coherent overarching narrative that shows how the different elements fit together. She added that from a governance perspective, each programme would be required to map its milestones and that active management of interdependencies between programmes would be essential to provide a coherent system-wide view.</p> <p>C.Thompson also advised that while elements of the SCSP could be mapped in a technical transitional way, it was not realistic to capture the whole programme in a single Gantt chart or one plan on a page and emphasised that alongside mapping workstreams it was more important to develop a shared vision and narrative that helps people understand how the different pieces fit together, rather than relying solely on detailed project planning tools.</p>
Resolution	The Committee <b>NOTED</b> the reports and the work of the SCSP
Action	Primary and Community Care Transformation – to bring an update on ‘Community by Design’ to a future meeting.
Action	Mental Health Transformation – to bring back an updated view of the Mental Health IMTP at a future meeting.
4.2.2	<p><b>South-East Wales Regional Working for Clinical Services</b></p> <p>C. Thompson presented the report that provided an overview of the work being undertaken to deliver regional clinical services and an overview of the 26/27 work programme for the clinical programmes that are being taken forward by the Regional Joint Committee (RJC).</p> <p>C. Thompson outlined that the three priority areas were demonstrating delivery, creating the conditions for success, and identifying future opportunities in collaboration, together with identifying the implications of this work.</p> <p>Delivery activity includes priority clinical workstreams (orthopaedics), regional shared workforce models, and the development of a shared understanding of demand and capacity.</p> <p>V. Oxley commented that there was a real opportunity to change outcomes for our population through the work being presented and commended the teams for the progress achieved despite tight timescales and complexities.</p>



	<p>L. Edwards noted that there was a process in place for Clinical Executives to be sighted on, and provide input into, Regional Joint Committee (RJC) work ahead of formal consideration, given they were not members of the Committee.</p> <p>C. Thompson acknowledged the point raised by L. Edwards and agreed that it was important that they have appropriate sight and input into the work. She confirmed that an agreed engagement process was in place, with a standing group that could be stood up and down as required.</p>
Resolution	The Committee <b>NOTED</b> the report and the work that has commenced.
Action	To continue to operate and test the agreed mechanism for Clinical Executive engagement with RJC work, using a standing group and to provide appropriate sight and input, with formal decisions remaining with the RJC and Board.
4.2.2a	<p><b>SEW Regional Working for Clinical Services - Llantrisant Health Park Phase 1</b></p> <p>R. Cavill presented a report on the significant progress the programme has made, including full planning approvals, business case submissions, and design is proceeding at pace which was allowing for phase once construction to commence imminently. An update was also provided on the advancement of Phase two, focusing on an orthopaedic hub, with additional information requested by Welsh Government regarding the resource requirement to secure funding.</p> <p>Members noted that procurement of an independent service provider was nearing completion and noted that the independent service provider would support early operational planning, including pathways, digital integration and workforce considerations.</p> <p>K. Palmer, D. Jouvenat and N. Mesher thanked R. Cavill and their team for their hard work and stressed how exciting the progress was.</p> <p>N. Mesher queried whether any changes to approach or content had been required for the Procurement. R. Cavill confirmed that no changes are anticipated.</p>
Resolution:	The Presentation was <b>NOTED</b> .
Action:	None identified
4.3	<p><b>Update on the Maesteg Community Hospital Development – verbal update</b></p> <p>D. Stolzenburg provided an update advising that there was significant local political and community interest in the development, including engagement with Politicians, Local Councillors and a local protest group. Further engagement sessions with the protest group have been scheduled.</p> <p>D Stolzenburg highlighted the following key matters:</p> <ul style="list-style-type: none"> <li>• The two key areas of concern locally centred on the future of the existing hospital site should an alternative location be progressed, and the return of community beds to Maesteg.</li> <li>• The team have decided to delay presenting a preferred site option to the board until after the Senedd elections., to allow further engagement and assurance. Members noted that supply chain partners are continuing</li> </ul>



	<p>with non-site-specific work to minimise programme impact, noting that this will have implications for programme timelines and capital spend.</p> <p>S. May queried the implications of the pause on the capital spend for 2024 /2025, noting that current capital allocations were based on anticipated progress and that Welsh Government will require early clarity if the capital spend profiles were to change and whether there is any capital to be rolled forward into the next financial year. D Stolzenberg responded that this was under review and Welsh Government will be informed as soon as revised figures were confirmed.</p> <p>C. Thompson emphasised the delay is intended to ensure appropriate engagement and assurance, recognising the sensitivity of the issue.</p> <p>K. Palmer reflected on the importance of population health needs and improving services, noting that the development presents a significant opportunity to deliver improved services for the local population.</p>
Resolution	The Committee <b>NOTED</b> the update
Action	Board options for Maesteg redevelopment to be presented after the pre-election period (May 2026).
<b>5.</b>	<b>CREATING HEALTH</b>
5.1	<b>Work Plans of the Strategy &amp; Transformation Work Groups to support BHC Together</b>
	V. Oxley introduced P. Williams and B. Underwood to present their update reports.
5.1a	<p><b>Palliative and End of Life Care programme</b></p> <p>P. Williams presented a deep-dive update on the Palliative and End of Life Care programme. He outlined that a programme board has been established, led by the Executive Director of Nursing, with a multidisciplinary governance structure. He explained that the programme is guided by new national service specifications introduced in October 2025.</p> <p>P. Williams described the programme’s key themes, including person-centred care, timely intervention and holistic support, integration and collaboration across health and social care, workforce excellence, digital interoperability, and equity of access. He confirmed that an audit of current services has been completed and shared nationally, with a gap analysis against the national specification due by the end of March. The gap analysis will inform the programme plan and future workstreams.</p> <p>K. Palmer acknowledged that her queries had been answered through the presentation on how the findings from the gap analysis would be used to understand current position, required improvements, and timelines and how this would be reported back to the Committee. P. Williams confirmed that the gap analysis would be issued by the end of March and would directly inform the programme plan and associated work packages.</p> <p>C. Donoghue welcomed the national approach but queried the communications and engagement approach and whether sufficient resources were available,</p>



	particularly given the emotive nature of service changes and the level of public interest. P. Williams acknowledged the sensitivity of the area and confirmed that communications would be managed carefully, building on existing internal intranet and external internet pages, with appropriate resource and senior oversight.
Resolution	The Committee <b>NOTED</b> the report
Action	None identified
5.1b	<p><b>Health, Housing and Community Capacity work</b></p> <p>B. Underwood presented the update on the Health, Housing and Community Capacity work and highlighted the following key matters:</p> <ul style="list-style-type: none"> <li>• Over the past 18 months, work has been undertaken in three communities using asset-based community development principles and appreciative inquiry. This work focused on starting conversations with local people, building community capacity and strengthening social connection, with positive early outcomes, particularly in relation to mental wellbeing.</li> <li>• Learning from this work is now being applied at greater scale and that the Health Board has worked with partners to explore the concept of community wellbeing workers. Rather than adopting short-term pilot models seen elsewhere. There was a preference for building on existing community assets, volunteers and local leadership to create more sustainable approaches.</li> <li>• The establishment of two place-based partnerships at ward level, in Penygraig (RCT) and Caerau/Maesteg (Bridgend), each covering populations of approximately 5,000 people. These partnerships involve a wide range of stakeholders, including health services, GP clusters, local authorities, housing associations, third sector organisations and community-led groups.</li> <li>• Work is underway to map community assets, identify gaps, develop outcome measures from the outset, and explore funding opportunities with planned engagement with an international asset-based community development organisation to support learning and development across the partnerships.</li> </ul> <p>D. Jouvenat welcomed the approach and commented positively on the recognition of the role of the third sector, noting that the Health Board cannot deliver this work alone.</p> <p>K. Mason also recognised how exciting this work was. B. Underwood acknowledged the importance of the third sector and confirmed that third-sector partners are central to the delivery of this work.</p> <p>N. Mesher queried whether the initial community projects were pilots with a finite lifespan and how sustainability would be ensured once initial activity concludes. B. Underwood responded that a reflective evaluation workshop is planned with the three housing association partners to assess impact and</p>



	<p>learning. She advised that while the work has generated positive outcomes, embedding the approach organisationally remains a challenge. She highlighted that, in at least one community, the work has already leveraged significant additional investment, which will support ongoing activity.</p> <p>N. Mesher further queried how and when impacts on health outcomes would be measured, recognising that outcomes may take time to materialise. B Underwood confirmed that outcome measures are being developed early for the place-based partnerships, informed by locally identified priorities such as mental health, obesity and smoking, to support longer-term evaluation.</p>
Resolution:	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• Considered the contents of the report</li> <li>• Provided feedback to inform programme learning</li> <li>• Recognised and supported the role CTMUHB can offer as a partner/anchor organisation in supporting work to improve the health and wellbeing of our population beyond our service delivery</li> </ul>
Action:	None identified
5.2	<b>Population Health Management (PHM)</b>
	<p>P. Daniels presented an update on Population Health Management. He outlined the distinction between public health, population health and population health management, describing it as a set of data-informed tools to support proactive care, reduce inequalities and improve outcomes.</p> <p>P. Daniels advised that Cwm Taf Morgannwg UHB currently has an established Population Health Model using the Secure Anonymised Information Linkage (SAIL) Databank. He noted that while SAIL is world-leading for research purposes, it was not designed for direct service delivery, which creates limitations for operational use. He explained that the proposal is to develop a CTM Shared Care Record, enabling health and care professionals to access electronic records and allowing secure, direct data sharing across primary and secondary care to support PHM at scale and enable targeted interventions for direct care. P. Daniels confirmed that this would be aligned with NHS information and technical standards.</p> <p>P. Daniels highlighted that this work has implications for the Digital Team and corporate governance arrangements, particularly in relation to information governance and system interoperability.</p> <p>He outlined a phased approach to implementation:</p> <ul style="list-style-type: none"> <li>• an initial pilot within a single managed GP practice during 2026/27</li> <li>• a second phase involving a phased roll-out to interested GP practices and;</li> <li>• a third phase involving longer-term roll-out across CTM.</li> </ul> <p>This progress is constrained by the absence of a fully defined national Population Health Model. However, he advised that CTM is progressing this work locally to avoid stalling PHM development, with SAIL continuing to operate in parallel to provide assurance while the new approach is tested and validated.</p>



	<p>K. Mason commented that she was nervous about the development of a local PHM model and queried how this would be governed to ensure CTM does not deviate from future national direction, particularly given the risks of developing local solutions in the absence of a clear national framework and guidance. P Daniels responded that governance arrangements are in place through the Population Health Management Steering Group and national Community by Design / prevention structures. He confirmed that CTM is actively engaged with national colleagues and legal advisors to ensure compliance and alignment, and that local work would not be developed in isolation.</p> <p>C. Thompson reflected on the significant opportunity PHM presents and asked how understanding and engagement across the organisation could be strengthened, noting the need to build momentum while technical and governance issues are resolved. P. Daniels agreed with this point, emphasising that PHM should underpin planning at cluster and neighbourhood level and that building understanding and confidence in PHM is critical alongside technical development.</p> <p>E. Walters suggested that, given the scale of the issues and risks discussed, there may be a need to escalate Population Health Management to Board level for further consideration and oversight.</p>
Resolution	The Committee <b>NOTED</b> the report.
Action	To escalate to Board level for further consideration and oversight within the Highlight Report to Board
5.3	<b>Strategic Initiative: Regional Working</b>
5.3.1	<p><b>Regional Partnership Board Update</b></p> <p>M. Jenkins introduced the Regional Partnership Board update and provided a short video and presentation, focusing on Whole System, Whole Heart, the new partnership strategy for babies, children and young people across the region. He advised that the strategy has been co-produced with children, young people and families, including care-experienced children.</p> <p>M. Jenkins highlighted that the strategy is built around eight regional ambitions and emphasised that the priority now is moving from strategy to delivery, with work underway through the Regional Children’s Board to translate ambitions into detailed delivery plans. He noted strong engagement from partners across health, local authorities and the third sector, including Cwm Taf Morgannwg representation.</p> <p>N. McIntosh provided further detail on delivery, governance and a review of the terms of reference. She advised that the Regional Children’s Board and its supporting networks have reached a strong level of maturity and that the Welsh Government NEST (Nurturing, Empowering, Safe, Trusted) framework underpins the approach, supporting a “no wrong door” model and integrated working.</p> <p>N. McIntosh highlighted healthy lives, emotional wellbeing, including the planned introduction of three wellbeing coordinators, hosted by the Health Board, to support a SPACE (Single Point of Access for Children’s Emotional) wellbeing model across the system.</p>



	<p>Key challenges were highlighted, including reliance on Regional Integration Fund (RIF) funding, which is due to end in March 2027, creating financial risk to a few children’s services and projects currently aligned to the strategy. Looking at risk assessing and considering the impact.</p> <p>D. Jouvenat queried the potential impact if RIF funding does not continue beyond 2027, noting the risk of successful community-based and third-sector projects ending abruptly and the need for contingency planning.</p> <p>M. Jenkins responded that a regional risk-assessment exercise is underway across all RIF-funded projects to understand priorities, risks and impacts. He advised that scenario planning will be developed to inform decision-making, acknowledging uncertainty beyond the Welsh Government election. He advised that the Regional Partnership Board is seeking to rebalance focus and investment towards children and young people, recognising historic emphasis on adult services.</p> <p>K. Palmer welcomed the update and reflected positively on the strength of engagement. She noted the importance of ensuring children and young people remain visible within system-level planning and Board oversight.</p>
Resolution	The Committee <b>NOTED</b> the report
Action	To escalate to Board for positive oversight via the Committee Highlight Report to Board
5.3.2	<p><b>Regional Partnership Annual Report 2024-25</b> M. Jenkins presented an update on the annual report to the Committee.</p> <p>C. Thompson queried when the annual report for 2025/26 would be expected to be received. M Jenkins advised that he would clarify the position outside the meeting.</p>
Resolution	The Committee <b>NOTED</b> the report
Action	Clarification required on the timing of the 2025/26 Regional Partnership Board Annual Report for it to be added to the forward planner.
5.3.3.	<p><b>Public Services Board Update</b> P. Daniels presented the Public Services Board update and highlighted the following key matters:</p> <ul style="list-style-type: none"> <li>• A Public Services Board working group has been established and is functioning well. Members noted that the PSB intends to adopt the Marmot principles, using existing governance arrangements rather than creating additional layers of governance.</li> </ul> <p>Members noted that the approach builds on having the right partners and leadership around the table, enabling effective collaboration across organisations. He advised that there were no immediate risks identified at this stage.</p> <p>M. Jenkins commented on the increasing focus of PSB activity on children and young people, noting the strong and growing inter-relationships between PSB work and other regional partnership structures.</p>



	<p>P. Daniels acknowledged this and confirmed that children and young people are an increasingly important focus within PSB priorities and delivery.</p> <p>C. Thompson reflected on the relationship between the PSB and other regional partnership arrangements and queried how this could be strengthened further. P. Daniels advised that work is ongoing to bring the PSB and wider partnership structures closer together.</p>
Resolution	The Committee <b>NOTED</b> the report
Action	None identified
5.3.4	<p><b>Area Planning Board Update – Drug Related Deaths and the Regional Strategic Approach to reducing Harms from Substance Use</b></p> <p>P. Daniels presented the report and highlighted that a key risk for Cwm Taf Morgannwg is that we have the highest rate of drug-related deaths, with Merthyr Tydfil recording the highest number of deaths. He advised that this is a significant and complex issue, with poly-drug use identified as a major contributing factor. He noted that the vast majority of individuals had been in contact with services prior to death, and that non-fatal overdoses present important opportunities for earlier intervention.</p> <p>P Daniels advised that there are information-governance challenges that limit data sharing and learning and emphasised the importance of improving the physical health of people who use drugs to increase resilience and reduce risk. Key risks were noted as:</p> <ul style="list-style-type: none"> <li>• The need for the organisation to be ahead in terms of the scale of the issue, which requires urgent attention; and</li> <li>• The absence of a national substance use strategy for Wales and there are no plans to produce one.</li> </ul> <p>P. Daniels recommended that the Health Board should refresh its approach to substance misuse, recognising the need for a stronger, more coordinated response.</p> <p>K. Palmer expressed disappointment at the absence of a national substance use strategy and queried how this work fits within the Health Board’s transformation programmes. She asked whether siloed pathways are still being created and how this could be avoided. C. Thompson responded that there is a need to map all relevant workstreams, understand how they inter-relate, and ensure shared learning across multiple agencies. She emphasised the importance of understanding how people move across services and avoiding transactional, siloed approaches.</p> <p>J. Denley commented that this represents a positive starting point and emphasised the importance of a cross-sector, cross-system approach, noting that substance misuse is not owned by a single service and that most actions require multi-agency delivery.</p> <p>P. Daniels acknowledged the points raised and confirmed that the recommendations should be noted, reinforcing the need for coordinated action across the system.</p>



Resolution	The Committee <b>NOTED</b> the report and the recommendations, which are: <ul style="list-style-type: none"> <li>The Committee supports key stakeholders across Public Health, Drug and Alcohol Services, Planned and Unplanned Care working alongside Area Planning Board partners to refresh the regional strategic approach to Substance Use, within the framework of the previous national strategy.</li> <li>Within the above, the Committee supports a revamped approach to reducing drug-related deaths in CTM, including a review of the feasibility of timely reporting of non-fatal drug poisoning events in contact with CTMUHB services.</li> </ul>
Action	None identified
<b>6.</b>	<b>SUSTAINING OUR FUTURE</b>
6.1	<p><b>2026 / 27 Integrated Medium-Term Plan (IMTP) Financial Plan Update</b></p> <p>S. May presented the Financial Plan update outlining the challenging financial position, the impact of the Welsh Risk Pool and the need for tough decisions.</p> <p>S. May outlined the current financial position and key risks facing the organisation, highlighting the significant pressures associated with delivering a financially balanced plan.</p> <p>K. Palmer confirmed that there have been regular Board briefings to provide ongoing updates and assurance on the financial position and IMTP development.</p>
Resolution:	The Committee <b>NOTED</b> the report
Action:	None identified
6.2	<p><b>IMTP 5 Year Do Nothing Baseline</b></p> <p>C. Thompson and A. Ali presented an overview of a five-year “do nothing” IMTP scenario, setting out the likely position of the organisation should no significant service change or transformation be implemented over the planning period. It was explained that the baseline aims to illustrate the consequences of inaction on finances, activity, health outcomes, and workforce, providing evidence for the need to reconfigure services.</p> <p>The update reinforced the need for transformation and system change to avoid deterioration in performance, sustainability and outcomes.</p> <p>K. Mason asked about the quality and completeness of the data. A. Ali advised that despite best efforts, there will inevitably be data gaps, however, a range of published and comparable datasets will be used where available.</p> <p>C. Donoghue commented positively on the work that has been undertaken and emphasised that the IMTP must be underpinned by high-quality, timely data to support credible planning and decision-making. She expressed frustration at the lack of consistent national data solutions, noting that without this information the system cannot effectively plan future health services, while confirming her support for the work being undertaken locally despite these constraints.</p>
Resolution:	The Committee <b>NOTED</b> the report



Action:	None identified
6.3	<p><b>CTM UHB Climate Action Plan 2025-2030</b></p> <p>C. Shaw presented the Climate Action Plan 2025–2030, explaining that the plan has been refreshed in line with the updated NHS Wales decarbonisation strategic delivery plan and the Welsh Government ambition for a net-zero public sector by 2030.</p> <p>C. Shaw highlighted that, for the first time, the plan brings together both decarbonisation and climate adaptation, recognising the increasing impact of climate change on estates, services and population health. The plan sets out 50 actions across a range of areas, including estates, transport, clinical services, procurement and supply chains, with a focus on building resilience and reducing emissions.</p> <p>K. Palmer referred to supply chain and procurement, noting this as a significant challenge for all organisations and queried whether further actions could be developed over the lifetime of the plan. C Shaw responded that work is underway with Shared Services Procurement to better understand supply-chain impacts and opportunities, and that updates would be brought back to the Committee as the plan evolves.</p> <p>K. Mason queried how the Climate Action Plan would be financed, noting that the plan does not set out detailed funding for each action and asked whether Welsh Government funding would be available. C. Shaw responded that financial requirements for each action are currently being assessed with delivery leads. He advised that external funding would be sought where possible and that major funding requirements would be brought back for consideration.</p> <p>S. May added that some progress is already being made through invest-to-save initiatives (such as estates refit programmes) and through targeted estates funding, though funding streams may not fully match the ambition of the plan.</p> <p>C. Thompson commented on reporting and oversight, suggesting that updates to the Strategic Development Committee should be provided on an annual or bi-annual basis, with delivery monitored through the Environmental Sustainability Group. C. Shaw agreed with this approach, and K. Palmer confirmed that reporting frequency could be finalised outside the meeting as part of routine Board business</p>
Resolution	The Committee <b>NOTED</b> the report and <b>ENDORSED FOR BOARD APPROVAL</b>
Action	To schedule in further updates on the Annual Cycle of Business
<b>7.</b>	<b>CONSENT AGENDA</b>
7.1	<b>ITEMS FOR APPROVAL</b>
7.1.1	<b>Unconfirmed Minutes of the meeting held on 1<sup>st</sup> October 2025</b> The minutes were <b>APPROVED</b> .
7.1.2	<b>Committee Annual Cycle of Business 2026</b> K. Palmer advised that this item has been deferred pending discussions to be held at the February 2026 Board Development Session
7.2	<b>FOR NOTING</b>
7.2.1	<b>Board Assurance Framework</b>



	Was <b>NOTED</b>
7.2.2	<b>Forward Work Plan (Non-Routine Committee Business)</b> Was <b>NOTED</b>
<b>8.</b>	<b>CLOSE OUT BUSINESS</b>
9.1	<b>Any Other Urgent Business</b>
	None identified on this occasion.
9.2	<b>Committee Highlight Report to Board</b>
	The Committee discussed areas of escalation and E Walters confirmed that she would circulate the draft report to Members for comments and consideration
9.3	<b>Meeting Feedback</b>
	K. Palmer encouraged members to provide feedback during the meeting or at a later time if they wished.
<b>9.</b>	<b>PRIVATE / CLOSED SESSION BUSINESS</b>
	There was no private/closed session on this occasion.
<b>10.</b>	<b>DATE AND TIME OF NEXT MEETING</b>
	<b>Date and Time of Next meeting:</b> 12 <sup>th</sup> May 2026 at 1.00pm



**Agenda Item**

**Strategic Development Committee**

**Committee Annual Cycle of Business 2026**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/05/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Board Development Session	26/02/2026	Approved

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



**1. Situation /Background**

- 1.1 The Strategic Development Committee should, on an 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 January 2026 to 31 December 2026.
- 1.3 The Cycle of Business was Approved by the Health Board at it’s Board Development Session held on 26 February 2026.

**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** – Strategic Development Committee Cycle of Business for further detail.

**4. Assessment**

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



<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Safe	
	If more than one applies please list below:	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	
<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Strategic Development Committee are asked to **NOTE** the Annual Cycle of Business.

## 6. Next Steps



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

- 6.1 The Committee will continue to review the Annual Cycle of Business at each of its meetings.



### Strategic Development Committee – Annual Cycle of Committee Business

(1<sup>st</sup> January 2026 to the 31<sup>st</sup> December 2026)


The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)


The Operational Delivery Committee meets at **least 4 times per annum**.

<b>Committee Chair:</b> Kath Palmer, Vice Chair	<b>Committee Vice Chair</b> Dilys Jouvenat, Independent Member (Third Sector)	<b>Executive Leads for Agenda Planning</b> • Claire Thompson, Executive Director of Strategy & Transformation
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Link to [Board Assurance Framework Dashboard](#)


Creating Health Strategic Goal aligned to Committee Business															
<ul style="list-style-type: none"> <li>Reducing Health Inequalities</li> <li>Equal focus on Mental Health and Physical Health</li> <li>Supporting our communities</li> <li>Being a Healthy Organisation</li> </ul>															
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Feb		May		Aug		Nov		Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board (Outside of the Highlight Report)	Alignment to Strategic Risks On the BAE
<b>CTM2030: Building Healthier Communities Together Strategy – Strategy Deployment Update</b>	Executive Director of Strategy & Transformation	Twice Per Annum	R				R				x	R	Yes	Yes	All Strategic Risks
<b>Work Plans of the Strategy &amp; Transformation Work Groups to support BHC Together</b> to include Corporate Projects such as <i>Diabetes, Frailty Anchor Organisation (to be confirmed at Agenda Planning)</i>	Executive Director of Strategy & Transformation	All Regular Meetings to be agreed in agenda planning.	R		R		R		R		x	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 2</li> <li>Strategic Risk 4</li> <li>Strategic Risk 8</li> <li>Strategic Risk 11</li> </ul>
<b>Population Health Enabling Plan – Deployment Update - Output Measures and Success</b>	Executive Director of Public Health	Twice Per Annum	R				R				x	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 8</li> </ul>

Strategic Initiatives															
<b>Strategic Initiative: Regional Working Forward Look</b> <i>To include:</i> <ul style="list-style-type: none"> <li>Regional Partnership Board Update</li> <li>Public Services Board Update</li> <li>Area Partnership Board Update</li> </ul>	Executive Director of Strategy & Transformation (Supported by RCT Lead) (For RPB)  Executive Director of Public Health for APB and PSB	All Regular Meetings	R		R		R		R		X Potential for Consent depending on report detail	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 4</li> <li>Strategic Risk 11</li> </ul>

Improving Care Strategic Goal aligned to Committee Business															
<ul style="list-style-type: none"> <li>Delivering Safe and Compassionate Care</li> <li>Developing new models of care</li> <li>Digital Transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>															
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Feb		May		Aug		Nov		Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board (Outside of the Highlight Report)	Alignment to Strategic Risks On the BAE
<b>Board Assurance Framework</b> <i>Strategic risks aligned to the Committee only</i>	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		X	R	Yes	Yes	N/A
<b>Digital and Data Enabling Plan – Deployment Update - Output Measures and Success</b>	Director of Digital	Twice Per Annum	R				R				X	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 5</li> </ul>
<b>Quality Enabling Plan – Deployment Update - Output Measures and Success</b>	Executive Director of Nursing	Twice Per Annum			R				R				No	No	<ul style="list-style-type: none"> <li>Strategic Risk 2</li> </ul>
Strategic Initiatives															
<b>Strategic Clinical Services Plan Updates:</b> <i>To include:</i> <ul style="list-style-type: none"> <li>Fragile services / reconfigurations</li> <li>Primary &amp; community care transformation</li> <li>Integrated community care services</li> </ul>	Executive Director of Strategy & Transformation  Chief Operating Officer	All Regular Meetings - Topics to be identified in Agenda Planning and rotated	R		R		R		R		X	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 1</li> <li>Strategic Risk 2</li> <li>Strategic Risk 11</li> </ul>
<b>Regional Working for Clinical Services Updates:</b>	Executive Director of Strategy & Transformation	All Regular Meetings – Topics to be	R		R		R		R		X	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 1</li> </ul>

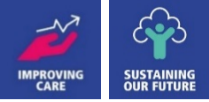
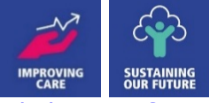









<p>To include:</p> <ul style="list-style-type: none"> <li>Llantrisant Health Park</li> <li>Clinical Services Plans (ortho, ophthalmology, stroke, diagnostics, pathology)</li> </ul>	Chief Operating Officer	identified in Agenda Planning													<ul style="list-style-type: none"> <li>Strategic Risk 2</li> <li>Strategic Risk 4</li> <li>Strategic Risk 11</li> </ul>
<b>Mental Health Services Transformation</b>	Executive Director of Strategy & Transformation  Chief Operating Officer	All Regular Meetings	R		R		R		R		X	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 2</li> </ul>
<b>Strategic Business Cases</b> for endorsement for Board Approval	Executive Lead assigned to topic area	All Regular Meetings – Consider at Agenda Planning as to whether the item is needed.	R		R		R		R		X	R	Yes	Yes	Topic dependent.

<b>Inspiring People Strategic Goal aligned to Committee Business</b> <ul style="list-style-type: none"> <li>Visible and inspiring leadership</li> <li>Promoting diversity and inclusion</li> <li>Embedding our values and behaviours</li> <li>Encouraging local employment</li> </ul>															 INSPIRING PEOPLE
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Feb		May		Aug		Nov		Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board (Outside of the Highlight Report)	Alignment to Strategic Risks On the BAE
<b>Strategic Equality Plan Approval</b>	Executive Director for People	Annually					R				X	R	Yes	Yes	<ul style="list-style-type: none"> <li>Strategic Risk 2</li> <li>Strategic Risk 4</li> <li>Strategic Risk 7</li> </ul>
<b>People Plan Deployment Update - Output Measures and Success</b>	Executive Director for People	Twice per Annum					R		R		X	R	No	No	<ul style="list-style-type: none"> <li>Strategic Risk 2</li> <li>Strategic Risk 3</li> </ul>

Sustaining our Future Strategic Goal aligned to Committee Business															
<ul style="list-style-type: none"> <li>• Becoming a green organisation</li> <li>• Ensuring our services have financial sustainability</li> <li>• Embedding value-based healthcare</li> <li>• Ensuring our estate is fit for the future</li> </ul>															
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Feb		May		Aug		Nov		Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board (Outside of the Highlight Report)	Alignment to Strategic Risks On the BAF
<b>Financial Position update</b> (underlying position / longer term lens)	Executive Director of Finance	All Regular Meetings	R		R		R		R		X	R	Yes	Yes	• Strategic Risk 9
<b>Financial Position update</b> (Report on available benchmarking information to be shared)	Executive Director of Finance	Annually					R						No	No	• Strategic Risk 9
<b>Integrated Medium Term Plan</b> (3 Year Do Nothing Scenario) Sign Off	Executive Director of Strategy & Transformation  Executive Director of Finance	Annually	R								X	R	Yes	Yes	• Strategic Risk 2 • Strategic Risk 8 • Strategic Risk 9 • Strategic Risk 10 • Strategic Risk 11
<b>Estates Enabling Plan</b> – Deployment Update - Output Measures and Success	Executive Director of Finance	Annually for 26/27 only. Twice per annum from 27/28							R		X	R	No	No	• Strategic Risk 6 • Strategic Risk 10
<b>Decarbonisation &amp; Waste Reduction</b> (Endorse Annual Plan Submission and Carbon Emissions Submission to WG)	Executive Director of Strategy & Transformation	Twice per Annum	R Annual Plan				R Carbon Emissions						Yes	Yes	• Strategic Risk 7
<b>Healthy Travel Plan</b> Deployment Update - Output Measures and Success	Executive Director of Public Health	Annually					R				X	R	Yes	Yes	• Strategic Risk 7 • Strategic Risk 8
<b>Annual Review of the Wellbeing of Future Generation Act Statement &amp; Objectives</b> Review and Endorsement for Board	Executive Director of Public Health	Annually					R				X	R	Yes	Yes	• Strategic Risk 7 • Strategic Risk 8 • Strategic Risk 10



**CTMUHB Board Assurance Framework Dashboard**

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 1a</a> <a href="#">Click Here for Risk 1b</a>	<b>a) Enough capacity to meet elective demand</b>  <b>b) Enough capacity to meet emergency demand</b>	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 2</a>	<b>Ability to deliver improvements which transform care and enhance outcomes</b>	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  <a href="#">Click Here for Risk 3</a>	<b>Enough workforce to deliver the activity and quality ambitions of the organisation</b> ( <i>Including Culture, Values and Behaviours</i> )	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 4</a>	<b>Effective Community and Partner Engagement in service changes and developments</b>	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 5</a>	<b>Delivery of a digital and information infrastructure to support organisational transformation</b>	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 6</a>	<b>Ability to maintain a safe and fit for purpose estate infrastructure</b>	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  <a href="#">Click Here for Risk 7</a>	<b>Fulfilling our Environmental and Social Duties and ambitions</b>	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 8</a>	<b>Prevention and early Intervention to support Healthy Life Expectancy</b>	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  <a href="#">Click Here for Risk 9</a>	<b>Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)</b>	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 10</a>	<b>Ability to develop a fit for the future estate to reflect our future clinical service model</b>	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 11</a>	<b>Delivery of an Integrated Care Model</b>	Chief Operating Officer	Strategic Development Committee

## Strategic Development Committee – Non-Routine Committee Business Forward Plan

(1<sup>st</sup> January 2026 to the 31<sup>st</sup> December 2026)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
31 March 2026	Agenda Planning Session for May 2026 meeting	Chair/Director of Strategy & Transformation	Maesteg Community Hospital Development Update	Committee to receive an update ahead of the Board Meeting being held on the 21 May 2026	Director of Strategy & Transformation	Director of Strategy & Transformation	May 2026 – (CLOSED) In Committee Session	<b>In Progress</b> On Agenda for the (CLOSED) In Committee Session
31 March 2026	Agenda Planning Session for May 2026 meeting	Chair/Director of Strategy & Transformation	Savings Opportunities	Savings Opportunities would need to be presented to future meetings of the Committee.	Executive Director of Finance	Executive Director of Finance	Consider readiness at the August 2026 agenda planning session	<b>In Progress</b> To be considered for an update – August 2026
31 March 2026	Agenda Planning Session for May 2026 meeting	Chair/Director of Strategy & Transformation	Strategic Engagement Plan	Suggested that this comes to the next meeting of the Committee	Director of Communications & Engagement	Director of Communications & Engagement	Consider readiness at the August 2026 agenda planning session	<b>In Progress</b> To be considered for an update – August 2026
June 2025	SDC Agenda Item & Planning	Requested via email	Estates Strategic Plans	Deferred from October 2025 Committee Meeting	Executive Director of finance	Executive Director of finance	Consider readiness at the May 2026 agenda planning session.	<b>In Progress</b> Defer this item as the plan needs to follow the Acute Clinical Services Plan. Unfortunately, the Acute Clinical Services Plan is not yet at a stage where we can base the estate's consequences on it.
April 2026	Email	Requested via email	Strategic Workforce Planning	Suggested that this comes to the next meeting of the Committee as it will not be ready in time for May 2026 meeting	Deputy Director for People	Director for People	Deferred from May 2026 meeting. Consider readiness at the August 2026 agenda planning session	<b>In Progress</b> To be considered for an update – August 2026
April 2026	Email	Requested via email	Healthy Travel Plan	Suggested that this comes to the next meeting as it will not be ready in time for May 2026 meeting.	Executive Director of Public Health	Executive Director of Public Health	Deferred from May 2026 meeting. Consider readiness at the August 2026 agenda planning session	<b>In Progress</b> To be considered for an update – August 2026
April 2026	Email	Requested via email	Annual Review of the Well Being of Future Generations Act and Objectives	Suggested that this comes to the next meeting as it will not be ready in time for May 2026 meeting.	Executive Director of Public Health	Executive Director of Public Health	Deferred from May 2026 meeting. Consider readiness at the August 2026 agenda planning session	<b>In Progress</b> To be considered for an update – August 2026

**COMPLETED ITEMS**

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
July 2025	SDC Meeting	Requested at the Committee Meeting	Mental Health Transformation Programme	Provide a comprehensive update on the Mental Health Transformation Programme in six months' time.	Service Director for Mental Health and Learning Disabilities	Director of Primary, Community & Mental Health	February 2026	<b>Completed</b> Received at the February 2026 meeting as part of Agenda item 4.3.1 Strategic Clinical Service Plan Update
July 2025	SDC Meeting	Requested at Committee Meeting	Maesteg Community Hospital Development	Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future committee meetings.	Dale Stolzenberg, Assistant Director of Transformation	Claire Thompson, Director of Strategy and Transformation	February 2026	<b>Completed</b> A verbal update was provided at the February 2026 meeting. Noting that a recent Board Briefing has been issued on Maesteg Hospital to all Board Members and an update was also provided for Public Board in January 2026.
June 2025	SDC	Requested via email	PSB Annual Report	This item will be presented at the next Committee Meeting, as it was in draft stages in July 2025.	Director of Public Health	Director of Public Health	February 2026	<b>Completed -</b> The finalised PSB Annual Report was received at the February 2026 meeting.
July 2025	SDC Meeting	Requested at Committee Meeting	Llantrisant Health Park Business Case	The Committee asked for future updates on the Business Case to be provided at Committee Meetings.	Chief Operating Officer	Chief Operating Officer	February 2026	<b>Completed -</b> An update was provided at the February 2026 meeting as part of Agenda item 4.3.2. South East Wales Regional Working for Clinical Services
March 2025	Strategic Development Report	Requested via Email	Integrated Community Care System Plan	Deferred from July 2025 Committee Meeting.	Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board	Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board	October 2025	<b>Completed</b> This item was received by the Health Board at it's Public Meeting on the 25 <sup>th</sup> September 2025

July 2025	SDC Meeting	Requested at Committee Meeting	Enhanced Community Care Service Update	ECC to go on the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy.	Service Director for Primary Care & Community	Director of Primary, Community & Mental Health	Consider readiness at the October agenda planning session	<b>Completed</b> Regular updates on the Primary Care and Community Transformation Programme routinely received. There is an update on the agenda for the 1 October.
January 2025	Strategic Development Committee	Requested at Committee Meeting	Creating Health Strategic Delivery Plan	To note further updates on the Creating Health Strategic Delivery Plan will be received as the Committee develops.	Director of Public Health	Director of Public Health	Propose to Close as captured on July 2025 agenda.	<b>Completed</b> - A highlight report was received at the July 2025 Committee Meeting.
January 2025	On annual Cycle of Business	Committee	People / Workforce Plan - Verbal Update	Provide the Committee with an update on the People / Workforce Plans.	Director of People	Director of People	April 2025	<b>Completed</b> A brief verbal update will be provided at the January 2025 Committee meeting, with a full report scheduled for presentation at the April Committee. This approach was agreed upon to allow sufficient time for a more comprehensive update on the People Plan at the next Committee.
January 2025	Strategic Development Committee	Requested at Committee Meeting	Digital and Data Strategy / Strategic Digital Transformation Programmes	Committee to receive the Digital Delivery Road Map and funding allocations at a future Committee.	Director of Digital	Director of Digital	April 2025	<b>Completed</b> This item was received at the April 2025 Committee Meeting