

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 7th APRIL 2021
VIRTUALLY VIA TEAMS**

PRESENT:

- | | |
|-----------------|-------------------------------------|
| Kieron Montague | – Independent Member (in the Chair) |
| Maria K Thomas | – Independent Member |

IN ATTENDANCE:

- | | |
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| James Hehir | – Independent Member (Observing) |
| Jayne Sadgrove | – Independent Member (Observing) |
| Clare Williams | – Director of Planning & Performance (interim) |
| Gareth Robinson | – Chief Operating Officer (interim) |
| Fiona Jenkins | – Director of Therapies & Health Sciences (interim) |
| Julie Denley | – Director of Primary, Community & Mental Health |
| Anthony Gibson | – ILG Director, Bridgend |
| Angela Jones | – Deputy Director of Public Health (on behalf of Kelechi Nnoaham) |
| Suzanne Scott-Thomas | – Consultant in Public Health |
| | – Clinical Director, Head of Medicines Management, CTM |
| Sharon Richards | – Associate Board Member/Chair, Stakeholder Reference Group |
| Mandy Pady | – Unit Finance & Business Partner |
| Lee Leyshon | – Assistant Director, Engagement & Communications |
| Shayoni Lynn | – Lynn PR |
| Rowena Miles | – CTM Community Health Council (CHC) Representative |
| Rachel Rowlands | – Chair, Regional Partnership Board (RPB) |
| Neil Hawkes | |
| David Jenkins | – Systems Groups Director |
| Stuart Hackwell | – ILG Director, Rhondda Taff Ely |
| Georgina Galletly | – Director of Corporate Governance |
| Wendy Penrhyn-Jones | – Head of Corporate Governance & Board Business (Secretariat) |

4/21/1 WELCOME & INTRODUCTIONS

Kieron Montague welcomed everyone to the meeting advising that he was Chairing the meeting as Phil White was unwell. Best wishes were extended to Phil White for a speedy recovery.

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Keiron Montague advised that Jayne Sadgrove and James Hehir were observing the meeting along with David Jenkins. It was noted that Jayne Sadgrove would become a member of the Committee from June 2021 when Maria stood down as CTMUHB's Vice Chair.

Noting that revisions had been made to the membership of the Committee, a warm welcome was also extended to those attending for the first time. Rachel Rowlands advised that she was the outgoing Chair of the RPB and that the incoming Chair of the RPB was Chris Davies who would be attending the Population Health & Partnerships Committee in future. **ACTION** – amend attendee file & issue invitation to CD to register with Admincontrol.

Keiron Montague advised that the Committee was due to have met in January 2021 but this meeting had been cancelled due to a surge in Covid-19.

4/21/3 **APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Phil White, Ian Wells, Kelechi Nnoaham and Kathrine Davies.

4/21/4 **DECLARATIONS OF INTERESTS**

Keiron Montague advised that no declarations had been received in advance of the meeting and invited any relevant declarations. Fiona Jenkins advised that under the terms of her interim joint appointment, her substantive post was within Cardiff & Vale University Health Board. Keiron Montague stated that he worked for an organisation that was in receipt of Integrated Care Fund monies.

4/21/5 **CONSENT AGENDA**

The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting on the consent agenda items. No questions had been received however. On the basis that everyone would have read the agenda papers in advance of the meeting, Keiron Montague asked if anyone wished for any item on the consent agenda to be moved to the main agenda to allow it to be discussed. No such requests were made.

RESOLVED:

- Minutes of the meeting of 23rd November 2021 were **RECEIVED** and **CONFIRMED** as an accurate record.
- The Committee Terms of Reference be **NOTED** (following changes approved by the Board in January 2021 and again in March 2021).
- Committee Annual Effectiveness Survey Action Plan be **APPROVED**. Committee fact sheets to be shared with revised committee membership
- Cycle of Business 2021-2022 be **APPROVED**.

4/21/6 MAIN AGENDA

4/21/7 BEHAVIOURAL INSIGHT COMMUNICATIONS METHODOLOGY

Lee Leyshon introduced a presentation delivered by Shayoni Lynn regarding the approach being taken to joint communications work commissioned by CTMUHB and its three local authority partners which aimed to influence public behaviour in relation to Covid-19 issues.

In discussing the presentation the following points were raised:

Members **NOTED** that the campaign had worked to address 'Covid-19' fatigue from a local perspective with local interventions and that real time monitoring was put into place to make the campaign as agile as possible. Maria Thomas commented that this work linked with ongoing work elsewhere in the organisation on values and behaviours and that consideration should be given to extending its reach into primary care and community hospitals who could learn from the experience. This suggestion was acknowledged and Members **NOTED** that CTMUHB was keen to continue the close working relationships with partners which were reinforced during the pandemic.

With reference to the agility of the campaign, it was **NOTED** that as a result of the systems used for monitoring of feedback arising from public engagement, it was possible to direct actions appropriate to this analysis.

James Hehir asked as to the intended means of measuring success of such work. Shayoni Lynn responded that this was a complex campaign and it was not possible to attribute a change in behaviour given the constantly changing public health context. Shayoni Lynn stated that despite this it was hoped that it would be possible to detect a higher than expected take-up of advice and guidance as a result of the interest shown in the campaign as denoted from internet based 'hits'. Members **NOTED** that in essence this work had underlined the need to constantly develop and evolve communication practice. Assurances were also offered that that much was being learned by CTMUHB Communications Team who were adapting communication practices accordingly.

Keiron Montague thanked colleagues for the insight into this important work and suggested that it may be helpful to have an update in due course.

4/21/8 TO REVIEW THE ACTION LOG

The action log was **RECEIVED** and discussed as follows:

- **PCCC/19/023 – Oral Health**

Maria Thomas suggested the lead officer be amended to Julie Denley.

- **PCCC/20/009 – All-Wales Interim District Nursing Compliance & Principles**

Maria Thomas suggested that confirmation was required as to whether this work was resuming and if so a date was required for an update to be provided to the Committee.

- **PHPC/20/29/03 – Risk Register**

Maria Thomas stated that whilst the action log noted that there were currently no risks with a score of 15 or above assigned to the Committee she felt that there may be some matters arising from this meeting that may need further consideration. It was agreed that this could be further discussed under the relevant agenda item.

- **PCCC/20/005 Provision of Paediatric Anaesthetic at Royal Glamorgan Hospital**

This matter was a legacy action and that such issues were being monitored operationally and therefore the action could be removed.

- **PCCC/20/009 Middle Grade Staff Maternity Cover**

This matter was a legacy action and that such issues were being monitored operationally and therefore the action could be removed.

4/21/9 ORGANISATIONAL RISK REGISTER

Keiron Montague stated that whilst he noted there were currently no risks on the register at a score of 15 or above in respect of this particular Board Committee the issue would need to be kept under review.

In discussing the position, Georgina Galletly advised that if it was felt that an issue needed further consideration in terms of the level of risk it presented this could be reviewed. Maria Thomas stated that she felt there were three issues, Stroke (which was due for discussion later on the agenda), the level of resources available for the RPB transformation and thirdly, Pharmaceutical Needs Assessment (PNA).

With regard to PNA, Suzanne Scott-Thomas advised that this issue was logged on the risk register but that the score was below 15.

Georgina Galletly stated that the RPB Transformation Resources risk was currently assigned to the Planning, Performance & Finance Committee from a monitoring perspective with updates around delivery of population health needs coming to the Population Health & Partnerships Committee. Georgina Galletly added that the Risk Register continued to evolve as part of its maturity journey and that later in the year plans were in place to review the Board's Risk Appetite in delivering on the Population Health agenda.

Clare Williams suggested that she and Kelechi Nnoaham needed to discuss the articulation of the population risk aspects of the RPB

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Transformation Programme as the impact was high but the likelihood was challenging to describe. Members felt that following this discussion a score could be applied to the issue and requested an update at the next meeting. **ACTION:** Add to forward plan for July 2021 meeting.

RESOLVED: An update on the Risk Register be provided to the next meeting.

4/21/10 PRIMARY CARE STRATEGIC UPDATE

A report setting out key achievements and work to refocus the Primary Care Strategic Programme, outstanding deliverables and learning following the pandemic was **RECEIVED**.

In discussing the report the following points were raised:

Julie Denley stated that this was the first time the report had been presented and it was proposed to bring it twice a year going forward. Rowena Myles asked how CTMUHB was obtaining the user perspective regarding access to primary care services. Julie Denley responded that ordinarily each independent contractor practice would have a patient experience group although it was acknowledged that some operated more effectively than others and this was being monitored. Keiron Montague asked if there was a need for regular updates to be provided to the Committee on the subject of the patient voice. Julie Denley stated she felt this issue more appropriately sat with the Quality & Safety Committee. Kieron Montague suggested there was a further discussion outside the meeting so that the Committee could be assured that this issue was being reported to the Quality & Safety Committee. **ACTION.**

Maria Thomas stated that she was a member of the National Primary Care Board and she was pleased to see this report bringing a strategic focus to discussions. Maria Thomas supported the suggested interval of six-monthly reporting.

RESOLVED:

- The Committee **NOTED** the change of key priorities in the national primary care strategic programme and **AGREED** that further updates on the programme be provided on a six-monthly basis.
- Discussion required to confirm the patient voice was being reported to Quality & Safety Committee in terms of primary care services.

4/21/11/ PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

A report outlining the new NHS Pharmaceutical Regulations (Wales) which came into force on the 1 October 2020 was **RECEIVED**.

In discussing the report the following points were raised:

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Members **NOTED** this the duty required the Health Board to develop and publish the PNA by 1st Oct 2021 and that this would form basis for determining applications from community pharmacies. The main change was the broadening of services used to determine community pharmacies would help the organisation to look at population need across localities and to commission or decommission services as appropriate.

Maria Thomas stated that this was a significant piece of work and the Committee would need to be kept informed of progress in delivering it. In response to a question around the requirement to consult on the PNA Members **NOTED** that a plan had been developed which would include the ability for to provide feedback digitally as well as details be publicised in hard copy in community pharmacies.

Keiron Montague asked if the new socio-economic duty had been built into the needs assessment. Julie Denley confirmed that plans included a strong focus around this duty and that data would be sourced from a variety of systems as part of the analysis. Suzanne Scott-Thomas stated that the work had a dedicated project manager and that a robust Equality Impact Analysis would be included.

Keiron Montague thanked colleagues for the report and commented the work would provide a rich source of information. Suzanne Scott-Thomas concurred advising that it was already being used to help service delivery.

RESOLVED:

- The Committee **NOTED** the report and **ENDORSED** the proposed way forward.

4/21/12 INTRODUCTION TO SYSTEMS GROUPS

A presentation regarding Systems Groups was **RECEIVED** led by Neil Hawkes.

In discussing the presentation the following points were raised:

Maria Thomas praised the progress made to date which was helping Independent Board Members understand the role Systems Groups were playing. Maria Thomas sought confirmation as to where population health segmentation and stratification fitted in terms of the work of Systems Groups. Clare Williams responded that this work led by the Director of Public Health needed to be targeted and that a large amount of the transformation investment was supporting this providing a focus as part of the needs assessment process. It was **NOTED** this would inform the work of System Groups whose remit was organisation-wide whereas ILGS were responsible for service delivery. Neil Hawkes advised that he regularly met Public Health colleagues to map the

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available resources for each locality so that these could be incorporated into the planning of an intervention.

Fiona Jenkins commented that with regard to falls, some pieces of work may cut across more than one Service Group and it would be necessary to be aware of this to ensure that it was possible to get maximum benefit. Neil Hawkes commented that System Groups would need to work collaboratively in areas such as obesity and diabetes to form robust channels of communication with a designated System Group leading particular issues and feedback bring given to ILGs in terms of operational delivery requirements. Neil Hawkes acknowledged this would need ongoing evaluation so that people felt the value of Systems Groups and that also that their voices were being heard.

With reference to the Shared Listening and Learning Forums that had been established, Jayne Sadgrove asked how the richness from such fora was being fed back into System Groups. Neil Hawkes responded that such fora helped to define communication routes and the required prioritisation in terms of available resources. Neil Hawkes added that on occasion such sources may also indicate a need for revising a care pathway to produce a better way of doing something.

Rowena Myles commented upon the importance of engagement with communities saying that this provided an opportunity to act. Clare Williams concurred advising that communication with the CTMUHB population through Systems Groups was an important part of understanding need. Clare Williams stated that CTMUHB had spent some time working with the Consultation Institute and colleagues within the Health Board's Communications Team to help improve the targeting of resources.

Sharon Richards referenced her role as Chair of the CTMUHB Stakeholder Reference Group and added that it was vital to have a meaningful dialogue with all stakeholders. Sharon Richards acknowledged the amount of work in establishing Systems Groups and suggested consideration be given to including SRG representation on the Service Boards.

Angela Jones commented that it was becoming increasingly clear how complex the population health concept was and that information would need to be regularly fed in these around the involvement of CTMUHB communities in the shaping of future services.

Clare Williams stated that the intention was to provide an update on the work of the Systems Groups to each future meeting of the Committee. Keiron Montague thanked colleagues for the presentation noting the intention to provide an update to each future meeting.

4/21/13 STROKE UPDATE

A report was **RECEIVED** providing an update on population health interventions and services within the stroke pathway which aimed to develop high quality promotion, prevention, treatment and care services.

In discussing the report, the following points were raised:

Maria Thomas sought further reassurances around the improvement plan along with confirmation as to whether delivery of this was being monitored via the Quality & Safety Committee. Maria Thomas also asked when dedicated stroke beds would resume and highlighted performance issues in respect of thrombolysis. Fiona Jenkins stated the Welsh Government's Delivery Unit had been supporting stroke service performance improvement both in Bridgend and Merthyr. With regard to thrombolysis Fiona Jenkins undertook to discuss this further outside the meeting.

Keiron Montague suggested that given the poor performance in terms of quality improvement measures set out in the report at section 2.4 and 2.5 he felt it was appropriate to refer the matter to the Quality & Safety Committee for further scrutiny. **ACTION:** Committee Referral.

Members **NOTED** that plans were in place to re-establish the Thrombolysis Committee and it was suggested that Clare Williams, Fiona Jenkins and Suzanne Scott-Thomas met outside the meeting to discuss this further.

Julie Denley stated that work around early supported discharge was being supported through Integrated Care Fund monies and funding for 2021/22 had not yet been confirmed and presented a potential risk. Fiona Jenkins stated that confirmation was currently awaited as to future funding arrangements and she would keep the Committee informed going forward.

RESOLVED:

- The report be **NOTED**
- Arrangements be made for a referral to the Quality & Safety Committee for further scrutiny of the quality improvement measures set out in the report around Stroke and Thombolysis.

4/21/14 REGIONAL PARTNERSHIP BOARD (RPB) TRANSFORMATION FUND UPDATE

A report was **RECEIVED** which set out the funding allocation for 2021/22, the challenges associated with delivery against this and the plans in relation to sustainability going forward.

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In discussing the report Clare Williams stated that the report had been considered by the RPB and set out how it was proposed to work through the various challenges of having a sustainable position by end of the year. Members **NOTED** an evaluation had been commissioned to understand the impact the programme was having on services which would help inform future funding decisions. Clare Williams stated that the Committee needed to be aware of the level of risk and the plan for working through the various issues which had recently been approved by the RPB.

Maria Thomas sought clarity around whether updates would be provided to each future meeting and this was confirmed. Given the level of financial risk, members agreed that the paper should be referred to the Planning, Performance and Finance Committee. ACTION: Committee Referral.

RESOLVED: The report be **NOTED**.

4/21/15 **OTHER MATTERS**

4/21/16 **COMMITTEE HIGHLIGHT REPORT**

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

4/21/17 **FORWARD WORK PROGRAMME 2020/21**

The forward work programme was **RECEIVED**. The Chair suggested that given the change in focus of the Committee consideration needed to be given to the content of the work programme going forward. Julie Denley stated that for the next meeting in July 2021 the Primary Care Post Payment Verification (PPV) item represented a legacy issue from its former remit and was therefore due to be considered by the Audit & Risk Committee.

It was suggested that a detailed update was provided for the next meeting around the Influenza Programme as part of the overall Vaccination Plan update.

4/21/18 **ANY OTHER URGENT BUSINESS**

There was no further business and the meeting was closed noting the next meeting was taking place on 7th July 2021 commencing at 9:30am.