

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 2 NOVEMBER 2022
VIRTUALLY VIA TEAMS**

PRESENT:

- | | |
|-----------------|--------------------------------|
| Jayne Sadgrove | - Vice Chair (Committee Chair) |
| Ian Wells | - Independent Member |
| Geraint Hopkins | - Independent Member |
| Lynda Thomas | - Independent Member |

IN ATTENDANCE:

- | | |
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| Linda Prosser | - Executive Director of Strategy & Transformation |
| Julie Denley | - Director of Primary, Community & Mental Health |
| Victoria Wallace | - Deputy Director of Strategy & Partnerships |
| Lauren Edwards | - Director of Therapies & Health Sciences |
| Gemma Northey | - Consultant in Public Health |
| Sara Thomas | - Consultant in Public Health |
| Philip Daniels | - Consultant in Public Health |
| Sara Utle | - Audit Wales (Observing) |
| Rowena Miles | - Representative, Community Health Council |
| Wendy Penrhyn-Jones | - Head of Corporate Governance & Board Business |

11/22/1 WELCOME & INTRODUCTIONS

Jayne Sadgrove welcomed everyone to the meeting including Gemma Northey, Consultant in Public Health, Sara Utle, Audit Wales, Philip Daniels Consultant in Public Health and Victoria Wallace, Deputy Director of Strategy & Partnerships.

11/22/2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Kelechi Nnoaham, Executive Director of Public Health, Carolyn Donoghue, Independent Member, Georgina Galletly, Director of Governance and Gethin Hughes, Chief Operating Officer.

11/22/3 DECLARATIONS OF INTERESTS

There were none.

11/22/4 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. The Chair advised that S. Utley from Audit Wales was in attendance to respond to any queries on the Audit Wales Reports. Upon asking Members if they had any comments it was established that they did not. S. Utley advised that were a number of recommendations contained within the report and these would be added to the Audit Tracker and monitored by the Audit & Risk Committee.

Resolution:

- Minutes of the meeting of 26 July 2022 were **RECEIVED** and **CONFIRMED** as an accurate record.
- The Committee Self Effectiveness Survey Outcome and Improvement Plan was **APPROVED**.
- The Audit Wales Final Report – Transformation Leadership Programme Board Baseline Government Review was **NOTED**.
- The Audit Wales Final Report – Public Sector Readiness for Net Zero Carbon by 2030 was **NOTED**. S. Utley advised that there were some calls for action that were slightly different to recommendations and there would be a requirement for a Board response as to progress. L. Prosser advised that they were currently looking at this and would bring an update to the Committee once this was completed.
- The Post Payment Verification Annual Report (Primary Care Element) was **NOTED**.
- The Committee Revised Terms of Reference that had been approved by the Board at its September 2022 meeting were **NOTED**.

MAIN AGENDA

11/22/5 ACTION LOG

The Action Log was reviewed with the following updates:

- CTM as an Anchor Organisation – P. Daniels advised that the work was being aligned to the CTM 2030 Strategy and was ongoing.
- Vaccination and Immunisation Update – P. Daniels advised that the National Immunisation Frameworks had now been published. He advised that it had not been confirmed whether or not the framework would receive any additional funding and if not the Health Board would deliver the Health Boards vaccination programme within the existing infrastructure.

GOVERNANCE

11/22/6 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.

CREATING HEALTH

11/22/7 POPULATION HEALTH ORGANISATIONAL PROGRAMME PROGRESS REPORT

P. Daniels presented the report that provided an update to the Committee on the current status of the 36 population health projects and the ongoing discussions to align the work with the Unified Transformation Programme.

L. Prosser sought clarification on the discussions held to date with the Executives leading on the programmes. P. Daniels confirmed that if it would be helpful he would be happy to provide an update via the Executive Leadership Group.

I. Wells queried whether the annexes were being included as well or were they being actioned separately. It was confirmed that they were being included.

I. Wells referred to the PH04 - Embedded Inverse Care Law Programme funding and queried whether it was flat across Health Boards or shaped to service areas of deprivation. P. Daniels advised that he was not involved with that programme but would seek confirmation and ensure this question was addressed outside of the meeting.

I. Wells referred to PH034 - Constructive Disruption and commented that it had stated that it involved Independent Members and advised that he was not aware of this. P. Daniels advised he was happy to brief the Board in this regard to speak about identifying population needs and this could equip Independent Members to act as advocates in other fora in a broader sense.

I. Wells referred to 5.1b, Annex 2, Goal 4 and advised that in the final column it highlighted that it had not been possible to move forward and the same for Goal 7. P. Daniels advised that it might be that this section was not appropriately worded as for example smoking cessation had re-started face-to-face sessions in high smoking prevalence areas.

J. Denley advised that there was an opportunity to work within cluster groups to address some of things they would like to progress with

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regard to population health such as substance misuse and that this had been discussed with CTM's Director of Strategy and Transformation.

L. Prosser advised that there was something about the reality of what the Health Board could expect to achieve in years 2, 3 to 5 given the very poor health outcomes in parts of the CTM footprint. She added that they need to set realistic delivery goals for these initial years

J. Sadgrove commented that L. Prosser's suggestion was helpful; she advised that the original report had been considered by the Board in the spring of 2021 at which time the proposed direction of travel had been endorsed. She added that they had received updates since then. J Sadgrove referenced the recommendation in the report which was asking the Committee to note the progress to date and the future plans under discussion for the population health projects as part of the 'Creating Health' pillar of the Unified Transformation Programme. She added that given the Director of Public Health was soon to leave CTM and their leadership had been key in leading the team in the delivery of this, it was an important time to take stock on how they were going to integrate the work and ensure that it was taken forward not just short to medium term but also for the very ambitious long term aims.

V. Wallace advised that with regard to the goals, they were overlapping and aligned with the CTM strategy and they were mapping across how the work links together. It was noted that an event had been held in September 2022 with a view to ensuring Strategy Groups were aligned to the population health strategy and although some of the goals were long term in nature, they were focused on moving to a more strategic position.

J. Sadgrove referred to the living wage and queried whether it was part of the Population Health or Anchor Organisation programme of work. P. Daniels confirmed that CTM was already a living wage employer and the Anchor Organisation work was about how the Health Board could encourage firms with whom they procured goods and services to offer the living wage to their staff.

J. Sadgrove, sought clarity as to the progress made in CTM becoming an accredited living wage employer. L. Prosser advised that CTM was working through this accreditation process and undertook to seek an update outside of the meeting. J. Sadgrove stated that it was important that the Health Board did not lose sight of this so that it was in a position to lead by example as an anchor institution.

Resolution: The Committee **NOTED** the progress to date and the plans under discussion for the Population Health Projects as part of the 'Creating Health' pillar of the Unified Transformation Programme.

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Action: To establish whether the funding for the PH04 Embedded Inverse Care Law Programme was flat across the Health Board area.

Action: Provide an update on CTM achieving accredited living wage employer status.

11/22/8 **STRATEGY GROUPS UPDATE**

V. Wallace provided a presentation and update to the Committee on progress with the Strategy Groups.

In response to a question raised by L. Thomas around workforce capacity, V. Wallace advised that a prioritisation exercise had been undertaken which took into account local and national needs. She confirmed that they now had an 18-month timeline and pipeline panel plan which would need to be flexed to ensure CTM was achieving best value in terms of the biggest impact on the population.

J. Sadgrove referred to slide 7 and the 'Growing Well' progress and queried why the Obesity Level 2 and 3 Weight Management Service had a lower than expected uptake. V. Wallace advised that she was unsure but would seek clarity and provide a response outside of the meeting.

J. Sadgrove referred to the neurodevelopment services on slide 8, and commented that it was good to see that there were work programmes surrounding this, as it was one of the areas of lowest performance, and queried whether they were making progress in reshaping this. J. Denley advised that this area of work sat within the Children and Families Care Group, although it did also had a link to Child and Adolescent Mental Health Services. (CAMHS).

L. Prosser, in response, confirmed that growth in these referrals for children represent a change in practice in the education sector. They usually occurred when they start school or at the pre-school stage. However, some of them could be a little older many are on the Autism and Asperger's spectrum, whereby a referral to a consultant had a prerequisite for extra support at school and also for additional benefits. She added that in terms of making progress on what was a two to three year backlog, plans were in place to review the model to see how they could filter and provide things at different levels which would help providing support to the right people.

J. Sadgrove referred to the stroke service where again substantial improvement was needed. L. Edwards advised that there were two aspects to the stroke work, the regional development work that was slighter longer term and aimed at developing a more sustainable model and then there was the priority work currently ongoing in terms of the stroke care pathway. She advised that there were challenges in terms

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of workforce and inequity across the CTM footprint and also general pressures within the system in terms of acute services. She added that there was a lot of targeted work underway and fortnightly task and finish groups meetings were in place to oversee progress despite the challenges and pressures upon the service.

J. Denley in response to the question raised on the neurodevelopment service, advised that there was currently a national review being undertaken as demand currently exceeded capacity. This review would therefore shape future provision arrangements.

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

Action: To query the low uptake with the Obesity Level 2 and 3 Weight Management Service and respond back to the Committee.

IMPROVING CARE

11/22/9

PRIMARY CARE STRATEGIC UPDATE

J. Denley presented the report.

I. Wells asked if he could be enlightened on why the GP Practices were unsustainable and what was being done about this to minimise the risk. J. Denley advised that the reasons were largely connected with retirement and these services moving into a different phase following a very challenging three years. It was noted that changes to tax and pension arrangements had also had an impact and that some GPs no longer wanted traditional business partnerships and were more likely to want portfolio careers. She added that the Health Board were doing better than most across Wales currently and part of the agenda was to move away from smaller contracts. It was the same for dentists and community pharmacies. She advised that she would share the recent report that was prepared for the CTM Quality and Safety Committee which outlined the framework approach for assessing practices and what action was being taken in relation to such issues.

R. Miles referred to the initiatives with Health Education Improvement Wales (HEIW) with regard to a multi-disciplinary workforce in primary care and queried whether that was aimed to be one of the solutions to the provision of primary healthcare. J. Denley advised that it was one of the solutions as well as digitisation and moving things out of primary care and that there were also workforce related challenges. She added that change would require a culture shift and these issues were due for discussion at the forthcoming all-Wales meeting of Directors of Primary Care

L. Thomas referred to what was happening in England with the Midlands Model of GP Practice where there were not just clusters being

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established but also private companies managing public services and she queried if it might be helpful to establish links to learn from this. J. Denley confirmed that an individual was working with them on the cluster-working group whose background was in commissioning in NHS England, which had brought learning as to how others had achieved greater service sustainability but acknowledged that this was a complex dynamic to get right.

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

Action: To share the report from the recent Quality & Safety Committee to Members.

11/22/10 **LEARNING DISABILITY PROGRESS REPORT**

J. Denley presented the report that provided the Committee with an update on the Adult Learning Disability Services provided in CTMUHB via Swansea Bay UHB.

R. Miles advised that she was pleased to see that the ring-fenced money was being challenged and also that CTM as service commissioners were taking a stronger stance. She referred to the unit on the former Hensol Hospital site which had been an acute assessment unit but was now being used as a step-down unit for people who had been placed 'Out of county'. She commented this was at a huge cost to various Health Boards and queried whether this was available for the residents of CTMUHB. J. Denley advised that when you look at the numbers of people in assessment treatment units they were very small with most people with learning disabilities who required admission to a learning disability facility should be admitted for a deterioration in their mental state. She confirmed that these were consolidated across two sites and that was one of the reasons that they wanted the Community Health Council to visit. She confirmed that they had been pushing hard with regard to the engagement around the strategic direction in Swansea Bay with a view to providing services closer to home

R. Miles advised that during the visit she had spoken to the staff and was impressed at how highly committed they were and were looking for funding to improve some of the facilities that could be provided to the residents of the unit. J. Denley advised that such improvement would need to be funded from capital rather than revenue money for services.

With reference to workforce pressures, I. Wells noted that the report stated there had been an underspend on pay due to the fact that they could not recruit into all vacant posts. He queried whether this position had since improved with the modernisation plan. J. Denley advised that there had been an increase in available academic courses for learning disabilities across Wales and that with regard to a community learning disability team, there was a much higher breadth of allied professionals

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than would typically be the case in mental health services so there were some real opportunities.

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

SUSTAINING OUR FUTURE

11/22/11

RESILIENT FAMILIES SERVICE – EVALAUTION AT STAGE 2

L. Prosser provided a presentation on the Stage 2 Evaluation of the Resilient Families Service.

I. Wells commended the work and referred to the impact and key findings where it stated that 60% had said they strongly agreed or agreed that the service was currently helping more families within Rhondda Cynon Taff to get the right support at the right time and queried whether there was an understanding from the results why the other 40% did not agree. V. Wallace advised that she would check the position and respond back to the Committee.

J. Sadgrove referred to the challenges in the Welsh Community Care Information System (WCCIS) and the plans to develop the Children and Young Persons Integrated System (CYPrIS) within the Health Board and stated that she would be interested to see whether this would be a potential replacement for WCCIS.

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

Action: To query the evaluation of why the 40% did not agree that the service was helping families and respond back to the Committee.

11/22/12

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 (PSBs) and the work underway to combine these into a single PSB.

L. Thomas referred to the two priorities and sought clarity as to the how they would ensure that the green living space was afforded the same amount of parity as safe places. P. Daniels advised he would take this back and ensure in terms of the health impact assessment approach that this was underpinned with environmental sustainability aspect as well as the wellbeing of the Future Generations Act.

P. Daniels advised that with regard to transport, this was one of those areas that linked into the economy, health and sustainability as well and there was a sustainable green active transport plan already in place, which was a priority and had support across local authorities.

G. Hopkins commented that as a former Chair of the Regional Partnership Board and attendee of many PSB meetings, questions about

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the success of collaborative working in terms of positive outcomes for local residents had been raised at every meeting and until these questions were resolved they would continue to be raised.

Resolution: The Committee **NOTED** the Report and the progress to merge the two Public Service Boards by May 2023.

11/22/13 **REGIONAL PARTNERSHIP BOARD (RPB) ANNUAL REPORT 2021-22**

L. Prosser presented the report that provided the work of the RPB during 2021-22 that had been approved by the RPB on 13th October 2022.

J. Sadgrove thanked L. Prosser for the report and queried if the RPB was currently in the process of electing a new Chair. L. Prosser confirmed that the new Chair had been elected at the last meeting.

Resolution: The Committee **NOTED** the Annual Report for 2021-22.

OTHER MATTERS

11/22/14 **FORWARD WORK PROGRAMME 2022/23**

The Chair asked Members if they had any suggestions to add to the Committee Forward Work Plan to feel free to do so. She also advised that a suggestion had been made at the recent Board Development session that the Committee included research and innovation within its scope.

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

11/22/15 **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.

11/22/16 **ANY OTHER URGENT BUSINESS**

The Chair extended her thanks to Kelechi Nnoaham, Director of Public Health as this would have been his last meeting and the Committee had benefited over the years from his safe counsel and advice and wished him well in the next steps of his career.

11/22/17 **HOW DID WE DO IN THIS MEETING?**

The Committee Chair invited colleagues to relay any comments to her outside the meeting.

11/22/18 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 1 February 2023 at 9.30 am.

DRAFT FOR APPROVAL