

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
POPULATION HEALTH & PARTNERSHIPS COMMITTEE
HELD ON 23rd NOVEMBER 2020
VIRTUALLY VIA TEAMS**

PRESENT:

- | | |
|-----------------|-------------------------------------|
| Phillip White | – Independent Member (in the Chair) |
| Kieron Montague | – Independent Member |
| Maria K Thomas | – Independent Member |
| Ian Wells | – Independent Member |

IN ATTENDANCE:

- | | |
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| Alan Lawrie | – Director Primary, Community & Mental Health |
| Kelechi Nnoaham | - Director of Public Health (from 20/29/07) |
| Clare Williams | – Director of Planning & Performance (interim) |
| Julie Denley | – Director of Primary, Community & Mental Health |
| Anthony Gibson | – ILG Director, Bridgend |
| Kevin Thomas | – Local Medical Committee representative |
| Kimberley Cann | – Consultant in Public Health |
| Suzanne Scott-Thomas | – Clinical Director, Head of Medicines Management, CTM |
| Jayne Howard | – Community Pharmacies Wales |
| Marcus Longley | – CTM Chair/ Independent Member (from 20/29/08) |
| Georgina Galletly | – Director of Corporate Governance |
| Wendy Penrhyn-Jones | – Head of Corporate Governance & Board Business |

20/025 WELCOME & INTRODUCTIONS

Phil White welcomed everyone to the first meeting as Chair of the Committee. Members **NOTED** the Committee had not met since February 2020 following a need to pause certain Board Committee meetings during the Spring/Summer period due to Covid-19.

The Chair advised that a system had been implemented whereby questions had been sought in advance of the meeting, which were referred to the relevant Executive Lead for a response. Phil White advised that responses had been provided to each of the questions posed and these would appear as part of the minutes of the meeting.

20/026 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from, Sarah Bradley, Alison Lagier, Mandy Pady and Kathrine Davies.

20/027 DECLARATIONS OF INTERESTS

The Chair advised that no declarations had been received in advance of the meeting and invited any relevant declarations to be made known at this point; none were received.

20/028 CONSENT AGENDA

On the basis that everyone had been asked to read the papers in advance, 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 requests were made.

- Minutes of the meeting of 10th February 2020 were **RECEIVED** and **CONFIRMED** as an accurate record.
- Matters Arising – there were none.
- Action Log – this was **NOTED** on the basis that any required updates would be provided during the meeting.
- Post Payment Verification Annual Report 2019/20 – this was **RECEIVED & NOTED.**

MAIN AGENDA

20/029 COMMITTEE ANNUAL REPORT 2019/20

The report reflecting upon the work of the Committee for the period ending 31st March 2020 which also proposed Members should now participate the annual Committee Self-Assessment Process was **RECEIVED.**

Wendy Penrhyn-Jones advised that the production of the Committee Annual Report demonstrated compliance with Standing Order requirements. Members **NOTED** the Committee Annual Report was before them for comment and endorsement prior to submission to the Health Board.

With regard to the self-assessment process, Wendy Penrhyn-Jones suggested that this be undertaken reflecting on the same period of time and be conducted through Survey Monkey, a link for which would be arranged following the meeting.

RESOLVED:

- The Committee Annual Report for 2019/20 be **ENDORSED** for onward submission to the Health Board;
- The Annual Committee Self-Assessment process be arranged following the meeting.

20/030 COMMITTEE TERMS OF REFERENCE (TOR)

Members **RECEIVED** the revised TOR, presented by Georgina Galletly.

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Members **NOTED** that given CTM's objectives around the provision of integrated care, it was felt appropriate to review the Committee's remit and therefore in recent months revised TOR had been developed by a small task and finish group. Georgina Galletly stated that although it was proposed that the words 'Primary and Community' were no longer part of the proposed title of the Committee, Georgina Galletly stated these aspects would continue to be very much part of the Committee's future remit.

It was **NOTED** that until now the Health Board's Vice-Chair had been the Committee Chair and it was suggested Maria Thomas continue to be a member of the Committee given her experience and Independent Member (IM) remit with regard to both Primary, Community and Mental Health services.

Members **NOTED** the Committee Vice-Chair to be Keiron Montague, Independent Member and the revised Committee Membership being proposed for future meetings.

In discussing the proposed revisions, Maria Thomas confirmed she endorsed the TOR for onward consideration by the Board. Alan Lawrie stated that the former remit of the Committee needed to reflect the changes to CTM's revised operating model. Julie Denley endorsed the proposed changes, advising that these aligned with the increasing importance of partnership working arrangements.

RESOLVED:

- The revised Terms of Reference be **ENDORSED** for consideration by the Board.

20/031 RISK REGISTER

The report focusing on risks assigned from the Organisational Risk Register with a population health focus was **RECEIVED**.

In introducing the report, Georgina Galletly reminded colleagues of the background to the revision of the organisational risk register and the ongoing work with integrated locality groups (ILGs) to develop a consistent risk assessment approach. Georgina Galletly stated that whilst the Bridgend and Merthyr Cynon ILG elements had been received at the time the report was drafted, the Rhondda Taff Ely submission had also since been received and would be included in the organisational risk register report considered by the Board on 26 November 2020. Georgina Galletly reminded colleagues that these risks were also being scrutinised by other Board Committees.

An IM asked if there was an updated position regarding risk items 4080 & 4106, which related to Medical & Dental staff and Agenda Staff respectively. Georgina Galletly undertook to check the latest position and provide an update outside the meeting. **(Action)**.

Whilst praising the overall progress made in terms of the management of risks within CTM, an IM suggested that consideration be given to the risk identifier being changed to make it more user friendly in terms of the Committees and Health Board. It was further suggested that where an action plan was in development then a date for development and delivery should be included in the register narrative. The IM also queried certain of the ICT risks listed which they felt were more akin to issues rather than risks. An IM suggested that it may be helpful to add cross-referencing into the Risk Register to avoid duplication with ILGs and to clearly identify which risks were allocated to this and the other Board Committees.

Georgina Galletly acknowledged the need to take steps to make the operational content more 'user-friendly' for the Board and its Committees. With regard to the suggestion around delivery dates for actions, Georgina Galletly stated that whilst this was a reasonable expectation pre-Covid, account had to be taken of the situation in which services were currently operating given these had increased the pressures upon operational staff. Members were assured that the Risk Register was kept under regular review and acknowledged the need to clearly segregate risks from issues.

Georgina Galletly thanked colleagues for their suggestions, which she said, would be taken into account as part of the ongoing work to review the content and actions flowing from the Risk Register.

RESOLVED:

- The report be **NOTED**.

20/032 CONTACT FIRST

The report providing an update on the Contact First Programme in terms of governance, implementation and programme costs was **RECEIVED**.

Julie Denley introduced the report providing the background to the project describing it as a dynamic the 'front-end' component that was due to be delivered through Welsh Ambulance Services Trust (WAST) via the 111 service. The 111 service was about to go 'live' that week for the former Cwm Taf locality (having already been put into place for the Bridgend locality). Members **NOTED** that the next stage of work would see the Bridgend and former Cwm Taf locality 111 service merged. Julie Denley stated that the next layer of the project would see clinical triage systems in place with a full infrastructure behind this.

Members **NOTED** learning was being drawn from the experience of Cardiff & Vale University Health Board and that initial management costs associated with six interrelated workstreams had recently been approved via the CTM Management Board.

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An IM asked if a plan was in place around the relevant community communications for these changes in services. Julie Denley advised that this had been recently activated. Julie Denley spoke of the need to ensure service users were guided to the correct pathways, which would require population behaviour change. Members **NOTED** that steps were being taken to recruit expertise in behavioural change.

Alan Lawrie stated this was an exciting project providing a single point of contact for the public from where they could be directed to the most appropriate service. Alan Lawrie stated that whilst this would require appropriate investment, it would deliver savings in the longer-term.

The Chair praised work to date.

RESOLVED:

- The report was **NOTED**.

20/033 TRANSFORMATION FUND UPDATE

A report providing an update on progress of the CTM Regional Partnership Programme was **RECEIVED**.

Clare Williams introduced the report advising that the content would be familiar to those on the Committee who attended meetings of the Regional Partnership Board (RPB). Clare Williams stated the report set out the history behind the areas of focus and progress made.

Members **NOTED** that Covid-19 had delayed implementation with only one service project being fully operational and the other being partially operational by mid-March 2020. With regard to the deep-dive, Clare Williams stated that she felt this provided a fair reflection concluding that the projects were generally transformative and the 'right thing to do'.

Clare Williams referenced the communication received from Welsh Government in August 2020 regarding the extension of funding into 2021 amounting to £4.8m. There was also a possibility that slippage monies could be used differently. Clare Williams stated that CTM and partners were supportive of projects being funded for a further 6-9 months given the positive direction of travel and that the level of ambition was being increased to build on existing achievements.

In discussing the report, Alan Lawrie stated that if it were possible to carry forward £4.2m of slippage monies then this would provide overall funding of £9m out of the overall £11m programme. If this was not possible, it was noted that this would present a challenge.

Maria Thomas stated that at the most recent RPB, a request had been made for sustainability plans from all partner organisations.

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Clarity was offered that the acronym 'WTE' stood for Whole Time Equivalents rather than actual number of staff.

Clare Williams stated that this item was a standing agenda item and would therefore result in regular updates as to progress.

RESOLVED:

- The report be **NOTED**.

20/034 REGIONAL PARTNERSHIP BOARD (RPB) ANNUAL REPORT

A copy of the RPB Annual Report for the period ending March 2020 was **RECEIVED**.

Clare Williams introduced the report advising that from a CTM perspective, the Health Board had systems groups aligning to priorities, which were also being considered, by locality groups.

Members **NOTED** the report acknowledged that Covid-19 had been disruptive and that there were lessons to be learnt from it, which would take time to emerge and be fully understood. The report confirmed there had been various positive examples of partnership working and innovation which needed to be built upon.

RESOLVED:

- The RPB Annual Report be **NOTED**.

20/035 REGIONAL PARTNERSHIP BOARD (RPB) WINTER PROTECTION PLAN

A report providing a copy of the RPB Winter Protection Plan was **RECEIVED**.

In introducing the report, Clare Williams set out the context in which the plan had been written and said this drew out the actions that could be achieved in partnership.

Alan Lawrie stated that the winter plan had been initially developed at integrated locality group level in August 2020 with joint working between partners and funding had been allocated accordingly. Plans were **NOTED** to have been predicated upon successful recruitment of the necessary workforce.

In discussing the Winter Plan, IMs asked as to the involvement of GP clusters. Alan Lawrie advised that part of the plan had been relevant to clusters. Julie Denley stated that there had been some rapid learning from Covid-19, which helped to support respiratory issues at community level, and that clusters had been asked to consider ways of working that could increase primary care capacity and cited financial support that had been possible in relation to North Rhondda clusters. Members noted

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that work was ongoing with other clusters wanting to mirror this work. Examples were also given of positive work within the area of community dental care, which had received praise from Welsh Government. Julie Denley stated that a report was being planned to provide an overview of the schemes that had work well.

Maria Thomas asked that an update be arranged around progress in relation to GP clusters and Julie Denley stated that evaluation work was underway in this respect and would be brought to a future meeting.

Alan Lawrie stated that he was able to report that the GP Out-of-Hours Service was more stable although some challenges remained in the Bridgend area.

Suzanne Scott-Thomas stated that 12 community pharmacists had been supported to become independent prescribers through the 'Common Ailments Scheme'.

RESOLVED:

- The report be **NOTED**.

20/036 POPULATION HEALTH MANAGEMENT

A report providing an update on a project with 13 GP practices in the Rhondda was **RECEIVED**.

Members **NOTED** that there were two questions raised ahead of the meeting and answers had been provided as follows:

Question: Reference made to evaluation deadline January 2020 – this should be January 2021. **Answer:** Yes, this was a typographical error - all dates referred to in sections 2.5, 2.6 and 2.8 of the report will in fact take place one year later in 2021.

Question: Number of risks in the report in relation to future funding being available, PCIP, resourcing and timescales. What are the mitigation to these risks if they become a real problem? **Answer:** If the potential risks associated with the use of PCIP materialise, the alternative approach identified is to work with a separate team within NHS Wales Informatics Service (NWIS) to establish the Sollis server with the NWIS environment. This would need agreement at a strategic level within NWIS and there are potential risks around the inherent timescales.

In introducing the report, Kelechi Nnoaham stated this project had been successful pioneered in CTM some two years previously. Members **NOTED** that wider roll-out would require the resolution of interfacing issues with other systems, which presented a challenge. Kimberley Cann highlighted key issues to the Committee and in doing so stated that the pilot had involved commissioning an English supplier to combine

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primary and secondary care data and that this was nearing completing with January 2021 being the date set for data to be available. Members **NOTED** that the pandemic had impacted upon aspects of evaluation and that there were risks to transformation funding for this project. Discussions were ongoing with Welsh Government as to future funding opportunities for this project and Members **NOTED** progress would be dependent upon the outcome although they remained very supportive.

Maria Thomas stated that she sat on the Primary Care Board and was a great advocate of this project, which was set to improve community wellbeing.

Kelechi Nnoaham referenced page 3 of the deep-dive report referenced earlier in the agenda. Kelechi Nnoaham said that it remained important to continue with efforts to move aspects of hospital based care into the community setting. Kelechi Nnoaham added that population health management success was dependent upon projects such as this bringing about fundamental transformation and that this particular project was in keeping with Welsh health policy.

An IM commented that it was important that the issues around funding were resolved as it was clear that such projects would deliver savings in the future. The Chair concurred.

RESOLVED:

- The report be **ENDORSED**.

20/037 IMMUNISATION, FLU, COVID-19 VACCINATION REPORT

A report providing an update on the current position regarding Flu and Covid-19 immunisation and vaccinations programmes was **RECEIVED**.

Members **NOTED** that a question had been raised ahead of the meeting and answer had been provided as follows:

Question: *Flu vaccine – is there a supply issue and what are the plans to improve uptake in the age group 6 months to 65 years and older, other than communication.* **Answer:** *It has not been possible to identify any mitigating action should the Transformation Board be no longer able to fund the workstream around this. Without funding the supplier cannot be contracted. Discussions are ongoing between the 'Stay Well in your Community' programme and Welsh Government as to whether the work can be funded from a separate source.*

In introducing the report, Kelechi Nnoaham stated that there were priority groups identified for the flu vaccine and uptake targets had been set. Members **NOTED** that this was a dynamic plan and there remained challenges to delivery in schools, due to the pandemic, although the uptake for healthcare staff and the over 65's was going well. With

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reference to the Covid-19 vaccine, plans were in place although Members **NOTED** that the pool of staff available to participate in vaccinating people was finite, and to a large extent, these staff were the same as those usually involved in delivering care. Reference was made to the priority groups in line to receive the vaccine first and the challenges presented by the specialist storage required for the Pfizer vaccine.

In response to a question around personal decision-making in relation to Covid-19 vaccine, Kelechi Nnoaham stated that it was for individuals to decide if they wished to receive it.

Members **NOTED** that discussions were ongoing with GPs around their role in the delivery of the Covid-19 Vaccination Programme. With regard to PGDs, Suzanne Scott-Thomas stated that new national protocols were in draft and details of each of the vaccines would be required to progress these. As a result, IPs may need to be put in place initially, with Welsh Risk Pool indemnity arrangements in place for vaccinators so that the Covid-19 vaccination programme could be commenced ahead of the PGDs being finalised.

In response to a question around the proportion of the population that needed to be classed as immune to protect the whole, Kelechi Nnoaham stated that this was approximately 65-70%.

Kelechi Nnoaham stated that at the current time the plan was for the Covid-19 to be issued through Welsh Government on a per capita basis.

An IM asked if co-morbidities had also been taken into account. Members **NOTED** that NWIS had procured an algorithm which would detect people at risk due to co-morbidities and that scientific data analysis would have looked issues such as co-morbidities.

Kevin Thomas stated that GPs need to be involved in the CTM vaccination planning arrangements given their level of expertise in this area. Kelechi Nnoaham agreed and suggested that this be further discussed outside the meeting via Julie Denley and Alan Lawrie.

Kevin Thomas stated that there was a need to maintain key messages such as the need to social distance; regular handwashing etc. given the number of positive cases was beginning to once again rise. Kelechi Nnoaham agreed, stating that for the vaccine to be effective, high take-up was required, which needed leadership both at national and local level. Georgina Galletly stated that CTM was engaging assistance from experts with skills in behavioural change, which would make an important contribution in this regard.

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Kelechi Nnoaham stated that some 2,000 people had been tested for Covid-19 in Merthyr over the weekend, which had involved a massive logistical exercise involving CTM, the local authority and the military.

RESOLVED:

- The report be **NOTED**.

OTHER MATTERS

20/038 COMMITTEE HIGHLIGHT REPORT

The Chair suggested that this report be prepared by the Corporate Team for consideration by himself outside the meeting.

20/039 FORWARD WORK PROGRAMME 2020/21

The forward work programme was **RECEIVED**. The Chair suggested that given the change in focus of the Committee consideration needed to be given to the content of the work programme going forward. Phil White suggested that Executive leads gave some thought to this ahead of the next meeting.

Phil White added that if colleagues had any suggestions for any other topics which they felt needed to come to the Committee then these needed to be sent to Kathrine Davies as soon as possible so that they could be included in the agenda planning process going forward.

Maria Thomas stated that she had arranged for a legacy statement to be produced following her handing over the Chair of the Committee to Phil White along with a summary of statutory items for future meetings.

RESOLVED:

- The work programme be subject to further consideration by the lead executives.

20/040 ANY OTHER URGENT BUSINESS

There was no further business and the meeting was closed noting the following meeting dates had been set for 2021:

- Next meeting 25 January 2021 at 2pm (*after the meeting a decision was taken to cancel all Board Committee meetings -with the exception of Audit & Risk and Quality and Safety - for the months of January and February 2021 due to Covid-19*)
- 7th April, 7th July and 6th October 2021