

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 12 OCTOBER 2021
VIA MICROSOFT TEAMS**

Present:

Trish Buchan	Independent Member (Committee Chair)
Ian Phillips	Independent member (Committee Vice-Chair)
Melanie Davies	Vice-Chair
Rhobert Lewis	Independent member
Ronnie Alexander	Independent member

In Attendance:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
Jamie Marchant	Director of Primary, Community Care and Mental Health
Pete Hopgood	Executive Director of Finance, Information & IT Services
Stuart Bourne	Director of Public Health
Samantha Ruthven-Hill	Assistant Director of Planning
Rani Mallison	Board Secretary
Andrea Blayney	CHC
Phil Jones	Audit Wales

Apologies for absence:

Rebecca Collier	Healthcare Inspectorate Wales
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Committee Support:

Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary
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PPPH/21/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
PPPH/21/02	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PPPH/21/03	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE</p> <p>There were no previous meets held of the Planning, Partnerships and Population Health Committee.</p>
PPPH/21/04	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>No matters arising were declared.</p>
PPPH/21/05	<p>COMMITTEE ACTION LOG</p> <p>There were no action log updates.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/21/06	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PPPH/21/07	<p>Strategic Planning: Performance and Key Planning Parameters</p> <p>The Director of Planning and Performance presented the report which provided the Committee with a draft version of the Powys Planning Framework and Parameters, which incorporated a section on IMTP requirements and approach. The report was provided as part of the scoping and preparations for the production of the IMTP (Integrated Medium-Term Plan) 2022/23 – 2024/25. The IMTP strategic framework was due to be presented to PTHB Board on 26 November 2021.</p> <p>The report and the Planning Framework attached were presented alongside two complementary reports on Population Needs Partnerships and Strategic Change.</p>

Together the suite of reports was intended to set out the key considerations for the Committee and to enable a full stocktake of the key factors which would inform the IMTP.

The three Rs of 'Resilience, Recovery and Renewal' were proposed as key phases of the cycle in the short, medium and long term. This would enable contingency and local options planning as part of the IMTP 2022 – 2025.

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term.
- Recovery: recovery planning and action in the short and medium term.
- Renewal: taking a longer-term horizon to achieve sustainable transformation and renewal.

The Chair requested comments on the long-term approach. The return to IMTP was welcomed, it provided a different overview and the return to renewal was appropriate where capacity allowed.

Given that final guidance from Welsh Government would not be available until October to November 2021 to what extent were any changes in guidance expected to impact the IMTP? The Director of Planning and Performance responded that any further guidance was not expected to significantly impact PTHB's approach. Assurance could be taken from the continuous communication with Welsh Government which allowed PTHB to adapt the approach where necessary.

To what extent was PTHB reliant on other Health Boards decisions? Could further information be provided on the performance position 'this is a change of currency from 'waiting times' to experience and outcomes for those waiting'? For the public there was no substitute for being seen.

The Director of Planning and Performance responded that the statement referred to the broader support for harm that had been adapted. PTHB had some complexity with other Health Boards but differed due to commissioning relationships. The last stage for the IMTP needed to be completed before alignment with other Health Boards plans could proceed.

How would PTHB increase its capacity? In terms of implementation and review, how would staff engagement be ensured?

The Director of Planning and Performance responded that Directorates would be requested to outline their priorities. Check and challenge monitoring through the Board would be

	<p>employed to monitor progress. The Local Partnership Forum would be engaged and discussion would be prioritised.</p> <p>The Director of Public Health noted that the IMTP would be important to population health. The Director of Primary, Community Care and Mental Health added that the IMTP was familiar to PTHB and would lead to more robust processes in 2022/23.</p> <p><i>Given that the PTHB outcomes were set in 2017 what assurance could be provided that they would be met?</i></p> <p>The Director of Planning and Performance responded that a report on the 10-year vision would be brought to Committee to help update the area plan. This would not be featured in the current IMTP. Discussion with stakeholders would be required, more information would be brought to the next Committee meeting. The Chief Executive added that since 2017 COVID-19 had brought challenges and opportunities. It would be necessary to take stock of the current position and what was required to deliver the commitments. Due to the timing this would not be inline to inform the 2021/22 IMTP.</p> <p>The Committee Chair noted that the Committee supported the direction of work for the IMTP.</p> <p>The Committee NOTED and DISCUSSED the Draft Powys Planning Framework and Parameters and provided feedback to inform the development of the IMTP strategic framework which would subsequently be presented to PTHB Board on 26 November 2021.</p>
<p>PPPH/21/08</p>	<p>Overview of PTHB Population Health Priorities and Key Priorities</p> <p>The Director of Public Health presented the report which provided the current partnership priorities for population health in Powys as captured in three documents:</p> <ul style="list-style-type: none"> • The Public Services Board (PSB) Wellbeing Plan • The Regional Partnership Board (RPB) Local Area Plan • The Powys Health and Care Strategy <p>In reviewing each, a large number of actions were identified which contributed to population health. When taken together, they could be identified as five collective themes or priorities: place, behaviours, early years, education and skills, and equity (of access).</p> <p>Assurance would need to be sought about the recognition of population health priorities as part of forthcoming IMTP development for 2022-23.</p>

	<p><i>To what extent could the Overview of PTHB Population Health Priorities and Key Priorities and the Strategic Planning: Performance and Key Planning Parameters reports be combined?</i></p> <p>The Director of Public Health responded that there were significant areas of crossover between the documents therefore there was potential for them to be combined in future reporting. As one of the largest employers within Powys, PTHB needed to use assets effectively to improve population health.</p> <p>The Committee Chair raised that how PTHB commissioned would benefit from consideration.</p> <p><i>Population health needed to be more central to core business, renewal and partnership. Was the definition of ownership clear in order for PTHB not to go outside its parameters, for instance who was responsible for housing?</i></p> <p>The Director for Public Health responded that Housing was part of social quality of health. It was important to help staff to think more holistically. The Committee Chair noted that the key role of the Committee was defined in the Committee Terms of Reference.</p> <p>The Committee NOTED and DISCUSSED the report.</p>
<p>PPPH/21/09</p>	<p>Overview of PTHB Statutory Partnerships and Joint Committees</p> <p>The Director of Planning and Performance presented the report which provided a stocktake of the key partnerships and planning arrangements. The paper provided further detail, to enable a follow up discussion. It was presented alongside two complementary reports on the Planning Framework and Approach for the development of the Integrated Medium-Term Plan 2022-2025 and Powys Population Needs being provided by the Director of Public Health.</p> <p>Together the suite of reports was intended to set out the key contextual considerations for the Committee as part of the development of the IMTP (Integrated Medium-Term Plan).</p> <p>It should be noted that this was 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 were re-shaping the plans of both PTHB and neighbouring partners.</p> <p><i>Was more information available on the Welsh Renal Clinical Network?</i></p>

	<p>The Director of Planning and Performance responded that more information would be brought to Committee. Action: Director of Planning and Performance</p> <p><i>Was the opportunity to divert patients between providers positive?</i></p> <p>The Chief Executive responded that there were both positives and negatives. Work was being undertaken with multiple partners in an open dialogue so patients could switch pathways when needed. Digital and home working allowed for the exploration of additional capacity from England.</p> <p>The Committee Chair noted that it was hoped this work could help to address economic and equality responsibilities.</p> <p><i>If a patient switched pathways to an English provider did it impact their planning cycles?</i></p> <p>The Director of Planning and Performance responded that discussion was underway with NHS England. The planning was based around integration and sustainability. More detail would be available on the submission of the IMTP in January 2022. Where long waiting patients were switched to English services it did not count as a change of pathway.</p> <p>The Committee NOTED and DISCUSSED the report.</p>
<p>PPPH/21/10</p>	<p>North Powys Wellbeing Programme Planning Framework</p> <p>The Director of Planning and Performance presented the report which provided an overview of the Service Planning Framework which had been developed to support the service design required to develop the Strategic Outline Case (SOC) and beyond, and would be applied based on the following national policy drivers:</p> <ul style="list-style-type: none"> • A Healthier Wales • Social Services and Wellbeing Act • Wellbeing of Future Generations Act • National Clinical Framework • <p>It was a working internal document which helped to set a framework to support partners working on the programme. The proposed multi-agency wellbeing campus development in the centre of Newtown would include a number of settings on the same site, and the naming of each of these settings had come under scrutiny and review by a range of different audiences. Though the framework set out the proposed terminology and definitions, there would need to be a period of public engagement around the naming of facilities.</p>

	<p><i>Was a Rural Regional Centre synonymous with being a hospital?</i></p> <p>The Director of Planning and Performance responded that a Rural Regional Centre was a hospital but with an enhanced service. It would be important to clearly differentiate between the two as Rural Regional Centres provided different services to standard hospitals.</p> <p><i>Was there any learning from the north being drawn on in the south of Powys?</i></p> <p>The Director of Planning and Performance responded that the integrated model of care provided learning from the south. Work was being undertaken on cross Health Board working. An open conversation with the public would be necessary on regarding the naming of Rural Regional Centres. The Chief Executive added that it was a matter of making the definition of facilities and their names clear to the public.</p> <p><i>To what extent was communication with the community on the naming of Rural Regional Centres important?</i></p> <p>The Director of Planning and Performance responded that communication with the community was essential in order to instil a feeling of ownership of the Rural Regional Centres. The term Hospital implies sickness as apposed to reflecting the wellness and wellbeing of the community.</p> <p>The Committee NOTED and DISCUSSED the content of the framework and recognised that this was a live document that would be continually updated.</p>
<p>PPPH/21/11</p>	<p>Overview of Strategic Renewal Portfolio Priorities and Arrangements</p> <p>The Director of Planning and Performance presented the report. The PTHB renewal priorities were identified following a review of the evidence base and learning from COVID-19. Significant progress had been made in Q1 and Q2 to progress arrangements to deliver renewal alongside other organisational priorities:</p> <ul style="list-style-type: none"> • The CEO-led Renewal Strategic Portfolio Board had been established (with approved Portfolio Initiation Document); • Lead Directors had been confirmed for each Renewal Priority area; • Each programme within the portfolio had an approved Programme Initiation Document; • The CEO-led Renewal Core Group was meeting weekly;

- £2.5M non-recurrent revenue funding had been secured from Welsh Government, plus £550k capital for phase 1 (2021/22 financial year);
- The Renewal Set Up Co-Ordination Team had been established;
- Recruitment was underway to renewal posts, with WOD support secured to fast-track the process.

Key risks and pressures to the renewal portfolio included:

- Non-recurrent funding at present (likely to be further funding);
- Ability to recruit to posts;
- Pace versus staff wellbeing;
- Ongoing response to COVID-19 pandemic – harm from delayed care was equally part of the challenge.

The Chief Executive raised that when developing the Strategic Renewal Portfolio wave 3 of COVID-19 was expected to have been less significant than it had been. It would be key to evaluate what elements of the Renewal Programme would increase resilience. It was being assessed if the Renewal Programme could be accelerated, consideration was needed as to whether PTHB was being ambitious enough.

How did the Strategic Renewal Portfolio fit in the wider framework of work, was it part of the year 1 IMTP?

The Director of Planning and Performance responded that detail would be given in the year 1 IMTP, outline and direction of travel in year 2 with the content provided in the year 3 IMTP.

In terms of ambitiousness, were PTHB's resources being maximised effectively?

The Chief Executive responded that it was necessary to keep in mind the scale and spread of the issue. Testing changes on a smaller scale would reduce risk rather than scaling changes immediately. Pathway redesign work may be required. Confidence needed to be built into delivery, allowing achievable proposals to be implemented.

The Director of Planning and Performance noted that the risk appetite would need to increase in order to move at scale and speed.

The Chair noted it would be important to keep a top down view while ensuring staff were engaged.

To what extent were the aspirations of the renewal priorities realistic and deliverable given the impact COVID-19 had had on staff?

	<p>The Chief Executive responded that this would be a topic which would benefit from engagement from the whole Board.</p> <p><i>To what extent was relying on value-based health care realistic for achieving goals?</i></p> <p>The Director of Planning and Performance responded that the Powys Planning Framework and IMTP Strategic Framework would help inform on the effectiveness of value-based health care moving forward. The Director of Finance, Information & IT Services added that a value-based approach was essential. There would be a priority in effective resource deployment and embedding the value-based culture and understanding to enable delivery. The Director of Public Health noted that a value-based approach was strategically fundamental. It would be valuable to discuss the approach to quality and cost outcomes for the Powys population. The Director of Therapies & Health Science confirmed that there was significant clinical enthusiasm for value-based health care.</p> <p>The Committee NOTED and DISCUSSED the Renewal Strategic Portfolio arrangements.</p>
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ITEMS FOR INFORMATION

<p>PPPH/21/12</p>	<p>Committee Terms of Reference, approved by Board 29 September 2021</p> <p>The Board Secretary presented the report. In-line with Standing Orders and the Board’s Scheme of Delegation and Reservation of Powers, the Health Board had established a committee to be known as the Planning, Partnerships and Population Health Committee.</p> <p>The scope of the Committee extended to all areas of Planning, Partnership Working and Population Health, across the full breadth of the Health Board’s responsibilities.</p> <p><i>To what extent was the work programme reflective of the Committees discussion?</i></p> <p>The Committee Chair responded that this would be picked up with the Director of Planning and Performance and Board Secretary.</p> <p>The Committee NOTED the report.</p>
<p>PPPH/21/13</p>	<p>Board and Committee Priorities 2020/21, approved by Board 29 September 2021</p> <p>The Board Secretary presented the report which provided the workplan for the Board based on its agreed Annual Plan, which was inclusive of its committees, and outlined where</p>

	<p>these priorities would be delegated to for oversight in the remainder of 2021/22. The role of the Board's committees would be key in providing assurance to the Board that its priorities and actions were being progressed and associated risks were being mitigated effectively.</p> <p>The workplan of the Board (inclusive of its committees) would need to remain under review as the year progressed to ensure that it remained proportionate and appropriate.</p> <p>The Committee NOTED the report.</p>
OTHER MATTERS	
PPPH/21/14	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There are no items for inclusion in this section</p>
PPPH/21/15	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/21/16	<p>DATE OF THE NEXT MEETING</p> <p>18 January 2021 at 10:00, via Microsoft Teams.</p>