

**APPROVED MINUTES OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY
COMMITTEE MEETING/
COFNODION CYMERADWY CYFARFOD Y PWYLLGOR DATBLYGU STRATEGOL A
CHYFLAWNI GWEITHREDOL**

Date of Meeting: **09:30, Thursday 27 June 2024**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Mr Maynard Davies, Independent Member (Committee Chair)
Cllr Rhodri Evans, Independent Member (Teams)
Ms Chantal Patel, Independent Member
Mrs Delyth Raynsford, Independent Member (Teams)
Mrs Eleanor Marks, Hywel Dda University Health Board (HDdUHB) Vice Chair (Part)

In Attendance: Mr Lee Davies, Director of Strategy and Planning
Mr Andrew Carruthers, Chief Operating Officer (COO)
Dr Ardiana Gjini, Director of Public Health
Mr Huw Thomas, Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
Mrs Helen Mitchell, Committee Services Officer (Teams)

Item SDODC (24)67

Ms Julia McCarthy, Head of Long Term Care (Teams)

Item SDODC (24)68

Ms Sarah Bolton, Head of Primary Care Transformation

Item SDODC (24)69

Ms Bethan Lewis, Interim Assistant Director of Public Health (Teams)
Ms Dawn Davies, Principal in Public Health (Teams)
Ms Cerys Humphreys, Service Manager (Teams)
Mr Craig Jones, Prevention and Population Health Improvement Manager (Teams)
Mr Ben Williams, Principal Public Health Practitioner (Teams)

Item SDODC (24)71

Mr Peter Skitt, County Director Ceredigion
Ms Alison Bishop, USC Lead (Teams)

Item SDODC (24)72

Ms Liz Carroll, Director of Mental Health and Learning Disabilities (Teams)
 Ms Aileen Flynn, Service Transformation and Partnerships Manager

Item SDODC (24)75

Ms Eldeg Rosser, Head of Capital Planning (Teams)

Minutes Ref.	Item	Action
SDODC (24)59	<p>Introductions and apologies</p> <p>Mr Michael Imperato (Hywel Dda UHB - Independent Board Member) Mr Winston Weir (Hywel Dda UHB - Independent Board Member)</p> <p>Mr Maynard Davies thanked Ms Chantal Patel and Mrs Delyth Raynsford for providing Independent Member cover for the meeting.</p>	
SDODC (24)60	<p>Declarations of Interest</p> <p>Mr Maynard Davies: Item SDODC (24)69: Deep Dive PO10: Population Health - to include Health Improvement Strategic Plan, recognising his role as an Information Governance Board member in the Swansea University Secure Anonymised Information Linkage (SAIL) Databank.</p>	
SDODC (24)61	<p>Minutes and Matters Arising from the Meeting held on 25 April 2024</p> <p>Decision: RESOLVED - the minutes of the Strategic Development and Operational Delivery Committee (SDODC) meeting held on 25 April 2024 were APPROVED as an accurate record of proceedings.</p>	
SDODC (24)62	<p>Table of Actions from Meeting Held on 25 April 2024</p> <p>SDODC (23)35: Planned Care Update: Although closed at the meeting on 25 April 2024, Ms Chantal Patel requested sight of the Orthopaedic Regional Model Terms of Reference (ToR). Mr Lee Davies indicated that a report was expected to be presented to Board on 26 September 2024 and could also be presented to SDODC in August 2024.</p> <p>SDODC (23)112: Deep Dive: Planning Objective 4c: Mental Health Recovery Plan: Although closed at the meeting on 25 April 2024, at Mr Maynard Davies' request, Ms Jill Paterson agreed to follow up with the Legal and Risk team and advise the outcome of enquiries regarding the availability of council accommodation for patients who could be stepped down, and whether the Local Authority has a statutory responsibility to accommodate them.</p>	<p>LD</p> <p>JP</p>
SDODC (24)63	<p>SDODC Terms of Reference</p>	

Mr Maynard Davies introduced the SDODC Terms of Reference (ToR), highlighting the integration of Targeted Intervention (TI) measures and objectives as a key focus for the Committee, without detracting from its other performance monitoring and assurance responsibilities. Additionally, the revised ToR recognise the interdependencies with other Committees and Groups; and require the Committee to provide assurance to the Board and Welsh Government (WG) on the delivery of the TI programme and the Clinical Services Plan (CSP). Ms Patel enquired how much extra work would be undertaken and Mr Lee Davies indicated that monitoring of TI measures was already within the scope of the Committee, and that it would be essential not to duplicate or overlap work with Planning Objectives (POs) or other updates. He noted that paragraph 2.1: Fragile Services: iv: Emergency general medicine should read Emergency general surgery. Mrs Helen Mitchell agreed to advise Ms Charlotte Wilmshurst of the change.

HM

Referencing paragraph 3.10, Mr Maynard Davies requested clarification regarding revenue expenditure relating to capital and whether this overlapped the Sustainable Resources Committee's (SRCs) ToR. Mr Huw Thomas indicated that every capital business case has a revenue consequence, and that there is a risk of requiring approval from two Committees, which could lead to inefficiencies. Mr Lee Davies suggested that a summary document capturing revenue implications of all capital schemes in a single report could be presented to SRC so that it is fully sighted.

Mrs Jo Wilson advised that a meeting is planned to streamline the SRC ToR to ensure that both capital and revenue implications are considered efficiently and to avoid duplication of approvals, and that this discussion would also be considered. She suggested that a meeting with the Chairs of SDODC and SRC, together with Mr Lee Davies, Mr Thomas and herself may prove beneficial.

JW

Decision: The Strategic Development and Operational Delivery Committee APPROVED the Strategic Development and Operational Delivery Committee's Terms of Reference, subject to the changes indicated, for onward ratification by the Board on 25 July 2024.

SDODC (24)64

Self-Assessment of Committee Effectiveness: Outcome

Mrs Wilson introduced the Self-Assessment of Committee Effectiveness: Outcome report, thanking all members for their contributions. She acknowledged the different approach taken this year, involving a workshop to gather feedback, which has been incorporated into the paper. The ask and offer regarding Committee collaboration will be addressed in the upcoming Board development day on 2 July 2024. Several actions have been outlined with some already completed, such as updating the ToR, while others are ongoing.

Mr Lee Davies raised the importance of behaviour in future meetings and the need for reinforcement regarding long presentations leaving little time for full discussion. Mrs Wilson indicated that both English and Welsh speaking versions of a video are being prepared to guide new presenters on Committee Chairs' expectations.

Committee Chairs were asked to provide feedback on the top three messages they wish to convey to presenters, to support them in delivering concise and relevant information.

A discussion on the self-assessment process highlighted the need for more explanation on areas identified for improvement, particularly regarding scrutiny and challenge from the Board. Mrs Wilson referenced the new 3As (Alert, Advise, Assure) reporting method from Committee to Board, aimed at prompting proactive actions from the Board on issues raised by Committees.

Decision: The Strategic Development and Operational Delivery Committee CONSIDERED the outputs from the SDODC Self-Assessment Workshop and APPROVED the actions to be taken to improve its effectiveness.

SDODC (24)65 Operational Risks Related to SDODC

Mr Maynard Davies invited Dr Ardiana Gjini to outline Risk 1844: *Risk of not being able to provide a timely and effective Public Health service due to limited Public Health Consultant capacity.* Dr Gjini highlighted the challenges faced by the Public Health Directorate due to the absence of consultants. She referenced pressing issues related to consultant capacity and workloads, highlighting that three of four consultants are unavailable, which has led to delays and reprioritisation of work. Dr Gjini indicated that staffing had proved difficult due to the current recruitment freeze and the nature of short term appointments. She had recently requested a fixed part-time secondment of existing consultants from Public Health Wales to address the staff shortage and was awaiting a decision.

In response to Mrs Delyth Raynsford's enquiry regarding risk management and mitigation strategies in the context of the Health Board, specifically measles outbreaks and the impact of holiday seasons on health risks, Dr Gjini indicated that mitigations include collaboration with Public Health Wales and clinical workforce with respiratory expertise, as well as quick secondment from Public Health Wales if required. She also indicated that she and the team were accepting additional responsibilities typically handled by a consultant.

The seriousness of the risk was acknowledged, and it was noted that the team is managing to action the priorities despite the significant impact of the consultant shortage.

Cllr Rhodri Evans raised concerns regarding Risk 1301: *Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team (Strategic Development and Operational Planning: Planning)*, which was last reviewed on 25 January 2024 and is now overdue. He questioned the process for reviewing risks that have not changed, suggesting that an easy review could confirm that the situation is unchanged. Mrs Wilson indicated that high risks should be reviewed on a bimonthly basis; and that a more efficient review process for risks that are static due to ongoing constraints was required. Mr Lee Davies advised in the MS Teams Chat that Risk 1301 was reviewed on the 28 May 2024, and a timing issue with the report had caused a discrepancy.

Decision: The Strategic Development and Operational Delivery Committee:

- REVIEWED and SCRUTINISED the risks included within this report to TAKE ASSURANCE that all relevant controls and mitigating actions are in place; and.
- DISCUSSED whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

This enabled the Committee to provide the necessary ASSURANCE to the Board that these risks are being managed effectively.

SDODC (24)66 Welsh Health Circulars (WHCs)

Dr Gjini presented the Monitoring of Welsh Health Circulars (WHCs) report, highlighting that the Public Health WHCs were not overdue at the time of compiling the report and will be completed within the relevant timescales.

Decision: The Committee RECEIVED ASSURANCE, from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

SDODC (24)67 Community and Long Term Care Quarterly Service Report

Ms Julia McCarthy joined the meeting.

Ms Paterson presented the Community and Long Term Care Quarterly Service report, referencing a joint action by the Health Board and Ceredigion County Council (CeCC) to terminate a contract with a Ceredigion care home. This action is now subject to a judicial review with the Local Authority being the first defendant and the Health Board named as second defendant. The process of establishing legal advice is underway, and solicitors acting on behalf of the care home have been advised. The judicial review is a challenge to the process, not the decision, and will

require significant commitment and time from both Local Authority colleagues and the Health Board to progress.

Ms Julia McCarthy outlined the Discharge to Assess (D2A) pathway, clarifying that it differs from the Discharge to Recover then Assess (D2RA) pathway and is intended for individuals with nursing needs who would typically be admitted to a nursing home following hospital admission. She highlighted that the D2A pathway is managed by the Long Term Care team, which works with hospital staff to identify individuals with nursing needs early and support prompt discharge. Under normal circumstances the Health Board funds the bed for two weeks, but there have been significant delays, usually in social worker allocation, preventing the completion of the Continuing Health Care (CHC) assessment within this timeframe.

Data from the last six months indicates that the average number of weeks the Health Board fully paid for an individual in a care home was 13 weeks in Pembrokeshire, five weeks in Carmarthenshire, and eight weeks in Ceredigion. Despite regular follow-ups with the Local Authority, only 30% of individuals on this pathway met the criteria for Continuing Health Care, suggesting that the Health Board was funding many individuals unnecessarily.

The proposal is to cease the D2A process, with assessments undertaken in the hospital prior to discharge to support patient flow and avoid unnecessary payments.

Ms Paterson assured the Committee that the issue had been discussed with the Local Authority's Social Services teams and will be reported to the full Integrated Executive Group (IEG) and Operational meetings for broader awareness.

Mrs Raynsford raised concerns about Hywel Dda University Health Board's (HDdUHB's) challenges due to working with three different Local Authorities and queried consistency and best practices in other Health Boards. Ms Paterson acknowledged the issue across Wales and the attention it has received from the Cabinet Secretary. She referenced the risks associated with late pathways of care and the impact on the Health Board. Ms Paterson also highlighted joint efforts with Local Authorities to address workforce issues and cited short-term improvements in Pembrokeshire, although recent financial concerns have led to the removal of additional capacity.

In response to Ms Patel's enquiry as to why the process was started, Ms Paterson indicated that during COVID-19 pandemic, there was an expectation from Welsh health guidance which suggested that Health Boards should try to discharge individuals from hospital as quickly as possible. The D2A process was commenced (the D2RA process already existed) because it was thought to be beneficial to discharge patients with a perceived

nursing need quickly, and subsequently completing the assessment in the care home.

Ms McCarthy indicated that neither Swansea Bay (SB) nor Cwm Taf Morgannwg University Health Boards (CTMUHBs) fully fund the D2A process, which is designed to move individuals out of hospitals quickly; although SBUHB have adopted a similar 50:50 approach where the Health Board and Local Authority jointly fund the process.

Ms Paterson advised that the D2A process is being reviewed retrospectively due to the realisation that 30% of individuals assessed actually have a CHC need, with the remainder possibly having a funded nursing care need.

Mr Maynard Davies raised concerns regarding the D2A process and its impact on hospital bed availability and the transfers pathway. Ms Paterson indicated that the D2RA process already exists and those patients waiting in hospital beds on the D2A pathway is a much smaller cohort.

The operational meeting on 9 July 2024 will facilitate a discussion regarding the hospital discharge process and its implications with IEG colleagues. Ms Paterson acknowledged the financial risks and the possibility that individuals may not be in the appropriate place when they are in nursing homes. She referenced the presence of social work teams within hospitals whose capacity is limited, which affects the timeliness of assigning cases.

Ms McCarthy highlighted the complications in the referral process under D2A, with hospital teams refusing to accept referrals for patients returning to the community, leading to a difficult navigation process. Ms Paterson confirmed the alignment of operational governance with the work being done and the importance of having a cohesive system conversation. She indicated that advising the Board on the risks associated with the current processes, both for patients and operationally in terms of bed numbers, is considered crucial; and that these points reflect the challenges faced in managing patient care pathways, resource allocation, and the importance of effective communication and collaboration among different departments and stakeholders.

SDODC agreed that the Board should be advised of the Community and Long Term Care Quarterly Service report.

Ms McCarthy left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the content of this report.
- RECEIVED ASSURANCE from the information provided.

Ms Sarah Bolton joined the meeting.

Ms Paterson introduced the Primary Care and Community Strategic Plan, indicating that the process is now managed on a separate timeline from the CSP process but remains under the CSP umbrella, and emphasised the importance of drawing links between them.

Monthly Strategy groups have been established following presentation to Board of the Issues paper, alongside three Task and Finish groups focusing on best practice outcomes and improvement; estates; and workforce and sustainability. There has also been supporting work in communications and engagement, and the Equality Impact Assessment (EQIA) process.

The governance process has been established, with meetings occurring on a three-weekly basis. The next Strategy Update meeting is scheduled for the week commencing 1 July 2024. During the last Board Update, there was a challenge not to let 'excellence be the enemy of the good,' referring to the extension of the timeline from March to May 2024. The aim now is to engage further with the workforce on proposed models and to align with national work to test the Primary Care Model for Wales and its 13 principles.

Ms Paterson highlighted the intention to engage the workforce and wider contract professions in Community Services throughout the summer, followed by community engagement starting January 2025 to discuss proposed models. The extended timeline is designed to facilitate those discussions.

A Board workshop is scheduled for August 2024 to aid in the development of a strategy, with the aim to present an outline of the Strategy between September and November 2024. The subsequent period will focus on implementation, providing the Board with tangible results from the August workshop. Ms Paterson acknowledged that the Strategy will never be complete due to the evolving nature of services. She encouraged Independent Members to engage with working groups or the Strategy group to observe the ongoing work and contribute to the rich conversations taking place.

Dr Gjini highlighted Ms Dawn Davies' involvement in the group focussing on population health alongside the in-depth work being undertaken regarding population needs for each cluster, which is crucial for responding to those needs. Ms Paterson acknowledged that there isn't a one-size-fits-all solution, but a framework of services is being developed. Additionally, the Strategy includes supporting community resilience and self-management.

In response to Ms Patel's enquiry regarding the current phase of the Strategy, and whether it is still at the strategic level or if delivery alongside the Strategy has begun, Ms Paterson outlined

the development of new service models and the integration of the Six Goals programme to address urgent needs in the system. She highlighted significant changes within Community Pharmacy services, a new Optometry contract, and developments within clusters supported by the third sector. She also referenced the challenge of bringing forward a strategy amidst ongoing work and the need to consolidate and grow existing services. Ms Paterson reflected on the Primary Care model for Wales, considering whether it is still fit for purpose post-pandemic or if there needs to be a shift in service delivery. She raised the possibility of more community interest companies providing services and a shift of certain pathways to Community Pharmacy. She also acknowledged the difficulty of keeping pace with changes in practice while discussing a strategy, and the importance of broader community engagement beyond immediate needs such as GP appointments; and indicated a desire for transparency in the execution of the plans.

Ms Paterson emphasised the importance of creating living, tangible strategic documents, as opposed to process driven plans. She highlighted the need for a Board Seminar to help bring the document to life and make it more engaging; and advised that the August 2024 Board Seminar would focus on public engagement and local services, highlighting the need for balanced conversations about the future. She also acknowledged the challenges of engaging with the formative stages of a programme and the anticipation of more consequential conversations as options are considered.

Mr Maynard Davies highlighted the importance of Primary Care as a crucial element for future progress, with a personal emphasis on getting it right; and supported the Chair's request for a Board Seminar to focus on Primary Care, which is anticipated to be an insightful event.

SDODC agreed that the Board should be assured by the Primary Care and Community Strategic Plan.

Ms Bolton left the meeting.

Decision: The Strategic Development and Operational Delivery Committee NOTED the Primary and Community Services Strategy.

SDODC (24)69

Deep Dive PO10: Population Health - to include Health Improvement Strategic Plan

Ms Bethan Lewis, Ms Dawn Davies, Mr Craig Jones, Ms Cerys Humphreys and Mr Ben Williams joined the meeting.

Dr Gjini introduced the Public Health Directorate - Health Improvement Strategic Plan, indicating that Ms Joanna Dainton was unavailable and that Ms Bethan Lewis had joined to present and answer questions alongside Mr Ben Williams who oversees

the early years and children and young people (CYP) elements; and Mr Craig Jones and Ms Cerys Humphreys, who are responsible for tobacco, drugs, alcohol, suicide prevention, and the population health needs assessment.

The Public Health Directorate - Health Improvement Strategic Plan was taken as read, and Dr Gjini emphasised the importance of ongoing work within the Directorate, its alignment with the Annual Plan and Planning Objective (PO) 10: Population Health (including Social Model for Health and Wellbeing); and its role in enhancing the direction of travel within the Health Board to achieve the Healthier Mid and West Wales strategic direction.

Ms Lewis outlined the Strategic Plan which focused on improving population health and well-being, with a three-year forecast enhancing the Annual Plan and planning objectives for the current year. She emphasised the importance of prevention, population health, and living well in communities, addressing challenges within the Hywel Dda and West Wales footprint. Ms Lewis advised that the Plan outlines six objectives, including focusing on children and young people's health; a tobacco control strategy; promoting healthy weight; reducing harm caused by drug and alcohol use; improving health equity across the population and communities; and the use of key metrics to monitor the work undertaken nationally, regionally, and locally. She indicated that the Strategic Plan's monitoring would be overseen by the Health Improvement and Equity Oversight Group, which reports to the Population Health and Strategic Equity Oversight Group under the Mid and West Wales Group.

Dr Gjini indicated that the Health Improvement and Well-Being Strategy aligns with the Social Model for Health and the A Healthier Midwest Wales (AHMWW) programme, and emphasised its relevance to Primary and Community Care.

Ms Patel raised concerns about child obesity data, questioning the measurement criteria for obesity in children aged four to five and whether it equates to the body mass index (BMI) used for adults. Ms Dawn Davies clarified that while BMI is a ratio and remains the same, the definition and measurement of overweight and obesity for children differs from adults. She outlined the Annual Childhood Measurement programme, which is a surveillance programme undertaken by school nurses and analysed centrally by Public Health Wales.

Cllr Evans enquired about the most challenging of the six objectives for a three-year plan, noting their interrelatedness and the difficulty in achieving them. Dr Gjini indicated that all objectives are challenging, especially those related to population health. She referenced tobacco control and the complexity of achieving a healthy weight, which she considered the most challenging due to its complexity. She also referenced societal

issues relating to CYP, and the shift towards a social and preventative model to address those challenges.

Mr Craig Jones indicated that he believed that alcohol is the biggest challenge due to its societal acceptance and the hidden harms it causes, particularly in West Wales. He highlighted the significant impact of alcohol on health services such as suicide, self-harm, and as a gateway to broader substance misuse.

Cllr Evans acknowledged the complexity of addressing these issues and commended the work undertaken to date. He remarked on the high engagement of secondary schools in action planning within the region and questioned the resources allocated to this effort and its benefits, suggesting a desire to continue promoting these initiatives.

Dr Gjini commended the team's achievements, particularly in the Healthier Schools programme, despite it being a small team. Mr Ben Williams acknowledged the achievements and referenced the expansion of their work into primary schools. He also highlighted the challenges faced due to the cessation of funding for the whole school approach to emotional and mental well-being by March 2025. He indicated that the team is working hard to ensure that the work leaves a legacy and to mitigate the impact of reduced funding. He also emphasised the importance of creating health-promoting environments in schools and the need to recognise children and young people as valuable members of society, aiming to reduce harmful behaviours as they transition into adulthood.

Ms Patel commended the clarity of the report and raised a question regarding the evaluation criteria related to the six objectives, specifically regarding the terms 'supporting' and 'promoting'. Dr Gjini reflected on the challenge of building the Strategic Plan and the importance of clear reporting elements, criteria, and targets. Mr Williams acknowledged the challenges of measuring the direct impact on children and young people due to not delivering frontline services. He emphasised the partnership with schools and the process measures in place to indicate progress towards outcomes such as improving mental health, physical activity, and nutrition rates.

Mr Lee Davies highlighted concerns about the relevance and timeliness of Public Health data, with an observation that it is often outdated and not frequent enough to assess the impact of health initiatives. Dr Gjini referenced an intention to improve data timeliness, so it can be more aligned with current events rather than reflecting past situations; and acknowledged that while some health impact data is typically two years out of date, there are efforts to review Board Assurance Framework (BAF) measures to ensure they are meaningful and current. She also referenced the difference between outcome and process reporting, noting that while some reports are up to date, they tend to focus on

processes, such as engagement with schools, rather than outcomes like the reduction of obesity in children.

Ms Dawn Davies outlined the ongoing challenges of capturing population health information and data, which does not immediately respond to changes in programmes or behaviour. She acknowledged the difficulty in attributing changes in population health to specific actions taken by the Directorate; the importance of examining trends over time to review progress; and the need for building resources to respond to emerging issues. She also highlighted the need for a methodical approach to data collection and analysis to support decision-making and response strategies.

Mr Huw Thomas highlighted the suicide rate referenced in Table 2, questioning whether any of the objectives address this issue, acknowledging it as a broader issue influenced by various services such as Mental Health, Frailty, Child and Adolescent Mental Health Services (CAMHS) and Children's Services. He acknowledged that vaccination rates have a demonstrable outcome impact and suggested that activity levels are sufficient to capture this impact.

Mr Thomas referenced long-term interventions such as smoking cessation or weight management, suggesting that the active problems programme could provide a granular understanding of patient-level impact. He suggested that demonstrating patient-level impact would be a powerful tool for demanding further resource transfers into the Prevention programme in the future.

Mr Thomas referenced the availability of good economic data on return on investment, emphasising the potential to demonstrate a Hywel Dda specific impact from the work undertaken.

In response to Mr Maynard Davies' request, Dr Gjini agreed that her team would work collaboratively with Finance colleagues to provide the relevant economic data.

AG

Ms Raynsford enquired when the Regional Partnership Board (RPB) and the Children and Young People's Board would resume, particularly in relation to mental health and early intervention, referencing the telephone information/advice line which has been, or will shortly be decommissioned.

Dr Gjini indicated that the first meeting of the RPB Children and Young People Group is scheduled for 18 July 2024. The membership is currently under review and the meeting aims to be a fresh and invigorated start for the Group.

The Health Board, in collaboration with the RPB has conducted a review of a suicide cluster in Narberth, which has influenced the development of national guidance on suicide cluster response.

A new All Wales Mental Health Well-Being Strategy is being developed to improve mental health outcomes and reduce suicides. The consultation for this Strategy is either closed or closing soon, and implementation plans will be developed based on the Strategy.

In response to Ms Raynsford's enquiry in the MS Teams Chat regarding working alongside CAMHS teams and the commissioning status of KOOTH, (an early support service for young people), Ms Lewis confirmed the close liaison between the teams in CAMHS, School Nursing, and the Youth Health team to ensure early support.

Dr Gjini highlighted the focus on developing smarter outcome measures, especially in the context of population health, health improvement, and equity. She indicated that a report on the three key elements of population health and their impact on health services is expected to be presented to the Committee on 31 October 2024.

In the MS Teams Chat Mr Lee Davies suggested exploring population surveys similar to the monthly staff surveys to gauge changes in population behaviour. Additionally, he referenced the potential use of Delta/remote monitoring and access to data from seven GP practices managed by the Health Board. Ms Lewis acknowledged the existence of national surveys, noting their lack of timeliness. She emphasised the priority of linking into the Patient Reported Outcome Measures (PROMS) aspect discussed and the ongoing work with the Digital team to enable timely monitoring and impact assessment. Ms Lewis also expressed the need to integrate additional datasets available.

In response, Mr Thomas referenced the recent access to managed practice level datasets, which could now be used more effectively as a proof of concept. Mr Lee Davies proposed sending surveys to 10,000 members of the public per month, utilising the new hybrid print and post system for distribution via text. Mr Thomas suggested Ms Carolyn Williams may be able to support these initiatives.

Mr Maynard Davies referenced the Swansea University Secure Anonymised Information Linkage (SAIL) Databank which contains a significant number of Wales Primary Care population based data. He also expressed his gratitude for the volume of work undertaken by Dr Gjini and her team; and suggested that the awards referenced in the report be reported in Public Board.

SDODC agreed that the Board should be assured by the Public Health Directorate - Health Improvement Strategic Plan.

Ms Lewis, Ms Davies, Mr Jones, Ms Humphreys and Mr Williams left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- APPROVED the Health Improvement & Wellbeing Strategic Plan 2024 - 2026
- RECEIVED ASSURANCE that plans are in place for the delivery of health improvement priorities related to 2024-25 Planning Objective 10: Population Health, and any relevant successor annual planning objectives for 2025-26, and 2026-27, in order to support the long-term achievement of Strategic Objective 4 (The best health and wellbeing for our individuals, families and communities).

SDODC (24)70 Integrated Performance Assurance Report

Mr Thomas presented the Integrated Performance Assurance Report (IPAR), indicating that the format had changed slightly, particularly in Appendix A, which tracks metrics for TI and shows clear progress against key metrics; Appendix B which tracks the internal escalation process for each Directorate; and Appendix C which provides a deep dive on diagnostics, with a cycle of diagnostics to be included in the Board report.

Mr Thomas highlighted the following:

- Positive news on mental health targets Part 1A and 1B being met in April 2024 for both adults and children.
- The lowest number of ambulance handover delay breaches since December 2023.
- Challenges faced with delayed pathways and discharges, with an increase in the Census day count for the fifth consecutive month.
- Emergency Department (ED) waits and Cancer performance are in decline.
- Improvement plans are in place for tumour sites with the largest waiting lists.
- An increase in Therapy breaches over 14 weeks for three consecutive months.
- Large increases in Physiotherapy and Dietetics, with all therapies showing concerning variation.
- Positive news regarding C-difficile (C-diff), with a trajectory for the TI de-escalation criteria for hospital-acquired C-diff.
- The lowest level of pressure damage for the past two years, indicating a reduction in avoidable harm.
- In diagnostics, a reduction was also evidenced.
- An increase in Planned Care breaches, although this was expected and in line with the trajectory, it still represents a deterioration.
- The Neurodevelopmental area continues to be challenging, and the team is aware of the issues faced.
- A concerning trend in E-coli cases.
- An increase in Audiology breaches.
- The number of national reportable incidents remaining open for more than 90 days has been increasing each month since January 2024.

In response to Mr Maynard Davies' request for clarity regarding the anticipated drop in Cancer performance, which affects both the TI position and the population, (a source of worry for many people), Mr Carruthers indicated that the performance deterioration was greater than anticipated, and attributed to industrial action in March 2024, which significantly impacted Urology capacity. This loss of capacity resulted in poorer performance two months later. There was a realisation that better forecasting could have predicted the extent of the deterioration; and that removing Urology from May's performance would have resulted in over 60% achievement. The backlog from lost capacity in March led to more patients being treated after their due date. Mr Carruthers indicated that there is a concern regarding the proportion of patients upgraded or downgraded following treatment. He advised that performance in May is expected to improve, with a minimum of 50%; June data is also expected to show improvement; and the team is confident that the rest of the year will show further improvement.

Cllr Evans expressed concerns about the trajectory shown in the Annual Plan and questioned whether the areas of failure would improve with the proposed different ways of working. He also raised the issue of the number of complaints received being higher since October 2021 and sought clarity on the specific areas from which these complaints were arising, particularly questioning if they were mostly from Accident and Emergency (A&E) departments.

Mrs Wilson recalled that A&E and communication were themes included in the most recent Patient Experience report presented to the Board. She agreed to obtain an update from Ms Sharon Daniel.

JW

Cllr Evans reiterated the importance of understanding where the issues arose, especially since there had been communications advising against accessing EDs due to waiting times. He emphasised the need for Independent Members to have clarity on these issues and noted that it is a standing agenda item at Quality, Safety and Experience Committee (QSEC) meetings.

In response to Cllr Evans earlier query, Mr Carruthers highlighted progress in Mental Health services, with successful delivery in many areas. However, new developmental services were identified as an area requiring attention, with a deep dive scheduled on the agenda, and a discussion with the NHS Executive's Mental Health Network regarding national policy and strategy. He also emphasised the importance of connecting immediate improvements with long-term transformational change, particularly in the context of the Six Goals programme and Urgent Care updates.

Ms Raynsford questioned high rates of staff sickness in the Estates and Facilities team, particularly Laundry which reached 72% absence. Acknowledging issues relating to engagement, stress, and anxiety among the staff, she enquired whether there was a detailed action plan to address the situation. Mr Carruthers confirmed that the senior team are currently developing an action plan.

Ms Patel noted that funding for the Cardiology service, which provides echocardiography, is ceasing and that the tender process is near completion; she queried whether the service would be paused until the funding and tender process was complete. Mr Thomas confirmed that that there should be a smooth transition and Mr Carruthers agreed to investigate further.

AC

SDODC agreed that the Board should be ALERTED to concerns regarding Cancer performance which declined from 60% in March to 43% in April 2024 and should monitor the situation; ADVISED regarding the overall position; and ASSURED that the IPAR is being closely monitored.

Decision: The Strategic Development and Operational Delivery Committee NOTED the report from the IPAR – Month 2 2024/2025.

SDODC (24)71 Deep Dive PO3: Urgent & Emergency Care Programme Update

Mr Peter Skitt joined the meeting.

Mr Peter Skitt presented the Improving Our Urgent and Emergency Care Performance Update report, highlighting that the Operational team has transitioned from the Transforming Urgent and Emergency Care (TUEC) programme to the Six Goals programme. He indicated that the TUEC programme was somewhat isolated from, and lacked engagement from, Operational teams. The new Six Goals programme is therefore designed to be more integrated with these teams.

The Six Goals programme has received approval and funding from Welsh Government for the first six months of the year. However, funding for the second half of the year is contingent on the programme demonstrating improvements in performance and operations. Mr Skitt advised that workstreams have been established as part of the programme, with three workstream leads focusing on areas such as hospital flow and housekeeping, aiming to improve efficiency within the Health Board's control and focus on areas that can be managed internally.

Another workstream is dedicated to the Hospital at Home initiative, which aims to keep patients at home and reduce the workload on acute sites. This requires a significant cultural shift and a change in risk appetite, as the team will need to work

closely with Community services. The cultural change involves moving from an acute site with a limited risk appetite to a community-based approach where risks are managed differently. This shift is crucial for the success of the Hospital at Home workstream, which is in its early stages, with a leader appointed from the Operational team to embed the workstream within the team.

A 100-day plan to address operational issues and improve patient flow within the organisation is expected to be delivered by the end of the week commencing 24 June 2024. The plan involves setting up workstreams with individuals from the Operational teams, assisted by the Programme team, to deliver outcomes aligned with Six Goals. These goals are expected to influence the organisation's position and potentially lead to financial savings through increased efficiencies. A shift of resources from acute to Community Care is possible, which may involve both funding and staff. Mr Skitt highlighted the challenges faced by departments, particularly A&E, which are stretched and saturated. He recognised the clinical leadership for their desire to change and improve quality, which is expected to increase productivity and patient flow. He also commended staff for their hard work during challenging times and acknowledged the need to provide them with the space and support to implement difficult changes.

Mr Maynard Davies voiced his appreciation for Mr Skitt's candour.

Ms Eleanor Marks acknowledged the need for a cultural shift and enquired about external partners' involvement in a fifth workstream, emphasising the importance of their contribution. In response, Mr Skitt suggested that instead of a separate workstream, external partners should be integrated into all existing workstreams. The timing for their involvement is being considered, with plans to engage them after internal housekeeping has been completed; and Welsh Government colleagues have shown interest in assisting with workshops, to focus on ensuring that external partners are recruited to support challenging areas rather than the easier aspects. There is a need to balance Operational teams' crisis management with preventative measures.

Ms Marks referenced a recent conversation with district nurses in Pembrokeshire, who expressed a need for more care workers, which links with the concept of Hospital at Home and the need for education and communication with patients, families, and the public. She recognised the role of families in care, the development of a recognised care service with a training programme, and the need for a regional approach to create a Care Academy, which may improve the lack of community resilience and the need to revitalise volunteering and community input.

Mr Maynard Davies highlighted the work being done in volunteering centres and the importance of including the voluntary

sector in community efforts. Dr Gjini referenced the refreshed steering group for the Social Model for Health, which aims to strengthen the community and acknowledges that hospitals and care homes may not be the best settings for all interventions. She agreed to liaise with Mr Skitt to link her Social Model for Health lead with the Hospital at Home team to grow the approach, as exemplified by work undertaken in Lampeter.

Mr Maynard Davies raised concerns regarding ED data integrity; and the graphs presented in the meeting showing that the desired achievements were not being met.

Mr Carruthers confirmed that performance didn't meet the trajectories and that reframing the programme and focusing on actions that will have an impact would improve the situation.

SDODC agreed that the Board should be ALERTED with further action to be undertaken in the form of a detailed action plan from the Operational team regarding UEC performance which responds to the challenges faced, including the possible withdrawal of six months WG Six Goals (formerly Transforming Urgent and Emergency Care (TUEC)) funding, which is contingent on visible improvements in performance.

Mr Peter Skitt left the meeting.

Decision: The Strategic Development and Operational Delivery Committee NOTED the Improving Our Urgent and Emergency Care Performance report.

SDODC (24)72 Deep Dive PO5: Mental Health & CAMHS

Ms Liz Carroll and Ms Aileen Flynn joined the meeting.

Ms Liz Carroll presented the Planning Objective 5: Mental Health and CAMHS Reporting Period: April 2024 Update report, highlighting the timing of the meeting in relation to the closure of the quarter, noting that only data covering April and May was available, which may not provide a full quarter of information. She indicated a positive position regarding 111 Option 2 and progression in the CAMHS measures.

The Autism Spectrum Disorder (ASD) position was outlined, with a current reporting figure of 14.5% against the target. There is presently ongoing procurement which will end after this financial year, potentially leading to a deteriorating position. However, there are ongoing conversations across Wales regarding the Neurodevelopmental position. Ms Carroll raised concerns regarding waiting times for young people needing assessments, indicating this as an area of significant worry. She referenced the new service model for learning disabilities, with Health Education and Improvement Wales (HEIW) showing keen interest in the work being undertaken in HDdUHB and supporting engagement and development of the service model.

Psychological therapies are experiencing variable trends due to the onboarding of groups at different stages. There is also a transition from one-to-one interventions to group sessions, which is expected to cause fluctuations in performance percentages; and for medical outpatients, there is a need for internal work to address discharges against Outpatient services.

Ms Carroll highlighted the revision suggested for the Older Adult Mental Health objective, as detailed on Slide 18.

Ms Aileen Flynn indicated that data cleansing of medical data had revealed a glitch in the system which affected waiting list numbers, and which are expected to be reduced significantly by the next report. Ms Carroll referenced the Right Care Right Person initiative and the importance of not viewing it as solely a Mental Health and Learning Disabilities issue, but one that affects all health settings, with potential impacts on any individual under the care of any part of the service.

In response to Ms Patel's question regarding numbers of CYP awaiting diagnostic assessments, and the support provided to their families while they wait, Ms Carroll advised that more than 3000 individuals were on the waiting list, which impacts families managing difficult situations without adequate support. She referenced the criteria and escalation processes for referrals and confirmed that information is sent to families signposting available support services. She also noted that the waiting list issue is a significant concern within the Directorate and is included in the Risk Register.

Additionally, hubs have been introduced to support parents and carers of children with ASD. These hubs provide advice, guidance, and support, including sleep clinics and other services, to help parents cope while their children are on the waiting list. Feedback from parents has been positive, and there are plans to provide more detailed figures and percentages in future reports. Ms Carroll indicated that pre- and post-diagnostic sessions with families and young people have been introduced which aim to provide support and discuss adjustments that can be made in behaviour, eating patterns, etc. However, it is acknowledged that post-diagnosis services are limited and not all are provided by the Health Board.

In response to Ms Marks enquiry regarding the number of CYP on the waiting list, Ms Carroll indicated that the capacity for assessments within one month is approximately 25, not including outsourced assessments, which add circa 29 to 35 each month. Referrals are far exceeding the capacity, with an average of 70 referrals a month last year, and now approximately 120. The increase is attributed to the implications of COVID-19, developmental delays in children, parental anxiety, and increased awareness of neurodevelopmental disorders.

The issue is high on the agenda for policy leads in the Welsh Government, with ongoing discussions on tackling the waiting list and the possibility of multi-agency efforts to alleviate the burden of waiting for assessments.

Ms Marks expressed concerns about the high rate of referrals, the impact on people waiting, and the impact on staff overwhelmed by such high numbers. Ms Carroll referenced the restrictive nature of the National Institute for Health and Care Excellence (NICE) guidelines in terms of the diagnostic pathway and the need to adhere to a particular diagnostic pathway. She agreed to Ms Marks request to meet outside the meeting to discuss the pathway.

LC

Dr Gjini indicated that the New Mental Health and Well-Being Strategy would change the approach to neuro-developmental issues, emphasising that not every issue requires a diagnosis when there is no further health management needed. In response to Dr Gjini's question regarding scalability of the service given the large number of children on the pathway, Ms Carroll confirmed that Ms Angela Lodwick is leading on the new service supporting families awaiting diagnosis and has joined the Regional Partnership Board for ongoing discussions with other stakeholders, including Education and Local Authorities, with the anticipation of further guidance from the Welsh Government.

Mr Maynard Davies posed a governance question regarding approving a change in service objective. Ms Flynn indicated that she had conferred with Mr Dan Warm about the change, and Mrs Wilson indicated that she would discuss the matter outside the meeting with Mr Lee Davies, as all objectives have been set by the Board, and as such any changes should be approved by the Board.

JW

SDODC agreed that the Board should be ADVISED that HDdUHB may not be able to provide a service for its CYP; and ASSURED that work to develop the service is ongoing.

Ms Carroll and Ms Flynn left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the MH&LD Directorates progress against its Planning Objective as presented, including the associated risks, issues and considerations for each service area as highlighted.
- NOTED that assurances and mitigations against each service area's objectives are being managed/scrutinised through Business Planning, Performance and Assurance Group and Quality, Safety and Experience Group and that Quarterly monitoring and reporting arrangements have been developed.

SDODC (24)73 Targeted Intervention Update - to include Planning Objectives Update

Mr Lee Davies presented the Targeted Intervention Update report, highlighting the newly developed draft reporting template which will record the de-escalation criteria, will track impacts and link to other elements within TI for presentation to Audit, Risk and Assurance Committee (ARAC), WG and each Committee; and will facilitate discussion. Ms Patel commended the report and questioned the impact of certain actions. Mr Lee Davies emphasised the nuanced nature of planning and indicated a need to focus more on impacts and outcomes in future reports.

In response to Mr Maynard Davies' question regarding the Estates Plan and A Healthier Mid and West Wales programme, Mr Lee Davies indicated that progress is being made on all elements at the fastest possible pace, with updates being provided regularly. He referenced delays in the new hospital project and the Cross Hands project due to cost inflation, acknowledging that these significant capital investments are challenging to keep on schedule, and efforts are being made to progress them.

SDODC agreed that the Board should be ASSURED that projects are progressing.

Decision: The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE on the current position in regard to the progress of the Planning aligned to the Strategic Development and Operational Planning Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objective is identified as behind in its status and/or not achieving against its key deliverables.

SDODC (24)74 PO6: Clinical Services Plan - to include Paediatrics' Implementation Plan

Mr Lee Davies presented the Clinical Services Plan, indicating that the timeline for the project would shift by two months to bring the options to the Board independently. This delay was seen as disappointing, but it also presented an opportunity for a more in-depth Board Seminar discussion.

A follow-up session was arranged with the Chairs of the Committees to review the evaluation criteria, aiming for Independent Member and Board endorsement.

SDODC agreed that the Board should be ALERTED to the delay.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED that the Clinical Services Plan programme is progressing in line with the Board agreed timeline.
- NOTED the aims and objectives for Phase 2 of the programme.

- NOTED the hurdle criteria for Phase 2 of the programme.
- NOTED the outputs of the Deliberative session, Check and Challenges, and Sprint 1 sessions.
- NOTED the progress of the Paediatric Service Implementation Plan.

SDODC (24)75 Capital Programme 2023/24, Plan for 2024/25 and Capital Governance Report

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme 2023/24, Plan for 2024/25 and Capital Governance Update Report indicating that the contingency balance is in excess of £1m and that the Sexual Assault Referral Centre (SARC) Business Justification Case BJC had been submitted to Welsh Government and was awaiting scrutiny. She also indicated that the Cross Hands Full Business Case (FBC) had been paused to revisit and redesign the scheme within the constraints of the Outline Business Case (OBC) costs plus 10%, which may lead to a delay of up to 12 -15 months. The redesign is expected to incur additional fee costs which will be dependent on the level of redesign required and the time delay will also have an inflationary impact on the overall cost. Further work is required to reduce the current scheme's cost, which involves redesigning the scheme's footprint. The time delay means that the risks associated with the services currently delivered from other accommodations will have to be mitigated for an extended period.

Pentre Awel's FBC has been submitted by Carmarthenshire County Council to the Integrated Regional Capital Fund (IRCF) team, requesting additional funding of £1.3m from HDdUHB and a bid from the County Council of £4.4m for the health-associated building.

Cllr Evans sought clarification on potential disposals and Ms Rosser confirmed that all disposals must be approved by Welsh Government. although the guidance states that the Health Board can retain disposals less than £0.5m.

Cllr Evans raised a question about VAT issues for the Health Board. He also enquired about the Capital Subcommittee's notification of three potential radiology schemes, asking when the costs would be revised in light of inflationary costs and whether there is a reduction in costs now.

Ms Rosser referenced an annual review by the Finance team with advisers, indicating potential additional funds returning to the programme. She also confirmed the approval of three schemes by the Welsh Government, based on current estimates provided with input from the Estates team, outlining the evaluation of current costs and the significant inflationary increases.

Referencing the Reinforced Autoclaved Aerated Concrete (RAAC) programme, Mr Maynard Davies enquired about the future inspection regime, and whether areas need to be closed during inspection or can continue to operate live, and the potential disruption this might cause. Mr Carrithers indicated that while some areas may continue to operate, most will likely need to close, and this has been anticipated in the planning cycle. A rolling programme is expected, which implies a sequential approach to the inspections. It is anticipated that there will be disruption and that further work may be required in the future, adding to the disruption.

SDODC agreed that the Board should be ALERTED to the delay to the Cross Hands project and associated increase in costs; and ASSURED on the remainder of the Capital programme.

Ms Rosser left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

NOTED the update on the Capital Programme and CRL for 2024/25.

NOTED the capital schemes governance update.

NOTED the RAAC update.

NOTED the update from Capital Sub Committee.

SDODC (24)76 SOC: AHMWW Programme

Mr Lee Davies presented the Strategic Outline Case: A Healthier Mid and West Wales. (update on the Review of the Clinical Models for Hospital Redevelopment and Planning Objective 8) report, highlighting the significance of the Nuffield Trust report received from Welsh Government, and the draft management response to the recommendations within the report. A positive meeting with Welsh Government and NHS Wales Shared Services Partnership (NHSSSP) colleagues was noted, particularly concerning the development of the Strategic Outline Case (SOC). Challenges are anticipated with the development of options that Welsh Government would like to progress as part of the SOC. These challenges include the cost and time frame required to develop certain options. Mr Lee Davies indicated that not all options are aligned with what was agreed upon in the 2018 Strategy, necessitating consideration of how to handle this discrepancy through the process.

Mr Maynard Davies questioned the timescale for options to be presented to the Board. Mr Lee Davies advised that Mr Paul Williams and the team are working with NHSSSP colleagues to understand the required level of detail, which will influence timelines. Mr Lee Davies emphasised the importance of Welsh Government's support for the timeline and the significant cost of developing options. He hopes to schedule a meeting in August 2024 to facilitate a Board discussion in October 2024.

Mr Lee Davies indicated his intention to present the final management response to Board, pending discussion with Mrs Wilson.

SDODC agreed that the Board should be ASSURED that the project is ongoing; and ADVISED that the Capital programme may be impacted.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED and REVIWED the Nuffield Trust report, associated WG correspondence and the draft management response action plan in relation to the Review.
- NOTED the request made to WG officers in relation to the status of the AHMWW PBC and the potential for WG Endorsement following the broad support for the clinical strategy in the Nuffield Trust Review.
- NOTED the workshop held between Health Board and WG officers to scope the additional work required to complete the SOC, and the fact this is still to be formalised and will be the subject of further reporting through updates to SDODC and the Board.
- NOTED that the WG correspondence references the need for the Health Board to report progress to the Infrastructure Investment Board (IIB) at a date to be agreed.
- NOTED the updated summary position relating to Planning Objective 8 Estates Plan.

SDODC (24)77 ARCH Update

Mr Lee Davies presented the A Regional Collaboration for Health (ARCH) Portfolio Update Report, highlighting the parallel piece of work related to the Joint Committee, which will be updated in due course. In response to Mr Maynard Davies' enquiry regarding timescales, Mrs Wilson outlined a plan for the Joint Committee to be operating by November 2024, with preparation work undertaken beforehand. The Welsh Government's involvement is needed to determine how it should be set up with a Board-to-Board meeting with SBUHB in October 2024 and Committee launch in November 2024. This will require close monitoring and coordination with Mr Lee Davies, Professor Phil Kloer and SBUHB colleagues.

Mr Maynard Davies noted that several areas in the report were reported as closed, although they are still needed by the population. Mr Lee Davies indicated that the practice of starting programs or projects and perpetually adding more services without a disciplined approach to closing them when objectives were achieved is being addressed. The focus is now on completing key services such as Ophthalmology and Pathology. The Committee noted the importance of clarity in setting and achieving deliverables before moving to the next priority.

In response to Ms Patel's query regarding Cardiology services, Mr Lee Davies confirmed that the Acute Coronary Syndrome (ACS) pathway receives additional weekend capacity from SBUHB under the ARCH programme, aiming to improve service provision. He indicated that monthly meetings are not necessary for certain decisions, which can be considered at respective Boards. He also indicated the involvement of the same people in the process with two Operational teams continuing to meet without the ARCH project management arrangements.

Ms Patel raised a question regarding the impact of the ARCH programme on addressing chronic staff shortages and Mr Lee Davies advised that service-specific developments and funding by the organisations forming the partnership had resulted in innovation and research opportunities such as:

- Improved ACS pathway and transfer times for Cardiology patients.
- Increased resilience and capacity for Dermatology and Pathology services.
- Enhanced on call arrangements and service provision for Ophthalmology patients.
- Potential benefits for Ophthalmology, Oncology, and other services that could be delivered regionally.

The Committee noted that the Joint Committee would provide more impetus for the service reconfiguration changes, and that the scope and purpose of ARCH should be reviewed in light of that. Mr Lee Davies agreed to share the refreshed ARCH Terms of Reference.

LD

In response to Cllr Evans question regarding fast-tracking the process, Mr Lee Davies indicated that significant progress had been made in certain areas, in particular the ACS pathway, whereas less progress had been made in other areas such as Ophthalmology. He referenced the potential benefits for the Health Board and population, the need for further discussion on the type of regional working that would be most beneficial, and the possibility of evolving partnerships.

Decision: The Strategic Development and Operational Delivery Committee NOTED the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.

SDODC (24)78 SDODC Work Programme 2024/25

The Strategic Development and Operational Delivery Committee NOTED the SDODC Annual Workplan.

SDODC (24)79 ANY OTHER BUSINESS

There was no other business reported.

SDODC (24)80 MATTERS AND RISK FOR ESCALATION TO BOARD

- The SDODC Terms of Reference require Board approval.

- The Health Improvement Strategic Plan requires Board approval.

SDODC (24)81 DATES OF FUTURE MEETINGS

Thursday 29 August 2024 09.30 – 12.30

Venue: In-person (Ystwyth Boardroom) and MS Teams

Thursday 31 October 2024

Thursday 19 December 2024

Thursday 27 February 2025