

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 6 OCTOBER 2021
VIRTUALLY VIA TEAMS**

PRESENT:

Jayne Sadgrove	- Vice Chair (Committee Chair)
Ian Wells	- Independent Member
Carolyn Donoghue	- 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
Sarah Bradley	- Assistant Director of Primary Care
Emma Williams	- Chief Pharmacist, Medicines Management
Diane Rogers	- CHC Representative
David Miller	
Stuart Hackwell	- Director, Rhondda Taff Ely ILG
Wendy Penrhyn-Jones	- Head of Corporate Governance & Board Business
Kathrine Davies	- Corporate Governance Manager (Secretariat)

10/21/1 WELCOME & INTRODUCTIONS

Jayne Sadgrove welcomed everyone to the meeting, in particular Carolyn Donoghue who was attending for the first time.

10/21/2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from J. Denley, R. Miles, S. Richards and S. Scott-Thomas.

10/21/3 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.

10/21/4 CONSENT AGENDA

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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 July 2021 were **RECEIVED** and **CONFIRMED** as an accurate record subject to the one amendment to the attendance.
- Action Log was **RECEIVED** and **NOTED**.
- Pharmaceutical Needs Assessment was **RECEIVED** and **NOTED**.
- Regional Partnership Board Annual Report 2020-21 was **RECEIVED** and **NOTED**.

MAIN AGENDA

GOVERNANCE

10/21/5 ORGANISATIONAL RISK REGISTER

G. Galletly presented the report. Members **NOTED** the one high level risk assigned to the Committee had been reviewed in August 2021 and remained at 16. Members were advised that the Board were currently reviewing the assignment of risks to the Board Committees.

J. Sadgrove queried the phrasing of the risk description which outlined that data would be available in the next couple of months. K. Nnoaham advised that the content of the phrasing was due to the uncertainties of when the data would become available at the time. Primary care data would become available in November 2021 and Public Health data in December 2021 and the phrasing would be amended to provide more clarity.

L. Prosser advised that the funding had been extended further and was now be renamed as the Health and Social Care Integration Funding and was now less a risk than originally anticipated and this would be reported on later on the agenda in the Population Health Management Update.

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

10/21/6 HEALTHY WEIGHTS

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

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C. Donoghue queried the risk around recruitment into the service and whether there was a sense of the level of risk. K. Nnoaham advised that the risk was low. Testing had been undertaken for months on what the right model should be and the steering group consciously went for a model that was embedded into the community.

C. Donoghue asked whether the 'mile a day' school initiative was part of this work and when would they expect to see results. K. Nnoaham advised that there were other initiatives to the 'mile a day' such as 'play Wales' based on physical activity within the school grounds which were similar in scope. In terms of seeing results, K. Nnoaham confirmed that a number of goals and targets had been set over the next five years with a target to shift the trajectory by five to seven percent and discussions were on going with partners such as local authority colleagues on other initiatives.

I Wells asked whether there was communication and training in place for GPs in relation to their awareness of the programme and that many of the issues relate to poverty and how would this be tackled to make the population aware of the initiatives. K. Nnoaham confirmed that primary care were engaging with GPs in the planning of the service and GPs were very much aware. In terms of the issue of poverty, it was confirmed that this issue had been built into the programme and that an external provider had been commissioned to work with stakeholder organisations to promote healthier family lifestyles aimed at families with children under five, using social media platforms microsites. The programme name, chosen by families in CTM, was is 'Healthy Start, Healthy Future' and this was due to launch in October 2021 and run for at least two years.

D. Rogers queried that when the service was operational and up and running how would the health board demonstrate its effectiveness in reducing obesity, were there measures in place and how would the service interact with third party organisations. K. Nnoaham advised that a steering group had been established that were working with colleagues on the required plans for implementation. He confirmed that there was public representation on the group but undertook to ensure that there would also be a representative from third party and the voluntary sectors.

F. Jenkins advised that she was fully supportive of the programme and in response to the question raised by C. Donoghue, confirmed that the school holiday enrichment programme was a model that was being rolled out in certain areas of Wales to ensure that children received healthy cooked food in the school holidays and also sought to educate parents on cooking healthy meals for children. Reference was also made to a model called 'Making Every Contact Count' for services in primary care which focused on eating, drinking and smoking in order to engage the population on these important topics.

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J. Sadgrove queried whether any support had been sought from the Regional Partnership Board in relation to third party involvement and engagement. C. Williams confirmed that a joined-up conversation with local authority partners in trying to ensure that everyone was drawn in at the right time would be helpful. J. Sadgrove suggested that engagement be considered with food banks on how they spend their donations on food with a view to encouraging them to stock fresh as opposed to tinned food.

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

Action: Third Party and Voluntary Sector representatives to be added to the membership of the steering group.

Action: Discussions to be held with the RPB on engagement and involvement.

10/21/7 **HOUSING AND HOMELESSNESS UPDATE**

L. Prosser provided a presentation on the Health Board's commitment to improve housing and homelessness.

C. Donoghue commented that the update was encouraging and interesting to see the issues around homelessness and what led people into it, and the services available to support them. L. Prosser advised that there were lots of working being undertaken currently with regard to placements for homelessness people.

L. Prosser suggested that when the date for the Housing and Homelessness summit was arranged for early next year, an invitation would be extended to Committee members to attend.

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

Action: Members of the Committee to be invited to attend the Health & Housing summit.

10/21/8 **CTMUHB IMMUNISATION & VACCINATION PROGRAMME UPDATE**

K. Nnoaham presented the report which provided an update on the immunisation and vaccine programme across the organisation.

D. Rogers congratulated the Health Board on the immunisation programme and queried whether the Health Board used volunteers to assist with the programme in order to alleviate the current workforce issues. K. Nnoaham advised that volunteers were used to supplement the workforce in areas such as administration and health care support workers had been trained to administer vaccinations. The health board were trying to move to a more sustainable footing for the booster

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programme that was now dictated by a six monthly interval, and be less reliant on the voluntary sector.

I Wells queried whether the figure for flu vaccines included the wider population and not just staff. K. Nnoaham confirmed that the figure was for staff only and that with regard to the general population the vaccines were ordered directly by GPs and for the amount that they believe they would require to meet predicted uptake in their area.

J. Sadgrove expressed her appreciation to the staff in their achievement across all the domains in providing the vaccines for the population and advised that it was interesting to see the slight difference in MMR vaccines and whether there was a residual hesitancy by the public from previous publicity around the risks of the vaccine. K. Nnoaham advised that there had been echoes of this from some years ago when it was brought back into the public consciousness.

J. Sadgrove queried the capacity issues with occupational health administering vaccines to staff and asked what was being done to alleviate this issue. K. Nnoaham advised that there were major constraints and challenges with workforce capacity and agreed that this would be discussed outside of the meeting with the Director for People and update brought back to the Committee on this.

Resolution: The Committee **NOTED** the Report and congratulated the team on their achievements.

Action: To receive a further update on the development of the business case developed to deliver a sustainable vaccination and immunisation programme across CTMUHB and progress in relation to the workforce capacity issues.

Action: Discussions to be held on the challenges with workforce capacity with the Director for People.

10/21/9 **POPULATION HEALTH MANAGEMENT REPORT**

K. Nnoaham presented the report that provided an update on the population segmentation and risk stratification approach to Population Health Management in CTMUHB.

I Wells commented that the work was incredibly complex and congratulated everyone on this trailblazing work.

J. Sadgrove congratulated the team for their tenacity in working through the governance and advised that it was really good to see real progress made.

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

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SYSTEMS GROUP UPDATE

L. Prosser and S. Hackwell provided a presentation to the Committee on progress made with the Systems Groups.

C. Donoghue commented that it was good to see the focus on what the priorities were and queried how challenging it would be to transition this into action and asked if there were there resources to deliver this. L. Prosser advised that the challenges lay in transition into delivery. There would need to be discussions about the mechanisms to be used to align incentives. The CTM improvement team had been established with the change management support resource and consideration could be given on how the transformation fund was used to provide other opportunities.

D. Rogers advised that on behalf of the local community the Community Health Council (CHC) wanted to ensure that health needs were met in a timely and effective way. As part of this consideration needed to be given on how change was communicated to the wider population. Communication around the strategies would be key and the CHC would work with the health board to ensure that communication is as effective as possible.

C. Williams stated that the both points were very valid and advised that it was important that the health board were taking a different approach in terms of strategy development, looking at exemplars to enable conversations around what the future would look like, aligned to the strategic goals.

K. Nnoaham advised that with regard to public responsibility and health care utilisation, people required services largely because they were opportunities that had been missed. Conversations needed to be held around public responsibility and ownership and the strategy groups would need to be aligned to specific areas such as stroke. C. Williams advised that there would be opportunities to have conversations around population responsibilities in terms of the strategic goal areas, the health board were undertaking an exercise with an external company with a view to having genuine mindful conversations. The purpose of the systems strategy groups was to take a more holistic approach and look at the Welsh government delivery plans as a whole.

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

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CLINICAL ANALYSIS BACKLOG FROM THE PRIMARY CARE INFORMATION PORTAL

S. Bradley presented the report that outlined the actions being undertaken to support and reverse the trend in patient outcome measures.

K. Nnoaham stated that over thirty thousand people within CTMUHB had diabetes and post pandemic this was likely to increase further and queried what actions were in place to improve. S. Bradley advised that discussions had been held with GPs regarding the number of patients currently being monitored in secondary care that need to be monitored by their GP in the primary care environment. GPs were very eager to take responsibility for this and the health board were looking at commissioning nationally enhanced services that were available from Welsh government. The primary care team were having discussions on further take up with the GP clusters on the optimum model. K. Nnoaham stated that the data from the Rhondda population segmentation was that only 10% of that population had diabetes alone and there was a need to take account of other long term conditions with a multi morbidity lens. S. Bradley advised that there were opportunities within the contract to do this. GPs had signalled they wished to deliver in their practices and not as a stand alone service and the enhanced service was intended to develop a service strategy that was broader than a single condition.

S. Hackwell advised that the diabetes national service was a step closer to something bigger and the enhanced service would enable measurement of patient outcomes as well as other long term conditions.

L. Prosser advised that there was a commitment at Executive level to maximise the existing contract mechanisms for primary care and to target key areas and resources at particular outcomes and that was why diabetes had been prioritised along with other areas and would form part of CTMUHB's next Integrated Medium Term Plan.

S. Bradley emphasised that the enhanced services were voluntary and there was a need to maintain focus on sustainability and core services.

L. Prosser advised that planners and commissioners in primary care needed to use all the available mechanisms to ensure the right data was collected. Additional data has been requested to help construct a more rounded theme of indicators and this was due for discussion outside of the meeting as part of the next year's planning process and an update would be brought back to the Committee.

The Chair suggested that it would be beneficial for the Committee to receive a further briefing on the accelerated cluster development.

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

Action: Update on accelerated cluster development to be added to forward work programme.

10/21/12 TRANSFORMATION PROGRAMME & UPDATE FROM THE LEADERSHIP BOARD

L. Prosser and C. Williams provided an oral update and a slide which updated the Committee on progress.

K. Nnoaham stated that the Committee should note that there were incredible challenges in being aware of expected outcomes of the systems delivering and these would need to mature.

C. Williams stated that this was a valid point the Leadership Board had been conscious of this over the last couple of months. This was also being set out in the work around values and behaviours. There were 69 Integrated Care Fund projects being worked through and an exit strategy would be submitted with a commitment to ensure consistent messaging with our local authority partners.

Resolution: The Committee **NOTED** the Report

10/21/13 OTHER MATTERS

10/21/14 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.

10/21/15 FORWARD WORK PROGRAMME 2020/21

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

Action: To add a further update on Accelerated Custer Development for the February 2022 meeting.

10/21/15 ANY OTHER URGENT BUSINESS

There was no urgent business to raise.

10/21/16 HOW DID WE DO IN THIS MEETING?

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The Committee discussed the meeting and felt that whilst the slides had been informative, it would have been helpful if they had been received before the meeting rather than on the day.

DATE AND TIME OF NEXT MEETING

10/21/17

The next meeting will be held on 2 February 2022 at 9.30 am.

DRAFT FOR APPROVAL