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Health Board

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 7 APRIL 2022
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Committee Vice-Chair)
Ronnie Alexander	Independent Member
Kirsty Williams	Independent Member

In Attendance:

Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
James Quance	Interim Board Secretary
Pete Hopgood	Executive Director of Finance, Information & IT
Alison Merry	Consultant in Public Health
Carol Shillabeer	Chief Executive Officer

Observers:

Phil Jones	Audit Wales
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Apologies for absence:

Stephen Powell	Executive Director of Planning and Performance
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Committee Support:

Bethan Powell	Interim Corporate Business Officer
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PPPH/22/01	<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>The Chair expressed sincere thanks to Trish Buchan, former Chair, of the Planning, Partnerships and Population Health Committee for successfully navigating the committee over recent months.</p>
PPPH/22/02	<p>DECLARATIONS OF INTERESTS</p> <p>The Vice Chair of the Health Board wished to declare that they are a current member of the Healthy Wales Oversight Board, given the item 'Strategic Weight Management' on the agenda for discussion.</p>
PPPH/22/03	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 18 JANUARY 2022</p> <p>The Committee APPROVED the minutes of the meeting held on 18 January 2022, as being a true and accurate record.</p>
PPPH/22/04	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising.</p>
PPPH/22/05	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the Action Log and NOTED the following updates:</p> <ul style="list-style-type: none"> • PPPH/21/22: To provide an update on changes to Integrate Care Funding to be brought to future meeting. <i>The Committee AGREED for a summarised report to be brought back for information.</i> • PPPH/21/23: A review of the models of care within the North Powys Programme given the review of SAIL to be brought forward in the 2022/23 Committee work programme. <i>The Director of Planning and Performance to clarify timescales.</i> • PPPH/22/01: The Committee were informed that a review of progress against the Health and Care

	<p>Strategy would be undertaken in Q1 of 2022/23. Any learning from the review would inform the Annual Plan due for development in the autumn of 2022.The Director of Planning and Performance to clarify timescales.</p> <ul style="list-style-type: none"> • PPPH/21/24: Executive Team to reflect upon Powys’s interface with clinical networks. Item to be brought forward in the 2022/23 Committee Work Plan. This is being reflected in the current work being undertaken on Committee work plans. Timescales to be confirmed <p>The following Actions had been completed and would be closed:</p> <ul style="list-style-type: none"> • PPPH/21/19: Matters that had been deferred into 2021/22 would be scheduled to return to committee for consideration in 2022/2023. RPB – Start Well, live well age well. <ul style="list-style-type: none"> -PSB update - Population Health and Wellbeing assessment -Smoke free Premises -Weight management -School age screening Items are set for discussion with the exception of School Age Screening which is due for discussion at the Delivery and Performance Committee on 3 May 2022. • PPPH/21/08: It was clarified that the population health priorities had informed the IMTP development <i>for</i> 2022/23. This is reflected within the IMTP priorities.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/22/06	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PPPH/22/07	<p>REGIONAL PARTNERSHIP BOARD PROGRAMMES REPORTING: START WELL, LIVE WELL AND AGE WELL</p> <p>The Director of Primary, Community Care and Mental Health services presented the paper, noting that this report had been supported in their previous role as The Director of Planning and Performance, which has now been appointed to Stephen Powell from 1 April 2022.</p> <p>The Regional Partnership Board update provided the Committee with an overview of the long-term vision of the</p>

health and care strategy which identifies the importance of enabling people to 'Start Well, Live Well and Age Well' through a focus on well-being, early help, and support, the big four health challenges and joined up care.

Powys' Regional RPB work is driven by the following RPB Partnerships and Programmes.

- start Well
- live Well (Removing Disability Barriers)
- live Well (Mental Health)
- age Well

The Start Well Partnership is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need, whilst helping ensure to address the needs that are more clearly understood from early appraisal of the impact of the COVID pandemic.

The core purpose of the Live Well Removing Disabling Barriers Partnership is removing barriers that get in the way of people living a good life. This has been very much shaped in response to citizen coproduction and a move away from a deficit approach where 'problems' are related to the person experiencing disability to a social model.

The Dementia Home Treatment Team has taken on board feedback from service users and has now begun to accept referrals directly from Part 1 Memory Assessment Service. It was noted that formal outcome measures would be introduced in the near future and the Health Board plan to review how these are completed by patients / carers in order to facilitate a better response rate.

The Age Well Partnership supports older people to live a thriving and independent life for as long as possible, with an emphasis on maximising opportunities with Technology Enabled Care; reducing isolation and loneliness; and ensuring appropriate accommodation options for a range of needs.

The Committee discussed and AGREED that an update would be provided at a future meeting in terms of how longer-term plans shall be funded and how does this fit in with Cluster development.

Action: Interim Board Secretary/Director of Planning and Performance

If the expectation is that the RIF funding is to taper downward, how does the Health Board plan to work with external partners to decide the future of these projects?

The Chief Executive confirmed that this would be reviewed to ensure delivery of the best possible outcomes and to provide

	<p>an update at a future Planning, Partnerships and Population Health Committee for assurance.</p> <p><i>The RPB focuses on the percentage of increasing Dementia issues within the older population and its effectiveness, will the public be sighted on the process to improve its strategy?</i></p> <p>The Chief Executive reported that the RPB has a new incoming Chair with the aim to increase the impact and evaluation in providing a clear understanding of what the long-term strategy will look like and what needs to be established to achieve successful outcomes. The committee discussed and AGREED to receive feedback on RPB long term strategy content and its frequency to be added to the work programme.</p> <p>Action: Interim Board Secretary</p> <p><i>In terms of the RPB Regional Infrastructure Finance Facility (RIFF) chart, what do the numbers mean?</i></p> <p>The Chief Executive reported that the assessment of alignment with models of care and key priorities convey a current scoring, the higher scores convey a greater alignment demonstrating a connection to the guidance provided by Welsh Government. The aim is to satisfy the guidance through a higher scoring, providing an opportunity to modify better outcomes of the strategy and to provide assurance that the work is aligning to a stronger position. The lower scoring provides a consensus approach to manage local issues without escalation.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
<p>PPPH/22/08</p>	<p>STRATEGIC CHANGE REPORT</p> <p>The Director of Planning and Performance presented the report providing the committee with an update on Strategic Change Programmes, including Stocktake. Many of the Strategic Change Programmes were suspended due to the Covid-19 pandemic, some of these are now starting to be restored frequently in different ways, or as part of recovery planning.</p> <p>It was noted that this is a changing picture, given the ongoing public health emergency in relation to the response to the Covid-19 pandemic and the longer-term recovery efforts which are re-shaping the plans of both the health board and neighbouring partners.</p> <p>The Strategic Change Stocktake process was paused and superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans and renewal were then transacted through the quarterly planning</p>

process and the ongoing logging of service changes as part of the revised Commissioning Assurance Framework process providing the updates and monitoring of neighbouring service change.

Reconfiguration of Stroke Services at Hereford and Worcester Hospitals

It was reported that over the last 6 years, the Hereford and Worcester Integrated Care System and Stroke Programme Board have been developing a sustainable service model for stroke and Transient Ischemic Attack services across Herefordshire and Worcestershire.

During this period, reconfiguration of stroke services has remained a system priority due to the ongoing challenges around the specialist stroke consultant workforce and ability to sustainably deliver services in line with national clinical and performance standards. A service model has now been proposed by the Integrated Care Stroke Programme Board, Trust Executive teams, ICS Clinical Forum and Regional Stroke Board.

The service model is subject to public, patient and stakeholder engagement and consultation. The Programme Board have confirmed that they are planning to commence with pre-consultation engagement shortly and will work with the Health Board and Community Health Council leads to develop an engagement plan which will ensure full and appropriate engagement with Powys residents and stakeholders.

Due to ongoing demand across all workstreams and the requirement to prioritise essential services, is it yet clear what is unlikely to be achieved?

The Director of Primary, Community Care and Mental Health reported that overall, across Wales, there is a requirement for hyper acute stroke units, in addition to further upstream management in order to improve and influence the significant workforce challenges in order to support the access to diagnostic treatments and 7x day working. The Chief Executive reported that the intention to restore a more systematic process in 2022/2023, however this is subject to capacity in team services where processes are required to be resumed, for the tacking of service and strategic change programmes.

The Chief Executive added, there are a number of challenges relating to cross border catchment population, providing the

	<p>opportunity and need to impact assess with future fit programmes. This could be replicated though a better space of engagement and influence drawn from a number of sources including contract meetings, peer networks, Programme meetings and corporate and engagement channels. However, it was noted that intelligence is often difficult to obtain and pulled from various sources.</p> <p><i>How does the Endoscopy programme fit into hospital waiting lists across South Powys due to the shortage of Endoscopists and is training actively available?</i></p> <p>The Director of Primary, Community Care and Mental Health Services reported that capacity for the Endoscopy Programme across the South locality is being reviewed as part of the demand and capacity model with the view as to how Powys works across the region in having additional support from in reach training in order to maintain and recover training to enhance the workforce.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
<p>PPPH/22/09</p>	<p>STRATEGIC WEIGHT MANAGEMENT PATHWAY, LEVELS 1-4 OVERVIEW REPORT</p> <p>The Consultant within Public Health presented the Strategic Weight Management Pathway report providing focus within 2021/2022 has been on planning for the establishment in Powys of clinical weight management pathways for adults; children, young people, and families in line with the year 1 priorities identified in the Powys Strategic Weight Management Development Plan 2021-2024. This was approved by Executive Committee on 19 May 2021.</p> <p>The Powys Strategic Weight Management Development Plan 2021-2024 was reviewed and updated in February 2022, in order to take account of progress made in year 1 (2021/22) and the impact of the COVID-19 pandemic on the delivery of the plan.</p> <p>The Committee RECEIVED the action plan for 2022/23.</p> <p><i>How is assurance provided to ensure engagement with Primary Care and that General Practitioners adopt this pathway to take the appropriate actions within Levels 2-3?</i></p> <p>The Consultant in Public Health reported that at present, weight management pathways are being utilised across Primary care. The Renewal programme provides weight management efforts though GP referral pathways for services such as bariatric surgery, recognising that the North and South Powys localities address pathway issues differently. It was reported that difficulties regarding further funding is known Nationally, and Powys are locally</p>

	<p>developing a case of investment where progress has been made.</p> <p><i>With Commercial Weight loss classes no longer available from the end of March 2022, is there additional support for patients and is there further funding to support additional classes?</i></p> <p>The Consultant in Public Health reported that the Commercial Weight loss classes were funded by a bid submitted during 2019 whilst a pathway was developed. Funding to support Adults only through Weight Management vouchers are now available from March 2022 which are limited and commissioned for utilisation across Powys, however no additional funding is available at present.</p> <p>THE Committee APPROVED the Strategic Weight Management Pathway Level 1-4 Overview Report.</p>
PPPH/22/10	<p>SMOKE FREE PREMISES (AND VEHICLES) REGULATIONS (2018) COMPLIANCE REPORT</p> <p>The Consultant in Public Health presented the Smoke Free Premises Report on behalf of the Director of Public Health. The report concludes the smoke free regulations which came in across Wales in March 2021, and, as a result, the Health Board has been legally required to ensure that healthcare facilities are smoke free. A temporary exemption remains in place for Mental Health units, which will cease on 1st September 2022.</p> <p>Over the past year, several actions have been put in place to ensure that the Health Board complies with its legal responsibility to keep the healthcare estate smoke free.</p> <p>The report provided an update on the actions taken to ensure ongoing compliance with the regulations, including communications, supporting staff and service users who smoke to access support to quit, and working with the Mental Health team regarding designated smoking areas.</p> <p><i>With the temporary exemption of Mental Health Units, what plans are in place for the transition for Felindre Ward once the exemption is lifted in September and should the approach be standardised?</i></p> <p>The Consultant in Public Health reported that the Welsh government policy lead fully recognises that the NHS does not have full enforcement at present and plans would be developed with the Local Authority to implement encouragement and advice to the population of Powys residents. A briefing would be provided and circulated to members of the committee with regards to future plans for</p>

	<p>Powys sites to become Smoke free and the standardised approach across Wales. Action: Consultant in Public Health</p> <p><i>What is the approach to enforcement and how is this being developed with the LA?</i></p> <p>The Consultant in Public Health responded and highlighted those representatives from Powys County Council Environmental Health Team attend the Smoke Free Regulations group for the Organisation to discuss the development of an approach to enforcement. According to Welsh Government Enforcement Guidance it was highlighted the importance to sustain a defence of 'reasonable steps' and to evidence the same having been taken. It is recommended therefore that each premises should keep a documented record of incidents and outcomes. A review of recording systems used in other health boards has been undertaken and Datix is the most common system being trialled in health boards in Wales for this purpose. It was agreed for a detailed briefing would be provided and circulated to members of the committee with regards to the approach to enforcement and future development with the Local Authority. Action: Consultant in Public Health</p> <p>The Committee DISCUSSED and NOTED the Smoke Free Premises report.</p>
<p>PPPH/22/11</p>	<p>COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER</p> <p>The Interim Board Secretary highlighted to the Committee that the Corporate Risk Register is a part of the development programme, providing a summary of the significant risks to the delivery of the Health Board's strategic objectives. Through monitoring the Committee based risks, assurance is provided to The Board where Executive Directors review and update the register to ensure it reflects the latest position. It was agreed that the development of the partnership Corporate Risk Register would be reviewed. Action: Interim Board Secretary and Committee Chair</p> <p>The Committee DISCUSSED and NOTED the Corporate Risk Register.</p>
<p>PPPH/22/12</p>	<p>WELLBEING ASSESSMENT AND POPULATION ASSESSMENT BRIEFING PAPER</p>

The Consultant in Public Health presented the report on behalf of the Director of Public Health and highlighted the Well-being Assessment (WBA) and the Population Needs Assessment (PNA) for Powys. The two assessments have differing legislative requirements, aims and content, but are presented together, because of the high degree of overlap between them. The WBA examines well-being from a wider perspective, whereas the PNA has a narrower focus on the provision of health and care services.

The two assessments have been collaboratively developed as part of a combined process. This report summarises the key content and changes since the previous assessments, and also covers practical limitations related to their development (including data gaps and the difficulties with their preparation related to COVID).

Will easy read versions be available to the public summarising the assessment outcomes?

The Chief Executive Officer reported that the approach to a standardised summary would be produced and made available to the public. Feedback would be provided to the Regional Partnership Board in relation to the broader populations needs.

The health needs assessment implies a high risk in terms of the social care system impacting the demand and capacity of the health board's plans, how will PTHB monitor this to mitigate the risks?

The Chief Executive reported that there does appear to be an imbalance without a technical overview to influence and reflect named issues within this report. It was agreed that PTHB would ensure Digital and Wellbeing assessments would be reflected throughout the health needs report to provide assurance and would be discussed during a future Board Development meeting.

Action: Interim Board Secretary

As a result of the pandemic, there has been a significant growth in Children eligible for free school meals, what mechanisms are in place to ensure Children are seen across the community from a safeguarding perspective?

The Chief Executive officer reported that cashless systems are now implemented within schools across Powys, recognising that the growth increase of children eligible for free school meals does provide the unrecognised needs. It was reported that the Population Needs Assessment (PNA) provides live detail of the future health and social care needs across Powys from identifying existing and future care and

	<p>support needs, it also focuses on the services and assets that are currently available to meets the needs of children. It also identifies actions that are required to address any gaps in services or unmet needs relating to 8 of the following core themes:</p> <ul style="list-style-type: none"> • Children and young people • Older people • Health • Physical disabilities and sensory impairment • Learning disability and autism • Mental health • Carers who need support • Violence against women, domestic abuse, and sexual violence <p>It was agreed that the detail would inform the Health and Care Strategy and will be picked up across Partnerships in order to alleviate elements collaboratively. A further detailed assessment statement would be provided to committee members in due course by the Consultant in Public Health.</p> <p>Action: Consultant in Public Health</p> <p>The live report will be available to the public on the PTHB and Powys County Council website.</p> <p>Action: Interim Board Secretary</p> <p>The Committee DISCUSSED and NOTED the assessment reports.</p>
ITEMS FOR INFORMATION	
PPPH/22/13	There were no items for inclusion in this section.
OTHER MATTERS	
PPPH/22/14	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no items noted.</p>
PPPH/22/15	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was declared.</p>
PPPH/22/16	<p>DATE OF THE NEXT MEETING</p> <p>14 July 2022 at 10:00, via Microsoft Teams.</p>