

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE POPULATION
HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 1 FEBRUARY 2023
VIRTUALLY VIA TEAMS**

PRESENT:

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

IN ATTENDANCE:

- Linda Prosser - Executive Director of Strategy & Transformation
- Gethin Hughes - Chief Operating Officer
- Julie Denley - Director of Primary, Community & Mental Health
- Victoria Wallace - Deputy Director of Strategy & Partnerships
- Gemma Northey - Consultant in Public Health (in part)
- Philip Daniels - Consultant in Public Health
- Rutjuda Kulkarni-Johnston - Consultant in Public Health (in part)
- Sara Utley - Audit Wales (Observing)
- Marc Penny - Director of Improvement and Innovation
- Rowena Miles - Representative, Community Health Council
- Wendy Penrhyn-Jones - Head of Corporate Governance & Board Business
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

02/23/1

WELCOME & INTRODUCTIONS

Jayne Sadgrove welcomed everyone to the meeting including Gemma Northey, Consultant in Public Health, Sara Utley, Audit Wales, Philip Daniels Consultant in Public Health, Rutjuda Kulkarni-Johnston, Consultant in Public Health and Marc Penny, Director of Improvement and Innovation.

02/23/2

APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Sara Thomas, Interim Director of Public Health, Carolyn Donoghue, Independent Member and Lynda Thomas, Independent Member.

02/23/3

DECLARATIONS OF INTERESTS

J. Sadgrove declared an interest in Agenda Item 4.2 University Health Board Designation Status in relation to her role as Senior Fellow of Cardiff University.

02/23/4

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.

Resolution:

Minutes of the meeting of 2 November 2022 were **RECEIVED** and **CONFIRMED** as an accurate record.

The Committee Annual Cycle of Business for 2023-24 was **APPROVED**.

The Anchor Institution Group Highlight Report was **NOTED**.

MAIN AGENDA

02/23/5

ACTION LOG

The Action Log was reviewed with the following updates:

- 11/22/07 Population Health Organisational Programme Report – P. Daniels advised that S. Thomas who acted as the lead for the Inverse Care Law Programme, would contact I. Wells outside of the meeting to provide an update on the Programme.
- 11/22/07 Population Health Organisational Programme Report – L. Prosser provided an update on the Real Living Wage and advised that it has been rolled-out on all services that were commissioned and that the Health Board were seeking formal accreditation as a living wage employer.
- 11/22/08 Strategy Groups Update – V. Wallace advised that with regard to the Obesity Levels 1 and 2, work was underway to understand why the uptake was lower than expected and agreed to follow this up outside of the meeting and provide an update.

GOVERNANCE

02/23/6

ORGANISATIONAL RISK REGISTER

L. Prosser advised that the risk on Environmental Sustainability should be assigned to the Committee. W. Penrhyn-Jones advised that there were some risks listed within the Board Assurance Framework

Agenda Item 2.1.1

around sustainability but they were not currently listed on the Organisational Risk Register. It was agreed that this would be further considered by the planning team ahead of the next meeting.

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.

Action: To review the Environmental Sustainability Risk and other sustainability risks on the Board Assurance Framework to consider adding them to the Organisational Risk Register and reported via this Committee.

02/23/7

UNIVERSITY HEALTH BOARD DESIGNATION STATUS

M. Penny presented the report that sets out the recommendations for the proposed governance and assurance model for CTMUHB for University Health Board (UHB) Designation Status.

I. Wells queried why the Population Health & Partnerships Committee had been designated to receive the updates and input. M. Penny advised that this would continue to report the initial education aspect into the Quality and Safety Committee but the decision to bring this to the Population Health & Partnership Committee related to the overarching University Health Board status which was considered to be best aligned to the 'partnerships' element of this Committee.

Resolution: The Committee **ENDORSED FOR BOARD APPROVAL** the following:

Improved Governance and Oversight:

- Population Health and Partnerships Committee take on a formal role in terms of the strategic oversight of UHB Designation Status.
- That attendees for the Population Health and Partnerships Committee be updated to include the 'Director of Improvement & Innovation', 'Assistant Director for R&D', 'R&D Manager', 'Head of Clinical Education' and 'Head of Innovation'.
- That a twice-yearly update be provided to the Population Health and Partnerships Committee (which would also be added to the Committee Cycle of Business).
- That the Population Health and Partnerships Committee reports to the Health Board annually as regards University Designation Status Assurance (which would be added to the Committee Cycle of Business).

Enhanced Engagement with HEI/FEI and Life Science Partners

- Introduce an annual 'HEI/FEI/Partner Seminar' allowing CTMUHB to share its strategic vision and goals, key priority areas and tactical challenges where joint work, research & development, clinical education and innovation needs to be focused.
- Continue with its existing individual partner meetings where specific activities and joint work for the year ahead will be agreed and monitored.
- Introduce a 360 degree maturity assessment from CTM's working relationships with academic, life science and other identified partners which will enable jointly assessment of the maturity of our relationship and identify areas for improvement and collaboration.

CREATING HEALTH

02/23/8

POPULATION HEALTH MANAGEMENT PROGRAMME REPORT

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

I. Wells queried the costs for the Health Board in relation to receiving the data from SAIL. G. Northey confirmed that it was £9k and was for processing the data. However, she added that there was an outlay in terms of how they had to set up the system and the licensing fee costs for Independent Contractors so they were working with Digital Health Care Wales as a partner and there were no costs associated with this.

I. Wells referred to the one GP Practice that had chosen not to be included in the project and queried whether they would be looking to get that Practice involved in the near future. He further commented that various university projects would be very keen to use this type of data. G. Northey advised that they were continuing to hold discussions with the relevant Practice, however, it they were pleased that all other practices had become involved as this represented a significant achievement.

With regards to the university projects, G. Northey advised that there were some information governance implications that sat around SAIL and they would need to look at how they would navigate around that.

G. Hughes commented that it was the patient's choice whether their data was uploaded rather than the GP. There was a potential engagement conversation that they could have with the Practice population about using their data and how they could use it to drive

Agenda Item 2.1.1

interventions pro-actively with population health management, properly embedded within the function of the community teams and how they would use that to predict, alongside social care colleagues and it could be more cost effective for health and for colleagues in social care.

L. Prosser, in response to G. Hughes, advised that she had met with G. Northey yesterday and she had provided some great examples of how in various GP Practices, certain patients had been brought to the attention of the care system at an early stage. G. Northey advised that they were looking at different cohorts and starting with feasibility to demonstrate impact. She added that the utility of the data would only be realised once the feasibility had been completed.

J. Denley advised that they had created a forward plan with the Primary and Community Care Group for the next four months and what the operational plan would be in terms of next steps for using segmentation and working through that with the GP Practices. They have asked for a report which once received, could be brought to back to the Committee.

R. Miles referred to the two clusters that had raised concerns about the workload and commented that in the longer term this would help with the workload in that they would be identifying things earlier. G. Northey advised that the clusters were very engaged and they had started work first with cluster Champions to demonstrate how they could make an impact. One of the outcomes was looking at GP contracts, looking at hospital admissions such as the types of referrals being made.

J. Denley advised that one of the challenges of the primary care team was to work up the model with the contractors as to what the future was going to look like in terms of what they could offer. She stated that they were starting to have conversations with other cohorts on what they could do differently and focus on the more vulnerable groups.

J. Sadgrove thanked G. Northey for the report and commented that it was good to see them moving into the 'doing' and using the data and she advised that she would be looking forward to receiving the evaluations and how they use this to build confidence to perform actions that would be a real benefit to primary care.

Resolution: The Committee **NOTED** the progress and **ENDORSED** the approach to Population Health Management outlined in the report.

02/23/9

CANCER INEQUALITIES IN CTMUHB

R. Kulkarni-Johnston presented the report which outlining the CTM response to the Cross-Party Group on Cancer Inquiry into inequalities and cancer in Wales that was launched in December 2022.

G. Hopkins sought clarity as to the process and timescales once responses had been submitted to Welsh Government. R. Kulkarni-Johnston advised that it was a Cross-Party Inquiry so it would go back to the Health and Social Care Committee at Welsh Government who would make a decision as to the recommendations.

J. Sadgrove queried whether a new Cancer Strategy would come out of this. R. Kulkarni-Johnston advised that it might help to inform some of the work that had come out of this such as Tik-Tok and Moon Dance and how they help communities to recognise lesser-known symptoms of cancer using the clinics that had been set up locally such as the Lung Health Check unit which was helping to spot signs earlier.

L. Prosser advised that a new Cancer Strategy for Wales was to be published that week and this would be shared with the Committee.

Resolution: The Committee **NOTED** the content of the submission to the inquiry and the efforts to improve cancer survival and reduce inequalities in outcomes for the CTM population.

Action: To share the New Wales Cancer Strategy with the Committee.

02/23/10

STRATEGY GROUPS UPDATE

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

I. Wells referred to liver disease and the roadshow where out of 550 scans, 60 had been abnormal and queried whether they were random walk-ins or had these individuals been referred. V. Wallace confirmed that they were random walk-ins and that this was a reflection on the alcohol levels within the community and particularly in deprived areas.

G. Hughes advised that they had been eager to do this work because of the huge amount of unreported liver disease within the community. There were a number of interventions going on around liver disease and the work set up on screening the population. He added that they were seeking to secure funding via a bidding process which would support liver care nursing within the Health Board

G. Hopkins queried whether the new approach would become a permanent feature or was it temporary. G. Hughes advised that it would be a permanent investment.

Agenda Item 2.1.1

J. Sadgrove commented that there were clear benefits of doing the roadshows for various specialities and queried whether there would be an opportunity to do more. She also referred to the Tik-Tok and Moon Dance projects which were having a benefit on the community. V. Wallace advised that she would pick this up with her colleagues on how they keep this work moving forward and would hold discussions with public health colleagues with regard to the prevention agenda and doing things differently such as the 'Starting Well.'

G. Hughes advised that the most important thing they could do was to encourage the population to take up these opportunities, because if they could find this level in the numbers that they saw with the liver screening there must be an enormous amount of undiagnosed liver disease sitting within the communities, as well as breast and cervical cancer where the screening levels were poor.

J. Denley added that it was important to make those walk-in opportunities as robust as possible.

P. Daniels advised that there was a huge amount of work ongoing such as the 7 day alcohol service.

J. Sadgrove commented that it was good news to see the redesign of neuro-developmental services and would look forward to having a better feel for timescales for increased capacity within that service.

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

IMPROVING CARE

02/23/11

MENTAL HEALTH STRATEGIC UPDATE

J. Denley presented the report that outlined the work underway to develop the new Mental Health Care Group Delivery Model and in the context of CTM2030.

L. Prosser updated the Committee on some of the work underway with public health in terms of community resilience and the public meetings they had been holding with voluntary sector groups and how they could be more effective in that space. She advised that the Committee might want to hear about the sessions that had been held at Maesteg Hospital and the Gellideg Foundation recently and offered to bring something back to a future meeting in this regard.

I Wells referred to slide 4 and the first bullet point on primary prevention and a 'whole schools' approach and asked for more information on this initiative. J. Denley advised that it was a national initiative and had been an area that had been under-invested for many years. They were working with all schools within the communities and feedback was good with a low level of intervention

Agenda Item 2.1.1

and support for prevention, working with school nurses and teachers working with pupils to spot early signs of people at risk with mental health.

J. Sadgrove commented that this was a really important area of work and an opportunity for the new Care Group to take the 'One CTM' approach outlined in the paper and she advised that one of the challenges historically was about delivering equitable services across CTM and it was pleasing to see the liaison with the Regional Partnership Board and the funding to develop services. She added that the paper talked about the need to develop inpatient facilities and the quality of the provision and timescales. J. Denley advised that they had just appointed a Director of Transformation and were now recruiting sub structures looking at a timescale of about four to five months.

J. Sadgrove referred to the need for a single digital system and advised that from the most recent Delivery Unit report there was an absolute need to get the data and records processing into a digital system and a business case to support the ICT team. G. Hughes advised that he would have to check on the timelines outside of the meeting with the Director of Digital and would come back on that.

J. Sadgrove advised that she welcomed the workforce innovation work around Clinical Associate in Applied Psychology (CAAP) and queried whether there were any other interventions they could exploit in terms of workforce. J. Denley advised that there was an interesting conversation both at national and local level around this and some emerging new models in medical workforce around speciality middle grade doctor options that could help to use less locum agency consultants which were often very high cost and transient. J. Denley added that there was also another piece of work being undertaken on peer workers at national level and they had set some funding aside in order to align to that work.

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

Action: To query the timescales for the implementation of the single digital system.

02/23/12 **INTEGRATED MEDIUM TERM PLAN (IMTP) (POPULATION HEALTH ELEMENT)**

L. Prosser provided an update on the development process of the IMTP for 2023-26, specifically for the population health element.

J. Sadgrove thanked L. Prosser for the update and advised that it provided the Committee with an overview of how complex and challenging the situation was for Health Boards.

Agenda Item 2.1.1

G. Hopkins commented underlined the importance of collaborative work with the Regional Partnership Board to achieve improved health and care for the local population

The Committee were advised that this would be discussed at a session with the Board in February.

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

SUSTAINING OUR FUTURE

02/23/13 PUBLIC SERVICE BOARD WELLBEING CONSULTATION PROGRESS REPORT

P. Daniels presented a report that outlined to the Committee the detail of the current Public Service Board Consultation Process on Wellbeing.

J. Sadgrove advised that good progress was being made and encouraged members to feed into the consultation.

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

02/23/14 PUBLIC SERVICE BOARD PROPOSED NEW MODEL

V. Wallace presented the update on the proposal for the two Public Service Boards currently in place within the CTM footprint to merge, creating a new PSB for the Cwm Taf Morgannwg area.

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

02/23/15 DECARBONISATION AUDIT

V. Wallace provided a presentation on the NHS Wales Decarbonisation Strategic Delivery Plan.

J. Sadgrove invited S. Utleby to comment. S. Utleby advised that the Auditor General was committed to a long-term programme of work on climate change and this report was the baseline review. They had also completed a key findings report back in July 2022 which had five calls for action within that report and then further produced an evidence report in August 2022. They were encouraging organisations to publicly respond to those five calls for action and to put that through their Boards or Sub Committee to reiterate and reinforce the work.

She confirmed that they were not requiring any formal recommendations but more of a requirement for it to be recorded in public that it had been received. J. Sadgrove advised that this would be recorded in the Committee Highlight Report to the Board.

L. Prosser advised that they had strengthened the leadership on this and V. Wallace was leading across the organisation. However, she

Agenda Item 2.1.1

added that this was being undertaken within the margins of the day job with no resources for more capacity. She advised that they were committed to this however, the reality was that a decrease in carbon output would require a significant investment.

J. Sadgrove advised that the Committee would continue to monitor progress on this.

Resolution: The Committee **NOTED** the presentation and the recommendations made within the report which will inform the future work of the Environmental Sustainability Group and **NOTED** the expectation of an audit on CTMUHB Decarbonisation Action Plan in 2023-24.

OTHER MATTERS

02/23/16 **FORWARD WORK PROGRAMME 2023/24**

The Chair asked Members if they had any suggestions to add to the Committee Forward Work Plan to feel free to do so. Need to have a wider think about this given that the terms of reference have changed and new reporting arrangements into the Committee.

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

02/23/17 **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.

02/23/18 **ANY OTHER URGENT BUSINESS**

There was none to report.

02/23/19 **HOW DID WE DO IN THIS MEETING?**

The Committee Chair invited colleagues to relay any comments to her outside the meeting within the next two weeks.

02/23/20 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 3 May 2023 at 9.30 am.