

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE  
POPULATION HEALTH & PARTNERSHIPS COMMITTEE  
HELD ON 4 MAY 2022  
VIRTUALLY VIA TEAMS**

**PRESENT:**

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

**IN ATTENDANCE:**

- |                     |   |
|---------------------|---|
| Kelechi Nnoaham     | - Executive Director of Public Health             |
| Linda Prosser       | - Executive Director of Strategy & Transformation |
| Julie Denley        | - Director of Primary, Community & Mental Health  |
| Lauren Edwards      | - Director of Therapies & health Sciences         |
| Gethin Hughes       | - Chief Operating Officer                         |
| Rowena Miles        | - CHC Representative                              |
| Jonny Currie        | - Specialty Public Health Consultant              |
| Sara Utlej          | - External Audit                                  |
| Wendy Penrhyn-Jones | - Head of Corporate Governance & Board Business   |
| Kathrine Davies     | - Corporate Governance Manager (Secretariat)      |

**05/22/1 WELCOME & INTRODUCTIONS**

Jayne Sadgrove welcomed everyone to the meeting including Councillor Geraint Hopkins, Independent Member and Gethin Hughes, Chief Operating Officer who were attending their first meeting of the Committee.

**05/22/2 APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Stuart Morris, Director of Digital and Diane Rogers, Cwm Taf Morgannwg Community Health Council.

**05/22/3 DECLARATIONS OF INTERESTS**

The Committee **NOTED** that J. Sadgrove and C. Donoghue declared an interest in Agenda Item 4.1 Population health Management with regard to the collaborative work referenced with Cardiff University.

**05/22/4 CONSENT AGENDA**

The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting on consent agenda

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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 6 October 2021 were **RECEIVED** and **CONFIRMED** as an accurate record.
- The Committee Annual cycle of Business for 2022-23 was **APPROVED**
- The Action Log was **RECEIVED** and **NOTED** with the following actions and updates:
  - Outstanding action on Healthy Weights would be reviewed outside of the meeting.
  - Vaccinations and Immunisations - Business Case to be received by the Board in May 2022 for Approval.
  - Inverse Care Law – Update to be brought to the next meeting of the Committee once ongoing discussions had been concluded.
  - Outstanding action on All-Wales Interim District Nursing Compliance and Principles to be reviewed outside of the meeting with the Director of Nursing.

## 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 have been assigned to the Population Health & Partnerships Committee. The Committee **noted** that there was an emerging risk around the Testing Team Relocation which was being considered for escalation, however, this risk had now been closed as a location had been secured. A risk assessment was being undertaken in relation to venues for the Vaccination Team in Rhondda Cynon Taf and Merthyr Tydfil which may require escalation and if so would be reported at the next meeting.

### CREATING HEALTH

#### 05/22/6 POPULATION HEALTH MANAGEMENT

K. Nnoaham 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).

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I Wells referred to the refreshed business case that had been submitted to Welsh government in June 2021 and queried if there was any update on this. K. Nnoaham advised that further information had been requested and the plan now was to look at the information extracted from the data analysis across primary and secondary care and see how this impacted upon patient experience. Once this had been completed a response would be relayed to Welsh Government.

R. Miles referred to the work being undertaken in other health boards in relation to addressing morbidity problems and queried what CTM was doing in this regard. K. Nnoaham advised that each health board had undertaken work on standard morbidities to replicate what had been done in CTM. He confirmed that he was aware that they were working on multiple morbidities but not necessarily through population health management.

R. Miles commented that CTM had very high morbidity levels which had been demonstrated during the pandemic and there were differences within the areas of CTM such as primary care low risk which was higher in the Rhondda and Cynon Valley than in Taff Ely. R Miles queried whether this was due to the population age profile or poverty. K. Nnoaham advised that remarkable differences were being seen as regards care utilisation and the population of the organisation with high risk segmentation. As an example, K. Nnoaham stated Bridgend had lower levels of deprivation compared with Merthyr Tydfil, Cynon Valley and the Rhondda and it was driving-up the differences. He advised that the key driver was multiple morbidity which meant the way conditions were managed in primary care and the community was imperative for CTM and how people were more likely to live with multiple conditions such as chronic obstructive pulmonary disease. K. Nnoaham went onto say that Bridgend had a good rehabilitation service so as services were being reconfigured within the new model there would be more equity of services.

G. Hughes commented that this would provide an opportunity to think differently about how services were deployed in order to support the population to stay well and live as independently as they could.

K. Nnoaham advised that stay well in the community was crucial in how the health board viewed the design of services such as super practices that were not necessarily run by GPs.

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

05/22/7 **CTM TEST, TRACE, PROTECT TRANSITIONAL REPORT INCLUDING VACCINATIONS AND TESTING**

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K. Nnoaham presented the report providing the Committee with an update on the actions taken whilst moving from a pandemic to endemic state and the contingency arrangements currently in place. The Committee **NOTED** that additional funding was also required from Welsh Government.

Resolution: The Committee **NOTED** the Report

### 05/22/8 **CTM L2/L3 WEIGHT MANAGEMENT SERVICE**

K. Nnoaham presented the report that outlined the proposals to develop an adult weight management pathway for CTM and the funding available for 2022-23.

C. Donoghue advised that it was disappointing that the programme had been delayed and advised that there could be cost implications further down the line if an initial investment was not found. She also queried whether there would be difficulties in terms of recruitment. K. Nnoaham advised that recruitment was a challenge due to some professions being extremely difficult to recruit into.

L. Prosser advised that her team would be undertaking the operational delivery planning to assist with this work.

J. Sadgrove referred to the Bariatric Services that were provided at Dewi Sant Hospital and queried where the team would be based and whether they had explored sharing these facilities. K. Nnoaham advised that he did not have the detail to hand, however, the teams were working in partnership on the Dewi Sant option.

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

### 05/22/9 **CTM AS AN ANCHOR ORGANISATION – UPDATE ON POPULATION HEALTH ORGANISATION PROJECTS 24-30**

K. Nnoaham and J. Currie presented the report and presentation that provided the Committee with an update on the Health Board's approach to becoming an Anchor Organisation.

L. Thomas commented that if the strategy was to be successfully delivered it would need appropriate resourcing and should aim to dovetail with current work plans. J. Currie advised that this was a refinement and extension of existing work, and, whilst there was an incredible amount of ambition for this to succeed further consideration of the required resources would need to take place prior to finalisation of the strategy.

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L. Prosser advised that the strategy should be embedded and aligned to the CTM Strategy for 2030 and suggested this be further discussed outside of the meeting.

R. Miles commented that it had been identified that there was a strong social commitment within the health board and queried how this would be harnessed to enable delivery. J. Currie advised that there was evidence of social responsibility and a drive to address inequalities and an important part of this would be around the staff engagement in order to harness their ideas. He confirmed that engagement was underway with third sector partners.

C. Donoghue commented that she was fully supportive of everything that had been said and that it was important that the Strategy was aligned with the other pieces of work. She advised that a separate governance structure was however not always required.

Resolution: The Committee **NOTED** the Health Board's approach and **SUPPORTED** the proposal for the creation of an Anchor Steering Group and a draft CTM Anchor Strategy for 2022-25.

Action: The Committee **AGREED** that it should be embedded and aligned to the CTM Organisational Strategy for 2030.

Action: The Committee **NOTED** the potential for the Anchor programme to have resource implications for the Health Board and **AGREED** to receive a further update at the next Committee and Board in July 2022.

### 05/22/10 **STRATEGY GROUPS UPDATE**

L. Prosser presented the report that provided the Committee with an update on the strategic goals and priorities within the CTM 2030 Strategy and how these were being implemented as part of the population life course approach through the Strategy Groups as part of an ongoing programme of work. The report also provided the outcome of the recent six deep-dive workshops undertaken with stakeholders.

J. Sadgrove referred to paragraph 2.6 and queried whether the Anchor Organisation would fit and whether there was a requirement for a separate Anchor Organisation Group to ensure that the project is driven and aligned to the CTM 2030 strategy.

C. Donoghue commented that there were lots of separate governance groups with different work streams that were not joined together and that investment was mentioned several times. She queried how difficult this would be in terms of key performance indicators. L. Prosser advised that in terms of investment, best use of any resources was key. However, there was a need to look at using Welsh Government grants

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to change existing services rather than just utilising them to run the services.

Resolution: The Committee **NOTED** the design principle of the CTM 2030 Strategy and the outcomes of the groups that had so far been working within that and **AGREED** that they would like to see the Anchor Organisation Group operating and integrated as one of the sets of groups outlined within paragraph 2.6.

### IMPROVING CARE

05/22/10

#### **PRIMARY CARE STRATEGIC AREA DEVELOPMENT – ACCELERATED CLUSTER DEVELOPMENT**

J. Denley presented the report which provided the Committee with progress on the Accelerated Cluster Development (ACD).

K. Nnoaham queried the governance arrangements of the clusters and whether they would link in with third sector partners and local authorities. J. Denley advised that the governance question was being asked nationally and they were currently waiting on a response to this. With regard to linking in with the third sector, a session was delivered from GPs last week which outlined what primary care services would look like linking in with key partners and the membership of this would align to this as the work transitioned.

I Wells queried what advantages the work on this would have, for example, for a patient with co-morbidities and what engagement would be held with the public regarding this work including why CTM were doing it. J. Denley advised that the strategy needed to be available in a high level form for this purpose. L. Prosser advised that it was about moving to a more practicable approach towards primary care.

R. Miles queried that as well as the contractor professional were there any other wider professionals working within the community that they could utilise who would have a huge wealth of intelligence in delivering some of the things that had been discussed. J. Denley advised that they were expanding on the existing cluster formats and had received funding from Welsh Government. She added that the more voices brought in from the community the easier it would be to get the right outcomes.

Resolution: The Committee **ENDORSED** the direction of travel identified in the report and noted the draft action plan that was being put in place to meet the ACD implementation timeline.

05/22/11

#### **LEARNING DISABILITIES JOINT COMMISSIONING GROUP**

J. Denley presented the report that provided an update on the key areas of strategic work for Learning Disabilities services within CTMUHB.

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J. Sadgrove referred to section 2.5 on finance and queried the level of underspend in relation to 2021-22. J. Denley advised that it related to workforce gaps and had been low due to the Covid-19 pandemic and had taken two years to recover. She added that the organisation would now be in a better position to use these resources.

R. Miles commented that it was pleasing to see that the commissioners had now been given the funding which was a much better approach and would be able to direct those resources to where needed. J. Denley advised that the level of underspend would suggest the level of capacity and how to transform the community in order to meet the needs of the population and a big part of that role would be work with providers in the independent sector.

C. Donoghue queried whether the business case had been produced. J. Denley confirmed that it had and was awaiting sign-off.

K. Nnoaham referred to paragraph 2.8.7 and queried whether the learning disability service would also consider the holistic needs of patients rather than just the learning disabilities aspect. J. Denley advised that some considerations were about diagnostic over shadowing and judgements in relation to quality of life such as acute hospital liaison and annual health checks within primary care which would help to understand and identify any health changes for individuals.

Resolution: The Committee **NOTED** the Report and agreed to receive updates bi-annually.

### 05/22/12 **PRIMARY AND COMMUNITY INTEGRATION DEVELOPMENTS – VERBAL UPDATE**

L. Prosser and Julie Denley provided the Committee with a verbal update on the progress made to date on the Primary and Community Integration developments.

Resolution: The Committee **NOTED** the verbal update and agreed to receive a written report for the next meeting.

### 05/22/13 **PARC PRISON HEALTHCARE PROVISION**

J. Denley presented the report that provided the Committee with an updates on the transfer of the healthcare provision for HMP Parc Prison and the Young Offenders Institute to CTMUHB.

R. Miles queried whether the healthcare provision included mental health due to the high prevalence of mental health within the prison population. J. Denley advised that mental health was included within the primary care provision along with a pathway to secondary care intervention and the prison in-reach team that also included substance misuse provision.

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I Wells referred to the financial risk and sought assurances. J. Denley advised that there was regular dialogue with HMP Service and there was a caveat within that which was reported within the wider Integrated Medium Term Plan (IMTP) process.

J. Sadgrove queried whether there was a potential risk of the timetable slipping due to lack of engagement with the current provider. J. Denley advised that it had improved of late, with weekly meetings being facilitated by HMP Service with the current provider.

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

### **SUSTAINING OUR FUTURE**

05/22/14

#### **PARTNERSHIPS**

##### **REGIONAL PARTNERSHIPS BOARD UPDATE/POPULATION NEEDS ASSESSMENT/RBP TRANSFORMATIONAL LEADERSHIP BOARD GROUP**

L Prosser presented an update to the Committee on the work of the Partnerships.

J. Sadgrove referred to the Population Needs Assessment for 2022 that had been completed and was in the process of being published and suggested that it would be useful for the Committee to have sight of once published.

K. Nnoaham suggested that it would also be helpful for the Committee to have sight of the Wellbeing Assessment as well as the Population Needs Assessment as there were potential overlaps and this could be brought to the next meeting.

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

Action: Population Needs Assessment and Wellbeing Assessment, once published to be received at the next meeting.

05/22/18

#### **PUBLIC SERVICE BOARD REPORT**

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

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The Committee **NOTED** that work was well under way to combine the two PSB's into a single CTM PSB to align to the boundary of the health board. A transition group was being established to plan the merger and establish timelines.

Resolution: The Committee **NOTED** the Report

### 05/22/19 **CTM DECARBONISATION (GREEN) STRATEGY - PRESENTATION**

L. Prosser introduced the report and the presentation on the CTMUHB Decarbonisation Strategy that had been developed in response to the national plan and the requirement to have a strategy with a supporting action plan that had been submitted to Welsh Government in March 2022.

J. Sadgrove referred to slide 9 and queried whether the workforce was being expanded with apprenticeships via the community. L. Prosser confirmed that it was.

I Wells queried whether CTM vehicles were being moved to electric and whether consideration was being given to green hydrogen which was due to be developed by 2030. L. Prosser advised that if and when it became available it would definitely be taken into consideration.

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

### **OTHER MATTERS**

### 05/22/20 **FORWARD WORK PROGRAMME 2020/21**

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

### 05/22/21 **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

### 05/22/22 **ANY OTHER URGENT BUSINESS**

There was no urgent business to raise.

### 05/22/23 **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. .

### 05/22/24 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 26 July 2022.

DRAFT FOR APPROVAL