Agenda Item 2.1

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

PRESENT:

Kieron Montague	–	Independent Member (in the Chair)
Ian Wells	–	Independent Member
Mel Jehu	–	Independent Member

IN ATTENDANCE:

Gareth Robinson	-	Chief Operating Officer (interim)
Fiona Jenkins	-	Director of Therapies & Health Sciences
Linda Prosser	-	Director of Strategy & Transformation
Kelechi Nnoaham	-	Director of Public Health
Georgina Galletly	-	Director of Governance/Board Secretary
Sara Utley	-	External Audit (Observing)
Julie Denley	-	Director of Primary, Community & Mental Health
Jane O'Kane	-	Systems Group Director (in-part)
Hayley Pugh	-	Programme Manager Prison Healthcare
Gemma Northey	-	Consultant, Public Health (in-part)
Brian Hawkins	-	Chief Pharmacist, Medicines Management (on behalf of Suzanne Scott-Thomas)
Rowena Myles	-	Chair, Cwm Taf Morgannwg CHC
Wendy Penrhyn-Jones	-	Head of Corporate Governance & Board Business
Emma Walters	-	Corporate Governance Manager (Observing, in-part)
Kathrine Davies	-	Corporate Governance Manager (Secretariat)

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7/21/1 WELCOME & INTRODUCTIONS

Kieron Montague welcomed everyone to the meeting.

7/21/2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Phil White, Jayne Sadgrove, Gareth Robinson and Chris Davies.

7/21/3 DECLARATIONS OF INTERESTS

- 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.

7/21/4 CONSENT AGENDA

The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting on consent agenda items. On the basis that everyone would have read the agenda papers in advance of the meeting, the Chair 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.

Resolution:

- Minutes of the meeting of 7 April 2021 were **RECEIVED** and **CONFIRMED** as an accurate record.
- Action Log was **RECEIVED** and **NOTED.**
- Health Board Commitment to Children's Rights was **RECEIVED** and **APPROVED.** A Member of the Committee had raised a question in advance of the meeting which was as follows:

  Question:
  How is The Children's' Rights Policy to be operationalised across primary and secondary care, in terms of ensuring frontline staff understand and act within the policy direction?

  Answer
  "The intention with this paper is to gain support and commitment at the highest level of the organisation to the concept and culture of a Children's Rights Approach. We are right at the beginning of our journey and although many frontline staff across primary and secondary care have a good understanding of what this is, it will be part of our work programme (if the paper is supported at this Committee and at the public Health Board meeting later in July 2021) to deliver our proposed strategy. This will include ensuring good communication with staff and having mechanisms for feedback and I would seek professional advice from colleagues in the Health Board's Communications Team to do this successfully. I also would not call this a policy at the moment although a policy status is something for us to aim for when developing ideas to deliver our strategy."

- The Population Health & Partnerships Committee Annual Report for 2020-21 was **RECEIVED** and **APPROVED.**
- Committee Annual Effectiveness Survey Action Plan was **RECEIVED** and **APPROVED.**

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- Organisational Risk Register – Members **NOTED** that there were currently no risks above a score of 15 or more assigned to the Committee. However, following an action arising out of the April 2021 meeting, a new Risk on Transformation Funding would be added to the Register for Approval following consideration at the July 2021 Management Board. This would be presented to the Committee at its October 2021 meeting.
- Smoke-Free Premises and Vehicles (Wales) Regulations 2020 was **RECEIVED** and **APPROVED.** A Member of the Committee had raised questions in advance of the meeting which were as follows:

  Question:
  The Smoke-free policy identifies some exemptions. What other exemptions might there be other than mental health services.

  Answer:
  Exemptions (3 for hospital grounds)

  1) Mental health units will continue to be able to have designated smoking rooms but only for the next 18 months. From 1 September 2022, the indoor areas of Mental Health Units will be required to be smoke-free

  2) The legislation enables the person in charge of the hospital premises to designate an area in the hospital grounds where smoking is allowed.

  If it is decided that a designated area is to be provided, it has to fulfil the following conditions:

  - that the person in charge of the hospital premises specifies who can use the designated smoking area. These are 'permitted persons'. Permitted persons have to be over the age of 18. It could be that permitted persons are patients and visitors but that staff are not permitted to smoke within the designated area
  - the size of the designated area cannot be more than 8.25 square meters
  - the designated area has to be at least 10 meters away from any smoke-free buildings
  - it must be clearly marked as an area in which a permitted person may smoke

  3) Dwellings in the hospital grounds
  The smoke-free requirements will not apply to a dwelling within the hospital grounds. For example if a member of staff has accommodation provided to them within the grounds of the hospital, the garden of their home will not be required to be smoke-free.

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Question:
Would frontline staff be required to police the behaviour of patients and/or visitors in order to discourage smoking on health service premises and/or in immediate environment?

Answer:
Yes. The Smoke-Free Environment Group has agreed an Operational Plan which includes a number of actions to support staff in this role. Included in the plan is the action to create a training package to provide staff with the relevant skills and knowledge to have conversations with smokers on site and to understand where there may be the opportunity to have a behaviour change conversation and sign post to the 'Help Me Quit Service'. There will be an emphasis on health and safety and ensuring the conversations do not put anyone at risk. The training is part of a whole hospital approach and the overall operational plan is framed around a four E's approach of 1) Education 2) Encouragement 3) Engagement 4) Enforcement. Insights have been gathered from stakeholders across the health board to understand where additional support and/or messaging is needed to ensure the policy is adhered to.

A stakeholder analysis is currently underway to ensure all involved in the enforcement of the policy have the capability, opportunity and motivation to support the Health Board.

7/21/5 MAIN AGENDA

7/21/6 MATTERS ARISING NOT PREVIOUSLY CONSIDERED ON THE ACTION LOG

K. Montague queried the outstanding action on Inverse Care Law. K. Nnoaham advised that a draft report had been produced and would be discussed at a meeting taking place later that week between primary care and public health and would be presented to the Committee at the next meeting.

Resolution: The Committee **NOTED** the update.

Action: Inverse Care Law to be added to Forward Plan for October 2021.

7/21/7 SYSTEMS GROUPS UPDATE

L. Prosser and J. O'Kane presented the report that provided the Committee with an update on progress made since August 2020 to embed a system group approach across the organisation.

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M. Jehu sought clarity around community involvement outlined in paragraph 2.3. J. O'Kane advised that there was a whole range of different pieces of work progressing to develop the approach and that links were being made with the CTMUHB communications team and tapping into lessons learn from maternity & neonatal service work around engagement Any new work would incorporate this as well as the experience of the third sector on attachment and perinatal health engaging with families. The outcomes framework was based on need and there was currently a pilot being undertaken working with early years scheme in the Rhondda.

M. Jehu asked if there were any community members present at the inaugural meeting of the systems groups. J. O'Kane advised that there were not but that Systems Groups were mindful of the challenges around the early years and the complexities of the work with the Local Authority and the funding streams..

M. Jehu commented that there was an inherent danger about holding meetings and agreeing processes without community involvement. J. O'Kane advised that the pre-conception work with the maternity services was embedded in engagement work and was robust and offered assurance that Systems Groups would take the lessons and learning coming from that and there was still a need to develop and refine.

L. Prosser commented that this was a valid point and there was a requirement to review how they were developing more involvement from the community. K. Montague suggested that this could be a focus for a future update specifically looking at the role of the community working with the systems groups.

R. Myles commented that it was challenging agenda and thanked the team for the update on neonates and maternity and advised that the Community Health Council (CHC) would watch with interest how the work progressed.

K. Nnoaham advised that when undertaking population needs assessment it was important to consider the assets as well as the needs and this could only be achieved by working with the communities.

The Chair commented that Systems Groups appeared to be developing from firm foundations although their creation potentially added a further layer of complexity to the organisations operating arrangements.

Resolution: The Committee **NOTED** the Report.

Action: The Committee to receive a future update specifically looking at the role of the community working with the systems group.

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7/21/8 CTMUHB AS A POPULATION HEALTH ORGANISATION DISCUSSION PAPER

K. Nnoaham presented the report that outlined the potential opportunities available to CTMUHB to embed a population health ethos in the organisation and secure continuous improvement in the management of population health.

R. Myles mentioned the previous Annual Report on Stroke produced by the Director of Public Health and stated that this had reported that every contact counts in terms of influencing health behaviour and queried whether this was a part of this strategy and had any thought been given to community champions. K. Nnoaham advised that one of the actions that had been contained in the report was to make statutory training mandatory for all health board staff. With regard to community champions, K. Nnoaham advised that the idea was that Integrated Locality Groups (ILGs) and Systems Groups would work with the district nurses, community pharmacies, dentists and GP cluster groups and community champions or navigators would have an important role to play.

I. Wells sought clarity with regard to table 6 on page 15 of the report on 'getting started' and in particular paragraph 5 - revising job descriptions. This stated that action was being taken to reduce inequalities and shift services to prevention across portfolios and advised that it was very important to achieve. .

M. Jehu raised the issue of the community responsibility for population health. .

Resolution: The Committee **NOTED** the Report and the **SUPPORTED** the options contained within the discussion paper.

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7/21/9 LEARNING AND DISABILITY STRATEGIC UPATE

J. Denley presented the report that provided an update on the key areas of strategic work for learning disabilities services and an update on the health board business planning, partnership, engagement and communications work.

K. Nnoaham sought confirmation of the current proportion of people with learning disabilities in CTMUHB who received annual health checks, flu vaccinations and cancer screening in the last year. J. Denley advised that she did not have the data to hand but would provide this outside of the meeting. In the meantime, Members **NOTED** a lead nurse for learning disabilities had recently been appointed who would be focussing on annual health checks within primary care and there were now hospital liaison and learning disability nurses within each of the acute hospital sites. J. Denley advised that people with learning disabilities

were likely to have mental health issues and this needed to be driven through service response actions.

K. Nnoaham advised that there was a need for increased visibility across the committees on learning disability services. J. Denley advised that there were regular updates provided via Quality & Safety Committee.

K. Montague commented that in terms of partnership working, local authorities had a range of different streams for funding learning disability services and this could be an area of opportunity to work with them and, in particular, the capital schemes funded by the Integrated Care Fund (ICF). J. Denley advised that there was an overlap of this within the Regional Partnership Board (RPB) Transformation Fund which would dovetail with the work.

Resolution: The Committee **NOTED** the Report.

Action: Data to be provided on numbers of people with learning disabilities receiving health checks, vaccinations and cancer screening in the last year.

7/21/10 PRIMARY CARE DENTAL SERVICES UPDATE

J. Denley presented the report which provided a summary of the dental services provided across the CTMUHB footprint and an overview of the impact the Covid-19 Pandemic and the measures used to assess performance.

M. Jehu sought clarity on the additional funding for general dental services on top of the 100 percent contract offer and asked that if a patient required oral surgery would the funding support that. J. Denley advised that the funding was secured by the planned care recovery board to increase contractual capacity for dental services and reduce waiting lists so if a patient were waiting six months to see a dental surgeon the funding would be able to support that patient.

With regard to Paragraph 1.2b of the report, I. Wells queried whether dental care provision in the Maesteg area was sufficient. J. Denley advised that during the Bridgend transition into CTMUHB there had been differences in that area due to the provision of Service Level Agreements (SLAs) and Long Term Agreements (LTAs) in place with the former Abertawe Bro Morgannwg Health Board (ABMU). This meant that provision varied although work was ongoing to ensure more equitable provision.

K. Nnoaham stated the Covid-19 related patient backlogs were being monitored monthly via the Primary Care Board and queried whether the Board should have sight of the actions taken to mitigate the risks and reduce the backlog. J. Denley advised that this had been reported to

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Quality & Safety Committee, although the plan was to report to Audit and Risk Committee and then to the full Board.

Resolution: The Committee **NOTED** the Report.

7/21/11 HER MAJESTYS PRISON (HMP) PARC – KEY FINDINGS FROM THE HEALTH AND SOCIAL CARE NEEDS ASSESSMENT

J. Denley and H. Pugh presented the report which provided an update on the planned transfer of healthcare for the residents of HMP Parc/Youth Offenders Institute from the current commissions G4S Healthcare to CTMUHB. The report also provided an overview of the health and social care needs assessment that had recently been commissioned.

K. Nnoaham commented that the needs assessment had identified a number of health needs in each service specification. H. Pugh advised that health promotion was included throughout each service specification and was robust.

M. Jehu advised that prison provided individuals with structure and routine. M. Jehu asked if on release whether that structure and lifestyle continued. . H. Pugh advised that there were currently no statistics available, although significant work was ongoing around discharge planning to ensure it was robust and that all individuals were registered with a GP practice etc.

I. Wells queried whether CTMUHB would receive additional funding for providing this specialist service and whether the organisation had risk assessed the position. H. Pugh advised that the health board would receive additional funding. With regard to the working environment of staff and stated that the prison operated in a secure environment which supported the safety of staff although there were no specific risk assessments.

K. Nnoaham advised that this was a positive opportunity to work with some of the most vulnerable people and queried in terms of transition planning how this would be managed at Board and Committee level. J. Denley advised that this was the first report to be received by the Committee with a view to provide regular updates from here on in and asked for a steer from the Board Secretary. G. Galletly advised that the transfer of the service had been approved by the Management Board and did not require committee approval as contained within the scheme of delegation. Members **NOTED** the Organisational Risk Register that was on the consent agenda currently had no risks assigned to the committee, however, with the onward transition of the service the risk would sit with this committee.

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The Chair commented that in terms of the transition risk and the frequency that the Committee met, further consideration was required from the Executive Team as to how the risk would be managed to ensure the Board had oversight due to the complexities and issues that might arise. G. Galletly advised that she fully supported the comment and would confirm if anything further was required to manage the risk appropriately. G Galletly added that the Board had sight of the full Risk Register and the operational management of this.

R. Myles asked about support for the health staff employed who would transfer over to CTMUHB under the TUPE regulations. H. Pugh advised that the health board were working with the staff through the CTMUHB Partnership Board and developing an integrated dashboard and preparing for operational quality delivery.

R. Myles queried whether there were mental health professionals within the service. J. Denley confirmed that there was a mental health in-reach team that currently operated via Swansea Bay University Health Board, however, discussions were currently underway regarding the disaggregation of the service.

Resolution: The Committee **NOTED** the Report.

Action: Further consideration required from the Executive Team on the process of how the risk would be managed to ensure the Board had oversight due to the complexities and issues that might arise.

7/21/12 REGIONAL PARTNERSHIP BOARD (RPB) TRANSFORMATION FUND UPDATE

L. Prosser presented the report that set out the funding allocation for 2021/22, the challenges associated with delivery against this and the plans in relation to sustainability going forward. The report also provided the key findings from the Institute of Public Care (IPC) Evaluation undertaken in May 2021.

K. Nnoaham advised that the intelligence and data on the needs of the population arising from population segmentation and risk stratification were due to be received within the next few weeks and could present a significant risk in the system due to the amount of need and resources that would be required.

The Chair requested that regular updates were received in the future on how the data would be used and this should be reflected on the Risk Register.

Resolution: The Committee **NOTED** the Report and the key findings from the IPC evaluation of the RPB Transformation Programme.

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Action: Receive regular updates on how the data from the population segmentation and risk stratification would be used and reflected on the Risk Register.

7/21/13 POPULATION HEALTH MANAGEMENT UPDATE

K. Nnoaham and G. Northey presented the report which provided an update on the population segmentation and risk stratification (PSRS) approach to Population Health Management in CTMUHB.

I. Wells queried whether all the data governance issues had been satisfied. G. Northey advised that an extensive process had been undertaken with regard to data governance procedures and data process agreements had been signed with all parties.

I. Wells asked whether there were any potential points of failure in the process that could corrupt the data, whether that could be recovered, and if Sollis were providing the right information. G. Northey advised that each organisation would have their own policies around protection of data and would be bound by those. The Sollis system undertakes all their analytics within the Secure Anonymised Information Linkage (SAIL) provider, was backed-up and satisfies SAIL information governance requirements. G. Northey added that Sollis had a proven track record in providing this data, identifying what data was received, how it would be processed and the tools applied.

Resolution: The Committee **NOTED** the Report and **ENDORSED** the approach to Population Health Management.

7/21/14 OTHER MATTERS

7/21/15 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.

7/21/16 FORWARD WORK PROGRAMME 2020/21

Resolution: The Committee **NOTED** the Forward Work Plan.

Action: To add Inverse Care Law Update to forward plan for October 2021.

7/21/17 ANY OTHER URGENT BUSINESS

There was no further business and the meeting was closed noting the next meeting was taking place on 6th October 2021 commencing at 9:30am.

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