

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 19 JANUARY 2023
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Committee Vice-Chair)
Ronnie Alexander	Independent Member
Jennifer Owen-Adams	Independent Member

In Attendance:

Stephen Powell	Director of Planning and Performance
Mererid Bowley	Director of Public Health (Joined for Item 3.1)
Pete Hopgood	Director of Finance, Information & IT (Joined for Item 3.3)
Claire Madsen	Director of Therapies and Health Sciences
Carol Shillabeer	Chief Executive Officer
Jayne Lawrence	Assistant Director of Primary Care Services (Joined for Item 3.4)
Helen Bushell	Director of Corporate Governance

Apologies for absence:

Kirsty Williams	Independent Member
Hayley Thomas	Director of Primary, Community Care and Mental Health
Bethan Hopkins	Audit Wales

Committee Support:

Shania Jones	Charity Administrative Support Officer
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PPPH/22/65	<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>
PPPH/22/66	<p>DECLARATIONS OF INTERESTS</p> <p>There were no Declarations of Interest made.</p>
PPPH/22/67	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 20 OCTOBER 2022</p> <p>The Committee APPROVED the minutes of the meeting held on 20 October 2022, as being a true and accurate record.</p>
PPPH/22/68	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The following comments were raised regarding minute PPPH/22/52 – matters arising (Obesity Prevention Workshop).</p> <p>At an Independent Member peer group meeting, it was reported that a project in Ceredigion, focusing on obesity prevention recorded a 20-30% weight reduction due to family support and use of a Fitbit. This outcome would be worth investigating further and could be something to consider for future.</p> <p>The following comments were raised regarding minute PPPH/22/55 – Tobacco Control.</p> <p>Should the following response be recorded as an Action: 'The health board would explore further data through the Healthy School Scheme to understand the position locally. Further work would be carried out to explore and strengthen local level workstreams to support Smoke Free Schools going forwards as part of the Healthy Schools scheme.'</p> <p>The Director of Director of Public Health noted that SHORN data had been shared at a county level with the Public Health Team and that the Health Schools Team were offering support as part of the scheme to schools.</p>

PPPH/22/69

COMMITTEE ACTION LOG

The Committee Action Log was received, and ongoing actions were discussed.

PPPH/21/23 – North Powys Wellbeing Programme Models of Care - the Director of Planning and Performance explained that it this had been delayed due to organisational pressures. It was agreed that this Action would be moved into the Committee’s workplan and closed.

PPPH/21/24 – This action has been completed.

PPPH/22/05 – This action has been completed.

PPPH/22/11 – This action has been completed.

PPPH/22/07 – Regional Partnership Board long term strategy content and reporting mechanisms to PPPH - the Chief Executive advised the partnership is due to review the area plan (based on the Health and Care Strategy which has been refreshed) in Quarter 1 of 2023/2024. It was agreed that this Action is to be closed and moved into the Committee’s workplan.

PPPH/22/39 – to seek clarity regarding permanent contracts for vaccination staff - the Director of Public Health advised work is under way to design a model of vaccination in response to the predicated requirements. Central to this is scoping a workforce model that can be flexed to meet the demands within the Welsh Government’s financial allocations.

This action can be closed as there is no timescale and Director of Public Health will update when needed.

PPPH/22/35 – This action has been completed.

PPPH/22/39 – This action has been completed.

PPPH/22/52 – This action has been completed.

PPPH/22/55 – This action has been completed.

PPPH/22/56 – to acquire evidence-based data which identifies the analysis of benchmarking outcomes of PTHB performance - the Chief Executive Officer and Director of Planning and Performance advised that the health board are aiming to use new benchmarking tools. An update will be brought to Committee to provide a better understanding on performance benchmarking.

This Action to be closed and moved into the Committee’s workplan.

PPPH/22/57a – This action has been completed.

	<p>PPPH/22/57b – an update on Endoscopy to be provided to a future meeting - Committee agreed that this Action is to be closed and moved into the Committee’s workplan.</p> <p>PPPH/22/59 – This action has been completed.</p> <p>PPPH/22/60a – This action has been completed.</p> <p>PPPH/22/60b – the Digital Strategic Framework to be added to the work programme - the Director of Finance advised the Digital Strategic Framework is in the process of being finalised and will be presented to Committee in March 2023.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/22/70	There were no items for inclusion in this section.
ITEMS FOR ASSURANCE	
PPPH/22/71	<p>HEALTHY SCHOOLS AND HEALTHY PRE-SCHOOLS/BACH A IACH SCHEMES ASSURANCE</p> <p style="text-align: center;"><i>The Director of Public Health joined the meeting.</i></p> <p>The Director of Public Health presented the paper outlining that the Healthy Schools and Preschools Team deliver the following national programmes:</p> <ul style="list-style-type: none"> • Healthy Schools Scheme; • Healthy Preschool Scheme; and • Whole School Approach to Emotional and Mental Wellbeing <p>Delivery of these programmes is on track in line with the conditions of the national grants that fund them. In addition, between 2020/21 and 2022/23, the team delivered a local programme: “Foundation Phase Bach a Iach” under the North Powys Wellbeing Programme. The Foundation Phase Bach a Iach project aimed to promote healthy weight in children up to the age of seven by accelerating the physical activity and healthy eating aspects of the Healthy Schools Scheme using an approach developed locally for the delivery of the Healthy Preschools Scheme. Funding for this work has now ended and planned work has been completed. The new way of working with schools is being embedded into future delivery.</p> <p><i>Will funding for Healthy Schools and Pre-schools continue?</i> The Director of Public Health advised that this has been funded by way of annual grant for 15 years. Confirmation of funding is only received in quarter one of each financial year.</p>

	<p><i>When Committee previously met, there was a discussion surrounding an anti-smoking strategy within schools. Do these schemes discourage smoking?</i></p> <p>The Director of Public Health explained that the Health Schools Scheme does encourage development of the smoke free policies and smoking prevention work in secondary schools. Cardiff University conduct a survey of wellbeing every two years and invite secondary schools to participate which provides data for the county to help plan smoking prevention in schools.</p> <p><i>Could clarification be given to what age group this is for?</i></p> <p>The Director of Public Health confirmed that the Healthy Schools scheme is currently for primary and secondary schools..</p> <p><i>It has been noted that 70% of secondary schools have decided to delay the introduction of the new curriculum, does this produce any pressure on health and wellbeing?</i></p> <p>The Director of Public Health explained health and wellbeing is a priority as part of the new requirements of the curriculum and will be considered as part of the Estyn inspection/reviews of schools. It was noted with only a small health schools team in the health board it was important to work with educational leads in the local authority closely to ensure the best outcome for support in Powys schools.</p> <p><i>Have any developments been made with the previous concerns raised regarding tobacco control and the need to link with Estyn?</i></p> <p>The Director of Public Health explained that Public Health Wales were holding national discussions with Estyn as it is a part of Estyn’s programme for evaluating secondary schools.</p> <p>The Committee DISCUSSED and NOTED the Healthy Schools and Healthy Pre-schools/Bach a Iach Schemes Assurance Report.</p> <p><i>The Director of Public Health left the meeting.</i></p>
<p>PPPH/22/72</p>	<p>STRATEGIC CHANGE REPORT</p> <p>The Director of Planning and Performance presented the strategic change report providing an updated stocktake of the Strategic Change programmes which may impact the health board and its patients.</p>

The organisations which the health board commission services from are now reviewing their structures and making additional changes following the pandemic.

Health boards are developing integrated plans for submission in March 2023 in response to the NHS Wales Planning Framework which includes refreshed Ministerial Priorities. This will result in changes to associated long term ambitions and medium-term plans.

The following key programmes for engagement/consultation were noted to be under way or under consideration:

Engagement under way

- Gilwern Branch Surgery;
- South Wales Specialist Auditory Hearing Implant Services; and
- EMRTS/Welsh Air Ambulance

Engagement planned or under consideration

- Next stage of Powys Well-being Plan/Area Plan

Consultation planned or under consideration

- Hywel Dda University Health Board new hospital location and interim configuration of paediatric services

It was noted that the following had been completed, and were awaiting next steps:

- Engagement on 'Big Ideas' for Powys Well-being Plan and Area Plan;
- Herefordshire and Worcestershire Stroke Services; and
- WHSSC 10-year strategy

What is the process for collecting this information? Are the providers supplying this information to the health board?

The Director of Planning and Performance explained that the health board have particularly complex arrangements due to different operating arrangements within England and Wales. The health board are proactive and there is an expectation that the larger organisations will keep the health board informed of planned changes to services. There are the exceptions for example, if emergency changes need to be implemented, and on occasion the health board was not sighted until after the change had been implemented. However, the monthly meetings with the commissioning providers and third sector have enabled regular updates on service and strategic change.

The Community Health Council (CHC) are actively collecting data from patients, and it is important that the health board works in conjunction with the CHC to share these insights.

It should be noted that not all data can be captured due to the large number of services provided. However, the health board are proactive in trying to collect as much data as possible.

What is 'CQPRM'?

The Director of Planning and Performance explained that CQPRM stands for 'Clinical Quality Performance Review Meeting'.

This is a large undertaking; does it require a large workforce to manage?

Director of Planning and Performance explained that there is not a large workforce working on this. Monthly Clinical Quality Performance meetings are key to gaining the insight and team members attend key strategic meetings around England and Wales where changes are shared. It was noted that the maintenance of this document is straightforward as changes are iterative.

In relation to the centralisation of south Wales Cochlear Implant services in Cardiff with a local outreach whilst this does not affect many Powys patients what will local outreach look like?

The Director of Planning and Performance explained that with outreach services the more complex procedures are undertaken centrally with lower-level components of the pathway such as maintenance or routine follow up conducted in the outreach clinics.

It was noted that a proposal would be needed to ascertain what part of the pathway should be provided locally and what equipment, infrastructure and workforce was needed to provide this service.

Can clarity be provided on the statement 'Betsi Cadwaladr University Health Board - plans for rapid diagnostic clinics for 'vague symptoms' with reasonable risk of cancer but does not fit the criteria for a current site specific urgent suspected cancer pathway'?

The Director of Planning and Performance advised that there are several providers developing pathways across England and Wales for rapid diagnostic clinics. The health board have recently commissioned a pathway with another University Health Board, whilst Wye Valley NHS Trust commission and organise their rapid diagnostic service.

The Chief Executive noted the intention was to ensure that there was strategic planning for specialist services. It is

	<p>important to view the whole system pathway to ensure there are early opportunities for interventions which could be closer to home for patients. The health board will need to consider how the proposed changes will have an impact on the residents of Powys.</p> <p><i>In relation to Gilwern Branch Surgery does the health board have a view as to whether the closure of a satellite branch is desirable or not, or is the health board a consultee?</i></p> <p>The Chief Executive Officer explained that there is a process which includes an application from the practice to close a branch surgery. The health board discuss the application and agreed a recommended position. There is a consultation period which will result in a decision to be taken, scheduled for April 2023. This process will have a criterion to consider as well as the opinions from the public.</p> <p>The Committee DISCUSSED and NOTED the Strategic Change Report.</p> <p><i>The Director of Finance and IT joined the meeting.</i></p>
<p>PPPH/22/73</p>	<p>STRATEGIC PLANNING – DRAFT INTEGRATED MEDIUM-TERM PLAN (IMTP) UPDATE</p> <p>The Director of Finance and IT, and the Director of Planning and Performance provided an oral update on the development of the IMTP.</p> <p>It was noted by Committee that this had previously been discussed during the Board Development on 16 January 2023. However, the Director of Finance and IT wanted to draw Committee’s attention to key highlights from the Financial Allocation Letter:</p> <ul style="list-style-type: none"> • the health board is scheduled to receive 1.5% uplift to cover inflationary pressures; • ongoing Covid-19 costs and economic pressures would now be included in the baseline funding; • reduced allocations for Test, Trace and Protect activity and the mass vaccination service; • an expectation that 2.5% efficiency target will be delivered by all health bodies; and • sustainability and recovery funding allocation had been reduced - the health board will receive £7.5m from £170m which was made available by Welsh Government. £50m of the £170m will be held back to be used to support regional developments.

	<p>The Director of Planning and Performance advised that the deadline for the IMTP is the 31 March 2023 which must be approved by Board prior to submission.</p> <p><i>Are there any risks that the submission deadline will not be met?</i></p> <p>The Director of Finance and IT reassured Committee that the health board will deliver against the timetable. The financial plan in line with that IMTP will be submitted by the end of March 2023.</p> <p><i>Is there an opportunity as a health board to challenge the allocation based on the unintended consequences of not having funding where it is required? Could there be an opportunity to look at this from the whole system perspective?</i></p> <p>The Chief Executive explained that within the Health and Care Strategy there is a key focus on the greatest need. It was noted that there needed to be a better understanding of sustainable options/funding in specific areas. The health board needed to challenge itself to ensure that areas of inequality are being treated fairly. This is a particular challenge given the financial constraints however, when faced with challenges, creative solutions can be found.</p> <p><i>Is the health board planning for a deficit budget or is it able to deliver a financially balanced plan?</i></p> <p>The Director of Finance and IT confirmed that this would be a Board level decision. The IMTP plan will help to identify the priorities, as well as financial consequences, and realistic levels of savings.</p> <p>This will influence the decision of submitting a balanced or deficit plan.</p> <p>The Committee DISCUSSED and NOTED Strategic Planning – Draft Integrated Medium Term Plan update.</p> <p><i>The Assistant Director of Primary Care Services joined the meeting.</i></p>
<p>PPPH/22/74</p>	<p>PRIMARY CARE CLUSTER PLANNING</p> <p>The Assistant Director of Primary Care Services on behalf of the Director of Primary, Community Care and Mental Health presented the report to Committee. This paper included an update on the accelerated cluster development programme, an initiative introduced by Welsh Government to promote equality of both independent contractors and other stakeholders through Regional Partnership Boards (RPB).</p>

Across the health board professional collaborative arrangements are in place which are in various stages of maturity. Collaborative group representation includes general practice, general dental practice, optometry, community pharmacy, professional nursing, and allied health professionals. Collaborative representation is feeding into the wider Cluster forums. Clusters are the mechanism where strategic principles are transformed into a local solution, recognised in IMTP planning cycles along with local delivery mechanisms.

During the Accelerated Cluster Development (ACD) transition year (2022/2023), three Cluster Groups have continued and options to reduce the three-cluster footprint to two by merging the mid and south cluster will be explored. From a population planning perspective this makes sense, however, cluster maturity between the two clusters varies.

The RPB Executive Group delivers the function of pan cluster planning and is the mechanism by which representatives of the three clusters come together to collaborate with representatives of health board and local authority, public health experts, third sector, planners, and other stakeholders. The group provides the strategic planning and priorities for the clusters and receive ideas and business cases from the clusters via the cluster Leads.

What is the difference between the maturity arrangements for Mid and South Powys?

The Assistant Director of Primary Care Services explained that South cluster had been proactive and was collaborating between themselves. Mid Powys are only now collaborating well between their GPs. There are various elements that influence the maturity level of cluster development for example, the different size/number of GP practises.

Could a larger picture be given of what this would look like in 5-10 years' time?

The Assistant Director of Primary Care Services responded and explained that Accelerated Cluster Development is in its transition year, with a number of items to be considered and achieved which will allow for a stronger foundation moving forward. Currently this is in its infancy and the health board is in the process of engaging the cluster leads as equal partners through the RPB.

The Chief Executive added that there could be a challenge between having a standard blueprint and a more flexible plan which will meet the needs of the local population. It is important that the health board develop a sustainable

	<p>integrated primary care model that will meet the needs of the population.</p> <p><i>Will this still be financially supported?</i></p> <p>The Assistant Director of Primary Care Services explained that it is a recurring budget supported by Welsh government.</p> <p>The Committee DISCUSSED and NOTED the primary Care Cluster Planning.</p> <p><i>The Assistant Director of Primary Care Services and Director of Finance and IT left the meeting.</i></p>
ITEMS FOR DISCUSSION	
PPPH/22/75	There were no items for inclusion in this section.
ITEMS FOR INFORMATION	
PPPH/22/76	<p>Q2 NHS WALES SHARED SERVICES PARTNERSHIP PERFORMANCE REPORT</p> <p>The Committee NOTED the Q2 NHS Wales Shared Services Partnership Performance Report.</p> <p>ACTION: To seek clarification from the Director of Workforce and OD on how shared services are planning to improve the recruitment system and could prioritisation be given to clinical posts when appointing.</p>
OTHER MATTERS	
PPPH/22/77	<p>DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME REPORT</p> <p>The Director of Corporate Governance presented the development of Committee annual programme report and key points were highlighted to committee which included:</p> <ul style="list-style-type: none"> • delivery of 2022/23 Annual Programme of Business; • committee terms of reference; • feedback from committees (discussions and performance review); and • feedback from the Board <p><i>Could the Director of Corporate Governance and Board Secretary explain why the risk register had not been presented at Committee?</i></p> <p>The Director of Corporate Governance and Board Secretary advised that the risk register had not been brought to Committee because of the close proximity to the January</p>

	<p>2023 Board meeting at which the full Board would receive an updated corporate risk register. If the report was provided to this Committee it would have been out of date. Assurance was given to Committee that the risk register had been updated and circulated for the Board meeting on 25 January 2023.</p> <p>The Committee DISCUSSED and NOTED the Development of Committee Annual Programme.</p>
PPPH/22/78	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no items to be brought to the attention of the Board or other Committees.</p>
PPPH/22/79	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/22/80	<p>DATE OF THE NEXT MEETING</p> <p>11 May 2023 at 10:00, via Microsoft Teams.</p>
PPPH/22/81	<p>IN-COMMITTEE</p> <p>The Chair, with advice from the Director of Corporate Governance and Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></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/22/82	<p>DEVELOPMENT OF ACCELERATED SUSTAINABLE MODEL</p> <p>The Committee DISCUSSED and NOTED the development of the Accelerated Sustainable Model.</p>