

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 26 JULY 2022
VIRTUALLY VIA TEAMS**

PRESENT:

- | | |
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| Jayne Sadgrove | - Vice Chair (Committee Chair) |
| Ian Wells | - Independent Member |
| Carolyn Donoghue | - Independent Member |

IN ATTENDANCE:

- | | |
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| Linda Prosser | - Executive Director of Strategy & Transformation |
| Julie Denley | - Director of Primary, Community & Mental Health |
| Gethin Hughes | - Chief Operating Officer |
| Georgina Galletly | - Director of Governance |
| Gemma Northey | - Consultant in Public Health |
| Sara Thomas | - Consultant in Public Health |
| Philip Daniels | - Consultant in Public Health |
| Wendy Penrhyn-Jones | - Head of Corporate Governance & Board Business |
| Emma Walters | - Corporate Governance Manager |

07/22/1

WELCOME & INTRODUCTIONS

Jayne Sadgrove welcomed everyone to the meeting including Gemma Northey, Consultant in Public Health for agenda item 4.1, Sara Thomas, Consultant in Public Health for agenda item 4.2 and Philip Daniels, Consultant in Public Health for agenda item 6.1.3.

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APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Kelechi Nnoaham, Executive Director of Public Health, Lauren Edwards, Director of Therapies & Health Sciences, Diane Rogers, Representative CTM Community Health Council, Lynda Thomas, Independent Member, Geraint Hopkins (conveyed post-meeting) and Rowena Miles, Representative CTM Community Health Council (conveyed post-meeting as unable to join via the link).

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DECLARATIONS OF INTERESTS

J. Sadgrove and C. Donoghue declared an interest in Agenda Item 5.1 Mental Health Strategic Update and advised that it mentioned the Wolfson Centre at Cardiff University and they were both Senior Fellows of the University.

07/22/4 **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 4 May 2022 were **RECEIVED** and **CONFIRMED** as an accurate record.
- The Committee Annual Report for 2021-22 was **APPROVED**
- The Committee Terms of Reference Annual Review – The Chair advised that incorrect Terms of Reference had been uploaded and advised that this item would be deferred and that the correct version would be circulated outside of the meeting for comments back to the Chair by 16th August 2022. If no suggested amendments were received, the Committee would receive the Terms of Reference at the next meeting under the consent agenda for approval.
- The Committee **ENDORSED** their support for the Cancer Research Strategy for Wales.
- The Transformation Leadership Programme Board Baseline Governance Review, Management Response Draft was **NOTED**. G. Galletly advised that for assurance, the final report had not yet been finalised and it had been agreed with Audit Wales that when the report was issued, it would come back to the Committee for a full discussion along with the management response.
- The Action Log was **RECEIVED** and **NOTED** with the following actions and updates:
 - 05/22/9 – CTM as an Anchor Organisation – L. Prosser advised that the two actions were being reviewed and worked through and would be reported back to the next meeting in the autumn.
 - 05/22/14 – Population Needs & Wellbeing Assessments – P. Daniels advised that these would be referenced as part of the update he would be providing on the Public Service Board and would be distributed to Members of the Committee, once available.
 - 10/21/8 – Vaccination and Immunisation – Development of the Business Case – L. Prosser advised that Welsh Government guidance on future vaccination programmes had not as yet been published and this action would be picked up at the next meeting.

MAIN AGENDA

GOVERNANCE

05/22/5 ORGANISATIONAL RISK REGISTER

Resolution: The Committee **noted** that there were currently no risks escalated to the Organisational Risk Register that had been assigned to the Population Health & Partnerships Committee. The Committee **noted** that there was an emerging risk around the capacity to deliver the vaccination programme that would be reviewed outside of the meeting via the Strategic Leadership Group and the Committee would be updated at the next meeting for assurance.

CREATING HEALTH

07/22/6 POPULATION HEALTH MANAGEMENT

G. Northey presented the report that provided an update to the Committee on the population segmentation and risk stratification approach to Population Health Management within Cwm Taf Morgannwg University Health Board (CTMUHB).

I Wells commented that he was supportive of the direction of travel and advised that this would require the most up-to-date data and referred to the film Minority Report. In terms of predictive modelling G. Northey advised that this type of modelling was being used which is based on current levels of chronic conditions and previous use of healthcare. G. Northey also referenced another piece of work which looked at the predictive ability of the segments.

C. Donoghue referred to the Business Case noting that this had no time scale and queried when this would be completed without a definite time scale. G. Northey advised that from her discussions with the Director of Public Health, it was hoped that a decision would be received regarding the the Business Case by the end of the calendar year.

J. Sadgrove commented that the programme had been challenging to develop due to data protection and information governance issues but was now starting to move in the right direction. J. Sadgrove went onto say that the key would be to get some of the clusters to recognise that using the data had the potential to impact on resource right now but will see the benefits arising from this investment would be felt in five to ten years' time. In response, J. Denley advised that she had been discussing how to turn segmentation into changing outcomes for the population. Every year there was a refreshed General Medical Services (GMS) contract for General Practitioners (GPs) which was a complicated process of negotiation and in terms of process all health boards across Wales are trying to ensure there was something in the contract about

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care co-ordination of the most vulnerable because that has an effect on the segmentation work and could reduce variation. It was about choice and approach and how they built on that locally within existing services and also about how to release capacity in primary care to ensure that it focussed on people that the segmentation drew out in that first cohort of people with chronic and concurrent conditions. She advised that they also need to look at planned care and proactive care for the next generation of people. J. Denley said that there were lots of exciting conversations going on in relation to how this would be woven together nationally and how some of the enhanced services would be reframed locally over the next few years.

J. Sadgrove advised that on visiting parts of the organisation such as community and out-of-hours services, she was really interested in this work.

L. Prosser stated that there were lots of other public health funded teams and with the new operating model in development, there were many opportunities to look at existing resources which could be re-directed to boost capacity. She added that work was also ongoing to look at investing in therapists and other areas that were sometimes overlooked such as pharmacy support in primary care.

In response to the comments made, G. Northey advised that part of the work around segmentation aimed to secure some added value into the modelling work and to bring primary and secondary care data together. With regard to the comments in relation to GP Practices resources, she advised that a task and finish group had been established with primary care colleagues and this could be used to look at redirecting resources and mapping of the services and looking at evidence.

Resolution: The Committee **NOTED, DISCUSSED AND ENDORSED** the Report.

07/22/7 **INVERSE CARE LAW PROGRAMME**

S. Thomas presented the report and presentation, which provided the Committee with an update on the Inverse Care Law programme.

J. Sadgrove thanked S. Thomas for the update and referred to the different models that were being applied by CTMUHB and Aneurin Bevan Health Board within the community centre setting and the GP setting. J. Sadgrove queried whether the model would be given more flexibility to capture the younger age groups. S. Thomas advised that they would be bringing a further update to the November 2022 meeting of the Committee as significant work was underway regarding the potential for additional funding to pilot its use in other groups with particular needs such as severe mental illness and also looking at how it could be more flexible, not only looking at community venues but also looking at the

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workforce to use a workforce model and working with partner organisations.

I Wells referred to the comment on insufficient longitudinal data to draw out results and queried whether there would be an extended evaluation to try to answer some of the questions. S. Thomas advised that it had proved to be difficult to evaluate even using the SAIL data. S. Thomas said that when the programme was first established, there was quite an ambitious evaluation programme, which also looked at sub-population data of mortality, particularly cardiovascular disease but other conditions as well. She advised that with the ongoing evaluation a lot had been learned from this experience and how complex it was to get any meaningful data. However, the cohort of patients now in SAIL would remain as long as they registered with their GPs in Wales so the advantage would be that if they decide to commit funding to it these patients could be followed further to look at, for example, did they end up having an MRI or did they end up having a stroke. S. Thomas stated that this could potentially be a good investment over time but this could only be done for CTM patients.

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

07/22/8 **WHOLE SYSTEM APPROACH TO HEALTHY WEIGHTS ACROSS CTMUHB**

P. Daniels presented the report that provided the Committee with an update on progress in relation to Healthy Weights across the organisation.

C. Donoghue referred to the comment made on everyone needing to be involved or completely understanding that this was a cultural change and a big part of that would be commercially with retailers and marketing and queried how they interacted with that. She also referred to the public health initiatives and wondered when they would expect to see an impact and demonstrate an outcome. In response, P. Daniels advised that it was critical that they started to see an early impact, as potentially by 2050 nearly every single adult in CTM would be overweight. He advised that there were some things that could be done quickly and a clinical pathway had been developed with targets for individuals for level 2-3 services. The Public Service Board had also identified three priorities and was a joint project moving forward with a whole systems approach to healthy weights.

I Wells referred to the reference that healthy weights was a particular problem for the CTM area and queried whether any research had been undertaken to try to understand why. P. Daniels advised that Wales in particular had a significant challenge with its population being overweight, particularly in deprived areas which was linked to cultural

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issues and very low rates of physical activity. He advised that he would share some research with members outside the meeting.

Resolution: The Committee **NOTED** the whole system approach to Healthy Weights across CTMUHB and supported the need for key internal stakeholders to engage and advocate with external partners and stakeholders in the WSA to healthy weight in CTMUHB.

Action: To circulate the research on obesity in the CTM area outside of the meeting.

05/22/09 **STRATEGY GROUPS UPDATE**

L. Prosser provided a presentation that provided the Committee with an update on the progress in relation to the Strategy Groups.

G. Galletly referred to slide 5 of the presentation where it referred to CTM Children's Rights Charter and advised that the Board would holding a development session to discuss how they would ensure that the voice of the younger person is fully integrated into Board decisions, forward planning and the CTM Strategy.

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

IMPROVING CARE

07/22/10 **MENTAL HEALTH STRATEGIC UPDATE**

J. Denley presented the report.

The Committee were advised that with the new Care Group Delivery Model now having moved to the implementation phase, the timing was right to revisit the organisation's approach to its mental health strategy and for this to be seen in the context of #CTM30.

J. Sadgrove thanked J. Denley for her report and advised that the benefits of the operational model were now starting to be realised in relation to mental health in terms of a focus on what was to be delivered and ensuring there was equity across the whole of the CTM footprint.

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

07/22/11 **A COMMUNITY CENTRE APPROACH (CCA) TO HEALTH & WELL BEING FOR CTMUHB**

L. Prosser, S. Thomas and P. Daniels presented the report, which provided the background to the approach.

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J. Sadgrove commented that this would help to achieve different outcomes for people and a really interesting approach, which underpinned a lot of what, had already been discussed today.

Resolution: The Committee **NOTED** the Report and to continue to support the integration of CCAs into local health plans and service commissioning, through working in partnership with Local Authorities, Third Sector, Social Housing and communities, recognising the contribution of inform family and community networks in enhancing health and wellbeing.

SUSTAINING OUR FUTURE

07/22/12

CTM REGIONAL INTEGRATION FUND (RIF) OUTCOMES AND PERFORMANCE FRAMEWORK

L. Prosser presented the report which updated the Committee on the completed Framework and the requirement to introduce standardised measures across all services commissioned through RIF.

I Wells referred to the indicators and queried how they would be monitored. L. Prosser advised that this would be via the Regional Partnership Board but that updates could be provided to the Committee in due course.

C. Donoghue advised that in terms of breaking all of this down into what they needed to measure and the capacity required to do this work, this was complex. L. Prosser advised that some things were more realistic to measure than others, however, there was a danger that the measurement could overtake the improvement activity.

J. Sadgrove advised that it was pleasing to see the progress made and suggested that it would be helpful to have periodic updates in this regard and asked that consideration be given to this.

Resolution: The Committee **NOTED** the Report and agreed to receive period updates on this topic.

07/22/13

MARKET STABILITY REPORT

L. Prosser presented the report that advised the Committee on the preparation and publication of market stability reports that must be carried out on a regional footprint, with Local Authorities and Local Health Boards working together through Regional Partnership Boards (RPBs). The report set out the aim to inform and shape the next five year area plan, along with the 2022 CTMUHB Population Needs Assessment.

J. Sadgrove thanked L. Prosser for the report and advised that it set out the position very clearly particularly with regard to dealing with the consequence of the gaps in housing and the impact it had in the context of the pressures hospital were under around discharges and transfers of

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care and this should be contained within the Highlight Report to Board in the alert/escalate section but would be too late for the Board meeting this week. G. Galletly advised that it could be raised verbally at the Board Meeting rather than request a late paper.

C. Donoghue commented that the report illustrated the whole system issue when looking at individual provisions that were either inappropriate or insufficient.

Resolution: The Committee **NOTED** the Report and the recommendations contained within.

07/22/14 **PUBLIC SERVICE BOARD REPORT**

P. Daniels presented the report that provided the Committee with a highlight report of the work and activity of the two Public Service Boards (PSB).

J. Sadgrove thanked P. Daniels for the report and commented that it would be helpful to have an update on the living wage and what the organisation were doing in relation this and the role of the Anchor Organisation in terms of encouraging people into good quality employment whether it was this organisation or others such as local authorities.

I Wells referred to the key demographics in terms of the aging population recruitment in the workforce, particularly in this area and queried how this compared with the UK as a whole. P. Daniels advised that it was a difficult question to answer, as there was an aging population across the whole of the UK and Europe and were experiencing similar problems.

J. Sadgrove thanked everyone for an informative and enlightening discussion.

Resolution: The Committee **NOTED** the Report

OTHER MATTERS

07/22/15 **FORWARD WORK PROGRAMME 2020/21**

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

07/22/16 **COMMITTEE HIGHLIGHT REPORT**

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

07/22/16 ANY OTHER URGENT BUSINESS
There was no urgent business to raise.

07/22/17 HOW DID WE DO IN THIS MEETING?
The Committee discussed the meeting and felt that this was the only CTM meeting forum dedicated to the discussion of population health and its related link topics.

07/22/18 DATE AND TIME OF NEXT MEETING
The next meeting will be held on 2 November 2022 at 9.30 am.

DRAFT FOR APPROVAL