



<b>AGENDA ITEM</b>
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<b>HEALTH BOARD MEETING</b>
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<b>HIGHLIGHT REPORT FROM THE CLINICAL ADVISORY GROUP</b>
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<b>DATE OF MEETING</b>	29 July 2021
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Dr Anna Lewis
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<b>PRESENTED BY</b>	Dr Anna Lewis
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<b>EXECUTIVE SPONSOR APPROVED</b>	Fiona Jenkins – Director of Therapies and Health Sciences
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<b>REPORT PURPOSE</b>	To inform the Board of progress from the Clinical Advisory Group now that it has been established.
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<b>ACRONYMS</b>
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CAG	Clinical Advisory Group
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DALY	Disability adjusted life years
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## 1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its meeting on 18<sup>th</sup> June 2021.

1.2 Key highlights from the meeting are reported in section 2.

## **2. Highlight report on progress to date**

- 2.1 The Clinical Advisory Group is now established and has held two meetings, bringing together clinicians from across the Health Board.
- 2.2 The second meeting was attended by Professor Kelechi Nnoaham, Director of Public Health, and the population health agenda was discussed in detail. This item encouraged a wide discussion and allowed feedback on the important topic.
- 2.3 The CAG expressed support for the need to address the upstream determinants of ill health, especially in the young, and move care closer to the community/home.
- 2.4 The strategy proposes to focus on five key conditions causing loss of DALYs. Concern was expressed that services supporting other conditions are at risk of being neglected. Professor Nnoaham reassured the group that the aim was not to devalue other services, but to bring focus to opportunities to address population health in key areas.
- 2.5 Linda Prosser, Director of Strategy and Transformation, introduced the draft strategic goals, and proposed deferral of some aspects of service development until the Health Board clinical strategy work has been undertaken.
- 2.6 The CAG raised concerns about the implications for ongoing work related to recovery and waiting lists, as well as the development of an Early Supported Discharge service in Bridgend.
- 2.7 In a separate meeting the Clinical Sounding Board shared ideas about how frontline clinical staff could be empowered to address population health issues. These ideas will be shared with the Public Health team at a future meeting next month.

## **3. Future Focus**

- 3.1 Now that the CAG is underway there will be an outline agenda shared with members going forward. There is a mechanism in place via MS Teams to ensure ideas / topics can be shared between members of the CAG. Particular topics that will be discussed at coming CAG sessions include:
  - Clinical Strategy development
  - Feedback from the Clinical Sounding Board on key topics and themes raised
  - Primary Care
  - Referral pathways

#### 4. Recommendation

- 4.1 The Board is asked to **NOTE** this first report from the Clinical Advisory Group.