

**POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 20 FEBRUARY 2024
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Kirsty Williams	Independent Member
Jennifer Owen-Adams	Independent Member

In Attendance:

Mererid Bowley	Director of Public Health
Pete Hopgood	Deputy Chief Executive and Director of Finance, Information & IT
Stephen Powell	Director of Performance and Commissioning
Helen Bushell	Director of Corporate Governance
Claire Madsen	Director of Therapies and Health Sciences
Helen Bushell	Director of Corporate Governance
Samantha Ruthven- Hill	Assistant Director of Planning
Will King	Consultant in Public Health Medicine
Nichola Kelly	Senior Manager Planned Care
Claire Madsen	Director of Therapies and Health Sciences
David Farnsworth	Interim Executive Director of Operations/Director of Community and Mental Health
Carl Cooper	

Apologies for absence:

Ian Phillips	Independent Member
Ronnie Alexander	Independent Member
Andrea Blayney	Llais
Hayley Thomas	Chief Executive Officer

Committee Support:

Sue Wilcox	Senior Administrator
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<p>PPPH/23/37</p>	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
<p>PPPH/23/38</p>	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
<p>PPPH/23/39</p>	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 16 NOVEMBER 2023</p> <p>The Committee APPROVED the minutes of the meeting held on 11 MAY 2023, as being a true and accurate record subject to the following amendment.</p> <p>PPPH/23/28</p> <p>There is currently a measles outbreak in Cardiff and concerns across the system of the risk of further outbreaks. There is work going on across Powys and Wales to increase MMR vaccination rates by targeting children and young people who may have missed their vaccine.</p> <p>PPPH/23/24</p> <p>The Director of Finance, Information and IT confirmed the Benefits Realisation process will be as follows: All short term / fixed term funding programmes will go through the Investment Benefits Group (to test benefits) and for sign off regarding assurance in relation to any business cases. They will then be considered by Executive Committee or Board for decision on funding and related resource realignment to enable benefits realisation.</p>
<p>PPPH/23/40</p>	<p>COMMITTEE ACTION LOG</p> <p>The Committee Action Log was received, and ongoing actions were discussed.</p> <p>PPPH/23/24 – The Director of Corporate Governance confirmed the minutes of cluster meetings will be circulated for the current round of meetings by the end of February 2024.</p> <p>Two items were recommended for closure:</p>

	<p>PPPH/22/57b – The Director of Corporate Governance advised an update on endoscopy Services was an agenda item for this meeting.</p> <p>PPPH/23/29 – The Director of Therapies and Health Sciences noted the guidance remains outstanding from Welsh Government on the actual data required to demonstrate compliance to the Additional Learning Needs (ALN) legislation.</p> <p>A data set is being built which will be ready by the end of March, this will allow information to be captured, and reported on by the end of March.</p> <p>Powys County Council are looking at their strategic approach, this piece of work will be done jointly with the Health Board.</p> <p><i>Given the involvement of Powys County Council is there a need to report to the Joint Leadership Committee, as this is a high-profile matter?</i></p> <p>The Director of Therapies and Health Sciences confirmed update papers are regularly taken the Joint Leadership Team and this is an agenda item on the forward plan for the Committee for 2024/2025.</p> <p>Committee requested an update on ALN to the next meeting.</p> <p>ACTION: Director of Therapies and Health Sciences</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
	There were no items for approval/ratification/decision.
ITEMS FOR ASSURANCE	
PPPH/23/41	<p>DEEP DIVE – DIABETES</p> <p>The Consultant in Public Health Medicine gave a brief presentation which gave a preliminary outline of this piece of work and what may be achieved. Two key factors are driving an increase in diabetes:</p> <ul style="list-style-type: none"> • Obesity, and • Changing age structure. <p>The aim of this piece of work is to look in detail the potential implications of the increase of people with this condition to the Health Board. The work has been divided into three sections:</p>

	<ul style="list-style-type: none"> • What might happen in terms of the number of people in our population that have diabetes – this underpins the implications, • Finance, and • Prevention. <p>Approximately 10% of the NHS budget is spent on diabetes, and complications associated with this condition.</p> <p><i>Is this work linking with the work of Ian Bell and Jim McManus, Public Health Wales who are developing a Wales wide strategy? Some short, medium and longer term goals have been set and one of the expectations of Health Boards is a strong focus on improving primary and community care processes and services in the bundle of eight?</i></p> <p>The next step is to use the Public Health Wales modelling to apply the picture at a Wales level as to what to expect at a Powys level.</p> <p><i>What would the Health Board’s capacity for weight management services need to look like if we were to make an indentation into the rates of Type 2 diabetes, and what are the implications to the workforce?</i></p> <p>In terms of prevention, it is necessary to look at:</p> <ul style="list-style-type: none"> • Weight Management Programmes, • How many people need to go through these services to have an impact, and • The level of need. <p><i>What time scales are expected for this work?</i></p> <p>The work will be completed this year and updates provided to this Committee.</p> <p><i>Is the purpose of the exercise to improve diabetes prevention and management? To what extent will the effectiveness of current service provision be assessed, to determine what needs to be done differently?</i></p> <p>The project will predict the scale and demands of increased level of diabetes. A key element of this project is prevention. Maximally implemented prevention measures are not absolute, so there is a need to be realistic about what is likely to happen with those measures in place.</p> <p>The Committee CONSIDERD the scoping exercise and will RECEIVE regular updates as the exercise progresses.</p>
PPPH/23/42	STRATEGIC CHANGE REPORT

The Assistant Director of Planning provided the quarterly update on the strategic change programmes. All Health Boards are developing their plans for April onwards, so there may be significant changes in the next quarter's update as these organisations strategic plans develop, and incorporate the challenges they are facing, the opportunities available to them and the different approach they adopt in terms of a long-term health care strategy.

The Welsh Government has commissioned a new piece of work on the fragile services in the NHS. The output from this work will be reflected in this report.

The sources of information for this report are gleaned from several different places across NHS Wales and England. This information may not be 100% comprehensive or complete, but general feedback is positive. It provides an enormous amount of strategic intelligence to help with the development of the plan.

There is an incredible amount of information and influences over which this organisation has no control, in particular what is happening around our borders. Is the Health Board agile enough to be able to change or adapt their approach to various things depending on what goes on outside of our borders?

The Director of Performance and Commissioning noted that there are good working relationships all the Health Boards and English Trusts. Regular meetings are held, alongside the Engagement team who also have good networking links with partners.

From the horizon scanning, is there anything in this report which needs to be reflected in the Health Board's corporate risk register?

The Director of Performance and Commissioning highlighted concerns with Shrewsbury and Telford Hospital's planning assumption that predicts managing the growth in emergency admissions through improved community provision, meaning there are no plans to increase bed base. The forecast 10% rise in emergency admissions over the next 10 years will be managed through faster repatriation or admission avoidance. This will be a significant issue for the Health Board.

How does this information influence the planning, commissioning and service development processes?

If the Health Board's acute providers are developing a certain facility, such as increasing day case capacity by building an additional day case theatre, the Health Board

	<p>will look at available capacity and will plan and budget for that expenditure to use the new facility.</p> <p>Whilst there is some tendency to focus delivery on certain sites this may mean some services will be provided further afield, giving the opportunity to repatriate and develop services in a joint way.</p> <p>This report captures some of the ongoing developments with across Wales with Hywel Dda, Betsi Cadwallader and Robert Jones Agnes Hunt who are looking to provide in-reach services in North Powys to support with orthopaedics.</p> <p><i>In the report, there is reference to the regional diagnostic Centre under the Mid Wales Joint Committee. Can the current position be shared with the Committee?</i></p> <p>The Director of Performance and Commissioning noted more information may be available on scheme after the forthcoming Mid Wales Commissioning meeting.</p> <p>The Director of Performance and Commissioning presented the service change engagement paper, which summarises the ongoing activity in England and Wales.</p> <p>In the reviews the Health Board has no significant volume of activity, but they are important in terms of both commissioning and resident expectations.</p> <p>The Committee RECEIVED the report and took ASSURANCE that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.</p>
<p>PPPH/23/43</p>	<p>ENDOSCOPY SERVICES</p> <p>The Interim Executive Director of Operations/Director of Community and Mental Health presented the update noting work is ongoing in Brecon to further strengthen the quality and safety measures and looking at how best to select patients for care within the Community Hospital environment. The key areas highlighted in the report:</p> <ul style="list-style-type: none"> • The endoscopy service in Powys is provided by in reach consultants; • The Bowel Screening Wales programme which is delivered the National team is hosted by the Health Board; • Good progress is being made reducing waits;

	<ul style="list-style-type: none"> • Building a core of clinical endoscopists which are operating within our own services. It was hoped to be somewhat further expanded through the introduction of transnasal endoscopy, which is a more efficient approach. Following the impact of the industrial action consultant training and supervision has been delayed in this area; • Accreditation in Endoscopy is a rigorous process with specific requirements around clinical leadership. For full accreditation the Health Board will require the presence of our clinical leadership to be in place for this full planned care; • The upcoming Joint Advisory Group (JAG) report may require a reinspection later in the year, this will allow for a six-month improvement notice; • Improved decontamination equipment; and • Introduction of a stock management system which enables digital stock tracking to patient level improving patient safety, traceability, operational productivity, and supply chain efficiency. <p>Histology is a challenge for all Health Boards and proves a hinderance in terms of standards. The organisation has approached all in-reach providers for additional support, both from NHS Wales and NHS England to provide additional sessions. This is a system wide issue and there has been a succession of planning issues across diagnostics following referral from bowel screening.</p> <p>An Academy has recently been established to provide training to non-medical screeners. This maybe an opportunity for the clinical endoscopist to undertake the screening, as a short-term measure which would provide additional much needed capacity.</p> <p>The Committee NOTED and DISCUSSED the update and the operational actions, risks and corporate support requirements outlined to manage the delivery of Endoscopy Services within Powys Teaching Health Board.</p>
<p>PPPH/23/44</p>	<p>SOCIO-ECONOMIC DUTY</p> <p>The Director of Public Health introduced the paper to provide assurance of the Health Board’s compliance with the duty, which became law in March 2021.</p> <p>The aim is to deliver better outcomes for people and communities who experience socio economic disadvantage, through better decision making.</p>

	<p>The duty places a legal responsibility on the Health Board to have due regard to the need to reduce the inequalities in outcomes resulting from socioeconomic disadvantage when making strategic decisions.</p> <p>The report contains guidance and toolkits that have been made available to public sector bodies on how it could be applied and examples of where it has been applied to strategic decisions.</p> <p><i>How will this work in practice?</i></p> <p>The requirements of the Act will be incorporated into the equalities section of the cover paper of reports, which will go to Board. The key element will be performance data and how that data is used. When making decisions at Executive and Board level it is important that to consider the socioeconomic impact as well.</p> <p>The Committee NOTED the contents of this briefing and took ASSURANCE of the Health Board’s compliance with the Socio-economic Duty.</p>
<p>PPPH/23/45</p>	<p>REGIONAL PARTNERSHIP BOARD UPDATE - AGE WELL</p> <p>The Interim Executive Director of Operations/Director of Community and Mental Health presented an update on progress of delivery and work to date of the Age Well Partnership and highlighted some of the key priority areas to the Committee:</p> <ul style="list-style-type: none"> • Home Support: approval to proceed to roll-out services as part of wider early help and prevention at home offer; • Community Connectors: funding obtained from Macmillan to sustain the Improving Cancer Journey project and work underway to map out service delivery against the national framework for Social Prescribing; • Befriending Service: support from the community and service recently hosted a Ministerial Visit highlighting the approach to befriending in Powys; • Dementia Care: the closure of Dementia Matters in the county is a major risk to achieving task objectives and providing support to families/people affected by dementia; • Virtual Wallet: now up and running; • Integrated Health and Social Care Brokerage function: starting to develop; with an officer appointed to look into this through the partnership; and

	<ul style="list-style-type: none"> • Extra Care Housing Scheme: schemes continue to move forward. <p>Committee Members requested a change to the format of this report for future meetings, to provide more information to allow a decision on whether or not the Health Board is achieving the agreed objectives.</p> <p>ACTION: The Interim Executive Director of Operations/Director of Community and Mental Health</p> <p>The Committee took ASSURANCE that the Age Well Partnership is delivering the agreed objectives.</p>
<p>PPPH/23/46</p>	<p>POPULATION SCREENING PROGRAMME UPTAKE</p> <p>The Director of Public Health Wales introduced the annual report for the uptake of adult screening programmes delivered by Public Health Wales, which included the following adult screening programmes:</p> <ul style="list-style-type: none"> • Breast Screening; • Abdominal Aortic Aneurysm (AAA) screening; and • Diabetic Eye Screening Wales. <p>All programmes were impacted by the pandemic and now have fully recovered from the impact of COVID-19, with the exception of breast screening. It is anticipated that the breast screening programme will have caught up by the end of July 2024.</p> <p>Overall screening in Powys is in-line or slightly higher than the Welsh average and compares favourably with uptake in England.</p> <p>There is a delay for in-County appointments for patients for diabetic eye screening in mid Wales. Appointments are being offered out of county, which means patients are having to travel some distance. The Diabetic Eye Screening Wales service are keen to set up a hub in Mid-Wales which will increase capacity moving forward.</p> <p>There has been ongoing work in partnership with the voluntary sector to develop screening champions, to promote these services in the community. Between June and November, 125 cancer champions were trained in the community, and in December a further 14 individuals across the partnerships of the PAVO and Llais have also been trained. This allow specific areas and specific groups to be targeted, narrowing inequality uptake rates.</p>

	<p>The Chair noted the high uptake of AAA screening, which is offered in the community at clinics in Machynlleth, Welshpool, Newtown, Llanidloes, Bronllys and Builth Wells.</p> <p><i>Does the diabetic screening complement the additional testing service offered by opticians?</i></p> <p>This service is offered to direct family members of patients who have glaucoma at no cost.</p> <p>The Committee CONSIDERED the uptake of adult population screening programmes and took ASSURANCE of the actions being undertaken to maintain and/or further increase the uptake of screening programmes.</p>
<p>ITEMS FOR DISCUSSION</p>	
<p>PPPH/23/47</p>	<p>ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS</p> <p>The Director of Corporate Governance gave a presentation which provided a summary of the responses received to the Committee Effectiveness questionnaire. The annual assessment forms part of the governance standards within the standing orders.</p> <p>There were four respondents to the survey: three Independent Members and one Executive member. The scoring scale was one to four, with one being disagree; four being agree. The key sections of the survey being</p> <ul style="list-style-type: none"> • Composition and Establishment • Effective Functioning • Assurance • General Comments • Next steps <p>In partnership with the Committee Chair an action plan will be developed, there will be some common actions across the committees which will be included with the feedback on key actions. The plan will incorporate the overall report to Board, which looks at all committees to reflect on performance, areas of success and areas for improvement.</p> <p>The Committee DISCUSSED the summary of the Committee Effectiveness survey and any areas for action/improvement.</p>
<p>PPPH/23/48</p>	<p>REVIEW OF TERMS OF REFERENCE</p> <p>The Director of Corporate Governance presented this item, confirming the Terms of Reference were last reviewed in</p>

	<p>2021, when the current committee structure was put in place.</p> <p>The Director of Corporate Governance asked for thoughts on the key sections of the Terms of Reference</p> <ul style="list-style-type: none"> • Purpose and delegation • Delegated powers. • How the Committee operates • Job titles • Frequency of meetings <p>The Chair and the Director of Corporate Governance will formalise any recommendations for submission to the main meeting of the Board, to provide the revised terms of reference.</p> <p>The Committee CONSIDERED the Planning, Partnerships and Population Health Committee Terms of Reference, and AGREED that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.</p>
ITEMS FOR INFORMATION	
	There were no items for information.
OTHER MATTERS	
PPPH/23/49	<p>COMMITTEE RISK REGISTER</p> <p>The Director of Corporate Governance noted that there are two risks that fall in the remit of this Committee, these were reported to Board at the end of January 2024.</p> <ul style="list-style-type: none"> • CRR 007 - Effective partnership working including service change and reconfiguration results in poorer outcomes, that is a strategic risk is owned by Director of Performance and Commissioning. • CRR 008 - Demanding capacity pressures that within the primary care system leading to unsustainability. This is led by the Director of Finance, Information and IT, as the risk owner. At present, there is no change in the risk rating. <p>All corporate risks are under review and will be presented to the Board in March along with the revised 5-year plan and underpinning Integrated Plan.</p>

	<p>There is a need to be satisfied what the demand and capacity pressures are within primary care before making a formal judgement on the matter.</p> <p>The Committee CONSIDERED the December 2023 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 31 January 2024.</p>
PPPH/23/50	<p>COMMITTEE WORK PROGRAMME</p> <p>The Director of Corporate Governance presented the 2024/2025 Work programme.</p> <p>The Committee NOTED the Work programme and took ASSURANCE the relevant items will be available</p>
PPPH/23/51	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no items identified under this section.</p>
PPPH/23/52	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/23/53	<p>DATE OF THE NEXT MEETING</p> <p>16 May 2024 at 10:00, via Microsoft Teams.</p>
PPPH IC/23/54	<p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>
PPPH IC/23/55	<p>North Powys Wellbeing Programme - including Models of Care</p> <p>Rationale for item being held in private: the item was subject to commercial and sensitive information.</p> <p>The Associate Director of Capital, Estates and Property presented the North Powys update which included a focus on models of care. This programme overlaps with the Accelerated Sustainable Model and Better Together programmes.</p> <p>The Committee RECEIVED and DISCUSSED the update.</p>