

**HEALTH BOARD**

**HIGHLIGHT REPORT FROM THE PRIMARY, COMMUNITY, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE**

<b>DATE OF MEETING</b>	28.05.2020
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Georgina Galletly, Director of Corporate Governance
<b>PRESENTED BY</b>	Maria Thomas, Chair of the Quality & Safety Committee
<b>EXECUTIVE SPONSOR APPROVED</b>	Georgina Galletly, Director of Corporate Governance
<b>REPORT PURPOSE</b>	FOR NOTING
<b>ACRONYMS</b>	
WAO	Wales Audit Office
PCC	Primary Care Centres
OOH	Out-of-Hours

**1. PURPOSE**

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Primary, Community, Population Health & Partnerships Committee at its meeting on the 10 February 2020.
- 1.2 Key highlights from the meeting are reported in section 2.

- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	<ul style="list-style-type: none"> <li>Noted the Strategy for Healthy Weights Healthy Wales and possible implications for Health Boards. The resourcing of level 2 and 3 services would need to be escalated to the Executive Team for discussion.</li> </ul>
<b>ADVISE</b>	<ul style="list-style-type: none"> <li>Noted the risks associated to the delivery of the Transformation Fund and should be added on to the risk Register: <ul style="list-style-type: none"> <li>The ability to fully recruit to posts within defined timescales.</li> <li>The 2019/20 financial plan includes a £1.7m provision for increased demand from unscheduled care admissions and growth in bed days.</li> </ul> </li> <li>Agreed that the Transformation Fund would be standard agenda item for each meeting and that whilst an update had been drafted it had not been circulated with the meeting papers. It was agreed this would be circulated following the meeting.</li> <li>Noted there were no red risks identified for the 2019/20 primary care delivery milestones. Advised that the Primary Care team would ensure that work continued to ensure compliance against the milestones which were reporting as amber by the end of March 2020.</li> </ul> <p>Noted that the planning and delivery at cluster level was now supported by the additional allocation of cluster funding. However there was an expectation for Health</p>

	Boards to allocate additional funding, workforce and other resources at cluster level which was a new challenge for the Health Board.
<b>ASSURE</b>	<ul style="list-style-type: none"> <li>• Primary Care Estates – Noted the work on this was progressing and the five facet survey was essential and would be commissioned prior to the end of March 2020 prior to consideration by Welsh Government.</li> <li>• Internal Audit Report Primary Care Clusters. – Noted the work undertaken to strengthen governance around the clusters. Noted that out of five recommendations, one was deemed by the auditors to be 'high' risk and this related to lack of robust process for the identification of risks at the cluster level. The risk was being addressed by the introduction of revised 'terms of reference' for the cluster meetings, development of a risk log and an agreement from the cluster to record risks on Datix. Noted an agreed process for clusters to report risks to the Committee and also the Quality &amp; Risk Committee was in place.</li> <li>• WAO Report Review of Primary Care Services – Noted the response to the national and local recommendations contained within the WAO report. From a Cwm Taf Morgannwg perspective a considerable amount of work had already been undertaken since 2016 to support new ways of working, innovation and the implementation of the new primary care model. Agreed to receive annual assurance reports.</li> <li>• OOH – Noted that weekday provision and Royal Glamorgan Hospital weekends service remained reliant on ad-hoc GP sessions although currently the shift fill continued to be very good. It was not known how many practitioners would convert into a regular pattern of OOHs work.</li> <li>• Noted that service change with the roll-out of the national 111 programme had the potential to drive additional demand, however feedback from other Health Boards who</li> </ul>

	<p>had already implemented was that there had been no adverse implications.</p> <ul style="list-style-type: none"> <li>Noted that co-location of the call handling function with the PCC would provide a more robust infrastructure and alternative accommodation needed to be found in the Royal Glamorgan Hospital.</li> </ul>
<b>INFORM</b>	<ul style="list-style-type: none"> <li>Noted the update report on the Inverse Care Law National Programme. Concern was raised about lack of evidence and information on whether there was value for money and if there would be better outcomes for the communities. Agreed to receive further analysis at the June 2020 meeting.</li> </ul>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>