COFNODION Y CYFARFOD PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL

UNAPPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE MEETING

Date and Time of Meeting:	9.30am – 12.30pm, Friday, 16 December 2022
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Mrs Chantal Patel, Independent Member (Committee Vice-Chair) Mr Rhodri Evans, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Winston Weir, Independent Member (VC)
In Attendance	Mr Lee Davies, Director of Strategic Development and Operational Planning (SDODC Executive Lead) Mr Andrew Carruthers, Director of Operations Ms Jenny Pugh-Jones, Head of Medicines Management (representing Ms Jill Paterson) Ms Catherine Evans, Head of Strategic Performance Improvement (representing Mr Huw Thomas) Ms Kim Neyland, Strategic Partnership Manager, Carmarthenshire County Council (representing Mr Kelvin Barlow) Mrs Joanne Wilson, Board Secretary Ms Sally Hurman, Committee Services Officer (Minutes) **Items SDODC(22)124, 135 and 140** Mrs Eldeg Rosser, Head of Capital Planning (VC) **Items SDODC(22)127** Dr Jo McCarthy, Deputy Director of Public Health (VC) **Items SDODC(22)125 and126** Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Ms Anna Henchie, Principal Programme Manager **Items SDODC(22)130, 131 and 132** Ms Alison Shakeshaft, Executive Director of Therapies and Health Science **Items SDODC(22)130** Mr Lance Reed, Clinical Director of Therapies **Item SDODC(22)134** Ms Alwena Hughes-Moakes, Communications Director **Item SDODC(22)140** Ms Joanne Dainton, Carmarthenshire Locality Office/Area Planning Board Lead (VC)

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Agenda Item	Item	Action
SDODC (22)117	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE** The Chair, Mr Maynard Davies, opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC). The following apologies for absence were noted: • Mr Iwan Thomas, Independent Member • Mr Huw Thomas, Director of Finance • Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care	
SDODC (22)118	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
SDODC (22)119	**MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 10TH NOVEMBER 2022** **RESOLVED** - the minutes of the SDODC meeting held on 10 November 2022 be **APPROVED** as an accurate record of proceedings. There were no matters arising.	
SDODC (22)120	**TABLE OF ACTIONS FROM THE MEETING HELD ON 10 NOVEMBER 2022** The Table of Actions from the meeting held on 10 November 2022 has been updated, with the following two actions carried forward: • **SDODC(22)42**: The 'Continuing NHS Healthcare: The National Framework for Implementation in Wales is awaited from Welsh Government (WG). • **SDODC(22)57**: Mr Keith Jones and Ms Anna Lewis are arranging to meet to continue discussions regarding cancer wait times.	
SDODC (22)121	**CORPORATE RISKS** The Committee received the Corporate Risks Register (CRR) report. Two risks were noted which had previously been considered by SDODC: • **Risk 1407**: Risk to delivery of Annual Recovery Plan and achievement of Welsh Government (WG) Ministerial Priorities for the reduction in elective waiting times. • **Risk 1350**: Risk of not meeting the 75% waiting times target for 2022/26 due to diagnostics capacity and delays at tertiary centre	

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However, there was no change in risk scores.

With regard to Risk 1407, Mr Maynard Davies enquired as to whether a positive impact could be seen now that the theatres in Llanelli had opened. Mr Andrew Carruthers confirmed that the theatres had been open for almost two weeks and that the activity will be included into overall position. The Committee was advised that the Executive team will discuss whether the risk can be reduced in view of the fact that delivery against the trajectory set by the Board for this year is well on track or whether delivery is measured against the Ministerial target.

With regard to Risk 1350, Mr Winston Weir observed that in light of the planned industrial action the risk may well change, and queried whether the risk regarding the urgent care model trajectories should be reported to SDODC in view of the fact that there is greater risk that the reduction in the number of beds will not be achieved. Mr Carruthers confirmed that the Urgent and Emergency Care risk is aligned to the Quality, Safety and Experience Committee (QSEC) and is currently rated 25 to reflect the pressure in the system and challenges in mitigating that particular risk.

In relation to the planned industrial action, Mr Carruthers confirmed that the Health Board had rescheduled circa 1000 outpatient appointments and 72 theatre procedures. One clinic and one theatre list had been cancelled on the day as a result of staff sickness. The Health Board has tried to maintain as much of the cancer activity as possible in terms of outpatient appointments and treatments.

Mr Maynard Davies referred to Mrs Joanne Wilson's comment in the meeting chat that there is a risk on the CRR relating to industrial action which was discussed in QSEC this week. Corporate risks are aligned to only one committee to provide assurance prior to being reported to the Board.

Mrs Chantal Patel observed that risks are being highlighted even though targets are being met and she wondered if risks should be more closely aligned to the Health Board's broader objectives. Mr Carruthers responded that the risk management process is live and aims to be dynamic in order to be able to monitor and react to trends. He acknowledged the need to address the difference between performance delivery in terms of the risk and delivery of the agreed performance trajectory, whist accounting for the potential patient safety risk of long waiting lists. Mr Carruthers and Mrs Wilson undertook to pursue the discussion in terms of how this should be managed going forward. Mrs Wilson added that risks may need to be reframed, with the impact reviewed in the quality and safety domain whilst being mindful that whilst Health Board targets have been achieved, WG targets may not. **AC/JW**

The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

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SDODC (22) 122	**TARGETED INTERVENTION UPDATE**	
	The Committee received the Targeted Intervention update which highlighted the key aspects, in relation to planning, that the Health Board must address as part of the escalation status: • Planning maturity matrix • Peer review • Development of clinical services plan • The annual planning cycle and development of a robust, credible plan Regular meetings are taking place with WG leads for planning which are constructive and supportive. The Health Board is adapting the Betsi Cadwaladr approach in three stages: 1 Agree the maturity matrix with the Committee, Board and WG; 2 Openly and transparently, self-assess against the matrix, engaging with the whole organisation and beyond, to include the Community Health Council (CHC) and WG, for a complete appraisal of planning processes; 3 Peer review, which has been commissioned by WG with draft Terms of Reference having been received, to review IMTP annual planning processes and also resource capacity and capability, in order to understand both service planning and capital planning, however, capital planning processes will not be included in the review. Resource to undertake this work, which is likely to take circa four weeks, will be identified in February 2023, after which a report will be produced along with an action plan, which will be brought to the Committee. With regard to the clinical services plan, a multi-disciplinary group has been convened comprising 40 medical leaders from across the Health Board to discuss and develop an interim recovery roadmap to align with the Health Board's strategy. This programme of work is likely to take between 9 and 12 months. Mr Lee Davies responded to an enquiry from Mrs Chantal Patel regarding the alignment of the maturity matrix, which in itself is an audit trail, and assessment/measures against that matrix, in order to achieve de-escalation in that the Health Board has the opportunity to reflect, in its processes its view that planning capacity is not equivalent to other health boards. WG's view on the Health Board's delivery against those elements in the matrix, together with the peer review, will be helpful in demonstrating the Health Board's achievements and also in the development of an acceptable and approvable plan, bringing together workforce, finance and planning. However, it is acknowledged that no matter how good the Health Board's processes and performance are, the Health Board must achieve WG's ultimate target of a break-even financial position. The targeted intervention process will bring to the fore the choices, decisions and rationale for those decisions the Health Board will make, evidenced clearly through a series of scenarios, in order to balance performance, quality and finance. Mrs Patel added that the Health	

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	Board's main task is to ensure the people in the Hywel Dda region are being well served. Mr Wier concurred with Mrs Patel's observation and stated that the Health Board must be able to demonstrate the development of robust processes in order to be able to meet WG expectations. He acknowledged that a credible and approvable plan is difficult given the Health Board's current escalation status and financial position which ultimately informs WG financial allocations for next year. This is information which the Health Board does not yet have and cannot therefore inform a sustainable progress plan towards a financial improvement trajectory. Mr Weir added that SDODC should receive update reports giving assurance of the progress being made against targets. Mr Lee Davies confirmed that WG had previously used the Betsi Cadwaladr model; this is a comprehensive document that Hywel Dda University Health Board (HDdUHB) will adapt this for its own purposes to be able to make assessments of its maturity. The Committee was informed that it is hard to separate Hywel Dda's position from NHS Wales in terms of financial pressures, workforce and social care pressures, and that these are challenges for NHS Wales, as a community, to meet.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** the planning element of HDdUHB's Targeted Intervention status • **ENDORSED** the maturity matrix that it will use to assess itself with regards its planning processes.	

SDODC (22)123	**INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)**	
	The Committee received the Integrated Performance Assurance Report (IPAR). Ms Catherine Evans referred to the new section contained in the IPAR which outlines the metrics for reporting on the Health Board's enhanced monitoring status for which Mr Carruthers is the Senior Responsible Officer (SRO). Ms Evans highlighted the following: • Planned Care Recovery: The 104-week wait is ahead of the improvement trajectory to March 2023. • Urgent and Emergency Care Ambulance Handovers: The challenge remains mainly due to workforce deficits and ready to leave patients. • Cancer: There is focus on the backlog; the underlying risk regarding the urology pathway remains. • Mental Health: CAMHS (Children and Adolescent Mental Health Services) 28 days assessment achieved its target for the first time since January 2021, however, challenges remain for psychological therapies and neurodevelopmental services and actions are in place to address those challenges. • C.difficile (C.diff) and Escherichia coli (E.coli): Improvement plans are in place with focus on infection prevention and control. In addition, Ms Evans highlighted the following key performance measure, although not part of enhanced monitoring metrics: • Workforce: The Health Board is above its improvement trajectory to achieve nursing and midwifery staff in post for the end of Q3 2022. Ms Evans outlined key initiatives and improvements impacting performance: • Increasing capacity through virtual appointments	

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- Dedicated cataract theatre
- New dual theatre day surgical unit at Prince Philip Hospital (PPH)
- New outpatient facility in physiotherapy
- Computerised Tomography (CT) 'CT in a box', a mobile unit to increase capacity
- Did not attend (DNA) text reminders for mental health appointments
- Fit test introduced into primary care for quicker diagnosis
- Rapid diagnosis clinic
- Waiting list validation schemes are in place
- Same day Emergency Care and same Day Urgent Care are operating
- Ambulance triage and release scheme is in place

In terms of risks, the following remain challenging:
- Staff shortages
- Patient acuity
- Patient flow
- Demand and capacity

Ms Evans highlighted the following statistical improvements:
- Diagnostic improvements for patients waiting eight weeks or over:
  - Imaging: 2
  - Physiological Measurement: 9
  - Neurophysiology: 291
  - Radiology: 1,533 (reduced breaches for six consecutive months)
- Speech and language therapy has achieved the target of zero breaches for the last six months
- Mechanical thrombectomy, smoking and workforce measures are showing improvement

Ms Evans advised of the following declining and concerning measures:
- Unscheduled care: For which a transformation programme is underway
- Child neurodevelopmental assessments
- Patients starting their first definitive cancer treatment within 62 days
- Stroke patients having direct admission to a stroke unit within 4 hours
- Therapies is showing special cause concern variation
- Healthcare Acquired Infections (HCAI): For which an improvement plan is in place.

Mrs Patel enquired whether conversations were taking place with the Welsh Ambulance Service NHS Trust (WAST) with regard to the training of Advanced Paramedic Practitioners (APP) who would be able to alleviate some of the challenges in terms of urgent and emergency care assessments, handovers and admissions. In response, Mr Carruthers confirmed that the Health Board and WAST have regular Joint Operational Delivery Group meetings, chaired by WAST. Regular meetings take place with the Chief Ambulance Commissioner and Mr Carruthers' counterpart in the WAST team to assess progress, performance and the handover improvement plan. The discussion regarding APPs is current and live. From a national perspective. WAST have established a clinical desk and are committed to the model whereby when 999 calls are received, APPs identify patients they believe could be intercepted and dealt with differently and/or signposted elsewhere. Locally, a similar initiative is underway in Carmarthenshire with APPs and GPs located within an intermediate care team based at Eastgate; at the

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	commencement of the initiative, the conveyance rate was 70% and 30% avoidance; since the service has been up and running, the conveyance rate is 30% and avoidance is 70% which has had a significant positive impact on transforming pathways. This initiative can only run between Monday and Friday due to workforce constraints. WAST is considering whether this model is competitive and supports their clinical desk model. The Health Board is keen to scale-up the initiative across the Hywel Dda region, however, there is a challenge in terms of the number of available APPs. WAST will need to fully evaluate this pilot before making the decision to take forward however it is hoped to be able to scale-up this initiative locally to cover the winter period. The Committee was advised that Urgent and Emergency Care is operating under significant strain and pressure. WAST has introduced business continuity measures in view of the current level of demand and the inability to meet demand of the unprecedented level of calls received due to available capacity. Mr Carruthers advised that on 11 December 2022, Withybush Hospital had been escalated to 'black 25', the highest level of escalation within the framework, with Glangwili Hospital escalated to the same status yesterday. Mr Carruthers praised the work being undertaken by staff at the front door to reduce the number of admissions, adding that challenges on performance continue in terms of the impact on patient experience, care and safety which is being closely tracked. QSEC was updated with regard to the actions being taken over and above the winter plan and discussions are taking place with WAST with regard to establishing an offload unit at Glangwili Hospital to free-up ambulance resources. Discussions are also ongoing with social care colleagues in the Hywel Dda area in terms of what more can be done to be able to increase capacity and flow going into winter. Mr Carruthers highlighted that risks to patient safety and patient care will continue and performance will be compromised over this period as long as these challenges exist, albeit that actions are underway to try to mitigate the situation. In terms of cancer care, progress is being made on reducing the backlog and treatment activity has improved considerably. Although the November 2022 performance figures showed a reduction in activity due to workforce sickness absence, this position will be recovered during December 2022/January 2023. There are improvements in Mental Health services with discussions taking place with WG in terms of how to further reduce the backlog, acknowledging that performance will not improve until the backlog reduces. Mr Maynard Davies noted the overall improvement in performance, particularly in mental health which was an excellent example of good practice and requested that Mr Carruthers pass on the Committee's gratitude to the teams for the work they are doing.	**AC**
	The Strategic Development and Operational Delivery Committee **CONSIDERED** the measures indicated in the Integrated Performance Assurance Report.	
SDODC (22)124	**REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2022/23** *Mrs Eldeg Rosser joined the meeting.*	

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	The Committee received the Discretionary Capital Programme (DCP) 2022/23 report. Mrs Rosser highlighted the following: • The capital expenditure plan is on track to deliver against expenditure as per the Capital Resource Limit (CRL). • The contingency reserve remains under considerable pressure with £90k balance to 31 March 2023. • Feedback has not been received as yet from WG with regard to the second tranche of emergency department bids which total the sum of £374k. • The Estates Funding Advisory Board (EFAB) bids were submitted. WG has indicated their potential support for the bids of £4.1m in 2023/24 and £4m in 2024/25, for which the Health Board will be required to commit to a discretionary capital contribution in each year. • DCP allocation for 2023/24 is £6.5m against which has a pre-commitment of £2.3m. Work has started on prioritising the capital programme; proposals will be submitted to the Capital Sub-Committee (CSC) in January 2023 and SDODC in February 2023. • PPH Day Surgery Unit, which was highlighted previously by the CSC as red RAG status, has opened and will be RAG rated as green as it is now operational. • With regard to the Women and Children Phase II, which was also highlighted previously by the CSC as red RAG status, it is expected that the first theatre will be handed over on 21 December 2022 and will become operational on 17 January 2023. This will be amber rated until the facility is operational. • A presentation was made to the Integration and Rebalancing Capital Fund (IRCF) Board regarding the Cross Hands Outline Business Case (OBC) which received positive feedback. Confirmation from WG is awaited that the Minister will consider allocations required for this year and next . *Mrs Rosser left the meeting.*	

	The Strategic Development and Operational Delivery Committee:
	• **NOTED** the update on the Capital Programme for 2022/23
	• **NOTED** the additional allocations and expenditure over £0.500m in 2022/23 for onward ratification to the Board
	  ○ the additional ultrasounds
	  ○ Mammography equipment in PPH
	• **NOTED** the additional ED bids submitted to WG
	• **ENDORSED** the pre-commitment for 2023/24 and 2024/25 associated with the indicative EFAB allocation for onward ratification by the Board
	• **NOTED** the other anticipated 2023/24 pre-commitments against the DCP
	• **NOTED** the updates on the Health Board Capital schemes	

SDODC (22)125	**PO 4N: FOOD SYSTEM UPDATE**	
	Professor Philip Kloer and Ms Anna Henchie joined the meeting. The Committee received the report regarding PO 4N: Food System Update. Professor Philip Kloer explained that the planning objective had been developed to explore the role the Health Board might have in the food system, which impacts on all aspects of people's health and wellbeing and recognises the connection between people and the environment. An initial feasibility	

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	study was commissioned and the Health Board worked with identified partners bringing together thoughts as to how to optimise the food system as a key determinant of wellbeing. The study confirmed that the Health Board has a key role as a neutral convenor for all interested parties. The planning objective aligns with work being undertaken by the Public Services Board (PSB) and with work being undertaken on health and wellbeing in various Health Board departments, including food literacy. It was noted that Ceredigion in particular, has an active role around food. Professor Kloer stated that Mr Huw Thomas has undertaken a great deal of work around procurement to ensure food is sourced locally, promoting investment in local communities. Ms Anna Lewis enquired as to how prominent a role the Health Board is able to, or should play, in leading and/or contributing to progressing discussions on the food system. Professor Kloer responded that looking at the system as a whole, there is no natural leader or organisation to lead, therefore, the Health Board is uniquely placed to bring together, on a Hywel Dda area basis, Health Board departments, local authorities, PSBs, the RPB, community, voluntary and third sector groups and other food-related interested parties, acknowledging sensitivities of these groups to the Health Board's initial leadership. He suggested that the Health Board could initiate discussions and next steps and perhaps at that point, hand over to another body to lead. Mr Wier suggested aligning this planning objective with thinking around Dr Jo McCarthy's health inequalities work, to include schools and the education and housing sectors to ensure poor and disadvantaged communities are not missed. He enquired as to how outcomes would be measured. Professor Kloer confirmed that this would be subject to much further discussion, acknowledging the difficulties of how to measure the impact. Mr Rhodri Evans confirmed that a significant amount of work had been carried out regarding food in general. In particular, the healthy schools initiative in local authorities and suggested that third sector organisations would be very interested to join discussions and are well placed within communities to take this further. Professor Kloer welcomed Mr Evans' offer to be involved in further discussions.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on the progress made with regard to PO 4N: Food System Update.	

SDODC (22)126	**DEEP DIVE: PO 4L: SOCIAL MODEL FOR HEALTH AND WELLBEING AND PO 4U: COMMUNITY PROPOSALS FOR PLACE-BASED ACTION**	
	The Committee received the deep dive report regarding PO 4L: Social Model for Health and Wellbeing and the deep dive report regarding PO 4U: Community Proposals for Place-Based Action. With regard to PO 4L, Professor Kloer stated that it was agreed in 2018 to underpin the Health Board's strategy by working to a Social Model for Health and Wellbeing. The planning objective outlined the need to explore the model	

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in greater detail, working with partners to define actions within communities. Three initial pieces of work were undertaken:

1 Professor Kloer worked with Baroness Rennie Fritchie, engaging in conversations with a broad range of thoughts and systems leaders across the various social health and wellbeing sectors to gain their understanding of the system and partnership working.
2 The University of Aberystwyth was engaged to provide a systematic review of literature and the summary report has recently been received.
3 A discovery report was sent out mid-COVID-19, to which there were a number of responses.

The feedback from each is being collated and triangulated and a plan will be developed which will be put forward as part of the IMTP process.

Discussions with system leaders provided positive feedback and also highlighted the advantages and challenges of working with the NHS. The feedback indicated a focus on health inequalities and suggested starting with future generations through families. Feedback also highlighted partnership working; how to identify community leaders and how to be active in local communities, including the Health Board's approach to bringing partners into and along with the initiative. Resourcing will present a challenge, however, the finance team is exploring how to resource share. There was also discussion on measuring the focus, impact and success in terms of the metrics to be used to generate evidence, given that there is no biomedical/academic approach. This is an issue to be explored further.

Professor Kloer stated that PO 4L: Social Model for Health and Wellbeing aligns closely with PO 4U: Community Proposals for Place-Based Action. The Health Board is working closely with PSB partners, local authorities and voluntary sector organisations to identify a community, and community leader, within each county to support and take this initiative forward learning about the challenges that might present and will also learn how work with those leaders and partners to tackle those challenges, how to resource share and measure success. The outcomes will be reported though the PSB infrastructure.

In response to a query from Mrs Patel, Professor Kloer agreed that once the triangulation of the investigation outcomes had been completed, the findings could be submitted to the Clinical Ethics Committee for information.

Ms Lewis congratulated Professor Kloer on a very interesting and thorough piece of work. She emphasised the importance of partnership working and building good relationships and enquired as to next steps. Professor Kloer responded that initially an expert, academic view into the model for health and wellbeing was sought which allowed further conversations, with greater understanding, with partners and communities. He added that the planning objective had been updated to incorporate learning about working with and within communities to try to discover the best and most difficult things about living in a community. Professor Kloer hopes to join with Dr McCarthy's 10,000 conversations work in order to progress this particular planning objective.

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	Mr Maynard Davies thanked Professor Kloer for his update and suggested that these may be a collective topic for a future Board Seminar. Mrs Wilson undertook to pursue with the Chair and Chief Executive. *Professor Kloer and Ms Henchie left the meeting.*	**JW**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on the progress made with regard to PO 4L: Social Model for Health and Wellbeing and PO 4U: Community Proposals for Place-Based Action.	

SDODC (22)127	**PO 4K: HEALTH INEQUALITIES**	
	Dr Jo McCarthy joined the meeting. The Committee received the report regarding PO4K: Health Inequalities. Dr Jo McCarthy joined the meeting immediately after a meeting with WG which had focused on actions to be taken at national level to impact on health inequalities. The Health Board's planning objective required a facilitated discussion with the Board by March 2023 with options to address health inequalities and to agree further planning objectives for implementation in 2024/25. Dr McCarthy stated that the Chief Executive had requested a delay to the discussion which provides the opportunity for further discussion at SDODC in February 2023 prior to the Board discussion in March 2023. Dr McCarthy highlighted the following: • Health inequalities are widening, despite the work being done across Wales, with healthy life expectancy in significantly deprived areas for males being 13 years less and for females 17 years less than for those in least deprived areas. This is due to reduced engagement with prevention services, higher levels of smoking, poorer diet and exercise regimes. • Locally, a significant amount of good practice takes place. A Health Equity Group has been convened to address the inequalities of COVID-19 vaccinations, however it has evolved into a multi-agency group comprising representatives from local authorities, third sector and community groups which now looks at health inequalities as a wider entity. In addition to this valuable group, the community development outreach team is integral to the work that has been done so far. Dr McCarthy stated that her report outlines the principles of health inequalities and suggests potential evidenced approaches, and provides a framework to initiate and stimulate meaningful discussion and give direction to the approach to take the inequalities debates forward. The close links with the work being undertaken by Professor Kloer was acknowledged, as discussed earlier, and the links with work undertaken by the PSBs and RPB. Dr McCarthy recognised the support and the work on the options appraisal which been undertaken by Ms Annie Ashman, Specialty Registrar in Public Health, who is currently on placement with the Public Health directorate. Mr Weir thanked Dr McCarthy and Ms Ashman for a comprehensive report and requested that the percentages contained therein are given in actual numbers so as to be able to gain a real understanding of the impact. He also	**SH**

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	suggested that the Board should allocate from its budget a specified amount of money for health inequalities so as to confirm absolutely its commitment to support the work to be undertaken. It was noted that the community development outreach team was resourced only to 3.5 Whole Time Equivalent (WTE) and that this resource was also directly supporting the Ukrainian community. Dr McCarthy explained that this new team was appointed on a trial basis and was funded through charities and prevention in early years funding, neither of which is permanent funding; the team has been phenomenal and the trial has been very successful. Dr McCarthy undertook to circulate the team's initial evaluation of its first year. She also undertook to update the report to incorporate up to date census information, numbers as well as percentages and also include information from the Health Equity Group. Ms Lewis echoed Mr Weir's thanks for the excellent report and the work undertaken so far. In response to Ms Lewis' enquiry regarding the amount of flexibility there would be around implementation of the various options, Dr McCarthy responded that there was merit in providing evidence for each of the suggested approaches, however, inevitably there will be a hybrid approach which will address all aspects of health inequalities within the various sectors and communities in the Hywel Dda area. She added that the discussion at Board should focus objectively on what is being done at the moment, the impact it is having and what tangible changes could be made to further impact positively. This will no doubt lead to a discussion on objectively measuring impact and success which is very difficult to achieve in the short-term; Dr McCarthy emphasised that the impact of many initiatives is often not seen for several years. She added further that the Health Board will work with the RPB to promote engagement within communities and bring together the work that is being done to address the wider health inequality issues. Mr Maynard Davies commented that there is no mention of digital inclusion in the report which has the potential to reduce health inequalities by giving greater access opportunities to services. Dr McCarthy undertook to incorporate this important element into the report. *Dr McCarthy left the meeting.*	**JMcC** **JMcC**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on the progress made regarding PO 4K: Health Inequalities.	
SDODC (22)128	**PO 5H: INTEGRATED LOCALITY PLANNING / CLUSTER IMTP MONITORING REPORT – QUARTER 2**	
	The Committee received the report regarding PO 5H: Integrated Locality Planning/Cluster IMTP monitoring report – Quarter 2. Ms Jenny Pugh-Jones highlighted the following: • The Integrated Locality Planning/Cluster IMTP is closely monitored and tracked. • Eight centres are RAG rated red due to challenges in staff recruitment. • The community catheter clinics pilot has moved from red to amber status and is progressing well. In response to an enquiry from Mrs Patel, Ms Pugh-Jones confirmed that difficulties in recruitment focused mainly around physiotherapy and pharmacy with there being a limited number of available professionals, particularly in the	

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	Pembrokeshire and Ceredigion areas, rather than an unattractive salary and/or role. Ms Pugh-Jones undertook to investigate and respond to Mr Maynard Davies's enquiry regarding the 'My Surgery' app and how it linked with digital services for patient and the NHS Wales app which is under development.	**JP-J**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** regarding the steps being taken to ensure progress of Cluster IMTPs through the monitoring and development of their projects.	

SDODC (22)129	**PO 5C: BUSINESS CASE FOR A HEALTHIER MID AND WEST WALES UPDATE**	
	The Committee received a verbal update on PO 5C: Business Case for A Healthier Mid and West Wales. Mr Lee Davies stated that normally an update report would be provided to SDODC, however, given that an update was given to the November 2022 Board meeting and will be provided to the January 2023 Board meeting, a verbal update would be provided. The Committee was advised of the following key points: • Clinical review, as mentioned earlier in the meeting: It is expected to go out to tender in the next few weeks. Terms of Reference have been agreed and the intention is to commence in February 2023 with a report to Board in April 2023. • Development of a Strategic Outline Case (SOC): The scope of the SOC has been shared with WG which is broadly in agreement. A resource schedule has been submitted to support the SOC and a response is awaited. • Land consultation: Work continues, however, there is some slippage from the original January 2023 date into February 2023. It is intended that there will be an extra-ordinary Board meeting in August 2023 bringing all information together to inform next steps and how many sites to take forward. • Strategic Programme Director: The role is currently being advertised. This is a replacement post to lead on the development.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on PO 5C: Business Case for A Healthier Mid and West Wales.	

SDODC (22)130	**DEEP DIVE: PO 4P: RECOVERY AND REHABILITATION SERVICE**	
	Ms Alison Shakeshaft and Mr Lance Reed joined the meeting. The Committee received an update report on PO 4P: Recovery and Rehabilitation Service. Mr Reed provided an overview of progress to date, highlighting the following: • The original PO covered the requirement to establish a long COVID-19 service model which has further developed into a more comprehensive prehabilitation and rehabilitation framework.	

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	• Additional work has been undertaken in relation to understanding the requirements of the prehabilitation and rehabilitation models; for more chronic conditions the requirements for a tiered and/or flexible approach. • Engaging with a number of Health Boards across Wales to develop a much more flexible, demand and capacity model, looking at levels of complexity of individuals as they present. • Engaging in an extensive mapping exercise of all levels of rehabilitation programmes and schemes provided across the organisation, initially in therapy services measuring against the six key areas in relation to the stepped care model. • Therapy services within HDdUHB advocate a multi-modal approach for the delivery of a prehabilitation and rehabilitation plan which combines a range of treatments to target and manage symptoms with therapy, delivered either individually or within groups. *Mr Reed left the meeting.*	
	The Strategic Development and Operational Delivery Committee **NOTED** the content of this report.	

SDODC (22)131	**STROKE STRATEGY UPDATE**	
	The Committee received an update regarding the Stroke Strategy. Ms Shakeshaft referred to the two elements of the stroke strategy which are greatly interlinked and interdependent: 1 The local Hywel Dda pathway work for the short, medium and longer-term pathway development in line with the clinical strategy. 2 The work with Swansea Bay University Health Board (SBUHB) regarding the development of a hyperacute stroke unit. The work with SBUHB is moving forward at pace. The ARCH (A Regional Collaboration for Health programme) has been re-established and principles have been agreed around hyperacute stroke unit standards and indicative bed numbers have been agreed to include residents in Carmarthenshire. The business case is being refreshed and should be completed in January 2023. The wider work around the Hywel Dda pathway has not progressed as quickly as anticipated, due to the work that was required on the hyperacute stroke unit. However, it has been agreed that the ARCH programme will include project management support and early in the New Year, the discussion will focus on the Carmarthen element of the step-down beds and the rehabilitation element of the stroke pathway, which links into patients being repatriated from the hyperacute stroke unit. Mr Maynard Davies noted that QSEC receives stroke strategy updates and suggested that a further update to SDODC in the not too distant future would be beneficial. Ms Shakeshaft undertook to liaise with Mr Lee Davies at an appropriate time.	**AS/LD SH**
	The Strategic Development and Operational Delivery Committee **NOTED** the update provided regarding Stroke Service Re-Design.	

	DEMENTIA CARE STRATEGY UPDATE	

SDODC (22)132	The Committee received an update on the Dementia Care Strategy. Ms Shakeshaft stated that the update paper was very detailed in terms of current status and progress. The significant amount of work being undertaken in relation to dementia care which is being driven by Ms Monica Bason-Flaquer, Regional Programme Manager for Dementia was acknowledged. The strategy is wide ranging and covers the range of care and support for people living with dementia.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from this report on the current status of the Regional Dementia Strategy and Programme, and the governance and plans in place to assure its delivery in line with the All-Wales Dementia Care Pathway of Standards.	

SDODC (22)133	**PALLIATIVE CARE STRATEGY**	
	The Committee received an update on the Palliative and End of Life Care Strategy. Ms Pugh-Jones stated that the palliative care triumvirate has been significantly delayed whilst discussions took place with senior clinicians. Further meetings have taken place and there is agreement between the specialist palliative care doctors on the way forward. It is anticipated that recruitment into the triumvirate will be completed by the end of March 2023.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE:** • That progress on appointing the Triumvirate although delayed by Clinical demand in Pembrokeshire is happening with the full Triumvirate planned to be in place by March 2023 • The future model of care will be clinically designed and delivered • Service provision will be locally delivered and Health Board wide • The Health Board partnership with Swansea Bay University Health Board will continue and grow.	

SDODC (22)134	**PO 3J: A HEALTHIER MID AND WEST WALES COMMUNICATIONS PLAN UPDATE**	
	Ms Alwena Hughes-Moakes joined the meeting. The Committee received the presentation regarding PO 3J: A Healthier Mid and West Wales (AHMWW) Communications Plan Update. Ms Hughes-Moakes presented an update stating that the communications plan enables the AHMWW strategy and made a commitment to continuous, open and transparent engagement with the community with the aim of promoting awareness and engaging with, involving and encouraging communities to join with the Health Board on its journey, recognising the various stages of the journey different groups are on. In terms of progress, activities include: • Direct communications with stakeholders, noting this year the change in County and community council representatives and recognising their respective community roles. • Engagements sessions with local authorities, community councils and Pembrokeshire College. • Regular engagement with Senedd and Senedd Members. • Attendance at the Eisteddfod in Tregaron to enable engagement with local communities and wider audiences.	

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	• Engagement with local campaign groups. • Communications resources, including Frequently Asked Questions (FAQs) have been updated. • A video has been released of young people asking Health Board leaders what the strategy means for them. In terms of next steps: • A tactical plan enabling communications around land consultation will be developed with a summary version in alternative formats available • The intranet, internet and social media channels will continue to be used as communication methods • Working with the engagement team to arrange communication sessions, in person and online	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to the progress on PO 3J.	

SDODC (22)135	**ASEPTIC BUSINESS JUSTIFICATION CASE** *Mrs Rosser re-joined the meeting.* The Committee received the presentation regarding the Aseptic Business Justification Case. Ms Pugh-Jones informed the Committee that Hywel Dda originally had three aseptic facilities which were classed highly critical which meant they were at risk of being closed at short notice due to the compromised structure of the facility. The facility at Glangwili Hospital closed at short notice three years ago and as a consequence a Business Justification Case (BJC) was submitted to Welsh Government for the sum of £12m for a complete standalone unit to be based at Withybush Hospital. In the interim, work was undertaken across Wales under the Transforming Access to Medicine Service (TRAMS) which regionalises aseptic services into three hubs in the south-west, south-east and north giving much more resilience around aseptic services. This was approved by WG a few months after the Health Board's submission. WG requested an updated BJC aligned to TRAMS acknowledging that the Health Board's facility would need to provide aseptic services for the next five to eight years. A steering group was convened in June 2022 with wide number of stakeholders and the BJC was updated. This has been further updated following feedback from Health Board leads and has been submitted to the TRAMS Board for acknowledgement and agreement that there is alignment with their services. The final BJC will be submitted to the Board in January 2023 for approval and onward submission to WG. Mrs Rosser added that capital costs are subject to WG approval of the business case, after which the Health Board will go out to tender. In response to a query from Mr Weir with regard the costs associated with the closure of the aseptic unit at Bronglais Hospital, Ms Pugh-Jones stated that staffing costs potentially are the greatest challenge with current staff potentially being requested to relocate to Withybush. However given the current vacancy level in BGH pharmacy it is anticipated that these will be absorbed into existing establishment. In relation to Mr Weir's query regarding transport costs, Ms Pugh-Jones stated that consolidation of services that are	

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	currently outsourced to become in-house and anticipated efficiencies in other areas will mitigate against increased costs. Mr Weir suggested these cost savings be incorporated into the overall financial picture. Ms Pugh-Jones undertook to ensure the figures are updated. Mr Maynard Davies extended the Committee's gratitude to Ms Rachel Stuart for her work and support on the aseptic business case. *Ms Pugh-Jones left the meeting.*	**JP-J** **JP-J**
	The Strategic Development and Operational Delivery **NOTED** the progress update on the Aseptic Services Business Justification Case (BJC) and **ENDORSED** the presentation of the Business Justification Case to the Board in January 2023 once the internal scrutiny of the case is complete.	

SDODC (22)136	**PO 4S: IMPROVEMENT IN POPULATION HEALTH**	
	It was noted that PO 4s: Improvement in Population Health was deferred to the next meeting.	

SDODC (22)137	**REGIONAL INTEGRATION FUND UPDATE**	
	The Committee received the Regional Integration Fund (RIF) update report. Ms Kim Neyland highlighted: • The overcommitment on funding is being addressed and has already reduced from £3.2m to £1.6m; plans are in hand to mitigate further and balance by the end of the financial year. • The process of budget setting/planning for 2023/24 has commenced. • The process of evaluation of the current RIF projects and programmes has commenced with an initial self-assessment from project leads. Ms Neyland confirmed that there is a written agreement that any overspend will be absorbed by that partner organisation. Ms Neyland also extended her gratitude to the Health Board's finance team who have been supportive in the development of financial processes around RIF. A recruitment exercise is currently being undertaken to appoint a member of staff to exclusively manage the RIF budget going forward. Ms Wilson confirmed that the Health Board Chair is in the process of preparing a Memorandum of Understanding (MoU) to strengthen governance processes around the RIF. In response to an enquiry from Mrs Patel in relation to evaluating and measuring the success of the RIF programmes, Ms Neyland stated that this is the first year of RIF funding, it was previously the Integrated Care Fund (ICF). There has been a national evaluation of the ICF which was carried out by Old Bell 3 (OB3) which can be shared if required. It is anticipated that much more rigorous evaluation will be implemented for RIF programmes; a performance framework is being developed along with robust reporting processes around RIF funding which will be implemented at the end of this interim year. *Ms Neyland left the meeting.*	

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	The Strategic Development and Operational Delivery Committee **NOTED** the financial position at 30th September 2022 and the update in respect of the evaluation of the programme being undertaken this year.	

SDODC (22)138	**PENTRE AWEL (LLANELLI WELLNESS CENTRE)**	
	The Committee received the update report on the Pentre Awel project. Mr Lee Davies stated that the update is for information and confirmed that the Health Board is in negotiation with Carmarthenshire County Council with regard to reducing ongoing costs associated with rates, etc; however discussions have not yet concluded. Mrs Wilson confirmed that any difference in costs for development must follow due process and will be reported through SDODC and the Board.	
	The Strategic Development and Operational Delivery Committee **NOTED** the progress in the development of the Pentre Awel project, the actions to confirm the Health Board involvement in the project and the overall timeline.	

SDODC (22)139	**SOUTH WEST CANCER CENTRE**	**LD** **ALL**
	The Committee received the South West Wales Cancer Centre Strategic Programme Case report. Mr Lee Davies stated that the update report is for information and follows discussion at the November 2022 SDODC meeting. The draft Strategic Programme Case (SPC) will be circulated to SDODC members for comment with responses to Mr Lee Davies by 31 December 2022. The SPC will be taken to the January 2023 Board meeting.	
	The Strategic Development and Operational Delivery Committee **NOTED** the draft South West Wales Cancer Centre Strategic Programme Case, focusing on non-surgical oncology.	

SDODC (22)140	**HEALTH IMPROVEMENT AND WELLBEING CENTRE**	
	Ms Joanne Dainton, joined the meeting. The Committee received the Health Improvement and Wellbeing Centre report. Ms Joanne Dainton highlighted: • Approval in principle had been received from the Health Board Executive to purchase a property in Llanelli, subject to confirmation of funding from WG and a successful planning application for change of use. • The planning application for change of use is about to be submitted. It is hoped that this will be considered by the planning committee at the meeting on 2 February 2023. • The team is updating WG regularly. WG has confirmed that their decision will be made as soon as possible following confirmation that the planning application is successful. • It is hoped that the purchase of the property will be made in the 2022/23 financial year. • There are challenges from the local community who are expressing concern, mainly because the services to be delivered are drug and alcohol related. • A press statement will be issued promoting the health improvement and wellbeing development, which will provide additional preventative and	

	treatment and early intervention services. Objections are anticipated from Ward councillors and the local community. • An engagement drop-in session will take place in January 2023 for members of the public. Mrs Wilson explained that Executive approval in principle had been given based on the fact there are no additional costs to the current financial position. Board approval will be required to proceed. Mrs Wilson undertook to pursue with Mr Lee Davies and Ms Dainton the Board meeting to which this case will be submitted, based on receiving Council planning committee approval and the WG timeline. In response to an enquiry from Mr Weir in relation to costs, Ms Dainton confirmed that £50k had been set aside for ongoing maintenance. Revenue costs have been costed by the Health Board's finance team and are in excess of £50k, however, additional funding for projected running costs has been identified within a separate budget that sits within the ringfenced drug and alcohol budget directly from WG. With regard to the transfer of services, the smoking cessation service, which struggles to find hospital space from which to operate, will be based in the new premises, as will some of Ms Dainton's team together with the early intervention services and the Dyfed Drug and Alcohol Service (DDAS), currently based in Vaughan Street, Llanelli, will relocate. In response to an enquiry from Mrs Patel regarding how the purchase of the new facility sits within the overall health and wellbeing intervention strategy, Ms Dainton stated that smoking and alcohol are the main causes of preventable ill health and providing more accessible services the Health Board will be able to provide more prevention and treatment services. The liaison services across the four hospital sites are seeing a significant increase in the number of alcohol-related health issues. The development will be part of the Health and Wellbeing strategy which will be submitted to Board in January 2023. In response to an enquiry from Mr Evans, Ms Dainton confirmed that as part of the approval process for WG funding, another property valuation by the district valuer is required which will determine that the property is good value for money and whether it has increased or decreased since the first valuation. *Ms Dainton left the meeting.*	**JW/JD** **LD/JW**
	The Strategic Development and Operational Delivery Committee **CONSIDERED** the information contained within this report and **NOTED** the intention to take to Board for formal Board approval in March 2023.	
SDODC (22)140	**CAPITAL SUB-COMMITTEE HELD ON 22 NOVEMBER 2022**	
	The Committee received the CSC Update Report. Mrs Rosser highlighted: • The CSC Terms of Reference have been reviewed; three minor amendments were noted: role title updated under membership and amendments to paragraphs 5.10 and 5.13, as identified. • The infrastructure investment plan is being reviewed as part of the planning cycle for next year.	

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	• Working with the RPB to prepare a ten year capital plan that will enable access to the WG Housing with Care and the Integration and Rebalancing Capital Funds.	
	The Strategic Development and Operational Delivery Committee **NOTED** the Capital Sub-Committee Update Report and **APPROVED** the Capital Sub-Committee Terms of Reference.	

SDODC (22)141	**CORPORATE POLICIES**	
	There were no corporate policies requiring SDODC approval.	

SDODC (22)142	**WORK PROGRAMME 2022/23**	
	The Strategic Development and Operational Delivery Committee work programme 2022/23 was received for information.	

SDODC (22)143	**ANY OTHER BUSINESS**	
	There was no other business reported.	

SDODC (22)144	**MATTERS FOR ESCALATION TO BOARD**	
	The following matters were noted for escalation to the January 2023 Public Board meeting: • The pilot study around the ambulance service in Carmarthen, referred to in SDODC(22)123 above, which may be able to bring about significant benefits to free-up ambulance resources. • The requirement for discussion at a future Board Seminar to pull together the work being undertaken by Professor Kloer and Dr McCarthy around PO 4K: Health Inequalities, PO 4S: Improvements in Population Health, PO 4N: Food System, PO 4L: Social Model for Health and Wellbeing, PO 4U: Community Proposals for Place-Based Action.	

SDODC (22)145	**DATE AND TIME OF NEXT MEETING**	
	9.30am – 12.30pm, Thursday, 23 February 2023 Mr Maynard Davies will advise whether the meeting will be via Teams or hybrid, ie Teams and in person.	**MD**

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