

Partnerships, Population Health and Planning Committee

Wed 17 May 2023, 09:30 - 12:30

Microsoft Teams



Agenda

1. Preliminary Matters

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence

Oral Chair

1.3. Declarations of Interest

Oral Chair

1.4. Draft Minutes of the meeting held on 16th November 2022

Attachment Chair

1.4 Final Draft PPHPC Committee Minutes- 16th November 2022 (Chair Approved).pdf (9 pages)

1.5. Committee Action Log

Attachment Chair

1.5 PPHPC Action Log April 2023.pdf (4 pages)

2. Items for Approval/Ratification/Decision

2.1. Committee Annual Report 2022/23

Attachment Director of Corporate Governance

2.1 DRAFT 2022-23 PPHPC Annual Report V3 RD.pdf (23 pages)

3. Items for Discussion

3.1. To receive and discuss an update on the Gwent Marmot Programme

Attachment Director of Public Health

Strategic Partnerships

3.1 Version 2 PPHP Committee Report_17May23_Gwent Marmot Programme Update_v0.4(1)(1).pdf (5 pages)

3.2. To receive and discuss and overview of recent business of the Regional Partnership Board (RPB), including a focus on the Area Plan

Attachment Director of Planning and Performance

 3.2 Overview of the RPB, including the Area Plan.pdf (7 pages)

3.3. To receive and discuss an update on Regional Planning

Attachment *Director of Planning and Performance*

Strategic Planning and Developments

 3.3 Regional Planning Update May 2023.pdf (9 pages)

3.4. To receive and discuss an update on the delivery of the Clinical Futures Programme

Attachment *Director of Planning and Performance*

Strategic Planning and Developments

 3.4 Clinical Futures Programme Update for PPHPC May 2023 FINAL.pdf (11 pages)

3.5. To receive and discuss an update on Major Capital Programmes

Attachment *Director of Planning and Performance*

Strategic Planning and Developments

 3.5 PPHPC Strategic Capital Update May 2023 FINAL1.pdf (12 pages)

3.6. To receive and discuss an update on Public Health Protection

Attachment *Director of Planning and Performance*

Review of development of plans in respect of the key Clinical Future Priorities

 3.6 PPHPC 17-05-2023 Health Protection report FINAL(1).pdf (6 pages)

3.7. To receive and discuss an update on the Decarbonisation Programme

Attachment *Director of Finance and Procurement*

Review of development of plans in respect of the key Clinical Future Priorities

 3.7 PPHPC Decarbonisation Update.pdf (18 pages)

 3.7a Decarbonisation Programme (43 Matrix).pdf (5 pages)

 3.7b Group 1- MAY23 Highlight Report - Estates Decarb.pdf (2 pages)

 3.7c Group 2- Workstream 2.pdf (1 pages)

 3.7d Group 3- March '23 Highlight report. v. 2pptx.pdf (1 pages)


 3.7e Group 3- Summary Slides.pdf (12 pages)

 3.7f Group 4- Highlight Report May 2023.pdf (3 pages)

3.8. To receive a report from the Primary Care Sustainability Board

Attachment *Chief Operating Officer*

Review of development of plans in respect of the key Clinical Future Priorities

 3.8 PPHPC paper on Primary Care Sustainability Board v1.pdf (15 pages)

4. Items for Information

There are no items to note in this section.

5. Other Matters

5.1. Items to be Brought to the Attention of the Board and Others Committees

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting- Wednesday 13th September 2023

Oral *Chair*

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Partnerships, Population Health and Planning Committee held on Wednesday 16th November 2022 at 9.30 am via Teams

Present:

Ann Lloyd	Chair
Katija Dew	Independent Member (Vice-Chair)
Richard Clark	Independent Member
Phil Robson	Co-opted Member, Special Advisor

In attendance:

Sarah Aitken	Director of Public Health & Strategic Partnerships
Chris Dawson-Morris	Interim Director of Planning & Performance
Bryony Codd	Head of Corporate Governance
Rani Dash	Director of Corporate Governance
Danielle O'Leary	Head of Corporate Services, Risk & Assurance
James Calvert	Medical Director
Neil Miles	Clinical Futures Programme Director
Simon Roberts	Senior Programme Manager
Melanie Laidler	Interim Divisional Director, Primary Care and Community Division

Apologies:

Leanne Watkins	Director of Operations
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	Preliminary Matters
PPHPC 1611/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC 1611/02	Apologies for Absence Apologies for absence were noted.
PPHPC 1611/03	Declarations of Interest There were no Declarations of Interest raised to record.
PPHPC 1611/04	Minutes of the previous meeting The minutes of the meeting held on the 7 th July 2022 were agreed as a true and accurate record.

PPHPC 1611/05	Committee Action Log- November 2022 The Committee action log was received by members.
	Committee Governance
PPHPC 1611/06	To receive the Committee Workplan 2022/23 Rani Dash (RD), Director of Corporate Governance, provided an overview of the workplan to the committee. Members were informed that the workplan would form the basis of agenda setting discussions and track Committee business. Chris Dawson-Morris (CDM), Interim Director of Planning & Performance, requested that the review of the Vascular Service Network be scheduled for later in the year (currently scheduled for April 2023), to provide a full one-year review. Action: Director of Corporate Governance/Secretariat Ann Lloyd, Committee Chair, requested that a review of services available to each borough be included in the workplan, aligning to Clinical Futures, and spread over the year. These reviews will include a focus on any equality issues around service provision between boroughs. Action: Director of Corporate Governance/Secretariat
PPHPC 1611/07	Committee Strategic Risk Report Danielle O’Leary (DO’L), Head of Corporate Services, Risk and Assurance presented the report to the Committee, noting that the report provided an overview of risks reflecting the sustained challenges of service delivery and challenging financial position. A review of the Health Board’s Risk Management Strategy was being undertaken. The review would determine whether or not the strategy continued to be fit for purpose and aligned to the most recent, evidenced best practice in relation to risk management. This would be monitored through the Audit, Risk and Assurance Committee and form part of a wider organisational consultation process, in which Independent Members of the Board would be involved. Members were informed that engagement had taken place with key partners at the recent meeting of the Gwent Local Resilience Forum, with a focus on winter planning. As a result of this meeting, a mutually agreed risk register was endorsed. Several risks highlighted through partner organisations reflected the Health Board’s risk position, alongside National Security risk assessments and RSA highlighted risks. Members noted the collaborative approach to the mitigation of risks with key partner organisations. Subject to approval of additional risks to the Corporate Risk Register by the Board in November 2022, two risks pertinent to the Committee were noted as follows: - <ul style="list-style-type: none"> • External escalation of displaced people/migrants – Expected increase of displaced people into the Gwent area under the Home Office commissioned [section 98] accommodation.

	<ul style="list-style-type: none"> • Cost of living crisis – impact on population of Gwent and staff <p>Members welcomed recent conversations with partner organisations to identify common risks. The Chair requested a report on the mitigation of the two new risks, alongside improvements made against other outstanding risks to come back to the next Committee meeting. Action: Head of Corporate Services, Risk and Assurance</p> <p>The Committee; -</p> <ul style="list-style-type: none"> • RECEIVED the report for ASSURANCE and compliance. • NOTED that there will be further development work to embed the revised risk management approach across the organisation. • ACKNOWLEDGED the updates that have been received and reflected in the appendices for the last reporting period. • NOTED the proposed new risks which, subject to endorsement at the Board, will be routinely monitored and reviewed by the Committee.
	Strategic Partnerships
PPHPC 1611/08	<p>To discuss the Programme Plan for the Gwent Marmot Region</p> <p>Sarah Aitken (SA), Director of Public Health & Strategic Partnerships, presented the report, providing an update on the Health Board's progress with the Gwent Marmot Region programme and communication plans.</p> <p>Members were informed of the launch of the programme plan for the Gwent Marmot Region on 21st October 2022, bringing together leaders from public sector organisations across Gwent. Five local authority area workshops would be taking place in November 2022, led by the Health Board and Local Authority partners; the outcomes of the workshops would help inform the wellbeing plan being presented to the Gwent Public Service Board (PSB) in December. SA discussed the requirement for a focused well-being plan in which partners could have a collective impact.</p> <p>SA informed members of the next steps, which included a finalised Well-Being Plan produced by the Gwent PSB aligning to the objectives of the Gwent Marmot Region Programme. The plan would be presented to the Gwent PSB in December 2022. Alongside this, the University College London Institute of Health Equity (IHE) would be producing a Gwent Marmot Region report which will make the case for addressing inequity in Gwent.</p> <p>Richard Clark (RC), Independent Member, discussed how collaborative working was enhanced through a Gwent PSB as opposed to individual PSBs by borough. Members welcomed the collaborative partnership approach.</p> <p>The Chair discussed partnership working and individual statutory responsibilities, and the need to work as a collective noting the requirement for collaborative change in behaviour and learning going forward.</p> <p>The Chair thanked SA for her perseverance and commitment to the work undertaken towards creating collaborative partnership working in Gwent.</p> <p>The Committee NOTED the report.</p>

<p>PPHPC 1611/09</p>	<p>An Overview of discussions at the Regional Partnership Board</p> <p>Ann Lloyd (AL), Committee Chair, provided members with an overview of the most recent meeting of the Regional Partnership Board (RPB) Chairs with Eluned Morgan, Minister for Health and Social Services (Minister).</p> <p>Members were informed of the topics raised as a concern by RPB members to the Minister. These were noted as follows; -</p> <ul style="list-style-type: none"> • Regional Integrated Fund (RIF)- Relating to the requirement to fund the Winter Plan through the RIF, members of the RPB raised concerns that there may be a requirement to adjust priorities set by Welsh Government in terms of spending and timescales for Health Boards and the problem of tapering the RIF for the statutory bodies. The Minister informed RPB members that there may be the option to look at tapering funds. • The Eliminate Children's Agenda- RPB Directors of Social Care flagged concerns around issues relating to the Eliminate Agenda, particularly the associated time scales and the danger of unregistered provision. • The confused policy landscapes. Further discussions to take place between the RPB chairs and Welsh Government. • Workforce transformation was discussed. <p>Katija Dew (KD), Independent Member, discussed the requirement for future collective investment to create a not-for-profit, sustainable and fair long-term system.</p> <p>It was noted that the Winter Plan had been discussed by the RPB. The Chair raised concerns over the discrepancies in numbers of delayed discharges between real-time Health Board data and Welsh Government figures and would be contacting Welsh Government regarding this.</p> <p>Members were informed that additional discussions would take place around the RPB's Strategic Priorities, noting they were set several years prior, and required updating to reflect changes in health inequalities and new challenges. This would be discussed by Regional Partnership leadership group on the 8th December 2022, and be presented to the RPB for further consideration.</p> <p>NCN developments and accelerated clusters had been presented to the RPB, who were informed that a strategic integrated RPB 3-year plan was required by December 2022. It was noted that guidance had not yet been received.</p> <p>The Committee NOTED the update.</p>
	<p>Strategic Planning and Developments</p>
<p>PPHPC 1611/10</p>	<p>To receive and discuss an update on the delivery of the Clinical Futures Programme</p> <p>Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, supported by Neil Miles (NM), Clinical Futures Programme Director, presented the update to the Committee. The update focused on the Health Board's progress and delivery of the Clinical Futures Programme. Presentation slides would be shared with members Action: Clinical Futures Programme Director/Secretariat</p>

It was proposed that the Committee workplan would include a deep-dive each meeting on two or three of the ten programs that form the CF programme. The focus during this meeting would be on; -

- Urgent & Emergency Care Improvement (6 Goals)
- Enhanced Local General Hospital (eLGH) Network
- Redesigning Services for Older People (COTE)

Members noted several leads had been appointed in November to support the Clinical Futures programme, including Dr Paul Mizen, Assistant Medical Director, Clinical Futures.

Members received an update on the eLGH Network programme, including the Homeward Bound service, system reconfiguration and Capital Service developments on eLGH sites. Plans to launch the Homeward Bound Service in December 2022 were discussed, supporting patients on wards in eLGHs as a step closer to home.

Katija Dew (KD), Independent Member, asked whether or not third sector and Local Authority partners had been engaged in the development of Homeward Bound Service. NM informed members that engagement had commenced between the Health Board and Local Authority partners and that weekly working group meetings were attended by the head of Social Services for Blaenau Gwent, representing the Heads of Social Services. The Homeward Bound Service would launch in December 2022 in three existing ward areas on eLGH sites. KD requested that unpaid carers be considered when discharging patients' home. Members were informed that Homeward Bound units were a step between hospital discharge and home, during which rehabilitation and care would be provided. A fully developed model would look at inviting in carers to demonstrate whether or not the patient required care when sent home. The Chair queried whether or not the Homeward Bound wards were required to be registered with the Care Inspectorate Wales (CIW). A formal written response would be obtained. **Action: Medical Director**

The Chair requested that a plan be put in place urgently to address the more than 300 people who were ready to discharge but were awaiting social care plans. Melanie Laidler (ML), Interim Divisional Director, Primary Care and Community Division, informed members that the Delayed Transfer of Care (DToC) process had been reinstated at the beginning of November 2022, and reporting of DToC to WG had been reinstated on 10th November 2022. ML assured members that the Health Board would be meeting with Local Authority (LA) partners to assess required packages of care for each patient who has remained in hospital for more than 200 days. The Chair requested a full report on this to be presented to the Board. **Action: Interim Director of Planning & Performance**

Members were informed that an audit was being undertaken of flow centre activity across the system. An evidence-based workshop was due to take place, assessing future plans for patient flow, including barriers in primary care access. The Health Board aimed to complete the reconfiguration of floor one at the Grange University Hospital (GUH) by the 12th of December 2022 with the aim to improve patient flow. The Chair requested an overview of

	<p>stroke care for patients and the delays in wait times. Action: Clinical Futures Programme Director</p> <p>The Committee thanked Chris Dawson-Morris and Neil Miles for the update.</p>
PPHPC 1611/11	<p>To Receive and Discuss an update from the Redesigning Services for Older People Programme</p> <p>James Calvert (JC), Medical Director, supported by Melanie Laidler (ML), Interim Divisional Director, Primary Care and Community Division, presented the report providing an update of the Redesigning Services for Older People (RSfOP) programme.</p> <p>Members received an overview of the review of Care of the Elderly/Frailty pathways and service delivery models aligning to the IMTP, as outlined in the report. There had been good engagement and involvement in the development of plans from Local Authority partners.</p> <p>Members were informed that consultation work had been undertaken with trade unions, and staff consultation was due to commence, reviewing best practice for providing additional Community Response Team (CRT) Rapid Service, as outlined in the report as part of the phase 1 proposal.</p> <p>Members welcomed the outlined plans, noting that frailty management was a key Health Board and WG priority. The Chair stated that the RPB would be discussing Frailty at the next meeting.</p> <p>The Committee thanked James Calvert and Melanie Laidler for the work on the refresh of the frailty service model and NOTED the contents of the report.</p> <p style="text-align: right;"><i>JC and ML left the meeting.</i></p>
PPHPC 1611/12	<p>To receive and discuss an update on the 6 Goals for Urgent & Emergency Care Programme, including and evaluation of the Same Day Emergency Care (SDEC) plans</p> <p>Neil Miles (NM), Clinical Futures Programme Director, supported by Simon Roberts (SR), Senior Programme Manager provided an update on the Health Board's 6 Goals for Urgent and Emergency Care Programme, including Same Day Emergency Care (SDEC) plans. Presentation slides to be shared with members Action: Clinical Futures Programme Director/Secretariat</p> <p>SR provided members with key dates for each of the 6 Goals for Urgent & Emergency Care, describing the ongoing work, linking to key Health Board programmes, particularly plans for Redesigning Services for Older People (RSfOP). SDEC plans, as outlined under Goal 3 of 6. The opening of SDEC in Ysbyty Ystrad Fawr (YYF) in October 2022 was noted. The Flow Centre as an enabler for SDEC was discussed, noting an evaluation would take place over the coming weeks. The addition of the Advanced Paramedic Practitioner was noted as a key part of the development of the Flow Centre, supporting call handlers and nursing staff to direct patients to the appropriate service.</p>

	<p>The Committee thanked the team and NOTED the update in relation to 6 Goals for Urgent & Emergency Care Programme, including SDEC.</p>
<p>PPHPC 1611/13</p>	<p>To receive an update on the Capital Programme 2021/22</p> <p>Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, provided an update on the successful delivery of the Capital programme 2021/22.</p> <p>Members congratulated the teams for the successful delivery, noting the plan aligned to the original budget.</p> <p>The Committee NOTED the contents of the report, including the significant demands and successful delivery of the Capital Programme for 2021/22.</p>
<p>PPHPC 1611/14</p>	<p>To receive an update in respect of Regional Planning</p> <p>Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, provided an update of progress in respect of a number of ongoing regional and south Wales service planning programmes.</p> <p>Members were informed of the establishment of strengthened governance arrangements for regional planning, including the new Chief-Executive led Portfolio Oversight Board.</p> <p>The following key points were highlighted to members; -</p> <ul style="list-style-type: none"> • Positive progress had been made in developing a Cataract service for the population, working alongside Cardiff and Vale University Health Board (CAVUHB) in their Vanguard Theatres. • Positive development noted around the Sexual Assault Referral Centre (SARC). Health Board clinical, managerial and planning representatives remain engaged with Health Boards, police forces, Police and Crime Commissioners and third sector partners to continue to work closely to implement and deliver the new service model for sexual assault referral services in South Wales, Dyfed Powys and Gwent. • The centralisation of Thoracic surgery services in new facilities in Morriston Hospital in Swansea had been approved by Welsh Government. A business case was progressing as the next phase of the proposed capital development. • A workshop would be taking place on the 28th of November 2022, including Clinical leads from all Health Boards to work collaboratively to plan and develop regional service to provide the best care for the population. <p>The Chair raised concern of the seven-year timeframe taken to reach the current stage in Thoracic surgery centralisation and welcomed the review of the first twelve months on the impact of the Major Trauma Centre on service delivery and patient care. Action: Interim Director of Planning and Performance</p> <p>The Committee members NOTED the report, including the Memorandum of Understanding (MOU) developed by respective Health Boards as the basis for regional planning and collaboration going forward.</p>

<p>PPHPC 1611/15</p>	<p>To discuss the Approach to developing the 2023/24-2025/26 Integrated Medium Term Plann(IMTP)</p> <p>Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, provided the Committee with an overview of the Health Board's adopted approach for the preparation of the Health Board's IMTP for 2023/25.</p> <p>Members were informed that this was a refresh of the previous IMTP, and the core priorities and life course approach would remain. Collaborative discussions with Finance, Workforce, Planning and Divisional colleagues were ongoing, assessing realistic achievements based on potential financial/resource constraints.</p> <p>Members were asked to note two of the key focuses of the refreshed IMTP, as follows:</p> <ul style="list-style-type: none"> • The integration of the Neighbourhood Care Networks (NCN) plans, feeding local and borough plans into the Health Boards IMTP. • A quality and safety focus, including plans for quality improvement. <p>Members welcomed the approach.</p> <p>The Chair requested an update to the next Committee meeting. Action: Interim Director of Planning and Performance</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the report for ASSURANCE and COMPLIANCE • NOTED and endorsed the approach being proposed for the development of the IMTP 2023/24 – 2025/6. A final version of the IMTP would be presented to the Board in March 2023, prior to submission to WG.
	<p>Items for Information</p>
<p>PPHPC 1611/16</p>	<p>Health and Wellbeing Alliance Report, 'Mind the gap: What's stopping change'</p> <p>The Committee NOTED the report for information.</p>
<p>PPHPC 1611/17</p>	<p>The Public Sector Readiness for Net Zero Carbon by 2030; Evidence Report</p> <p>The Committee NOTED the report for information.</p>
<p>PPHPC 1611/18</p>	<p>Report regarding the Third Wales Wellbeing Survey</p> <p>The Committee NOTED the report for information.</p>
	<p>Other Matters</p>
<p>PPHPC 1611/19</p>	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>The Chair requested that the following be reported:</p>

	<ul style="list-style-type: none"> • <i>To receive and discuss an update on the delivery of the Clinical Futures Programme-</i> Escalation of the delayed transfers of care (DTOC) and the consequences for patients and the Health Board's statutory services. • <i>Corporate Risk register-</i> the inclusion of two new risks: 1) External escalation of displaced people/migrants – Expected increase of displaced people into the Gwent area under the Home Office commissioned [section 98] accommodation 2) Cost of living crisis – impact on population of Gwent and staff.
	Date of Next Meeting
PPHPC 1611/20	The date of the next meeting was noted as: - Wednesday 19th April 2023, via Microsoft Teams.



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Partnerships, Population Health and Planning Committee ACTION LOG

Outstanding

In Progress

Not Due

Completed

Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
April 2022	PPHPC 2504/06.5	Integrated Medium-Term Plan, 2022-2025: A report on SDEC and its associated assumptions to come back to the Committee.	Director of Operations	April 2023	Update on SDEC provided to the Committee in November 2022. SDEC 6 months evaluation to be included into the 6 Goals update for Finance & Performance Committee
July 2022	PPHPC 0707/08.1	To receive an update on the development and delivery of a Strategy for Mental Health Services in Gwent: A re-focus of the Estate's Strategy and a formal strategy for MHLD estates, including a timeline of action to be presented to the Committee.	Interim Director of Primary Care, Community and Mental Health Services/ Interim Director of Planning & Performance	2023/24	Due to current capacity issues the current focus is on completing the Outline Business Case for the Specialist In-Patient Services Unit. Welsh Government are currently evaluating the 10 years Together for Mental Health National Strategy and the outcome of the evaluation will need to inform any local service and associated estates strategy developed by the Health Board in 2023.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
November 2022	PPHPC 1611/06	Committee Workplan 2022/23: Review of Vascular Service Network (currently scheduled for April 2023) to be scheduled later in the year in order to provide a full one-year review	Interim Director of Planning & Performance/ Director of Corporate Governance	2023/24	To be included within the Committee's Workplan for 2023/24
November 2022	PPHPC 1611/06	Committee Workplan 2022/23: Review of services available to each borough to be included in the work programme, aligned to Clinical Futures. Reviews to focus on any equality issues around service provision between boroughs	Interim Director of Planning & Performance/ Director of Corporate Governance	2023/24	Place Based Care, as a key priority within the IMTP 2023-23, will be included within the Committee's Workplan for 2023/24.
November 2022	PPHPC 1611/07	Committee Strategic Risk Report: Mitigation of the two new risks reported to the meeting (external escalation of displaced people/migrants and cost of living crisis), alongside improvements made against other outstanding risks to be reported to the next meeting	Head of Corporate Services, Risk and Assurance	March 2023	To be included in the risk report for the next meeting
November 2022	PPHPC 1611/10	Update on the delivery of the Clinical Futures Programme: Formal written response to be obtained to confirm whether or not the Homeward bound wards were required to be registered with the Care Inspectorate Wales	Director of Nursing	March 2023	Director of Operations has confirmed that, following a discussion with CIW, there was no requirement for the Health Board to register the Homeward Bound Units.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
November 2022	PPHPC 1611/10	Update on the delivery of the Clinical Futures Programme: A full report on delayed discharges to be presented to the Board	Interim Director of Planning and Performance	May 2023	Discharge Planning Update to be included in the Six Goals Programme Report to be submitted to the Board in May 2023.
November 2022	PPHPC 1611/10	Update on the delivery of the Clinical Futures Programme: Overview of stroke care for patients to be provided	Clinical Futures Programme Director	February 2023	Complete. Discussion on Stroke services led by the Director of Therapies and Health Science at the Board Strategic Planning Session on 15 th February 2023.
November 2022	PPHPC 16/11/14	Regional Planning Update: Review of the Major Trauma Centre to be provided.	Interim Director of Planning and Performance	May 2023	Included on the agenda for the Board Strategic Planning Session on 3 rd May 2023.
November 2022	PPHPC 1611/15	Approach to develop the IMTP: Update to be provided to the next meeting	Interim Director of Planning and Performance	April 2023	Final IMTP submitted to Board in March 2023.

All actions in this log are currently active and are either part of the Board's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.

Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.



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University Health Board

Partnerships, Population Health & Planning Committee

Annual Report for 2022-23

March 2023

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Chair's Foreword

I am pleased to present the first Partnerships, Population Health and Planning Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee, which covers all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

During the first year of this Committee, we have been pleased to see the determination of our planning teams in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Minister for Health and Social Services Wales.

We also recognise the commitment to the work undertaken towards creating collaborative partnership working in Gwent, with the work in relation to the Marmot region beginning to take effect.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months. Special thanks must go to Katija Dew, Vice Chair of the Committee, whose term of appointment as an Independent Member of Aneurin Bevan University Health Board came to an end in March 2023.

Ann Lloyd
Chair
Partnerships, Population Health and Planning Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

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

- 1.2 The Term of Reference of the Partnerships, Population Health, and Planning Committee (referred to throughout this document as 'the Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year. The Terms of Reference were approved by the Board in March 2022 and endorsed by the Committee on 25th April 2022.
- 1.3 The purpose of the PPHPC is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.
- 1.4 This report describes how the Committee discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Partnerships, Population Health, and Planning Committee in 2022-23 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Partnerships, Population Health and Planning Committee Meetings and Membership

- 3.1 During 2022-23, the Committee met three times via Microsoft Teams- April 2022, July 2022, and November 2022. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
- Ann Lloyd (Chair)
 - Katija Dew (Vice Chair)
 - Richard Clark
 - Dafydd Vaughan (from 1.11.22)
- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

- 3.2 The Committee's agenda and papers were made public, excluding where it was necessary to meet 'in private', which it did on one occasion in 2022-23. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious

incidents or escalated concerns which would not be in the public interest.

4. Committee Reporting Arrangements

- 4.1 Following each meeting, the Committee submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link:

5. Committee Work Programme: 2022-23

- 5.1 The Partnerships, Population Health and Planning Committee Work Programme for 2022-23 is set out in **Appendix 2**.
- 5.2 Amongst the key issues considered by the Committee during 2022-23 were the following:
- An overview of Work of the **Gwent Public Service Board (PSB)**, including an update in respect of developing a Marmot Region via the Public Services, to reduce health inequalities across Gwent.
 - An overview of the Health Boards **Integrated Medium Term Plan 2022-2026**.
 - An overview of the Health Boards **Decarbonisation Strategy** and updates on progress of the Decarbonisation Framework 2022/23.
 - An update on progress of **Regional Planning** in respect of regional service planning programmes of work being undertaken in collaboration with health board colleagues across Southeast Wales.
 - An update on the development and delivery of a **Strategy for Mental Health Services in Gwent**.
 - An update on the Health Boards key Clinical Futures models of care and links to the revised **Clinical Futures Programme** Priorities.
 - An update on the development and delivery of a **Strategy for Agile Working in ABUHB**.
 - An overview of the Gwent Public Health Team' coordination of the delivery of the **Gwent Marmot Region programme**, in partnership with organisations in Gwent, and under the governance of Gwent PSB.
 - An overview of meetings of the **Regional Partnership Board**, including discussion around topics raised as a concern.
 - An update of the **Redesigning Services for Older People Programme**, including an overview of the review of Care of the

Elderly/Frailty pathways and service delivery models aligning to the IMTP.

- An update on the **6 Goals for Urgent and Emergency Care**, including an evaluation of the plans for **Same Day Emergency Care (SDEC)**.
- An overview of the successful delivery of the Health Boards **Capital Programme 2021-2022**.
- Report regarding the Third Wales Wellbeing Survey
- Committee Risk Report

The Committee also received various external reports, including; -

- The **Health and Wellbeing Alliance Report, 'Mind the gap: What's stopping change'**, with a focus on the cost-of-living crisis and the rise in inequalities in Wales.
- The Committee received the Audit Wales report, **'Public Sector Readiness for Net Zero Carbon by 2030; evidence report'**.

6. Self-assessment and Evaluation

- 6.1 The Board has undertaken an overall assessment of its effectiveness during 2022/23 using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance, and operations as well as an emphasis on organisational culture, improvement and system working.

From 2023/24, Committees will undertake a mid-year self-assessment of their effectiveness to inform the Board's end of year assessment.

7. Committee Oversight of Risk

At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

7.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **2** organisational risks that relate to various aspects of partnerships, population health and planning. A breakdown of the current risks is depicted below:

High	2
Moderate	0
Low	0

A high-level breakdown of the themes are as follows:

- **Inability to meet the changing demographic need for our population**
- **Inability to address health inequalities across the population/increased dependency on Health Board services in longer term**

8. Key Areas of Focus in 2023-24

- 8.1 In the year ahead the Committee will continue to focus on
- ensuring that strategic collaboration and effective partnership arrangements are in place;
 - that there are effective mechanisms in place in respect of improving population health and reducing health inequalities
 - providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership and
 - a specific focus on the development of our Clinical Futures Clinical Model and supporting plans.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the Partnerships, Population Health and Planning Committee over the past 12 months and demonstrates how the Committee has complied with the Terms of Reference.

Appendix 1



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

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

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

- 1.4 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

- 1.5 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

- i. consider the development of strategies and plans developed in partnership with key strategic partners

- ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

- i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- ii. consider plans for whole-system pathway development and re-design;
- iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
- iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities.

a) Strategic Planning

- a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;
- b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
- c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records, or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee’s programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	Independent member of the Board x2

The Committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge, and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning, Performance, Digital & IT
- Director of Public Health & Strategic Partnerships
- Director of Finance, Procurement and VBHC

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

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

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees, and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

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

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-

PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

PROGRAMME OF BUSINESS 2022/23

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership; that plans and arrangements are adequate, effective, robust and achieving outcomes in relation to Joint Committee and partnership planning, engagement and communication and Civil contingencies and business continuity; that partnership governance and partnership working is effective and successful; and that the arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2022;
- the Board's Assurance Framework (based on its Annual Objectives for 2021/22 and 2022/23);
- delivery of the IMTP 2022-25;
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national, and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			25 April 2022	7 July 2022	16 Nov 2022	19 April 2023
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders						
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG	✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG				✓
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG				✓
Committee Annual Report 2022/23	Annually	Chair & Director of CG				✓
Strategic Partnerships						
Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region	Standing Item	Director of Public Health	✓	✓	✓	✓
Overview of discussions at the Regional Partnership Board (RPB)	Standing Item	Chair	✓	✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			25 April 2022	7 July 2022	16 Nov 2022	19 April 2023
Update on the development and delivery of a Strategy for Mental Health Services in Gwent	Annually	Dir. PC,C&MHS		✓		
Gwent Marmot Region Communication and Engagement Strategy (as presented to the PSB on 30 th June 2022)	Annually	Director of Public Health			✓	
Strategic Planning and Developments						
Approach to developing the Integrated Medium-Term Plan	Annually	Director of Planning & Performance			✓	
Draft Integrated Medium-Term Plan	Annually	Director of Planning & Performance	✓			✓
Regional Planning Update	Standing Item	Director of Planning & Performance	✓	✓	✓	✓
A report on the evaluation of the Vascular Services Network	Annually	Director of Planning & Performance				✓
Update on the Overarching Clinical Futures Programme	Standing Item	Director of Planning & Performance		✓	✓	✓
To review the development of plans in respect of the key Clinical Future Priorities:						
1. Public Health Protection and Population Health Improvement	Annually	Director of Public Health				✓
2. Accelerated Cluster Development	Annually	Dir. PC,C&MHS				
3. Redesigning Services for Older People	Annually	Medical Director			✓	
4. Mental Health Transformation	Annually	Dir. PC,C&MHS				✓
5. Planned Care Recovery: <i>Outpatient Transformation & Pathway Optimisation</i>	Annually	Director of Operations				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			25 April 2022	7 July 2022	16 Nov 2022	19 April 2023
6. Urgent and Emergency Care Improvement, to include an update on SDEC	Annually	Director of Operations			✓	
7. Enhanced Local General Hospital Network	Annually	Director of Operations				
8. Transforming Cancer Services	Annually	Medical Director				
9. Net Zero – Decarbonisation	Annually	Director of Finance, Procurement & VBHC	✓			✓
Enablers: Update on the development and delivery of an Agile Working Strategy	Annually	Director of Workforce & OD		✓		
Enablers: Capital Programme	Annually	Director of Operations			✓	
Enablers: Digital Strategy	Annually	Chief Executive				

KEY	
D of CG	Director of Corporate Governance
Dir. PC,C&MHS	Director of Primary, Community and Mental Health Services

Appendix 3

Meeting dates	25 th April 2022	7 th July 2022	16 th November 2022
INDEPENDENT MEMBERS			
Ann Lloyd (Chair)	✓	✓	✓
Katija Dew (Vice Chair)	✓	✓	✓
Richard Clark	✓	✓	✓
Dafydd Vaughan			x
Phil Robson (Co-opted member, Special Advisor)	✓	✓	✓
OFFICERS			
Chief Executive <i>(Glyn Jones up to and including August 2022)</i> <i>Nicola Prygodzicz October onwards)</i>	✓	✓	x
Director of Planning, Performance, Digital and IT <i>(Nicola Prygodzicz up to and including August 2022)</i> <i>Chris Dawson-Morris onwards)</i>	x	✓	✓
Director of Public Health and Strategic Partnerships	✓	✓	✓
Director of Corporate Governance	✓	x	✓

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	'Building a Fairer Gwent': Gwent Marmot Region Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Consultant in Public Health & Gwent Marmot Region Programme Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper provides Committee members with an account of the activities of the 'Building a Fairer Gwent': Gwent Marmot programme since committee members last met on 16th November 2022. At the 16th November meeting, both the Marmot Region programme plan and communications plan were presented for discussion and assurance.

System leadership of the Gwent Marmot programme is one of the Health Board's key commitments to drive population health improvement. It is recognised in the Health Board's IMTP and in Gwent Public Services Board's draft Well-being Plan 2023-28. This paper is being presented to provide assurance about progress with development of the Gwent Marmot Region report which has been commissioned from the University College London (UCL) Institute of Health Equity (IHE).

Cefndir / Background

On the 10th March 2022, Gwent Public Services Board (PSB) endorsed a proposal tabled by the Health Board to become a 'Marmot Region', and to work with the IHE to inform development of Gwent PSB's approach to addressing the wider determinants of health. This signalled the ambition of partners in Gwent to work together to address each of the eight Marmot principles:

1. Give every child the best start in life;
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure a healthy standard of living for all;

5. Create and develop healthy and sustainable places and communities;
6. Strengthen the role and impact of ill-health prevention;
7. Tackle racism, discrimination and their outcomes;
8. Pursue environmental sustainability and health equity together.

Following on from this decision, the IHE were commissioned to undertake fieldwork in Gwent to assess the extent to which actions are already in place, and report back findings and recommendations for further improvement. This work is currently ongoing and the IHE are due to publish their findings in June 2023.

Asesiad / Assessment

Since the Committee last met in November 2022, the following Marmot programme activities have taken place:

- **Stakeholder Events**

A series of six stakeholder events were held across Gwent during Nov-Dec'22 to hear the views of individuals on the wider determinants of health and the steps necessary to go further in addressing inequity. These events were organised by the Marmot Programme Team and supported both the work of the IHE and the work of Gwent Public Services Board developing the Gwent PSB Well-being Plan. Face to face events were held in each local authority area, with an online event for anyone unable to attend in-person.

The outputs of these events are currently informing the content of the IHE Gwent Marmot Region report, and have already informed work on the Gwent PSB Well-being Plan 2023-28.

- **Systems Mapping Session**

On 23 January, the Marmot Programme Team hosted the first of a series of stakeholder system mapping sessions to map the key organisations, policies, plans, partnerships and people in Gwent who play a part in addressing the wider determinants of health. The next phase of the mapping process is to establish links between these elements and build a system map for each of the eight Marmot principles.

- **Workshops and interviews**

The Marmot Programme Team in conjunction with the IHE have organised several organisational workshops and interviews to help inform the Gwent Marmot Region Report. The interviews and workshops aimed to gather information concerning the Gwent partnership system as it relates to the Marmot principles, including strengths, weaknesses, and opportunities. A total of 35 organisational interviews/workshops have been held since January 2023.

- **Case studies**

The Marmot Programme Team are supporting the IHE by gathering information from Gwent PSB partners to include local case studies in the Gwent Marmot Region report. The information provided by partners will be integrated into a case study format relating to each of the eight Marmot Principles.

- **Indicators**

The Marmot Programme Team are supporting the IHE in the identification of recorded measures from existing national and regional data sets in Wales. This

will help the IHE develop a data set which aligns with the eight Marmot principles and will form a suite of metrics and outcome measures for the Gwent Marmot Region report.

- National Institute for Health and Care Research (NIHR) Health Determinants Research Collaboration

The Marmot Programme Team have been helping Torfaen County Borough Council to prepare an application to the NIHR to establish a Health Determinants Research Collaboration (HDRC) in Gwent. HDRCs are research collaborations between local government, public health and the academic sector that specifically focus on improving the wider determinants of health. Funding up to £5m over five years is available, and, if successful, this would be the first HDRC in Wales. A detailed expression of interest was submitted to the NIHR on 18th April, with confirmation of approval to proceed to Stage 2 due in May.

- 'Building a Fairer Gwent': Gwent Marmot Region Report Recommendations

The IHE presented a set of draft recommendations to the Building a Fairer Gwent Leadership Group on 18th April 2023. Each of the eight Marmot principles were discussed, alongside a list of related Marmot outcome indicators for Gwent. The main themes discussed were early years, education, apprenticeships & training, appropriate and adequate housing, and moving from a reactive to a preventive approach. There are two delivery milestone timeframes, 12 months to start, and a further 5 years to progress and improve. A final set of recommendations will be presented at the Gwent PSB meeting on 22nd June 2023.

Argymhelliad / Recommendation

The current phase of the Marmot programme is focused on preparation for the publication of the IHE Gwent Marmot Region report. The Marmot Programme Team are working closely with the IHE to support access to stakeholders, to relevant information and data. Provisional recommendations for the Gwent Marmot Region Report were presented to the Marmot Programme Leadership Group in April, and the IHE will present their full assessment and recommendations to Gwent Public Services Board on 22nd June.

It is recommended that PPHP Committee consider the Gwent Marmot Region report and its findings at an appropriate point after publication in June.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Population health improvement.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail dystiolaeth: Evidence Base:	Fair Society Healthy Lives, the Marmot Review (2010)
Rhestr Termiau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Gwent Public Services Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>Is EIA Required and included with this paper</p> <p>No does not meet requirements</p> <p>There is no new service or service change for the Health Board currently approved as part of the Gwent Marmot Programme.</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>

<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>
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DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Overview of Recent Business of the Regional Partnership Board, including a focus on the Area
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director, Strategy, Planning & Partnerships

Pwrpas yr Adroddiad Purpose of the Report

Er Gwybodaeth/For Information

This report is to provide the committee with information in relation to the Regional Partnership Board Area Plan to which the Health Board is a statutory Partner.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working.

RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to best meet the needs of their respective populations.

This report provides an update in relation to the development of the Area Plan, and information in relation to the development of a strategic capital plan.

Cefndir / Background

Regional Partnership Boards, under current legislation and more recent emerging policy directive, are required to undertake developments to respond to the following areas of legislation:

- Section 14a of the Social Services and Wellbeing Act requires RPBs to produce an Area Plan once every 5 years for submission to Welsh Government, to demonstrate the following:
 - The actions partners will take in relation to the priority areas for integration for RPBs.
 - The instances and details of pooled funds to be established in response to the population needs assessment.
 - How services will be procured or delivered, including by alternative delivery models
 - Details of the preventative services to be provided or arranged.
 - Actions being taken in relation to the provision of information, advice, and assistance services.
 - Actions required to deliver services through the medium of Welsh.
- To ensure adequate strategic and forward planning regionally and nationally, Welsh Government have recently established a requirement for each RPB to have a 10-year strategic capital plan in place by 31 July 2023.

Asesiad / Assessment

Area Plan Development

The RPB have developed the Area Plan during the backdrop of extreme challenges andprecedented demands. Public Services are still recovering from the Covid-19 pandemic and its huge impact on the health and social care workforce which has been exacerbated by the recent cost of living increases and cuts to budgets. The challenges highlight the need for partners to come together to collaborate more than ever, to create synergy across services and recent duplication. The RPB will be central to creating the partnership environment to tackle these challenges and the Area Plan sets out how partners intend to work together, pool resources and transform services.

The full Gwent RPB Area plan was approved by the RPB in March and can be found here: [Regional Area Plan 2023 – 2028 \(gwentrpb.wales\)](https://gwentrpb.wales)

The Area Plan was developed by the Regional Partnership Team (hosted by Torfaen Council). The Plan's priorities are centred on the priority population groups prescribed by Welsh Government, and are summarised as follows:

Children & Young People

1. To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.
2. To ensure good mental health and emotional well-being for children and young people through effective partnership working, especially mitigating long term impact of the Covid 19 pandemic.

Older People including People with Dementia

1. To improve emotional wellbeing for older people by reducing loneliness and social isolation with earlier intervention and community resilience.
2. To improve outcomes for people living with dementia and their carers
3. To support older people to live, or return following a period of hospitalisation, to their own homes and communities through early intervention, integrated care models and a whole system approach.
4. To mitigate the long-term impact of Covid-19 pandemic through, especially reducing waiting lists and times to access support, appointments, and medical procedures.

Health and Physical Disabilities

1. To support disabled people, including sensory impairment, through an all-age approach to live independently in appropriate accommodation and access community-based services, including transport.
2. Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required.
3. Improve transition across all age groups and support services.

People with a Learning Disability

1. To support people with learning disabilities to live independently with access to early intervention services in the community; and greater public awareness and understanding of people with learning disabilities needs.

Mental Health

1. Increase understanding and awareness of mental health amongst the public, to reduce stigma and help people to seek support earlier.
2. We need to improve emotional wellbeing and mental health for adults and children through timely early intervention and community support.

Sensory Impairment

1. Ensure people are supported through access to accurate accessible information, assistance and 'rehabilitation' where required.
2. Many people felt lonely and isolated during the pandemic and highlighted a need for increased opportunities for more accessible social interaction.

Carers

1. Support unpaid carers to care through flexible respite, access to accurate information, peer to peer support, effective care planning and through increased public understanding.
2. Improve wellbeing of young carers and young adult carers and mitigate against long-term impacts.

Autism

1. To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information.

The Regional Area Plan 2023-2028 establishes a number of actions against the above priorities to ensure outcomes are realised during the timeframe of the plan. To support the delivery of the Area Plan the RPB receives funding through the Regional Integrated Fund (RIF), in 2022/23 this amounted to £27m revenue.

In relation to progress in 2022/23 a full evaluation of the Regional Integrated Fund with support the Area Plan objectives is being prepared for the RPB meeting on the 16th May 2023. Following this meeting the report will be shared with Committee Members.

As a statutory partner the Health Board will play a key role in supporting the delivery of the plan and will ensure integration with core health board priority programmes set out against the Clinical Futures strategy.

Strategic Capital Plan

Welsh Government have set out a new requirement for Regional Partnership Boards to establish Strategic Capital Plans and are increasingly allocating capital through the RPB arrangements. The requirement from Government is that Strategic Capital Plans must address all population groups identified within RPB function and consider the frontline service delivery for health and social care services (statutory partners), Integrated hubs and associated services (across all partners) and accommodation-based solutions (across local authorities and housing associations). As the Committee will be aware, the Health Board's Capital Programme currently includes a range of Health and Wellbeing Centre developments.

This undertaking excludes Secondary Health Estate and estate connected with partner core functions (e.g., leisure centres and general housing stock).

The objective of the Strategic Capital Plan is to identify the infrastructure the RPB wishes to develop, for what purpose and when. In doing so, the plan will evolve to create:

- Greater understanding of infrastructure
- Improvement information/analyses of the conditions of assets and potential opportunities
- Effective sharing and joint analyses of assets
- Development of the regional and national capital programme

To support the preparation of a regional Strategic Capital Plan, independent support has been commissioned to undertake a range of strategic needs assessments and capital asset mapping against an expanded list of priority population cohorts, reflecting both WG priority areas for integration and regional priorities.

In addition, the capital asset mapping will form the baseline of the health and social care infrastructure to inform future opportunities and gaps in provision, and will be undertaken against the following asset types:

- Residential Care
- Extra Care Schemes
- Supporting Living schemes
- Intermediate Care (Step Up/Down facilities)
- Adapted/bespoke properties (e.g., we have developed a couple of bariatric step up/down with strengthened hoisting track systems, etc.)
- Hubs (there are a wide range of 'hubs' in place across the region, run by different organisations, that may or may not be part of our known community networks (particularly under the Integrated Wellbeing Networks)
- Decommissioned estate (applicable to all partners) that could provide development opportunities within a 10-year programme delivery plan.

A more detailed assessment is required to understand the range of hubs already in place, the services co-located/provided from the hub in line with WG prescribed categorisation:

1. Community Wellbeing Hub
2. General Health and Wellbeing Hub
3. Specific population group health and wellbeing hub
4. Health and care centre
5. Other

This information exercise will then support the development of the Strategic Capital Plan for the RPB which will also need to inform the next phase of the Health Board's Estates Strategy.

RPB Governance

To support the next phase of the RPB maturation, a review of governance arrangements is being commissioned which will help identify opportunities to strengthen and develop the existing arrangements. The RPB is due to consider and agree the Terms of Reference for this review at its May meeting and the Committee will be kept updated accordingly.

Argymhelliad / Recommendation

The Committee is asked to note the information contained in the report and discuss how the committee would like to be informed of progress with the RPB.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	All areas apply
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	N/A
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	The RPB Area plan is produced based on a population needs analysis including an EQUI published here: Regional Area Plan 2023 – 2028 (gwentrpb.wales)

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Area Plan is based on a population needs analysis published here: Population Needs Assessment - Gwentrpb
Rhestr Termiau: Glossary of Terms:	RPB Regional Partnership Board RIF Regional Integrated Fund
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	RPB

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies
Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Planning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Assistant Director Planning and Partnerships

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides an update of progress in respect of a number of ongoing regional and south Wales service planning programmes. Particularly noted is the continued strengthening of governance arrangements for regional planning and the formal launch of additional programmes across the region, including orthopaedics (led by Cardiff & Vale University Health Board) and diagnostics (led by Cwm Taf Morgannwg University Health Board).

Cefndir / Background

Health Boards in south Wales remain committed on an ongoing basis to active collaboration where this delivers added value to clinical service delivery. Health Board planning teams continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Collaborative programmes include formalised arrangements for prescribed services within the southeast and wider review and reconfiguration of specialist services across south Wales where Aneurin Bevan University Health Board is a stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology, Cardiff & Vale University Health Board overseeing orthopaedics and Cwm Taf Morgannwg University Health Board

overseeing diagnostics. Of these, ophthalmology is the most advanced, with the other two programmes having now finalised their governance arrangements.

Asesiad / Assessment

An overview of current programmes is set out below: -

Ophthalmology

The regional ophthalmology programme continues to make good progress, overseen by a Regional Ophthalmology Programme Board and dedicated programme manager. The three principal work streams are as follows: -

Cataract Recovery – this is addressing existing post-COVID backlogs / waiting times for cataract treatment. A comprehensive business case has been prepared for funding in 2023/24 to maximise existing physical assets for 12-18 months. This will involve the use of additional 'hub' capacity in the south (through use of the 'Vanguard' in-sourcing project in Cardiff) and north (on the Nevill Hall Hospital site) of the region, supplemented by outsourcing of other activity as required to reduce treatment backlogs. The final case is currently completing respective scrutiny within each Health Board (including consideration by the Aneurin Bevan Board later this month), pending submission to Welsh Government by the end of May.

Ophthalmology Regional strategy – a longer term strategy for ophthalmology services across the region has been developed and agreed, following an engagement exercise involving the (then) Board of Community Health Councils and a range of internal / external stakeholders. The strategy was taken to the March 2023 meeting of the Health Board for information and ratification.

Regional Cataract and Vitreo-retinal Service – this work stream is reviewing the specific longer-term requirements for two sub-specialty areas, with the aim of developing sustainable clinical / staffing models and referral pathways for cataract and vitreo-retinal surgery, together with the associated infrastructure and costing implications. This is a longer-term work stream, with subsequent business cases for revised models likely to be developed from late 2023.

Ophthalmology Electronic Patient Record - this is a separate national programme hosted by Cardiff and Vale University Health Board to deliver a comprehensive electronic patient record for ophthalmology. The Committee will be aware from previous updates that the programme has experienced a number of technical issues that have delayed implementation and operational go-live planning, and programme management & oversight is in the process of transferring to Digital Health Care Wales. A local Health Board EPR group continues to meet and has agreed that whilst progress continues to be made against a number of national dependencies, some significant issues remain that require final resolution. Implementation training has been provisionally arranged for May, and if this is successful, it is considered that phased dates for system go-live on each site may be able to be set at that point, with a regional approach then being taken to align with the wider ophthalmology service plans.

Orthopaedics

Arrangements for the regional orthopaedic programme are now fully established under a regional programme board chaired by the Chief Executive of Cardiff & Vale University Health Board and with a regional clinical lead from Aneurin Bevan

University Health Board. The key collaborative aim of the programme is to deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity, and efficiency in a sustainable way. This has been broken down into three working objectives: -

- Adoption of best practice systematically across the region
- Optimisation of currently underutilised capacity
- Identification of options to provide orthopaedic capacity to address existing backlog and unmet demand.

In delivering these objectives the programme board will work closely with the Welsh National Clinical Strategy for Orthopaedics (NCSOS) exploring the National Clinical Strategy and the Getting it Right First Time (GIRFT) recommendations which include:

- Driving the systematic separation of elective and non-elective surgery to improve efficiency, outcomes, and resilience.
- "Right Procedure, Right Place": increasing day-case surgery rates.
- Improving the utilisation of assets: theatre productivity & efficient patient flows

In the light of the recent purchase by the Welsh Government of additional physical accommodation in Llantrisant ('Concorde' development), the programme will consider the potential for a regional orthopaedic elective centre that would bring benefits to all the stakeholder Health Boards.

A detailed programme definition document is currently being finalised and a series of monthly board meetings confirmed, with agreed Health Board representation.

Diagnostics

Arrangements for the regional diagnostic programme have now been finalised, made up of an overall programme board (chaired by the Chief Executive of Cwm Taf Morgannwg University Health Board), and supported by three project boards for endoscopy, diagnostic centres / radiology, and pathology.

Endoscopy

The project board has met on two occasions and has committed to a form of regional working that includes:

- A single service model across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support Bowel Screening Wales screening optimisation.
- Professional 'JAG' accreditation across all facilities (actual or equivalent)
- 'Single team' philosophy – with common roles, responsibilities, SOPs, skill mix and staff rewards (banding etc)
- Single waiting list – recognising work needing to be undertaken to get there (validation etc)
- Shared approach to effective training, working in collaboration with HEIW via an Academy model.
- 'Good enough' IM&T systems to share data including e-referral, reporting and onward referral.

As with orthopaedics, the potential use of the new accommodation made available in Llantrisant is being considered as part of the option appraisal process, noting previous work undertaken at a national level to establish longer-term sustainable services.

Diagnostic Centres / Radiology

The project board has met and has terms of reference to consider and deliver arrangements for community diagnostic centres across the region to address existing waiting times, backlogs, and accessibility constraints. The nationally agreed over-arching criteria are: -

- The need for accessibility
- To be sited in areas of deprivation
- Able to be accessed across Health Board boundaries.

Whilst colleague Health Boards are prioritising use of a managed service contract with a private sector partner for delivery of this, the service within Aneurin Bevan University Health Board currently considers that an in-house development is likely to provide the best option in terms of affordability and deliverability. The project is progressing both approaches on a collaborative basis, with the intention of ensuring common principles, standards and success criteria as the detailed planning is put in place.

Pathology

A Regional Pathology Steering Group has been established recognising the fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis. The project has been created to oversee the identification, development and implementation of regional pathology solutions in Southeast Wales to create a robust, sustainable, future proofed and patient-focussed service.

All pathology disciplines will be included in this work, but it has been recognised that in the first instance the focus will be on Cellular Pathology as the highest priority within the service. It is accepted that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service collaboration and integration, and this will be the key work stream for progress in 2023/24.

Cancer Services

Implementation planning continues for the new comprehensive clinical model of acute oncology services across Southeast Wales. Following recruitment to new clinical posts, Aneurin Bevan University Health Board will focus the next 12 months on plans for the next phase of local implementation, with associated dates agreed for Partnership Board meetings with Velindre NHS Trust (the next being in June). The new Velindre Hospital development is dependent upon a strong regional outreach model, and it is considered important that this remains an area of close collaboration between Velindre NHS Trust and stakeholder Health Boards.

Following Welsh Government approval of the final business case for the new satellite radiotherapy centre at Nevill Hall Hospital, construction has started on site with operational commissioning scheduled for October 2024. This will provide

radiotherapy services fully aligned with the satellite specification issued by Velindre NHS Trust and will provide additional capacity to deliver a range of patient benefits.

Plans continue to progress in parallel for the development of a complementary cancer centre on the Nevill Hall site, which would provide a centre of excellence for research, innovation, and collaborative working with Velindre to deliver haematology and acute / non-acute oncology services. The business justification case for this development is currently in draft and is expected to be submitted for Board consideration in summer 2023. Subject to subsequent Welsh Government approval, it is envisaged that the new facility could be operational in early 2025.

Vascular Services

Following an extended period of detailed planning, the southeast Wales regional vascular operational delivery network was established in July 2022. The network is hosted by Cwm Taf University Health Board and all Health Boards are represented on the network board at Executive level. The first of a series of regular scheduled reviews took place at the end of 2022 to assess progress and benefits realisation; whilst operational experience to date has indicated that the network is working reasonably well, there is an acknowledged need for additional supporting data to be made available by the network, and this is currently the focus of discussion between the respective Health Boards.

Welsh Sexual Assault Service (WSAS – formerly SARC)

Health boards, police forces, Police and Crime Commissioners and third sector partners continue to work closely to implement and deliver the new service model for sexual assault services in South Wales, Dyfed Powys, and Gwent. This involves an enhanced hub for acute services at Cardiff Royal Infirmary (CRI), supported by spoke facilities in Risca and Merthyr. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation standards that are required to be in place by October 2023) and ensures robust governance arrangements. Key ongoing work stream progress includes the following: -

- The transfer of services from Merthyr to Cardiff took place in February.
- Acute services in Risca are due to transfer in October (subject to continued recruitment progress - a decision on this will be taken in the spring)
- Interim facilities on the Cardiff Royal Infirmary Site (to deliver ISO compliance by the required date) are scheduled to be completed by October 2023
- The outline business case for the new permanent hub facilities (also at CRI) is currently subject to discussion with Welsh Government in respect of funding consideration / approval.
- Revenue consequences of the revised arrangements for 2023/24 and beyond have been notified to Health Boards, and a strengthened finance and commissioning subgroup is meeting regularly to ensure all details are understood and agreed
- A group has been set up to consider ongoing communications and engagement requirements, and this is due to meet shortly.

Health Board clinical, finance and planning representatives remain fully engaged with the programme.

Thoracic Surgery

Following approval of the strategic outline case (SOC) for the centralisation of thoracic surgery services for South Wales in new facilities in Morriston Hospital in Swansea, the programme is now developing the Outline Business Case and is aiming for formal approval of this later this year, with physical construction work commencing in 2024 and full operational implementation of the new service in 2025/26. The key aims and benefits of this programme include: -

- Provision of an additional 300 case surgical capacity to deliver a total of 1,500 cases per annum (increased as a result of the projected future lung cancer screening programme)
- Provision of a best practice dedicated thoracic surgery hybrid theatre that supports improved health outcomes for patients.
- Improved equity of care across Wales e.g., resection rates, surgical procedures, and access
- Creation of a more sustainable medical and nursing staffing model
- New ability to address current unmet service need, especially for benign work and supporting MDTs.

Workshops are ongoing to review the future service specifications and the subsequent workforce implications, with progress overseen by a full programme governance infrastructure.

ABUHB remain fully engaged with regular clinical, planning, and financial / commissioning input and a local group continues to meet regularly to review the latest developments, ensure a common understanding of programme progress / decisions and to facilitate timely responses to any requests from the programme for information, decision feedback etc. As previously advised, the potential revenue cost pressures have been raised as a future issue, and it is anticipated that further discussions will be required to agree the affordability and equity of the final business case over the coming year.

Hepato-Biliary and Pancreatic Surgery

The programme to develop proposals for improving current service provision for hepato-biliary and pancreatic surgery (managed jointly between Cardiff & Vale / Swansea Bay University Health Boards) is now well-established. Whilst it is accepted practice in much of the UK for liver and pancreatic surgery to be based together as part of a comprehensive hepato-pancreato-biliary service, in south Wales these services are currently split (with liver surgery undertaken at the University Hospital of Wales and pancreatic surgery undertaken at Morriston Hospital)

The Programme Board (alternately chaired by the Medical Directors of Cardiff & Vale / Swansea Bay University Health Boards) has overseen a review of future service delivery options (by an external clinical advisory group), which has indicated that the only viable future options are a combined single site based either in Cardiff or Swansea. Work is now commencing on an impact assessment, to fully understand the implications associated with the two options. This work is likely to take two to three months to complete, following which a financial and commissioning appraisal will be undertaken, before the Programme Board is able to make a recommendation

on the preferred service model. At that point there would be a need to undertake a public engagement, and very probably public consultation exercise.

The Health Board remains engaged in the programme, with clinical / planning input and feedback to the service as required to ensure a common understanding of programme progress / decisions and to facilitate timely responses to any requests from the programme for information, decision feedback etc.

Stroke Services

A National Stroke Programme Board was established in 2022 to support health boards in taking forward a national piece of work to re-design stroke services across Wales into a Hyper Acute Stroke Model. This involves the setting up of regional stroke centres and is well-advanced in areas where significant collaboration between health boards is required to deliver sustainable reconfigured services e.g., between Cardiff & Vale / Cwm Taf Morgannwg University Health Boards and between Swansea Bay / Hywel Dda University Health Boards

Services within Aneurin Bevan will be established as a single health board region / operational delivery network, with self-contained services for all but specialist tertiary interventions such as thrombectomy, and with a key priority to review the configuration of rehabilitation services (which have been considered by the recent GIRFT review to be spread too thinly to be effective against the latest service delivery guidelines). Full engagement with the national programme will remain important to ensure local population needs get optimal benefit from the new arrangements and any central resource opportunities. The National Stroke Programme Board has been asked to produce a clear and unambiguous business case for change demonstrating current outcomes and the expectations for improvement by delivery of the national standards and the new service models that will follow. As a first step, funding for programme manager support has recently been confirmed for a three-year period, and this post will be advertised shortly.

Progress in implementing the new arrangements within Aneurin Bevan University Health Board is being overseen by the Stroke Delivery Group (chaired by the Director of Therapies and Health Science), and it is intended that this will evolve into the Network Board as the new arrangements are established.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to note the update report for information.

Further updates will be provided to future meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>
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DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Futures Programme Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Assistant Director Planning and Partnerships

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides an update of progress in respect of the Clinical Futures Programme. It confirms the programme approach for 2023/24 as set out in the organisation's Integrated Medium-Term Plan (IMTP) as approved at the Board meeting in March 2023.

Cefndir / Background

Since the opening of the Grange University Hospital in November 2020, the Clinical Futures team's focus has been on the delivery of ten priority programmes aligned to the Health Board's Clinical Futures Strategy as set out in the 2022/23 IMTP. By their very nature, these key strategic priorities are complex, system wide and the programmes of work we are designing to implement these changes will be realised incrementally over the life of the plan.

These programmes were:

Clinical Futures Priority Programmes 2022/23

Redesigning Services for Older People
Planned Care Recovery
Transforming Cancer Services
Urgent and Emergency Care Transformation (UEC 6 Goals)
Enhanced Local General Hospital Network Reconfiguration
Decarbonisation
Agile Working
Public Health Protection and Population Health Improvement

The 2023/24 IMTP process provided an opportunity to review the Programmes and streamline the interdependencies across the priority programme areas adding value to programme delivery and reduce any potential for duplication.

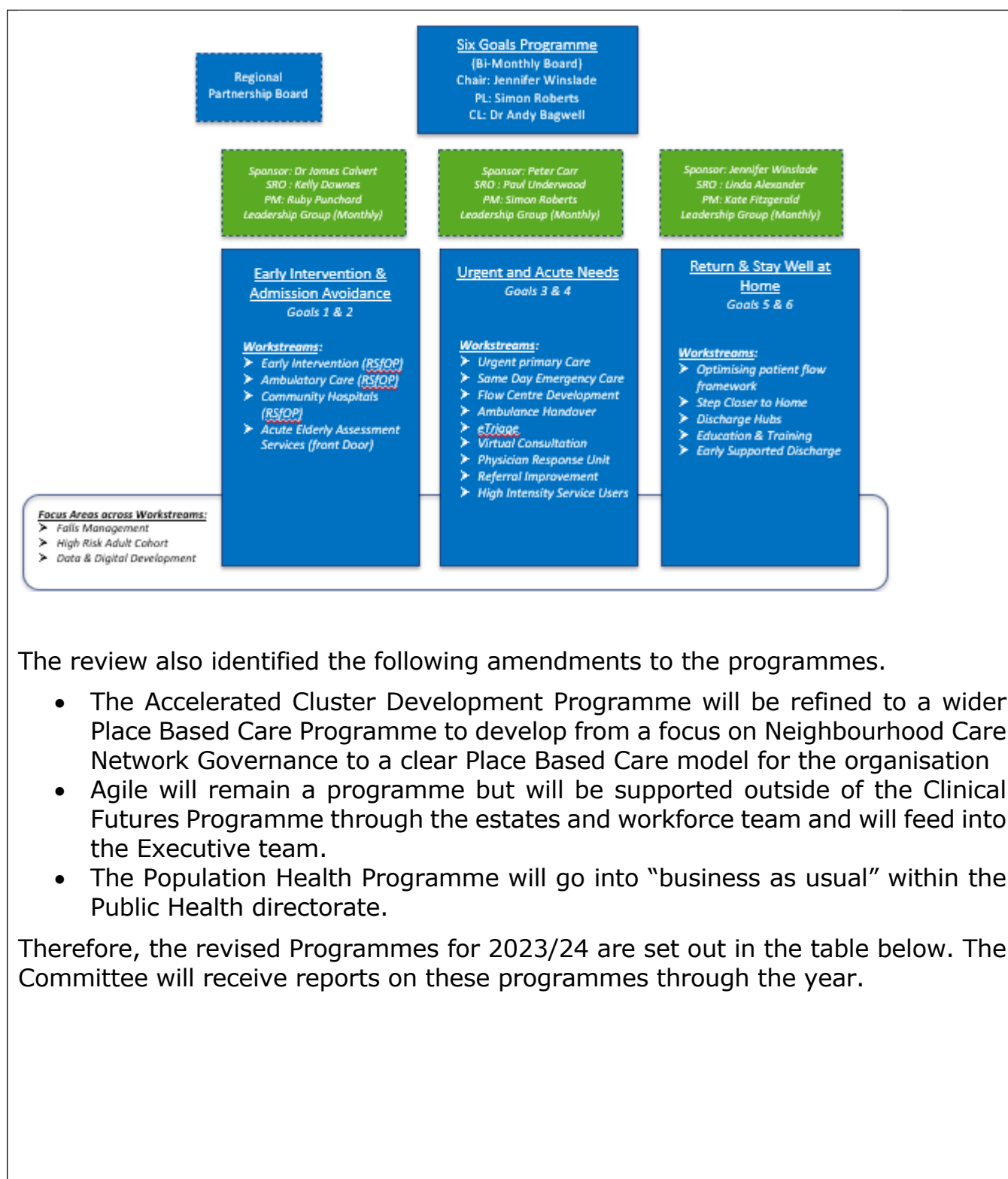
The key changes relate to Redesigning Services for Older People (RSfOP)/Urgent and Emergency Care Transformation (UEC 6 Goals).

It is recognised that the above two programmes are fundamentally linked with significant synergies and co-dependencies. In essence it is difficult to improve one programme without impacting on the other. Therefore, an opportunity has been identified to combine these two programmes under the framework of the UEC 6 Goals, optimising the ability to implement system wide change, taking into account the shared interdependencies and benefits. The combined programme will be able to achieve short, medium and long-term system improvements, supporting people to stay well and healthy in their own homes and communities.

The potential benefits of merging these two programmes include:

- Stronger workstream co-ordination and planning,
- Reduction in duplication across both programmes,
- Improved visibility of the RSfOP workstreams,
- Maximising resource within the CF team across three Programme Managers,
- Reduction in the number and frequency of meetings,
- Capacity and capability to drive change,
- Alignment of outcomes and benefits, and
- Systematic view of impact, preventing duplication.

In order to achieve this new UEC 6 Goals programme, the programme will be divided into three workstreams covering two goals, with their own Programme Manager, Senior Responsible Officer and Executive Sponsor. An overview of the proposed programme is set out below:



The review also identified the following amendments to the programmes.

- The Accelerated Cluster Development Programme will be refined to a wider Place Based Care Programme to develop from a focus on Neighbourhood Care Network Governance to a clear Place Based Care model for the organisation
- Agile will remain a programme but will be supported outside of the Clinical Futures Programme through the estates and workforce team and will feed into the Executive team.
- The Population Health Programme will go into “business as usual” within the Public Health directorate.

Therefore, the revised Programmes for 2023/24 are set out in the table below. The Committee will receive reports on these programmes through the year.

ORGANISATIONAL PRIORITIES	Life Course approach					QUALITY	EFFICIENCY	WORKFORCE
	Every child has best start in life	Get it right for children and young people	Adults live healthy and age well	Older adults live well and independently	Dying well as part of life			
Placed Based Care Programme	✓	✓	✓	✓	✓			
Mental Health Transformation	✓	✓	✓	✓	✓			
Urgent and Emergency Care (6 Goals) Programme			✓	✓	✓			
Planned Care Programme			✓	✓				
Transforming Cancer Programme			✓	✓	✓			
Enhanced Local General Hospital Programme								
Decarbonisation								

The Clinical Futures Programme Board in May 2023 agreed a revised set of Programme Leadership for these programmes alongside some clear descriptions for the roles and responsibilities. Each of the programmes has an Executive Sponsor, Senior Responsible Officer (SRO) and a Senior Programme Manager supporting. As outlined above, due to its complexity, the UEC 6 Goals programme has additional executive and SRO input.

The scope of all of these programmes is being reviewed to ensure clarity on deliverables, milestones, and impact and will be signed off at an Executive Committee meeting in June.

Asesiad / Assessment

This section provides a brief update on the programmes for the Committee. It covers the period up to the end of March 2023 therefore is based on the 2022/23 Programmes.

1.Urgent and Emergency Care Improvement (6 Goals)

The Health Board has seen broadly positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continued to build momentum with national goal lead representation at programme board.

Some areas of progress include:

- A 'high intensity user service model' exists, where referrals are made to a Lead Nurse who is able to make the right social referral required to support the patient in safe discharge.



- Same Day Emergency Care (SDEC) at the Grange University Hospital opened in August 2022, largely receiving General Surgery patients, however, there are plans to maximise the capacity offered by SDEC by integrating acute medicine into the model.
- SDEC at Ysbyty Ystrad Fawr opened during quarter 4, seeing 'ambulatory' medical patients referred from the AMU.
- Respiratory Ambulatory Care (RACU) funding has been extended to March 2024 with the centre established in the Royal Gwent Hospital.
- The Health Board has received funding via the Six Goals national 'Innovation Fund' to support implementation of an electronic Triage solution for ED and MIUs in Quarter 2 2023/24, in order to improve clinical visibility and improve patient experience.
- Ambulance handover improvement is a key focus for the programme and there are plans to pilot a push model of flow to encourage timely referrals of patients to specialities at given times of the day.
- A re-energised discharge planning framework has been launched in collaboration with the Delivery Unit. So far, training has been completed at eLGH sites with focused engagement led at 3 wards on each site to engage staff and generate ideas for improvement.
- A business case has been approved to provide additional Front Door Therapies staff dedicated to ED to support 'home first' approach. The first team started in late December with ongoing recruitment to additional therapies posts.
- Homeward bound nurse led wards have been developed at two eLGH sites for medically fit for discharge patients with the aim that this provides more suitable care for those not requiring regular medical intervention and encourage reablement.
- An Integrated Discharge Hub established at RGH, staffed by Health Board and Local Authority, including rolling out the WG Optimising Patient Flow Framework and realignment of discharge assistants with the hub.

The establishment of SDEC is an important addition to our emergency care services and provides significant opportunities to stream patients from same day to next day and act as a catalyst for speciality ambulatory service development. Since the opening of SDEC at the GUH, 4,054 patients have been seen (average 20-25 daily attendances) all discharged the same day with a median length of stay time of 3.6 hours. Since the opening of SDEC at YYF, 678 patients have been seen.

2. Planned Care Recovery

In April 2022, Welsh Government published the 'Transforming and modernising planned care and reducing waiting lists' plan to encourage focus on key areas. These are; transforming outpatient services; prioritising diagnostic services; early diagnosis and treatment of suspected cancer patients; patient prioritisation to minimise health inequalities; very long waiters; building sustainable planned care capacity; and improving communication and support. These national objectives are in line with those identified in our IMTP and continue to endorse our focus on these key areas of recovery. An update on performance measures can be found [within the outcomes and performance summary](#).

Some areas of progress include:

- Development of 12 new seen on symptom/patient initiation follow-up outpatient pathways. One-stop treatment unit at RGH open at part of a phased

implementation to undertake general surgery lumps and bumps, colorectal infusions and dermatology.

- Implementation of outpatients DNA Plan (currently 6.5% against a 5% target) and Hospital Cancellation Plan (currently 18,950 compared to 40,952 in 21/22).
- Evaluation of outpatient clinic space allocation and utilisation undertaken (pre-covid vs current) to maximise facilities and assist with reduction of waiting lists.
- Progress in the theatre utilisation workstream with an initial focus on day case activity which will be supported with the development of a day case dashboard.
- Collaborative working between clinicians and Value-Based Health Care team to prioritise initial health care pathways for localisation based on national and local priorities.
- Regional cataracts and Vitreo-Retinal project started, supported by a three-stage plan.
- Regional Business Case for Welsh Government funding for cataracts expansion developed.
- Protocol for accelerated imaging of cancers diagnosed at endoscopy was implemented at the end of quarter 2.
- IR Rapid Biopsy pathway has reached its 7-day target in 2 major sites (lung and liver) with service expansion plans ongoing.
- MSK workstream recruitment commenced with identified accommodation for the soon to be launched community therapy MSK pathway service.
- MSK Orthopaedic Improvement steering group established and improvement action plan developed.
- Patient Activation and Access workstream initiated

3. Maximising Cancer Outcomes

Planned Care and Cancer Services are interconnected; it is the same workforce, accessing the same diagnostic and treatment capacity.

Some areas of progress include:

- Significant progress has been made in establishing the Transforming Cancer Services Programme and identifying and distinguishing areas of work and activity
- A clear action plan of work has been developed following two Cancer workshops held, resulting in the identification of four priority areas (14 days to first contact, Outsourcing pathology, Pilot of Cancer Navigator, and Real Time demand and capacity modelling), and the development of a 46 point Implementation Plan.
- The Cancer Board has been focussed on developing the four priorities, with leads allocated, activity underway and monthly reporting to the Board. Progress includes: improvements in 14 day to first contact in Lung, Haem and H&N; Patient Flow Navigator funding secured for priority area pilot; outsourcing agreed and; Demand and Capacity Dashboards created
- Continued focus delivery against 62-day pathway, and ministerial challenge to achieve 70% by March 2023.
- Roll out of Business-as-Usual Implementation Plan with allocated owners.
- Agreement of Outsourcing pathology paper to support improvements to diagnostic access will increase timeliness and throughput.
- Developing of a business justification case for the proposed Cancer Centre at Nevill Hall Hospital.
- Cancer Partnership Board agreed (between VCC and ABUHB) and operational meeting initiated

- Stakeholder mapping completed.

4. Enhanced Local General Hospital

This workstream is focused on optimising the design of the hospital network across the Health Board, this programme oversees capital developments for both major schemes and the utilisation of existing spaces to support recovery and ultimately the delivery of a sustainable system of care. In addition, the remit has been expanded to consider the future acute medical model for the eLGH sites and options for long term sustainability of service delivery.

Some areas of progress include:

- Commencement of the Breast Unit at YYF during quarter 3 following Welsh Government approval. The unit will offer a wide range of services, tailored to meet the specific needs of patients. It will focus on timely, effective access to treatment, ensuring person centred care is at the forefront when delivering our breast care services.
- Works have commenced for the Satellite Radiotherapy Centre at Nevill Hall Hospital. It is anticipated that the SRU will open Autumn 2024.
- 'Home Ward Bound' to support those who are medically optimised to discharge be established at 3 enhanced Local General Hospitals. Implementation in process, first facility opened in early December 2022.
- Establishment of Acute Medicine workstream to review workforce and patient flows post the GUH opening and the establishment of the eLGH acute medicine model.
- Stabilisation of junior medical staffing for the acute medicine model with collaboration from HEIW and a revised rota for the August 2022 intake.
- Reconfiguration of A1 at GUH, improving the first-floor environment for patients and staff, improving flow and patient safety.

5. Neighbourhood Care Network Development Programme (Accelerated Cluster Development)

A core programme team is established and includes the Clinical Director for Primary Care, Workforce, Finance, Planning and Clinical Futures Programme support to develop a local programme plan to deliver a regional response to the nationally set ministerial milestones. The focus to date has been to undertake core briefing and engagement work to establish the professional collaboratives, and an NCN office to enhance support for front line staff in planning and delivering for their local population, and undertake the readiness assessment exercise and closing the required actions.

Some areas of progress include:

- Recruitment and establishment of NCN Office (including business support, workforce transformation, and service improvement expertise) to increase capacity and capability for NCN led population-based planning and service delivery.
- Welsh Government readiness assessment submitted.
- Population needs based planning framework developed and socialised.
- Developed Population Needs Toolkit to inform NCN and Pan-Cluster Planning.
- Facilitated workshops to support each Integrated Service Partnership Board to develop their Integrated Three-Year Plans by December in line with ministerial milestones.

- Professional Collaboratives (where established) have begun to respond to published population needs assessments (such as RPNAs due to be published in April 2022) and identify their service gaps and developments in response to Welsh Government planning guidance.

6. Public Health Protection and Population Health Improvement

As a population health organisation reducing health inequality and improving health is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimal treatment of disease.

Some areas of progress include:

- Developed Covid-19 urgent plan for TTP for Autumn/Winter or new variant and completion of associated training
- 73.3% of the eligible population for COVID-19 booster have been vaccinated
- Over 5,500 patients have received a flu vaccine via mass vaccination centres since opening
- Project Initiation Document completed for Direct Observation Therapy.
- Development of the Integrated Health Protection Service business case.
- Testing to continue developing Project Initiation Document for Direct Observation Therapy.
- Principles document to support admitting residents into a care home in outbreak with Covid-19 or flu. completed
- Testing commenced to use an improved reporting tool to produce care home outbreak reports.
- Continued Monkeypox vaccine clinic organisation and delivery
- Support Hepatitis B and C elimination plan through reviewing action plan and population level data review
- Diphtheria screening pathway produced with colleagues in line with UKHSA guidance and case definitions

7. MENTAL HEALTH TRANSFORMATION

The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent. There are 2 transformational Programmes (Whole System, Whole Person Crisis Support Transformation and Complex Needs) that will deliver this vision. There are multiple projects that sit under both Programmes including:

- 111 press 2
- Review of Primary Care Mental Health Services
- In patient ward remodelling
- Reviewing complex needs pathways
- Strengthening crisis assessment and home treatment services
- Improve transport for patients in crisis

Through a single point of access, we will develop a variety of sanctuary services (in Emergency Department and community), shared lives, acute inpatient provision,

housing tenancy and support, mental health support for first aiders, crisis assessment, home treatment and liaison, and Support House.

Some areas of progress include:

- Digital patient stories have been completed.
- Point of contact – 111 recruitment of staff completed for mental health point of contact roles; 1st cohort of staff have been recruited.
- Expansion of Memory Assessment Service provision; 4 Advanced Nurse Practitioners employed to support timely assessment & diagnosis.
- Since the opening of Ty Cannol Crisis/Support House at the end of 2021/22, 90% of the patients that have been admitted onto Ty Cannol have prevented them from being admitted into the wards.
- Programme manager recruited to lead implementation of Learning Disabilities Community Services Review outcomes.
- Outline Business Case for 65 bedded Mental Health Speciality Inpatient Services Unit developed
- Expansion of Shared Lives for Mental Health.
- Diagnostic assessment service for adults with ADHD commenced in July 2022.
- Continuation of ED sanctuary.



8. Decarbonisation (Net Zero)

Some areas of progress include:

- The Health Board is the first in Wales to totally remove with immediate effect the use of Desflurane, an inhalation anaesthetic agent which is one of the most polluting agents in modern practice. 1 hour of general anaesthetic with Desflurane is equivalent to driving between 200-400km in a car. By switching to Nitrous Oxide, the carbon footprint will be reduced by 50-75%.
- Executive and workstreams leads have been agreed for all 4 of the workstreams including governance structure & reporting. A total of 46 targets across the decarbonization workstreams have been identified by Welsh Government, of which 35 have been aligned to local plans and the remaining 11 initiatives sitting with WAST and NWSSP.
- Funding awarded via the Health & Social Care Climate Emergency Funding scheme to 2 successful bids. The first bid to support the elimination of Desflurane across the Health Board (successful outcome noted above) and the second bid to work in collaboration with Powys Teaching Health Board on a joint Biodiversity contract to evaluate potential Health Board sites for Carbon off setting opportunities.
- Roll out of Electric Vehicle Charging points has been completed and additional charging points for RGH as part of a new capital bid has been made.
- Continued progress on the ReFit programme with the tender specification and contract documents developed in order to deliver efficiency and renewable energy solutions.

- Continuation of Sustainability in Quality Improvement (SusQI) sustainable health care training, funded through ABCi.
- Continuation of ReFit project with collaborative working between the Health Board and Welsh Government to design and deliver an efficiency and renewable energy solution. Tender specification is now complete and ready to commence the procurement process.
- Progression of the outcomes of the solar panel report looking at roof space alternatives for solar panel systems.

9. Agile Working

Some areas of progress include:

- Delivery plan to support the roll out of the Agile Framework has been developed.
- Mapping of staff at St Woolos has been completed to support the assessment of re-accommodation of existing requirements on the RGH site and other sites.
- Progress made at Grange House with next steps to review all space as an opportunity to increase agile working space or well-being working area.
- Additional space at Caerleon House with 8 agile spaces created within the open plan area and an additional 3 meeting rooms that can also be utilised.
- Good agile working arrangements in place with 30% of staff working in an agile manner, thus meeting the Welsh Government target.
- Outcomes of survey requesting staff feedback regarding agile working analysed and some highlights include 77% of staff having a view their role allow for agile working and 87% having a very good experience of agile working.
- Desk/room/site booking system agreed with clear specification.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to note the update report for information.

Further updates will be provided to future meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Capital Projects
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Walker, Project Director

Pwrpas yr Adroddiad **Purpose of the Report**

Er Sicrwydd/For Assurance

This report is provided for update and Assurance that the Strategic capital projects funded by Welsh Government, as outlined in Appendix 1, are being progressed.

ADRODDIAD SCAA **SBAR REPORT**

The Partnerships, Population Health and Planning Committee (PPHP) has requested an update on the progress of Strategic capital projects funded by Welsh Government capital funding.

Cefndir / Background

The Health Board Estate Strategy was approved in January 2019, this included eighteen Strategic Objectives and a summary of a proposed ten-year capital programme. Much progress has already been made in delivery of the 2019 Estates Strategy, with many projects completed through the All-Wales Capital Programme funding route. There are currently 13 live schemes, all at differing stages in the planning process, five being fully approved by Welsh Government and in the course of construction. The remaining projects are at business case / planning stage. (Please see full summary in Appendix 1).

Strategic Capital Projects are managed in accordance with Welsh Government Investment and Infrastructure Guidance (which reflect HM Treasury Green Book best practice) and in accordance with internal policies. Projects are overseen by project boards and nominated Senior Responsible Owners (SRO). Risks, issues and progress are managed through robust risk registers and escalation through Project

Boards and currently to Executive Team. Internal Audits and Gateway Reviews offer additional independent assurance checks and balances for the live and pipeline projects.

Asesiad / Assessment

Following the opening of the Grange Hospital in November 2020, learning from covid and the implementation of new ways of working for services and staff as well as a developing capital and estates landscape in the partnership arena, the Estates Strategy will be reviewed and updated as appropriate during 2023/24. Nearly halfway into implementation of a 10-year strategy it is right that a review and refresh (as required) is undertaken to test the priorities, phasing and linkage with the emerging RPB estate plans.

There is also a review of the capital governance arrangements underway which will incorporate learning from audits and Gateway reviews and also support a streamlining of governance arrangements where possible. This will incorporate the views and advice of the new Director of Facilities and Estates and the strengthened arrangements will be included part of the next update to Committee.

The attached Appendix 1 provides an overview for each capital project including:

- Purpose of project
- Capital cost
- Programme / Timescale for implementation
- Current position and key next steps

In respect of the delivery of the aforementioned and further to the appointments of the new Executive Director of Planning and Director of Facilities and Estates, an assessment of structure and capacity will be undertaken in the near future to support the delivery of the Capital Programme.

Capital Projects Update

All capital projects are managed through the agreed project governance structures, which includes risk management, project financial management and change control management. Alongside this, it has been agreed that all capital projects will now also go through a pre-investment panel (PIP), to ensure that the revenue aspect of projects is also captured and agreed. A full update on projects is provided in Appendix 1 with key points to note by exception:

General

- PFI negotiations progressing well in relation to Chepstow Community Hospital and Llanwenarth Suite in Nevill Hall.
- Unified Breast Unit at Ysbyty Ystrad Fawr – Building elements progressing well. Currently working through some issues in relation to workforce and anaesthetic criteria.
- Approval to proceed for the Monmouth and Aber Valley Health and Wellbeing Centres through the IRCF funding route. Memorandum of Information is currently being finalised in order to appoint a Supply Chain Partner – appointment anticipated summer 2023.

- Outline Business Case for Specialist Inpatient Services Unit (SISU) has been formally submitted to Welsh Government for scrutiny. Outcome is still to be communicated.
- The plans for the extension to the Emergency Department Wait extension are currently being worked through. It has been agreed that the project will be taken via the Business Justification Route, with anticipated submission to Welsh Government in Autumn 2023.

Key Project Risks and Issues

- Endoscopy Unit at RGH – programme has currently slipped from August 2023 due to unforeseen issues in relation to estate conditions. The programme has now been realigned and is due for completion in October 2023.
- Bevan Health and Wellbeing Centre (Tredegar) has been delayed due to issues with the foundation design and supply of bricks. Both are being addressed through compensation events with an estimated total of £2m cost. These are currently being reviewed and assessed as per the contractual disputes process and discussions are in place with WG in relation to additional funding should it be required. If WG do not support the additional funding, this is a financial risk to the Health Board.
- Nevill Hall Cancer Centre – Although a significant amount of work has been undertaken from a building perspective, further work is required to agree the final service model. This also includes cost and workforce implications for the Centre. Once confirmed this will give final influence to design and the project will be taken via the Business Justification Case route.
- There has been a delay to the completion of the Newport East Health and Wellbeing Centre due to unforeseen site conditions. Expected completion is now February 2025.

Argymhelliad / Recommendation

This report is provided for the Assurance of the Partnerships, Population Health and Planning Committee in order to give an update on the current position of Capital Schemes.

It is recommended that the Committee:

- notes the content of the report, specifically noting the exceptions provided.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 5.1 Timely Access 7.1 Workforce

	7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	<p>Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse</p> <p>Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services</p> <p>Choose an item. Choose an item.</p>

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	<p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>

<https://futuregenerations.wales/about-us/future-generations-act/>

Appendix 1

Strategic Capital Projects Update – May 2023

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
Chepstow Community Hospital: The Hospital is currently leased from Kindra Ltd. The Head Lease is due to expire in February 2025 and it is proposed to acquire the Head Lease via WG capital funding.	Business Justification Case (for WG capital to acquire Head Lease)	<ul style="list-style-type: none"> • Health Board commissioned valuation to purchase Head Lease £3.2 million • Current Head Lease expires in February 2025 	<ul style="list-style-type: none"> • Kintra Ltd valuation expected on 15th May 2023 • Joint Condition Survey has been completed which will result in Kintra Ltd undertaking a package of remediation works including works to address non-compliance with fire regulations. • Planned submission of Business Justification Case to July 2023 Board and then to WG for capital to acquire Head Lease. • Capital requirement planned to be increased to address decarbonisation measures.
Unified Breast Unit at Ysbyty Ystrad Fawr: This scheme brings together breast cancer diagnostic and treatment services currently provided at NHH and RGH into a new purpose-built facility in YYF.	Construction	<ul style="list-style-type: none"> • Circa £12 million • Anticipated completion of construction December 2023 	<ul style="list-style-type: none"> • Construction commenced on 17th October 2022 and is progressing to programme.

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
Bevan (Tredegar) Health and Well Being Centre: This scheme replaces the existing Tredegar Health Centre and the Glan-Yr-Afon Surgery. It is being built on the site of the redundant Tredegar Hospital. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3 rd sector.	Construction	<ul style="list-style-type: none"> • Circa £20 million • Anticipated completion of Phase 1 November 2023 (new building) • Anticipated completion of Phase 2 August 2024 (demolition of existing health centre and car-parking) 	<ul style="list-style-type: none"> • The project has been delayed due to issues with the foundation design and the supply of bricks. • Both are the subject of compensation events from the Contractor which have so far been rejected. The total estimated cost of the claims is circa £2 million and will be managed through the contract dispute process if a resolution is unable to be achieved. • The project is currently forecasting an overspend of circa £500k, (excluding the above claims) due primarily to inflation, and discussions are taking place with WG regarding the potential for additional capital. • Should the additional cost not be supported by WG, it will be a financial risk to the Health Board.
Newport East Health and Well Being Centre: This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community Dental	Construction	<ul style="list-style-type: none"> • Circa £28 million • Anticipated completion date February 2025 	<ul style="list-style-type: none"> • Construction commenced on site on 4th July 2022. • Temporary Health Centre to allow Ringland to be demolished has been in place and occupied since February 2023

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
Services provided at Clytha . The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority, and the 3 rd sector.			<ul style="list-style-type: none"> The completion date of February 2025 includes the impact of delays due to the presence of asbestos under the Ringland building and delays in the provision of utilities.
NHH Satellite Radiotherapy Unit: This will provide two additional Linear Accelerators. The project has been developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service, with ABUHB leading on the construction aspects.	Construction	<ul style="list-style-type: none"> Circa £45 million Anticipated completion December 2024 	<ul style="list-style-type: none"> Construction commenced on site on 16th January 2023 and is on programme. The site has displaced a number of car parking spaces, which are in the process of being replaced, and the construction location / set-up has necessitated that a one-way traffic system be put in place from 17th April. The Ante-Natal clinic was relocated during 2022 to allow it to be demolished, demolition has since been completed.
RGH Endoscopy Unit: This scheme will provide four purpose designed Endoscopy Suites (there are currently 2 suites) within the redundant	Construction	<ul style="list-style-type: none"> Circa £8 million Anticipated completion October 2023 	<ul style="list-style-type: none"> Project commenced on site on 15th August 2022 and is progressing to programme.

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
maternity unit at RGH. The scheme will provide sufficient capacity to enable the service to address outstanding backlogs and achieve a more sustainable balance. It will also deliver JAG accreditation.			
RGH Central Decontamination Unit: This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity.	Business Justification Case (BJC)	<ul style="list-style-type: none"> • Circa £3.5 million • Still at business case stage. Business Justification Case (BJC) planned to be submitted to September 2023 Board 	<ul style="list-style-type: none"> • Links with the Endoscopy Unit Project and will be located in existing Endoscopy unit. • Interim decontamination services will be provided via a mobile unit. • Pending Board and WG approval the project will start in December 2023 and be completed by August 2024
Mental Health and Learning Disabilities Specialist Inpatient Services Unit: This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services	Outline Business Case (with WG for scrutiny)	<ul style="list-style-type: none"> • Circa £100 million • The OBC was approved by the Board in March 2023 and is currently with WG for scrutiny. 	<ul style="list-style-type: none"> • Pending WG scrutiny and subsequent approval the Full Business Case is not expected to commence until October 2023 at the earliest. • The high-level programme assumes a start on site in April 2025 and a three-year construction period.

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector.			
NHH Cancer Unit: This scheme will replace and increase existing Haematology capacity at NHH together with improved and increased capacity for Chemotherapy services. The project is being developed jointly with Velindre NHS Trust. The new unit is planned to be located in vacant ward accommodation on the NHH site.	Business Justification Case	<ul style="list-style-type: none"> • Circa £10 million • Still at business case stage. BJC planned to be submitted to September 2023 Board 	<ul style="list-style-type: none"> • Service model for the project currently being finalised in relation to additional chemotherapy services within Gwent post the development of the Velindre Cancer Centre. • BJC being prepared for submission to September 2023 Board pending the finalisation of the service model. • Workforce and cost implications in relation to service model currently being discussed.
Abervalley Health and Well Being Centre It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health	Outline Business Case	<ul style="list-style-type: none"> • Circa £12 million • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team. Formal letter still awaited. 	<ul style="list-style-type: none"> • The selection process for the appointment of a design team will begin in May and is expected to take 2 months. • High level programme indicates a potential start on site in spring 2025 with completion circa one year later.

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3 rd sector.			
Monmouth Health and Well Being Centre It is proposed to construct a new facility to replace the existing Dixon Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3 rd sector.	Outline Business Case	<ul style="list-style-type: none"> • Circa £12 million • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team. Formal letter still awaited 	<ul style="list-style-type: none"> • The selection process for the appointment of a design team will begin in May and is expected to take 2 months. • High level programme indicates a potential start on site in spring 2025 with completion circa one year later. • Need to confirm SRO & Project Board arrangements post Chief Operating Officer appointment.
St Woolos Hospital Boiler Plant: It is proposed to replace the existing outdated and	Outline Business Case	<ul style="list-style-type: none"> • Circa £15 million • WG have given approval to commence the OBC process and 	<ul style="list-style-type: none"> • Whilst WG have approved the preparation of a OBC they want to see non-fossil fuel options considered as part of the option appraisal process. A

<u>Project</u>	<u>Stage</u>	<u>Capital Cost and Timescale</u>	<u>Current Position</u>
inefficient plant and associated infrastructure on the SWH site with new infrastructure on the RGH site.		the associated appointment of a design team.	<p>feasibility study undertaken in 2021 did consider these options but they were discounted.</p> <ul style="list-style-type: none"> • The selection process for the appointment of a design team has commenced and it is planned to commence the OBC in July 2023. • High level programme indicates a potential start on site in late 2025 with completion circa 18 months later.
GUH – ED Wait Extension: This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area	Business Justification Stage	<ul style="list-style-type: none"> • Circa £10million • Currently progressing BJC for submission to WG by the end of 2023 	<ul style="list-style-type: none"> • Design Fees for RIBA Stages 3&4 agreed through discretionary capital monies. • Pre-Planning Application discussions currently underway currently being worked up for formal submission. • Stage 3 currently being progresses. • BJC being worked up with anticipated submission to WG by end of 2023. • Current programmes show start on site mid-2024. This is being reviewed with aim to shorten the programme

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Protection activity update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Tracey Deacon Kate May

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to provide an overview of the Health Protection activity within Aneurin Bevan University Health Board and future developments planned.

The experience of Covid-19 has reaffirmed the importance of health protection. Welsh Government expectations are towards a more agile and sustainable model of health protection, building on the learning over the last 3 years to ensure we are able and prepared to respond to ongoing and future threats. Welsh Government has indicated that there will be recurrent funding for Health Protection and Mass Vaccination teams to deliver on key priorities and programmes for 2024/25 and beyond. Funding has been made available in 2023/24, although significantly less than in previous years. 2023/24 is seen as a transition year to enable us to work towards building an efficient and sustainable model.

This report aims to provide assurance of the work being undertaken within the Health Board to meet Welsh Government expectations to develop regional, agile and integrated health protection services to support health protection measures and respond to future threats. In addition to maintaining a partnership approach with local authorities, the following principles are expected:

- The ability to surge as required, in response to Covid waves/future pandemic
- Testing will continue to support outbreaks in high risk closed settings such as care homes, and for those who are eligible for COVID-19 treatments
- Tracing will take place where there is a locally determined health protection need, similar to other communicable disease
- Support for care homes and other vulnerable settings should continue – this will be locally determined, based on national guidance
- Working to address equity of access and opportunity.
- Providing access to Mass Vaccination Services for COVID-19, Influenza and beyond

It is also expected that we respond to the recommendations in the recent Welsh Health Protection System Review and Implementation Plan. The Review recognised the need to maintain core capacity in order to enable national and local preparedness to manage future threats and risks, especially in the immediate phase of an emergency. It also recognised that the system needs to recover, building on the greater integration and cross discipline understanding achieved during the pandemic in order to ensure a stronger, more equitable and sustainable routine public health service as well as emergency preparedness. This resilience is required for 'all-hazard' health protection needs, ie for infectious disease but also for environmental incidents or deliberate chemical, biological, radiation or nuclear incidents.

To date, in addition to Covid-19, wider health protection activities have included providing a response to influenza, Monkeypox UK outbreak, Group A Streptococcus, TB screening and treatment, Ukrainian Resettlement Programme, Refugee screening. These activities have often required delivery at pace.

This report outlines the transition plan for 2023/24, and the plan to develop a business case for 2024/25 and beyond.

Cefndir / Background

Prior to the COVID-19 pandemic there was no dedicated resource within the Health Board to respond to Health Protection incidents or deliver against requirements under the 'Wales Outbreak Plan' (which includes immunisation for cases and contacts, sampling etc). Resource was drawn in where possible from, for example, the Local Public Health Team, Emergency Planning, Primary Care Division and Infection Prevention and Control. This required resource to be diverted from normal activity and did not provide a scalable or resilient Health Protection model.

During the pandemic dedicated teams were created to provide a response to Covid-19. Within the Health Board this included the Gwent Test Trace Protect Service Regional Cell, the COVID-19 Testing Team and the Mass Vaccination Programme. The response was provided in close partnership with the local authorities in Gwent.

Over the last year, as directed by Welsh Government, the work has widened to include other respiratory illnesses such as flu, and non-respiratory outbreaks including Monkeypox and Group A Streptococcus. Support has also been provided to address a number of Welsh Health Circulars and other urgent issues requiring an immediate health protection response, including Tuberculosis (TB), Polio vaccination catch up programme, Ukrainian Resettlement Programme, Refugees screening, Hepatitis B and C elimination.

The service has developed in line with the outcome of the Health Protection review and the operating principles and expectations outlined by WG as required for this transitional period.

Teams have also provided services where long term, pre-existing gaps in service delivery have required a longer-term Health Protection response. In some cases, these services are now wholly delivered by staff from the Testing Team (for example, Direct Observation Therapy service (DOTS)).

Asesiad / Assessment

1. Transition structure 2023/24

Significant steps towards full implementation of the transition plan have taken place, for example, services redesign and new structures beginning to be populated in response to the reduced funding allocation.

To fully utilise available capacity in as streamlined manner as possible, the Health Board's Covid-19 Testing Team is being brought into a single management structure alongside the Health Protection Team. This will enable opportunities to integrate and become more efficient to be fully explored. The new structure will be implemented by the end of quarter one 2023/24. The associated workplan will be focussed on Outbreak Response, Preparedness and Communicable Disease Control.

Work planning with local authority partners is underway to maintain the collaborative and effective working developed during the pandemic to protect the health of the population of Gwent. The service within the LA team is currently made up of EHO resource and a central team of Health Protection Support Officers

The Mass Vaccination Programme will run alongside the new Health Protection Service under one management structure. Opportunities to further integrate over the course of 2023/24 will be explored and implemented as a new service delivery model is reviewed supported by the National Immunisation Framework for Wales.

2. Business case for permanent service post March 2024

A business case submission to the Health Board's Pre-investment Panel is planned for the Summer of 2023. This will set out funding required to secure a permanent Health Protection Service. A working group will be established to develop the model and business case.

3. Work priorities

a) Response

- **Outbreak management (including COVID-19)**

Since the national COVID-19 testing guidance changed on 1st April, testing is focused on vulnerable settings with outbreaks or for individuals eligible for treatment (e.g., anti-virals). The transition structure contains capacity to respond to outbreaks, in terms of sampling and also advice and support to care homes. Capacity remains in the local authorities for contact tracing if required.

In line with the rest of Wales and a Covid stable situation, services are being reduced from a 7-day to a Monday to Friday service. Surge plans are being updated to outline how services will be scaled up if required.

A programme of proactive support/visits for care homes is underway, prioritising those without a recent Infection Prevention and Control audit.

- **Covid treatment/therapies (anti-virals)**

The National Antiviral Service is terminating, and since 1st May health boards have responsibility for the provision of Covid-19 antiviral treatment for non-hospitalised patients.

In the Health Board, a multi-professional group is developing a service model for the triage and clinical assessment of positive cases and supply of oral antiviral medicines. This includes working through a number of operational practicalities. Meanwhile, the Health Protection Service is providing some interim support.

- **Mpox (Monkeypox)**

Considerable work was undertaken in 2022 to provide a local response to the UK Mpox outbreak. Local patient pathways were developed, and a response was operationalised to ensure the sampling and appropriate management of patients.

A vaccine programme for pre and post exposure was developed. Over 500 individuals were initially identified as eligible for a first pre-exposure dose and received three active offers; 326 of whom came forward for vaccination. A programme of offering second doses to these patients is in progress. Work has commenced to agree how the Mpox vaccination programme is delivered as 'business as usual'.

b) Preparedness

- **Aneurin Bevan UHB Public Health Incident Plan**

There is a requirement for local preparedness in the event of a Public Health Incident. Learning from the pandemic is informing the development of a Health Board Public Health Incident Plan. The Plan will help to ensure the Health Board's preparedness and resilience to scale up the necessary response at speed. Dedicated training and testing of the plan will be undertaken on an ongoing basis through a range of exercises

- **Avian flu pathway**

Whilst we are currently operating in a COVID-19 stable level in Wales, other well know infectious diseases continue to present a public health risk e.g., Avian flu and preparedness in response to this remains critical. A patient pathway has been developed for Avian flu should a patient present and a programme of staff awareness is under development.

c) Communicable disease control

- **Hepatitis B and C Elimination Plan for Welsh Government**

An All-Wales collaborative strategic plan was submitted to Welsh Government on 31st March, with a more detailed plan expected by 30th June.

No additional funding has been identified as it is expected that any resource required will be from the Health Protection funding already allocated to Health Boards.

A local multi-agency steering group has been established with membership including primary care representation and prison healthcare. Outreach models for increased testing including through peer-led outreach and community testing within faith centres is being explored to support equity of access.

- **Tuberculosis**

Continuing to provide Directly Observed Therapy as an effective method of TB treatment, helping to ensure adherence where there is a risk of non-compliance.

The Tuberculosis Action Plan for Wales 2023-28 is nearing completion and sign-off by Welsh Government. The implications of this action plan for the Health Board are being explored.

- **Refugee and Ukrainian Resettlement Programme**

The Health Protection team have to date provided the support necessary to screen all arrivals into Gwent and arrange suitable health protection interventions to support these vulnerable groups in the population. This has involved dedicated screening and vaccination clinics to minimise the risk of infectious disease in these cohorts.

- **D) Mass Vaccination Programme**

The Mass Vaccination Programme in ABUHB has delivered successful COVID-19 vaccination programme ensuring the national uptake targets for the population have been achieved. These services have been delivered via four mass vaccination sites, mobile teams and outreach services to care homes and vulnerable groups. A range of other immunisation and vaccinations have also been facilitated by the programme as needed in support of existing services such as, staff influenza, adult influenza, and childhood immunisations. Scope to develop this service further as a Vaccination Service for ABUHB is currently being discussed.

Argymhelliad / Recommendation

The Committee is asked to consider the report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

N/A

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

1.1 Health Promotion, Protection and Improvement
Choose an item.
Choose an item.
Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Health Protection is applicable to all priorities of the IMTP as it is applicable across the whole life course
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience, quality and safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Decarbonisation Programme Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Executive Director Finance & Procurement
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Asst Director ABCi & Interim Director Planning

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This SBAR is to provide an update on:

- The ABUHB Decarbonisation Programme, one of the Health Boards Priority Programmes
- Progress against the National Programme to deliver the goal of Net Zero emissions by 2050
- the Health Board Decarbonisation Action Plan for 23/24.

The Committee is asked to acknowledge this assurance and progress report.

Cefndir / Background

Wales has a target to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be Net Zero by 2030. There is significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the NHS Decarbonisation Strategic Delivery Plan 2021-2030.

Asesiad / Assessment

Assessment of the Health Board's Current Position

As one of Aneurin Bevan University Health Board's priorities, decarbonisation is now being coordinated by the Clinical Futures Team and their PMO. Within Aneurin Bevan University Health Board a Decarbonisation Programme Board has been created complete with a Terms of Reference, membership, and governance structures. Aneurin Bevan University Health Board has deployed significant resource to tackle the decarbonisation challenge, with senior leaders named as workstream leads and as programme SRO. The structure of Aneurin Bevan University Health Board's decarbonisation programme is that 4 active workstreams have been created:

1. Waste, Transport, Fleet, Estates & Land Use
2. Communications, Digital & Training
3. Clinical & Health Care Planning
4. Procurement & Resources (inc. Performance, Finance & Workforce OD)



43 Matrix Aligned
with Workstreams.p

These workstreams have relevant national objectives from the NHS Wales Strategic Delivery Plan allocated to them, and to plan, manage and implement projects & solutions. There will be a reporting and governance system allowing the workstreams to report to the Programme Board and ascending the structure to the Clinical Futures Programme Board and Finance & Performance Committee. The governance structure also identifies the reporting requirements in terms of the annual quantitative net-zero report and the bi-annual qualitative report. The programme is facilitated and managed by ABUHB's Clinical Futures PMO. Subject matter experts from Estates and senior management across the Health Board support programme delivery and project management.

Below is a summary of the progress to date, the forward plan for 23/24 and the anticipated benefits and outcomes.

Group 1. Waste, Transport, Fleet, Estates & Land Use

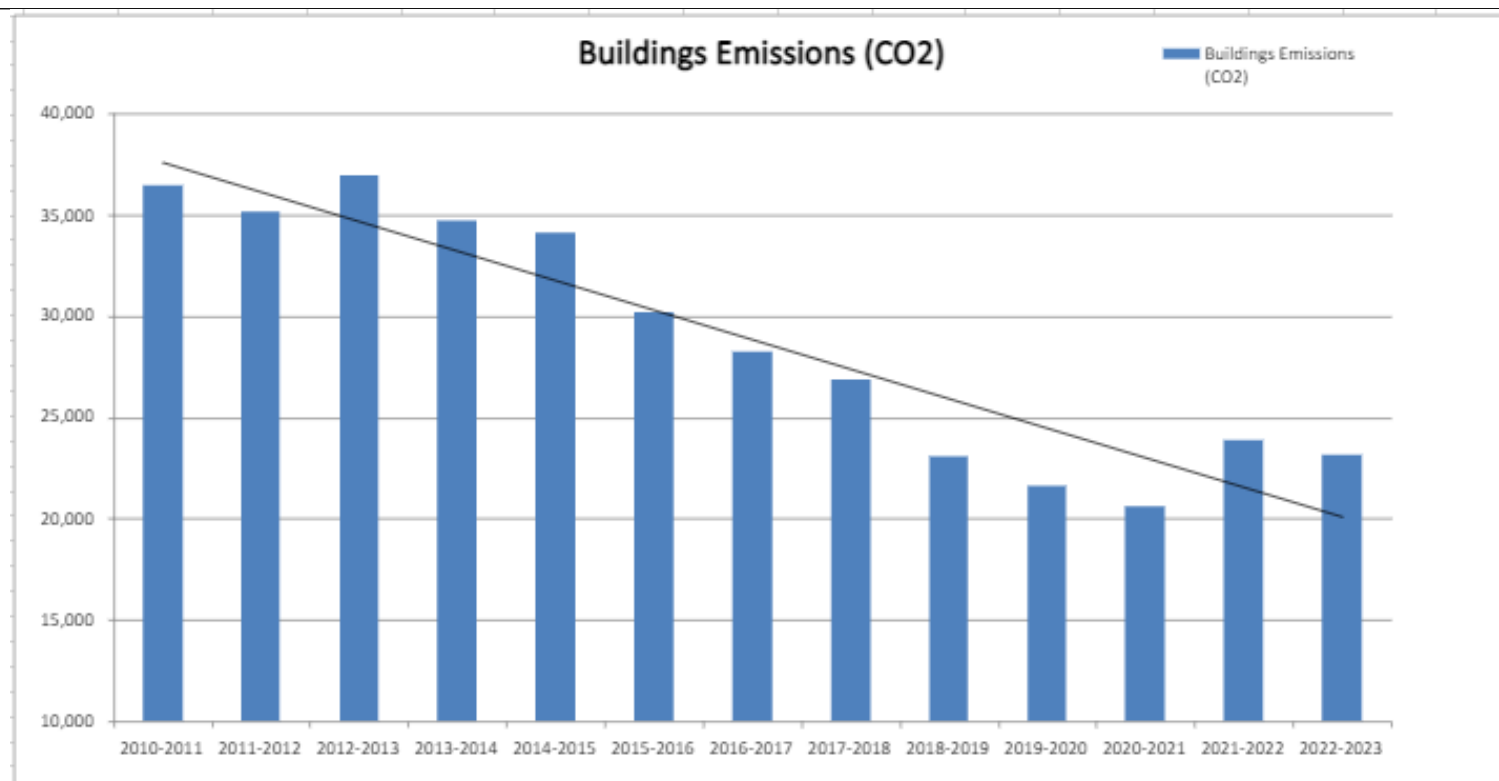


MAY23 Highlight
Report - Estat...

Component	Action and Current Position	Forward Plan	Outcome/Benefits
Building Management System (BMS)	On going optimisation of Hospital Building management System. The action to appoint a service lead is now complete and the post is now filled.	All buildings have an up-to-date, standardised and effective building management system (initiative 9), monitoring is now in place.	Optimisation of Hospital Building Management System to improve energy efficiency
LED Lighting	Continued LED lighting rollout to hospital & Community Premises. LED is standard replacement in Maintenance Strategy	All premise to be installed with LED lights by 2025	Improved energy efficiency across estate.
REFIT Programme	Development of tender ITT specification complete. Estate group to proceed with tender stage.	To procure and partner with a service provider to design and install carbon reduction projects and to obtain appropriate funding to carry out REFIT programme.	Improved energy efficiency of buildings aligns with organisational priority of Decarbonisation and Net Zero 2030.
Biodiversity Study	The Biodiversity Study in collaboration with Powys Teaching Health Board is now complete. Site surveys and site reports completed and received for consideration.	Reports have been received and are currently being reviewed to consider future action and common projects.	Definition and clarification of the actions required to improve the Biodiversity across Health Board sites.

Agile working programme	Clarity and understanding about how the Health Board is utilising existing and future clinical and administration estate.	The Agile working plan is to have 6 hybrid working hubs across ABUHB. A “vision” paper for 2023/24 has been submitted to Board.	<p>Improved efficiency & better utilisation of staff / home working benefits and other site/opportunities to work closer to home. This will also benefit “Net Zero” through travel reduction.</p> <p>Table below demonstrates a reduction in Business miles claimed</p> <table><tr><th></th><th>Business miles claimed</th></tr><tr><td>2019/20</td><td>6,066,616</td></tr><tr><td>2020/21</td><td>4,290,965</td></tr><tr><td>2021/22</td><td>3,578,442</td></tr></table>		Business miles claimed	2019/20	6,066,616	2020/21	4,290,965	2021/22	3,578,442
	Business miles claimed										
2019/20	6,066,616										
2020/21	4,290,965										
2021/22	3,578,442										
Gas and Electricity Consumption	Monitoring of hospital and clinic sites demonstrates a 3.1% carbon emissions reduction from building energy use for 2022/23. Development of metrics and dashboard to track	Continue to monitor gas and electricity consumption through the development of the data dashboard.	Carbon emission reduction year-on year 3.1% carbon emissions reduction from building energy use for 2022/23								
Solar PV	WGES solar PV scoping report on Grange University Hospital and Ysbyty Aneurin Bevan, further scoping, feasibility and cost development work is being undertaken by consultants.	Further feasibility being undertaken to identify costs/carbon reduction in more detail. Any further design work likely to be undertaken through ReFit Programme.	If progressed, carbon Reduction/ Less reliance on Grid electricity.								

Transport	<p>Launch of the Liftshare app, to date there are 100 users</p> <p>Bike Shelters installed at 6 hospitals to promote active Travel</p> <p>Relaunch of Cycle to Work Scheme to facilitate sustainable travel</p> <p>Additional Fleet EV Charging infrastructure installed to promote move to EV estates fleet – 10 replacement EV vans imminent.</p> <p>Staff lease car scheme now excludes diesel cars (EV and petrol hybrid vehicles available only).</p>	Continue to promote the Liftshare app and active travel across the organisation,	Reduction in Carbon emissions from transport through the active support and provision of alternatives
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Group 2. Communications, Digital & Training



Workstream 2
report - March 2023

Component	Current Position	Forward plan	Outcome
Training	<p>30 Places have been funded through Aneurin Bevan Continuous Improvement Department for staff to attend Centre for Sustainable Healthcare's Sustainability in Quality Improvement training (training dates are scattered across the year).</p> <p>Continue to promote training and the TEC Cymru Project Register</p>	SusQi staff training is being delivered and ongoing across the year.	Staff implementation of improvement projects involving carbon reduction. Improved Carbon literacy and personal understanding of carbon impact and understanding.
Intranet	Green HealthCare's intranet pages have been, and continue to be, developed to support staff within the Health Board to learn about green healthcare and sustainability. The intranet pages provide guidance to staff on how to get involved and how they can start to make changes in their area related to the Decarbonisation Programme.	Green Healthcare intranet pages are continued to be updated.	Increased awareness relating to Decarbonisation and the Health Boards progress against the Action Plan

External Communications	Successful article and press release on the removal of Anaesthetic volatile agent Desflurane in the Health Board.	Further development of Intranet pages; continue to promote Tec Cymru training package; case study development to video staff conducting training.	Increase in knowledge and understanding surrounding Decarbonisation and the measurable impact and progress of the Health Boards Programme of work
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Group 3. Clinical & Health Care Planning



March '23

[Highlight report...](#)



Group 3 summary

[slides Tom W. ...](#)

Component	Current Position	Forward Plan	Outcome
Clinical Fellow	Clinical Fellow in Sustainability recruited to explore Theatre Shutdown processes, carbon foot-printing of anaesthesia and nitrous oxide, and reducing plastic waste in paracetamol use. Clinical Fellow finished the post at the end of January and work has been sustained by other trainees and the consultant within the department.	Ensure work of clinical fellow is continued.	Clinical projects involving carbon reduction scoped and commenced with a measurable reduction in carbon usage.
Training	Training and awareness amongst other clinical MDT teams	Provide opportunities for training amongst clinical teams.	Increased awareness of Decarbonisation and staff implementation of projects involving carbon reduction.

Waste	The Health Board has moved back to a Business-as-Usual model for all sites following the pandemic. During the pandemic, large percentage of our waste was consigned as infectious on the guidance of Welsh Government and in agreement with our internal Infection and Prevention Control Team. This has seen volumes of general, recycling, and offensive waste streams return to pre Covid levels, which is environmentally and financially prudent with a reduced amount of incinerated/treated waste.	Continue to work in partnership with Biffa	The baseline will be taken from 22/23. The Health Board, in partnership with our waste contractor Biffa, we are proud to state that we are zero to landfill. Therefore all our general waste, which cannot be recycled, goes to an Energy from Waste plant.
Anaesthetic	As of 17th October 2022, the Anaesthetic Directorate within Aneurin Bevan University Health Board became the first in Wales to remove desflurane from clinical use, with any remaining stock to be returned or sold to other Health Board.	Continue to resolve issues with returning unused Desflurane and Vaporisers.	Reduction in Carbon Emissions aligns with organisational priority for the Health Board of Decarbonisation.
Gases	Areas for nitrous oxide improvement identified. Cylinders identified for NHH enabling decommission of NO manifold in January. Funding bid for the purchase of trolleys for cylinders was submitted – awaiting outcome (end of Jan.) There are required primarily for Royal Gwent Hospital.	Procurement of cylinders. Establish NHH decommission and review RGH & GUH opportunities.	Reduction in Carbon Emissions, aligns with organisational priority for the Health Board of Decarbonisation.

SWH- Manifold decommissioned 16th November 2022.

YFF- Manifold decommissioned 14th February 2023



Component	Current Scope	Forward Plan	Outcome
Theatre Shut Down	The Theatre Shut Down project was started by the Anaesthetic Sustainability Fellow. The project has estimated energy saving of £23,000 for turning off AGSS pumps that are no longer used across the Health board. In addition it is estimated that £20,000 Energy Saving for turning off pumps out of hours across,	Ensure all the relevant theatres are equipped with appropriate pumps and equipment to make project viable.	Energy reduction, estimated at £23,000 Carbon reduction is estimated at 39 tonnes CO2 per year.

	Neville Hall Hospital, Royal Gwent and Ysbyty Ystrad Fawr.		
Oral Paracetamol	Changing clinical practice with pre-operative paracetamol.	To switch from intravenous intraoperative paracetamol to oral pre-operative paracetamol.	<p>The estimated cost saving, 1 year elective, would be over £1,500 and 83KG reduction in plastic.</p> <p>Include giving sets; est cost saving over £8,500 and 265 Kg reduction in plastic waste (more relevant to wards and ICU)</p>

Group 4. Procurement & Resources



Highlight Report
May 2023.pptx...

Component	Current Position	Forward Plan	Outcomes
Procurement and Supply Chain	<p>NWSSP Procurement Services are committed to supporting the Health Board and more widely NHS Wales with the decarbonisation strategic delivery plan, specific Procurement Services initiatives include:</p> <p>Supplier/market engagement to identify decarbonisation opportunities.</p> <p>Inclusion of targeted decarbonisation questions within tender evaluation criteria, both standard and contract specific</p> <p>Completion of a Sustainability Risk Assessment (SRA) for all requirements over £25k</p> <p>Collaborative working across NWSSP to reduce the carbon footprint of NHS</p>	<p>Refine reporting for next Welsh Government Carbon Return for submission in September 2023. In addition further refining of metrics and format, this will be evident in the Data Dashboard.</p> <p>Continued communication with other groups to feed in key areas of progress.</p>	<p>Optimisation and engagement throughout the procurement process to ensure carbon reductions.</p>

	Wales, both internally and within the supply chain.		
Decarbonisation Programme Board	Workstream Terms of Reference presented to the Decarbonisation Programme Board.	Continue to engage with the Decarbonisation Programme Board.	Effective governance and reporting

Future Projects

Component	Scope
Dashboard	Work continues to develop programme performance metrics and data collection methodologies to create a “dashboard” and to compliment the annual Net Zero Reporting requirements

Risk Assessment

An overarching risk across all the workstreams is funding. The lack of available funding and the short-term nature of funding received has limited the potential impact of decarbonisation projects within the Health Board.

Work Stream	Risks identified
Group 1. Waste, Transport, Fleet, Estates & Land Use	<p>Inability to know what is available across Aneurin Bevan University Health Board as mapping of occupancy patterns utilising ‘Occupeye’ technology is due to commence in The Royal Gwent Hospital Block 9&10 in April 2023.</p> <p>Infrastructure across Aneurin Bevan University Health Board provides limited capex funding opportunities.</p>

	Staff reluctance to engage with Lift share has been highlighted as a risk to delivery.
Group 2. Communications, Digital & Training	Ensuring wider engagement & spread of awareness of decarbonisation throughout Aneurin Bevan University Health Board coupled with competing priorities for Comms and engagement (Winter, 6 Goals, IMTP, reactive comms) mean there are challenges in finding dedicated time for Decarbonisation Programme-related comms.
Group 3. Clinical & Health Care Planning	Aneurin Bevan University Health Board in Partnership with waste contractor BIFFA is proud to state they are zero to landfill, waste which cannot be recycled goes to an Energy from waste plant. However changes to this contract may jeopardise this positive development.
Group 4. Procurement & Resources	Consistent and accurate reporting of carbon reduction projects and their impact on Welsh Government targets.

Financial Assessment

- £60,000 in funding (Clinical Fellow and Biodiversity study). All other work is being carried out within existing budgets.

Quality, Safety and Patient Experience Assessment

Aneurin Bevan University Health Board recently commissioned Mott MacDonald to review existing biodiversity interest at hospital estates and to provide recommendations, sympathetic to use of grounds. The review, and subsequent recommendations, highlighted opportunities to strengthen a positive patient experience and improve well-being.

Argymhelliad / Recommendation

The Committee is requested to acknowledge the progress and areas that require further work against the action plan. Overall, the Programme has set a comprehensive and collaborative approach, with clear goals and targets, stakeholder engagement, progress monitoring and reporting, collaboration, which provides assurance on the ABUHB decarbonisation action plan for healthcare.

The Decarbonisation Programme is now in an established form with clear goals and programme of work aligned with the National Programme. There has been progress to assess how we achieve these goals and measure the outcomes and benefits of the specific actions to reduce carbon emissions from all aspects of healthcare including energy consumption, transportation, waste management and procurement.

There is further work required to mature the reporting framework to track progress across all workstreams and to understand how the benefits of decarbonisation support our communities prioritising equity. The risks associated with the sustainability of resources and funding should also be noted, these are being closely monitored and tracked against proposed delivery timelines.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 3.3 Quality Improvement, Research and Innovation 1. Staying Healthy 3.2 Communicating Effectively
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All of the above.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper

Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.



Decarbonisation Programme

43 Matrix Initiatives Aligned with Workstreams



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol  Clinigol
Clinical Futures



	WG Initial	Description of Initiative	Program	Waste, Transport & Fleet, Estates
Existing Buildings	4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	4	
	5	Fully replace all existing lighting with LED lighting by 2025.	2	
	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	2	
	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	4	
	8	We will not plan to install any further natural gas CHP plant -renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	3	
	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	2	
New Builds & Major Refurbishments	10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	4	
	11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	4	
	12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	1	
	13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	2	
	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straight forward installation of future charging points.	2	
	15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	2	
	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	2	



WS1: Waste, Transport & Fleet, Estates and Land Use

Transport	18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.	2	
	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	2	
	20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	3	
	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.	2	
Estate Planning & Land Use	33	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	2	
	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	3	
	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	3	
A2H - Waste	45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	4	

Key to Priority

Moving up a Gear 2020 - 2022

Well on Our Way 2022 - 2026

Achieving Our Goal 2026 - 2030

2022 - 2030



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WS2: Communications, Training and Digital



	WG Initiative	Description of Initiative	Program	Communications Training
A2H - Carbon Management Working	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	1	
	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	2	
A2H - Education	39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	2	
A2H - Waste	46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	2	

Key to Priority
Moving up a Gear 2020- 2022
Well on Our Way 2022 - 2026
Achieving Our Goal 2026 - 2030
2022 - 2030



WS3: Clinical and Health Service Planning



	WG Initiative	Description of Initiative	Program	Clinical & Health Service
A2H - Smart Working	36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	2	
A2H - Healthcare & Medicines	40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	2	
	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	2	
	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	2	
	43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	2	
A2H - Waste	44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	1	

Key to Priority

Moving up a Gear 2020- 2022

Well on Our Way 2022 - 2026

Achieving Our Goal 2026 - 2030

2022 - 2030



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	WG Initial	Description of Initiative	Program	Procurement & Resources
Carbon Management	1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	1	
	3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	1	
Transport	17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.	2	
Procurement	25	NWSSP will transition to a market-based approach for supply chain emissions accounting.	2	
	26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	2	
	27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	2	
	28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.	4	
	29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	2	
	30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.	2	
	31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	4	
	32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.	4	
A2H - Smart Working	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely 12, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	2	



WS4: Procurement and Resources

Key to Priority
Moving up a Gear 2020- 2022
Well on Our Way 2022 - 2026
Achieving Our Goal 2026 - 2030
2022 - 2030





Brief commentary of progress and concerns

Year-end buildings carbon emissions reduction recorded as 3.1% over previous year.

Positive progress

Carbon emissions tracking -3.1% at year end

Divisional Director – new Chair of Estates Sub-Group

All Biodiversity Reports received and being reviewed

WG Qualitative Report submitted to deadline

Net Zero Data review commenced

Progress on RGH de-steaming programme

Concern areas / help required

Funding & internal resource availability and increasing workload

Key Timescales

4th May – Biodiversity Project Review Session

16th May – ReFit Project Team

9th, 15th, 25th May RGH De-steaming Project - meetings & site visits

Forward plans next month

Biodiversity project review and develop opportunities

Begin Net Zero Report energy data collection/scrutiny (as part of graduate placement workload)

CrowdHouse Energy PV feasibility at GUH

ReFit progress review and approve move to tender

Review and selection of PM and SCP for RGH Project

Month	MAR/APR 2023	Status	ONGOING
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Brief commentary of progress and concerns

- Progress:
- Electricity consumption reduction of 4.6% at year-end across main estate
 - Gas consumption increase of 2.5% at year-end, prolonged colder weather seen in December/January and also additional gas loads at YAB due to biomass being offline for significant period.
 - Water consumption reduction of 1% at year-end across the estate.
 - Carbon emissions from buildings tracking at 3.1% reduction at year-end.
 - The BMS officer is currently undertaking a review of the main hospital sites to identify quick-wins for efficiencies and carbon savings - ongoing
 - Biodiversity project complete – all reports now received for consideration and project development.
 - New Divisional Director to Chair Estates Sub-Group.
 - Information request from Crowdhouse Energy re: GUH PV received, currently collating background data.
 - WG Qualitative Report for Oct22-Mar23 approved and submitted to deadline.

- Forward Plans Next Month
- Dialogue with Crowdhouse Energy to continue.
 - Net Zero data collection to commence in preparation for 22/23 reporting – this will be undertaken as part of the Academi Wales Graduate Programme.
 - Biodiversity Reports review and begin to scope project development.
 - ReFit meeting arranged to present progress and ITT tender specification to Divisional Director for approval to move to tender stage.
 - Site visits and meetings with potential service providers to be held regarding the major infrastructure project of RGH De-Steamng.



Group 2 - Communications, Training and Digital

Month

March 2023

Status



Green



Brief commentary of progress and concerns

Digital reps have now joined the work stream and the Terms of Reference for the group has now been finalised. Intranet pages are being further developed, providing an anchor point for internal Comms and Engagement going forward. Training uptake continues to struggle, with competing priorities leading to many staff members postponing training dates so staff comms to advertise training opportunities will be arranged. Ideas for positive news stories and case studies are being discussed and the group is actively encouraging other workstreams to share news and ideas with Group 2.


Positive progress

-  TOR for Group 2 finalised (attached)
-  Digital reps have been identified and joined the workstream (Janice and Kelly)
-  Relevant News articles now published in one place on the Intranet's 'Green Healthcare' mini-site




Concern areas / help required

-  Ensuring the wider engagement & spread of awareness of the Decarbonisation agenda throughout ABUHB.

Key Timescales

-  Next workstream meetings:
 - 22nd June
 - 24th August

Forward plans next month

-  Further work on Intranet pages – and news story to direct staff to them.
-  Continue to promote training and the TEC Cymru Project Register.
-  Move forward plans for a case study / video of a staff member undertaking training.

Group 3 – Clinical and Health Planning

Month

MARCH 2023

Status

GREEN



Brief commentary of progress and concerns

Positive progress with the Theatre Decarbonisation Working Group - good engagement across the sites and progress with ideas for reducing carbon emissions and changing the way we work.

Positive progress

- Pharmacy and Respiratory links established - inhalers
- Endoscopy researching into use of alternative to Entonox for sedation/analgesia
- AGSS in NHH reviewed to facilitate theatre shutdown overnight
- Delivery of Entonox destruction unit to GUH plus links established with team at CAV including a site visit.
- Active engagement from Theatres staff across all sites
- ENT, ED, ICU and waste management/facilities representatives identified
- Engagement with Infection Control – ice/coolsticks vs ethyl chloride and "Gloves Are Off" campaign

Concern areas / help required

- Unknown date for delivery of funded equipment for N2O manifold switch off.
- Nitrous oxide detector needs funding to allow Entonox destruction unit trial
- Sustainability of Service Improvement Manager (end of Sept 23)
- Finalising a date for N2O manifold decommission in NHH
- Timers to automatically switch off the AGSS pumps require funding. It costs £20k p.a. to run these pumps out of hours
- Clinician engagement and education (CD Forum presentation scheduled 26th May)

Key Timescales

- April 30th – Theatre Shutdown Project in all hospitals
- April 30th - Training in the use of SkinMan Soft to reduce the use of water in Theatres

Forward plans next month

- Taking receipt of trolleys and regulators to enable decommission of the N2O manifold at RGH
- Spread and scale the Inhaler Optimisation and Decarbonisation app
- Theatre Working Group meeting
- Investigate the use of reusable drapes and gowns – laundering, etc
- Pilot "Gloves Are Off" in ICU
- Produce educational posters (link with group 2)
- Start of 'Sustainable ENT surgery' project

ABUHB Decarbonisation Programme Board Workstream 3 Update

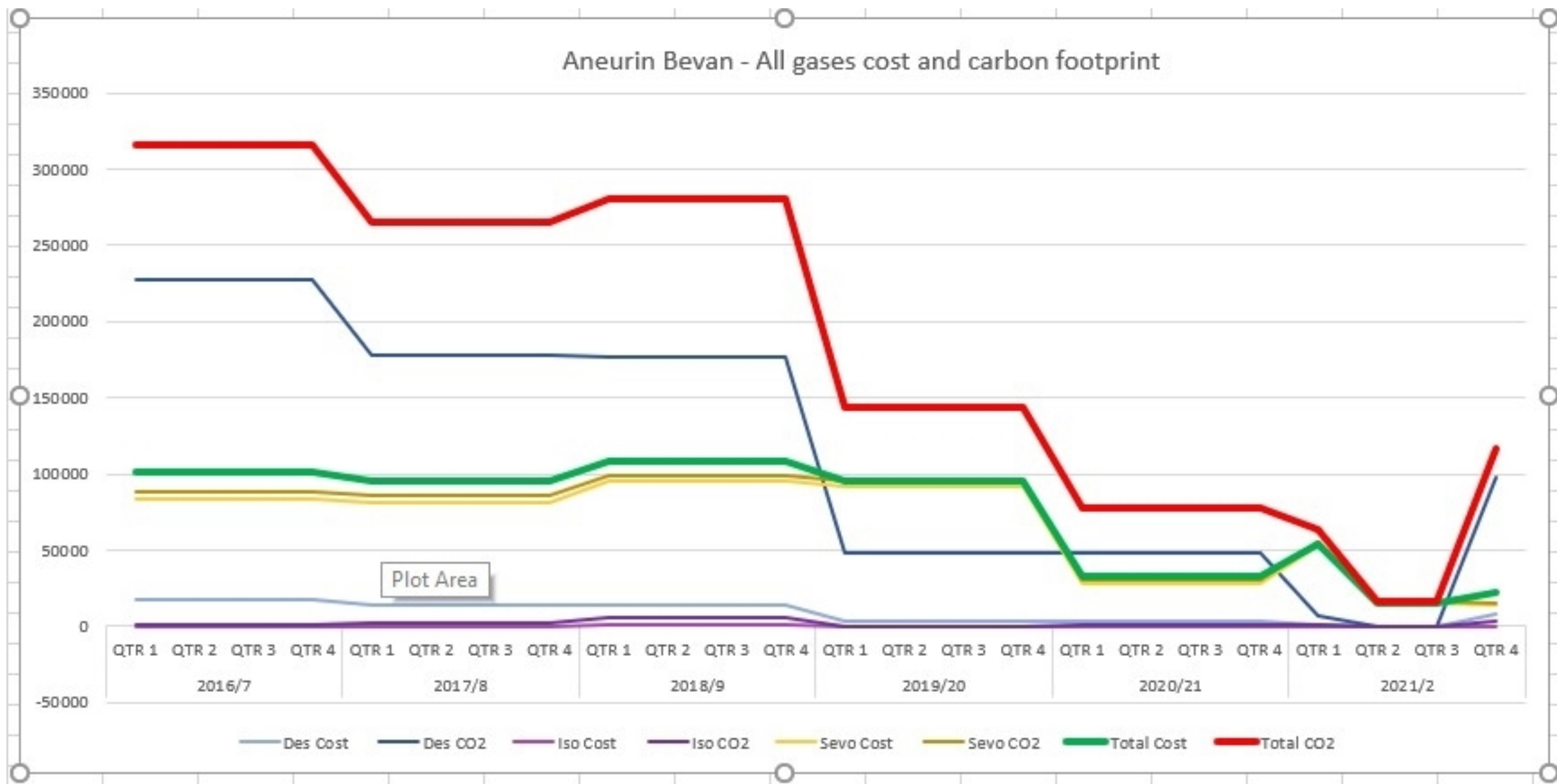
22nd February 2023

Anaesthetic/Theatre projects overview

- Desflurane anaesthetic volatile agent
- Nitrous oxide/Entonox
- Theatre shutdown
- Paracetamol IV to oral
- Carbon footprint of regional anaesthesia
- Introduction of screening questionnaire for PAC
- Reusable vs disposable laryngoscopes
- 'Skinman soft'
- Scrub for spinal?
- Cold sticks vs ethyl chloride spray for testing regional anaesthetic block
- Reusable sharps boxes
- Metal instruments recycling
- Standardisation of theatre trays
- (Facemask recycling)

Desflurane

- 'Low hanging fruit'
- GWP 2540
- Wales wide project 2016
- Reduction in use
- ABUHB stopped using it November 2022
- (Issues with returning unused Desflurane and Vaporisers being explored)



Nitrous Oxide

- 'Low hanging fruit'
- GWP 298
- 95% purchased wasted
- Clinical use declined significantly
- Piped manifold supply
- Findings replicated across UK

Site	GUH	SWH	RGH	NHH	YYF
Clinical usage	36, 906L (since November 2021)	983L (since Jan 2021)	2000 L (since Jan 2021)	To be audited	300L
Purchased volumes	117, 000L	477, 000L	808, 200L	154, 800L	36, 000L
Discrepancy between clinical usage and purchased volume	80, 094L	476, 017L	806, 200L	To follow	35, 700L
Estimated financial cost of wastage		52G cylinders = £1161/rental year + £4108 N2O/year Total = £5269/year	89 G cylinders = (£163 rental/month) £1,967rental/year + £7036 N2O/year Total = £9000/year	(Estimate) 17G cylinders = £374/rental year + £1343/N2Oyear Total = £1717/year	4 G cylinders = £88/rental year + £316/N2Oyear Total = £404/year
Wastage %	68% (<i>Works and estates to confirm volume used to test pipelines</i>)	99%	99%	To follow (2020-21 estimate 99%)	99%
Environmental 'cost' of waste Or CO2e (units kg CO2e) (1000L = 1.98kg N2O & N2O 298 x GWP CO2)	47, 084	280, 418	475, 012	To follow	21, 064

Current situation

- SWH – manifold decommissioned 16th November 2022. Replaced with cylinders on wall in theatre.
- YYF – manifold decommissioned 14th February 2023. To be replaced by 1 portable cylinder (E sized on cylinder)
- NHH – manifold decommission date TBC. Replacement as per YYF. (W&E?)
- RGH – to do! Set up working group, areas to be shut off where no clinical need identified, awaiting trolleys/brackets/regulators (funding approved). (W&E?)
- GUH – to review? Possibility to downsize manifold to match clinical usage?
- Issues with release of remaining N2O into atmosphere by BOC therefore storing manifold cylinders currently (similar problem as Desflurane)

Entonox

- Difficult!
- Use is more widespread
- Unable to quantify clinical usage or wastage (but assume similar issues from piped supply)
- Ideas?
- Nitrous oxide capture and destruction technology
- Obstetrics
- Other areas?
- Mobile vs central units
- Stakeholder engagement and capital funding

'Theatre shutdown'

- Anaesthetics sustainability fellow
- AGSS, lights, ventilation, computers
- Est £23,000 energy savings for turning off AGSS pumps that are no longer used across ABUHB
- Est £20,000 energy savings for turning off pumps out of hours across NHH, RGH and YYF (already done at SWH) (GUH savings to be made to)
- Carbon savings estimate of 39 tonnes CO2 per year as a result
- (Not including costs of repairing pumps approx. £1000 per pump)
- Works and Estates
- Applicable to other areas??

Paracetamol

- Systematic review 14 trials & 1695 patients Mallama et al <https://doi.org/10.1111/anae.15163>
- Lack of evidence supporting use of IV paracetamol over oral paracetamol on pain scores at 0-2hr, 2-6hr, 6-24hr and > 24hr postop

The cost and plastic waste associated with oral and IV paracetamol are outlined in the table below.

	Cost (£)	Plastic Waste (g)
Oral Paracetamol (1g)	0.01	0
IV Paracetamol (1g) alone	0.39	21
IV paracetamol (1g) + IV giving set	2.19	67

Paracetamol

- Switch from IV intraoperative to oral pre-operative
- Est cost saving (1 year of elective) would be over £1,500 and 83 Kg reduction in plastic waste
- Include giving sets; est cost saving over £8,500 and 265 Kg reduction in plastic waste (more relevant to wards and ICU)
- Omnicell prompt ICU 21% reduction in IV paracetamol administration
- Role out to other areas ? educationional poster (pharmacy approval awaited)
- Nil By Mouth - New Paracetamol Protocol (sharepoint.com)

Pre-assessment

- Triple bottom line of SusQI – financial, social & environmental
- Screening questionnaire at time of booking
- Fit patients for minor surgery bypass nurse PAC

Procurement & Resources Group			
Month	May 2023	Status	GREEN



Brief commentary of progress and concerns

Meeting in December to progress presentation of corporate metrics and receive presentation of procurement action plan.

Positive progress

- 🌈 Metrics format updated and available data prepared and shared with project Board.

Concern areas / help required

- 🌈 Limited information coming through from groups on carbon reduction impact

Key Timescales

- 🌈 Refining reporting for next WG Carbon return later this year

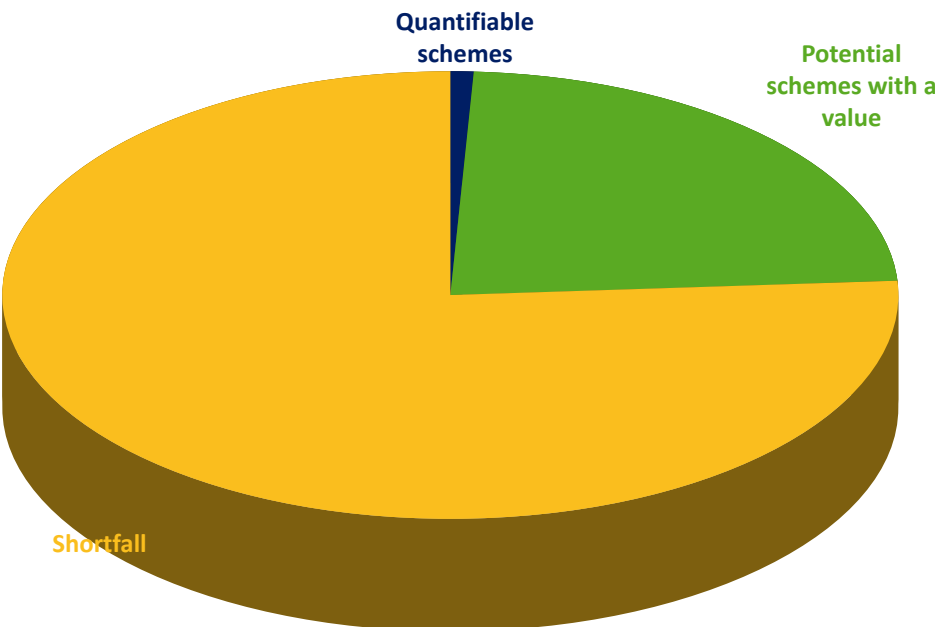
Forward plans next month

- 🌈 Further refining of the metrics and format
- 🌈 Communication with other groups to feed in key areas of progress
- 🌈 More specific metrics for procurement areas planned



Corporate Carbon Dashboard

Progress against Target Emissions Reductions (62k tonnes of co2 reduction by 2030)



Current/Potential Schemes aimed at reducing carbon	Carbon reduction	Savings	Investment
	(tco2)	(£m p.a.)	(£m)
Anaesthetic gases	TBC	0.013	11.1
Nitrous Oxide	TBC		
Renewable energy review - TBC	14276		
Light replacements	515	0.2	
Fleet changes	TBC		
Agile working	TBC		
RGH boiler plant	TBC		
Estates decarbonisation savings target	TBC		
Total carbon saving	14791		



Potential schemes carbon impact & cost



Renewable energy review

	tCO2 savings	Capital Cost (£m)	Payback (years)
YAB roof mounted PV	882	0.5	6
YAB solar car ports	530	0.6	13
YAB off site wind development	3,800	2.0	7
NHH roof mounted PV	873	0.5	10
NHH Solar car ports	838	0.9	17
NHH ground mounted solar PV	1,383	0.8	10
GUH roof mounted PV	364	0.2	6
GUH solar car ports	5,606	5.6	13
Total Renewable energy potential	14,276	11.1	

Reduction in business miles 2019/20 to 2021/22

	Business miles claimed
2019/20	6,066,616
2020/21	4,290,965
2021/22	3,578,442



DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 May 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care Sustainability Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Interim Divisional Director for Primary & Community Care

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

The Partnerships, Population Health and Planning Committee is asked to:

1. Note the progress of the Primary Care Sustainability Board since August 2022.
2. Endorse the Draft Primary Care Sustainability Action Plan.
3. Endorse the re-establishment of the Primary and Community Care Academy.
4. Note the additional capacity and capability that may be required to accelerate delivery.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Primary care remains in a challenging position and we continue to see a concerning picture of services struggling to cope with rising demands and diminishing capacity (see Appendix A).

In the last 12 months the Primary & Community Care Division has received and managed an unprecedented number of contract resignation and contract variations from independent contractors:

- 7 GMS contract resignations (see Table 1)
- 2 GDS contract terminations and 3 reductions with service re-provision required for almost 19,000 patients (see Table 2)
- Over 300 temporary closures and breach notices in community pharmacies

Table 1 – Outcomes follow GMS contract resignations

Practice	Date of resignation of contract end date	Date of 1st Vacant Practice Panel	Date of 2nd VPP/ Interview	Outcome
St Brides (Newport West)	21/03/2022 30/6/2022	14/04/23	25/05/23	Contract awarded to St David's for main patient list (4,083) with a patient dispersal to neighbouring practices
Glyn Ebwy (Blaenau Gwent West)	24/03/2022 30/9/2022	14/04/23	08/06/22	Health Board managed patient dispersal to neighbouring practices
Blaenavon (Torfaen North)	16/5/2022 31/12/2022	25/05/22	03/08/22	Health Board Managed Practice
Gelligaer (Caerphilly North)	17/10/2022	27/10/22	12/01/23	Contract awarded to Dr Kaushal and Partners
The Mount (Torfaen North)	17/1/2023 31/07/2023	08/02/23	05/04/23	Decision with Exec for approval to offer contract
The Lawns (Caerphilly North)	15/2/2023 31/08/2023	23/03/23	24/05/23	TBC
Churchwood (Torfaen North)	28/03/2023 30/09/2023	20/4/23	TBC	TBC

Table 2 – Outcomes following GDS contract reductions / terminations

Practice	Location	ACV value termination / reduction	No patients affected	Contract/ variation termination date	Current position/ outcome
Bethcar Dental	Ebbw Vale, Blaenau Gwent	£959k	8,255	31/08/22	Contract termination Successful tender – new contract awarded in Ebbw Vale
Bridges Dental	Caldicot, Monmouthshire	£392k	6,737	31/12/22	Contract reduction and convert back to UDAs Successful commissioning via 'expression of interests'
Dental Nova	Pontnewydd, Torfaen	£47k	951	31/03/23	Contract termination

					Successful commissioning via 'expression of interests'
Goodwin Partnership	Fairwater, Torfaen	£65k	750	31/03/23	Contract reduction Successful commissioning via 'expression of interests'
Sparkle Dentist	Pontypool, Torfaen	£216k	2,286	30/04/23	Contract reduction and convert back to UDA In progress

It is expected that this situation will worsen over the next 12 months unless there is a robust and proactive response to stabilise primary care services.

Cefndir / Background

In August 2022 the Executive Director for Primary Care, Community Services and Mental Health re-established the Primary Care Sustainability Board to oversee and direct a programme of work to improve the sustainability of primary care services. The membership of the Primary Care Sustainability Board includes Local Medical Committee, Local Dental Committee, Community Pharmacy Wales, Optometry Wales alongside representatives from the Senior Management Team within the Primary Care and Community Services Division. Llais is also represented on the Board.

The terms of reference for the Primary Care Sustainability Board sets out a number of strategic functions which are to:

- Review the delivery of primary care and assess the potential for clinical services to be differently in line with the Primary Care Model for Wales
- Develop the primary care workforce, in particular the creation of alternative roles with meaningful opportunities for career progression
- Establish the Primary Care Academy to provide consistent and comprehensive training and development across primary care workforce
- Develop a workforce retention strategy to retain existing staff across all primary care services
- Develop a strategy to retain the GP and nursing workforce and attract trainees to the area
- Evaluate the 10 High Impact Areas and opportunities to develop greater effectiveness and efficiency, particularly through NCNs
- Create a communications strategy to engage with our residents about changes to services and a greater focus on self-care and self-management

The Primary Care Sustainability Board also has an important function in relation to operational oversight for GMS, GDS, Community Pharmacy and Optometry which includes:

- Receiving and reviewing a monthly report produced by the Primary Care Contracting Team and Community Pharmacy Team covering:
 - GMS contractual changes (e.g. contract resignation, branch closure applications, requests for boundary changes, etc.)
 - Applications to the Sustainability Assessment Framework particularly those at risk of closure within 12 months
 - GDS contract terminations or reductions
 - Community Pharmacy temporary closures or breach notices
 - Optometry closures
- Monitoring the services provided by the Health Board managed practices
- Using the sustainability framework to horizon scan and proactively identify those practices that need support in advance of any crisis occurring

In response to the primary care sustainability challenges a round of workshops were held across our 11 Neighbourhood Care Networks between September and October 2022. These workshops highlighted a number of factors behind the sustainability challenges (see Appendix B):

- Increasing patient expectations and demand
- Workforce
- Secondary care interface
- Welsh Government directives and contractual requirements
- Academy funding
- Financial pressures
- Estates
- NCN funding commitments
- Primary care operational support
- Health Board requests for information

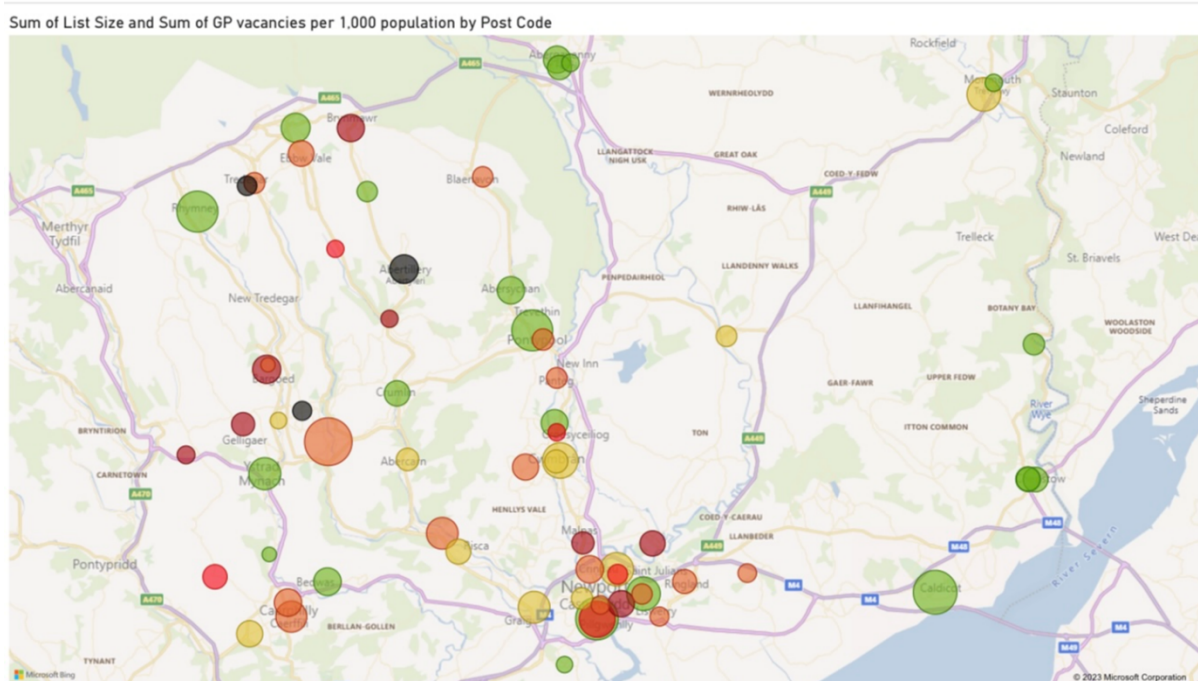
The NCN workshops focussed primarily on General Medical Services but similar demand, workforce, financial and contractual issues are being experienced by Community Pharmacies and General Dental Services. A Board Briefing session was held on 26th October 2022 which highlighted the current challenges, response to sustainability issues in recent years and potential priorities and solutions going forward. A Board Development session was subsequently held on 26th April 2023 to present the resulting Primary Care Sustainability Action Plan along with the business case proposal for the Primary and Community Care Academy.

Asesiad / Assessment

The Welsh National Workforce Reporting System (WNWRS) is a primary care workforce tool providing information on all GPs and health professionals employed in GP practices to be covered by General Medical Practice Indemnity. This workforce data is available to independent contractors, clusters and Health Boards across Wales to enable greater workforce planning. At the moment the data are limited to GMS providers but it is expected that the system will be rolled out to other independent contractors over time.

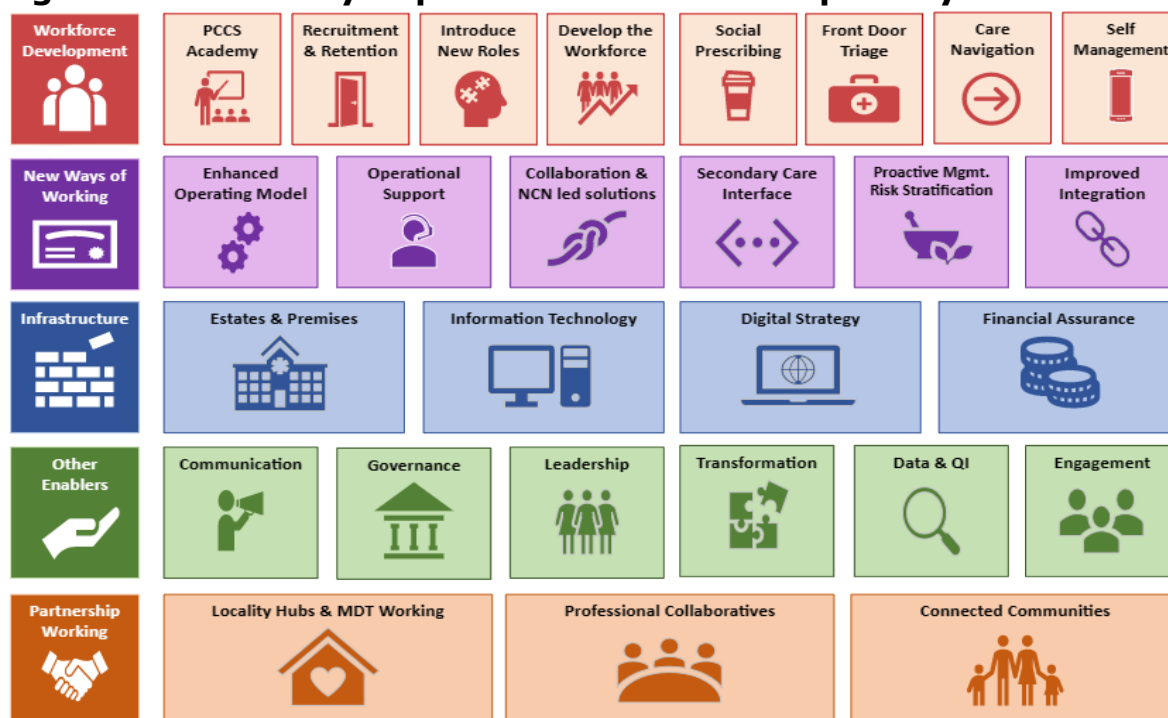
The GMS heat map, below, uses the NWRS data to show GP practices with the greatest workforce challenges. The circles on the heat map reflect the GP vacancies per 1,000 population relative to the list size (see Figure 1). Whilst this is useful for workforce planning our learning suggests that workforce deficits alone are not always the most reliable predictor of contract resignations.

Figure 1 – GMS heat map showing practices with the most significant workforce challenges relative to list size



In view of the workforce modelling, and following the NCN workshops and Board Briefing, the Primary Care Sustainability Board held an event at the end of January 2023 to agree the priorities and resources required to address the sustainability challenges ahead. The workshop involved external representatives from the LMC, Community Pharmacy Wales and Community Health Council. This led to the development of the Draft Primary Care Sustainability Action Plan which set out a hierarchy of prioritised actions around workforce development, new ways of working, infrastructure projects, enablers for change and partnership working (see Figure 2, below).

Figure 2 – Hierarchy of priorities for action on primary care sustainability



The Draft Primary Care Sustainability Action Plan has been informed by engagement with front line professionals, published literature, national policy and the views of contractor bodies such as LMC, Community Pharmacy Wales and the Local Dental Committee. It combines both the immediate operational support required by contractors alongside a range of strategic interventions that may take longer to embed, but will have a greater upstream impact. Furthermore, some of the proposed actions will have direct impact on individual contractors whereas others are about the wider system change that will have indirect consequences for primary care sustainability. The section below provides a summary of the key actions within the detailed action plan.

Priority 1.1 – Workforce Development (Improve Capacity & Access)

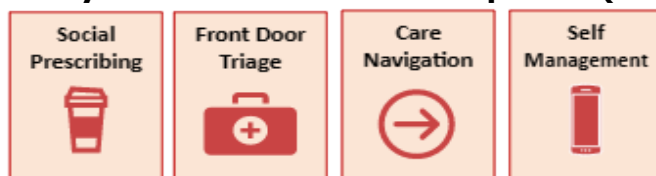


Key actions:

- Fund the Academy to meet workforce deficits and future models of care.
- Develop high quality training places to develop the multi-professional workforce.
- Support workforce diversification and introduction of extended roles such as ANPs, pharmacists and physician associates.
- Develop a GP and nursing recruitment strategy based on *Train, Work, Live* campaign.
- Engage the Training Programme Directors to increase the number of GP trainees in North Gwent.
- Support MediPrep and encourage Welsh students to study in Wales.
- Support Tier 2 visa sponsorship by matching newly qualified GPs to practice vacancies.
- Develop initiative that prioritise staff wellbeing and enhance professional development opportunities.

- Work with GP partners to develop sustainable working patterns and work-life balance.
- Offer opportunities for GP mentoring, portfolio roles and career progression post-CCT.
- Provide visible leadership to listen and respond to dissatisfaction, concerns about medico-legal risks, work-related stress, potential burnout and coping after traumatic events.
- Continue the "Be Kind" campaign to tackle abuse towards primary care staff.

Priority 1.2 – Workforce Development (Demand Management)



Key actions:

- Continue to introduce *10 High Impact Actions* through NCN led projects (Appendix C).
- Optimise use of place-based resources and assets to meet urgent care demand.
- Continue to develop Care Navigation to ensure people access services that are appropriate to their needs.
- Implement quality standards in the National Social Prescribing Framework (once published).
- Implement evidence-based approaches to front door triage including the use of patient flow technology.
- Develop effective and equitable approaches to self-management that are deliverable at scale.

Priority 2– New Ways of Working



Key actions:

- Continue to enhance the current operating model based on Primary Care Model for Wales.
- Provide access to the Sustainability Assessment Framework and support after contract resignations to prevent further destabilisation of independent contractors.
- Scale up effective NCN initiatives or evidenced based approaches that contribute to the stability of independent contractors.
- Engender leadership for local solutions through professional collaboratives and NCNs.
- Create a constructive environment to work through secondary care interface issues.
- Continue to promote MDT working and integration with a focus on prevention.

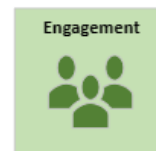
Priority 3 – Infrastructure



Key actions:

- Modernise the primary care estate, including the maintenance backlog, to ensure it is fit for purpose.
- Expand clinical space to accommodate extended roles and multi-professional workforce.
- Develop IT systems which improve collaboration across services.
- Implement digital solutions for managing demand and creating capacity.
- Explore the application of artificial intelligence, remote monitoring and digital solutions for accessing rapid specialist opinion.
- Identify ways to address inflationary pressures on the financial viability of contractors and consider financial incentives to encourage formal collaborative models such as mergers or federations.

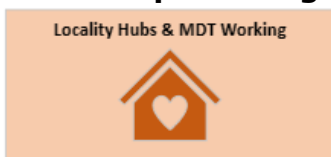
Priority 4 – Other Enablers



Key actions:

- Engage patients and communities to explore how public expectation can be met.
- Communicate effectively with staff, patients and population about service change.
- Consider how all strategic and operational decisions impact on sustainability.
- Invest in professional collaboratives and distributed leadership across NCNs.
- Ensure wider system transformation makes a positive contribution to the sustainability of primary care services.
- Drive improvement using an IQT and Population Health Management approach.
- Apply the principle of 'proportionate universalism' to address the inverse care law.
- Provide Board advocacy to Welsh Government for national intervention around, for example, the GP locum market, pay awards, unnecessary bureaucracy, Academy revenue funding or national initiatives such as Golden Hello Scheme, New to Partnership Payment Scheme, Additional Roles Reimbursement Scheme or National Primary Care Apprenticeship Scheme.

Priority 5 – Partnership Working



Key actions:

- Secure capital investment to further develop Locality Hubs utilising the RPB Integration and Rebalancing Care Fund.

- Continue to develop integrated ways of working between primary care, community, local authority and third sector services through NCNs.
- Further develop cluster MDTs and virtual wards for complex patients to receive safe, proactive and holistic care in their own homes.
- Establish links with local agencies, third sector organisations and community groups the address the root causes of ill health.
- Promote social connectedness and community resilience by aligning Integrated Wellbeing Networks to practices facing sustainability challenges.

A monitoring and evaluation framework is being developed to monitor the scale and reach of the proposed actions and evaluate the impact on the stability of independent contractors and their ability to deliver high quality primary care services. However, the Primary Care Sustainability Plan will continue to be dynamic and iterative through further engagement with contractor bodies. This may include specific actions for each group of independent contractors. The implementation of the plan will be overseen by the Primary Care Sustainability Board and provide updates to Partnership, Population Health & Planning Committee and Executive Committee as appropriate.

Workforce development was a central priority that emerged from the NCN workshops and a consistent theme was the role the Primary and Community Care Academy. The Academy is seen as crucial for developing a highly skilled multi-professional workforce and since its inception in 2019 it has successfully created accelerated training programmes for 64 new roles including General Practice Nurses, ANPs, Clinical Pharmacists and pre-registration Pharmacy Technicians. From this cohort 25/29 Nurses completed the foundation training programme and secured a substantive post locally, 11/14 foundation level Pharmacists secured a substantive post within the Health Board and all 10 pre-registration Pharmacy Technicians gained employment within the NHS in Wales. Of those recruited to the ANP trainee programme in April 2021, 8 are anticipated to complete the course in September 2023.

The Academy was previously funded through the Welsh Government Pacesetter programme, but from 2022/23 the Strategic Programme for Primary Care re-directed this funding into Accelerated Cluster Development. The Academy has been crucial substantiating posts where there have been long standing vacancies and is key to delivering new models. A business case to reinstate the Academy was presented and supported by PIP on 22nd March 2023 and has been presented to the Executive Committee. The 3-year revenue funding for the Academy will re-establish the Academy for registered nurses that are new to general practice through a 9-month Diploma training programme as well as supporting Advanced Clinical Practice training and Independent Prescriber qualifications for new ANPs and Clinical Pharmacists. It will also support the development of Pharmacy Technicians in primary care.

Academy funding will address current workforce deficits, improve staff retention, create an environment for multi-professional learning and enable professionals to practice at the top of their license. All of the new trainees will be based within clinical placements with protected learning time for their training and educational programme. The new investment will therefore not only create a pipeline of competent and qualified staff where there are current shortages, but it will also

contribute to Health Board's savings plan in relation to variable pay and locum costs.

In addition to the Academy, the Primary and Community Care Division has created new posts that will take forward specific projects within the Primary Care Sustainability Plan. They will also provide operational and transition support to practices following contract resignations. However, the professional collaborative and NCNs, supported by the NCN Office and Borough teams, should become the primary vehicle for collaboration and upstream solutions to stabilise practices and reduce the risk of contract resignations.

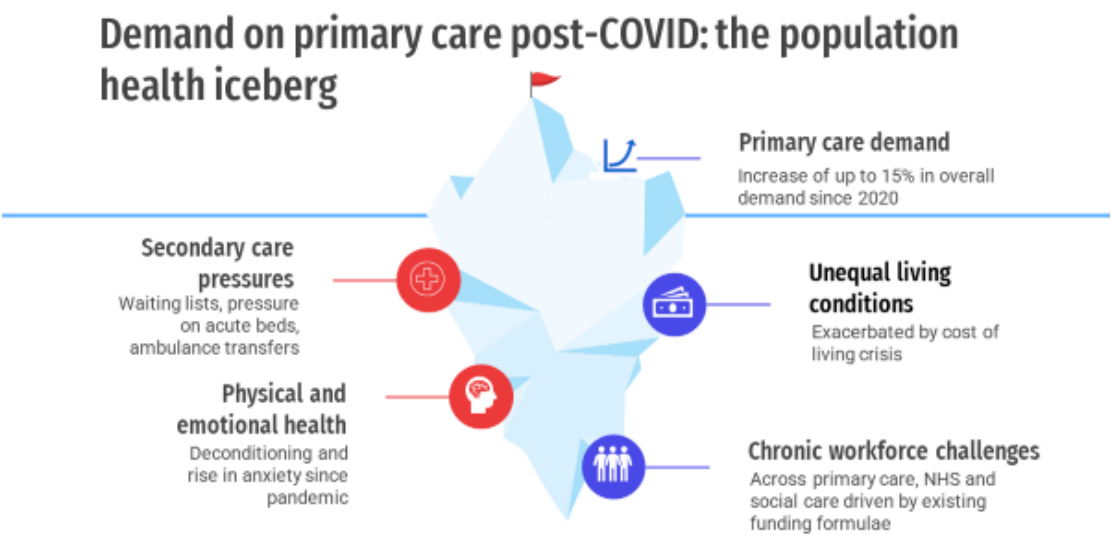
Notwithstanding the role of NCNs and additional capacity centrally within the Division, the Primary Care Sustainability Board has identified further support may be required from across the Health Board. This is particularly in relation to the key enablers such as estates, data and quality improvement, digital and secondary care interface.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to:

1. Note the progress of the Primary Care Sustainability Board since August 2022
2. Endorse the Draft Primary Care Sustainability Action Plan
3. Endorse the re-establishment of the Primary and Community Care Academy
4. Note the additional capacity and capability that may be required to accelerate delivery of the action plan

Appendix A – Demand on primary care following the COVID-19 pandemic



Appendix B – Sustainability challenges identified through NCN workshops

1. Increasing Patient Demand & Expectations Deconditioning during pandemic meaning demand is now more complex. More issues needing to be dealt with at each consultation. Delayed access to treatment creating 'revolving door'.	6. Financial Pressures Energy and inflationary price rises. Health impact of cost of living pressures. Ability to redirect patients for financial support.
2. Workforce Difficulties to recruit partners. Terms of work for Salaried GPs / Locums. Locum costs. Staff retention. Impact of community workforce difficulties. Buddying arrangements for support. Wellbeing support.	7. Estates Lack of space for multidisciplinary working. Poor condition with significant backlog in maintenance. Partners being unable to divest themselves of the liabilities including leases – so-called 'last person standing'.
3. Secondary Care Interface Issues Waiting lists, discharge summaries, clinic letters, discharge medication, requests for investigations or onward referrals.	8. NCN Committed Funds Significant funding now recurrently tied up in roles viewed as crucial to sustainability and place based care. Inability to release funding to re-invest in new initiatives.
4. Welsh Government Demands Access pressures. QAIF requirements have a large workload attached with challenging timescales. IG Toolkit and CGSAT are a huge amount of work annually.	9. PCOST Team Capacity has diminished and focus should be upstream rather than at crisis point. Working closely with the 24/7 Urgent Primary Care to support same day demand in practices in escalation and facing sustainability challenges.
5. Academy Good engagement from practices. Hugely beneficial to develop multi-professional workforce for future sustainability. Needs to be re-established and scaled up to previous levels.	10. Health Board Requests Multiple requests for same information some of which could be accessed at source. Short turnaround time for information requests.

Appendix C – 10 High Impact Actions that create efficiency and release time for care



1 Active signposting

Online portal Reception navigation



2 New consultation types

Phone Text message
E-consultations Group consultations



3 Reduce DNAs

Easy cancellation Read-back
Reminders Report attendances
Patient-recording Reduce 'just in case'



4 Develop the team

Minor illness nurses Physician associates
Pharmacists Medical assistants
Therapists Paramedics



5 Productive work flows

Match capacity & demand Productive environment
Efficient processes



8 Social prescribing

Practice based navigators External service



7 Partnership working

Productive federation Community pharmacy
Specialists Community services



6 Personal productivity

Personal resilience Speed reading
Computer confidence Touch typing



9 Support self care

Prevention Acute episodes
Long term conditions



10 Develop QI expertise

Change leadership Rapid cycle change
Process improvement Measurement

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.2 Communicating Effectively 5. Timely Care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>