

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 3 July 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Independent Member (Chair of PPHP Committee)
Gareth Williams	Independent Member (Vice Chair of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member
In Attendance	
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Dyfed Edwards	Chair of the Health Board
Nicola Jones	Deputy Head of Internal Audit (<i>via Teams</i>)
Stuart Keen	Director of Environment & Estates (<i>via Teams</i>)
Brian Laing	Strategic Partnerships Manager, Public Health (<i>part meeting</i>)
Jane Moore	Executive Director of Public Health
Charlotte Smith	Consultant in Public Health (<i>part meeting</i>)
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS

PP25/45 Welcome and Apologies

The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Dylan Roberts, Pam Wenger and Dave Harries.

PP25/46 Declarations of Interest

No declarations of interest were raised. The Chair noted reference to Clwyd Alyn in the Population Health Delivery Report.

PP25/47 Unconfirmed Minutes of Meeting held on 01.05.25

It was agreed that the minutes of the meetings held on 01.05.25 were a true and accurate record.

PP25/48 Matters Arising & Action Log

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

STRATEGIC PRIORITIES

PP25/49 Item Withdrawn

PP25/50 Diabetes Transformation Programme Case for Change Update

Members received the presentation and the Executive Director of Public Health and Consultant in Public Health highlighted:

- The presentation emphasises the outcome of the first stage of the work which focussed on collating information from stakeholders, identifying the major issues in relation to patients with diabetes and developing a clear framework to provide the right model of care for the people of North Wales.
- The presentation provided the background to the Diabetes Transformation Programme noting that improving services for the prevention of diabetes and early intervention was included within the BCU Major Change programme in March 2024.
- Reference was made to the methodology used in terms of gaining a wide range of views on how diabetes should be delivered within North Wales taking into account the data, intelligence and modelling.
- The prevalence of diabetes is increasing, there has been an increase of 43% between 2009/10 and 2021/22 and this figure is due to increase further.
- Obesity accounts for 80-85% of the risk of developing Type 2 diabetes and diabetes is also associated with a range of complications including increased risk of stroke and heart attack.
- A range of service pressures associated with diabetes were highlighted and these include an increase in secondary care attendance due to complications of diabetes, increase in bed days for patients with diabetes and the need for specialist care for certain patients. The information was based on the current modelling however if changes are made to the model of care, these issues and attendances will see a reduction.
- A model of care has been developed which focuses on Population Based Prevention, Integrated Primary Care and Early Intervention, Secondary and Specialist Care and System-Wide Enablers and if developed this would ensure all layers of care work together as part of a larger system. Detail of each of the elements was discussed with the Committee.
- The next steps were highlighted which include improving the current services provided within Primary Care which is also part of the Cabinet Secretary priorities, developing an overarching North Wales Diabetes Plan as a Health Board and increased partnership working and transforming the pathways of care.

As part of the discussion, the Committee:

- Noted the number of acronyms used in the presentation and suggested simple terms rather than medical terms are used in future.
- Acknowledged that increased weight is the main risk of people developing diabetes and the importance of getting messages out to the population of North Wales. It was noted that there are other contributing factors as well as weight and there is a need to ensure people have access to a wide range of preventative services and learning in this area.

- Highlighted the findings in relation to Primary Care noting the low percentage of people with diabetes who had received the eight annual checks which have been recommended by NICE guidance and queried how this can be addressed?
- Suggested the need to ensure Primary Care have the capacity and skills to deliver.
- Stated that this should inform all stages of the Health Board planning process to address prevention and early intervention as this will have a strong impact on services and future provision.
- Recognised broader work is also required in terms of poverty, access to healthy food and how to ensure key partners work with the Health Board to make the required improvements.
- Agreed that there is a need to promote health from childhood and build healthy communities to ensure people are empowered to manage their health and also have access to what is required to do this. This needs to be part of the Ten-Year Strategy and work needs to take place with the Regional Partnership Board in this area.
- Noted that access to data from GPs is limited therefore further work is required as this data is vital to ensure the right model of care is developed.
- Confirmed that going forward further discussions will take place around how this is built into the Ten-Year Strategy as well as whether this should form part of the Clinical Services Plan. Further work is required in terms of how to address prevention as part of the Primary Care model which includes cluster work across GP practices.

It was resolved that the Committee:

- **NOTED** the presentation and discussed the case for change for Diabetes to inform the next steps.

PP25/51 Well North Wales: Task and Finish Scoping Study

Members received the presentation and the Strategic Partnerships Manager, Public Health highlighted:

- The presentation includes a recap of the need to change and refers back to the Well North Wales report that was presented to the Health Board in October 2024.
- A Task and Finish Group has been commissioned to scope a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems. This was a regional piece of work and progress has been reported via a range of stakeholder groups including this Committee and the Board.
- The scope and approach were shared and this highlighted that work is being delivered across the region, the team have identified gaps in the system and where focus is required in terms of prevention and improving population health outcomes.
- Facilitated workshops have taken place to discuss how to influence a whole system shift as a collaborative piece of work across the region. There are signs of early progress but there is a need to amplify the work, gain the funding required and work to sustain and embed the progress made.
- It was recognised that the approach requires a fundamental societal shift and an ongoing learning process to scale and spread across the region to allow people to learn together, reflect and provide shared accountability for the outcomes.

- The recommendations for change were highlighted which the Regional Partnership Board are being asked to endorse. The presentation also highlighted the co-produced set of draft design principles and indicative timeline for delivery.

As part of the discussion, the Committee:

- Recognised the work completed to date and the engagement from those involved noting that not all Local Authorities have been present during discussions.
- Agreed that there is a need to ensure ownership from partners and confirm everyone is signed up to the principles for change for the population of North Wales.
- Referred to the Diabetes Case for Changes suggesting this could be used as an example to address prevention of other conditions and how we manage future demand on services. It was agreed that working collaboratively in some areas to start making change and then working up and out would allow demonstration of progress.
- Acknowledged the difficulties moving forward with partnership working and the need to be clear on the outcomes we are seeking.
- Highlighted the need for this to be endorsed by the Regional Partnership Board stating that long term change needs to come from the community up noting that the housing associations and other partners play a critical role in this area.
- Agreed that this provides an early reflection and is not definitive however there is a need to develop a starting point for a long-term approach.

It was resolved that the Committee:

- **ACCEPTED** the five recommendations from the Task and Finish Group for onward endorsement by the Regional Partnership Board.
- **AGREED** the Well North Wales Study for submission to the Health Board in July 2025.

PP25/52 Population Health Delivery Reports Q1 2025/26

Members received the report and the Executive Director of Public Health highlighted:

- The paper provides detail of Quarter 1 2025/26 Population Health activity.
- The Health Board are the top performing organisation in Wales against the targets for smoking as well as performing well in relation to immunisations including flu, covid and childhood immunisations.
- GPs continue to deliver vaccinations against the Respiratory Syncytial Virus for the under 1s and over 65s, work is taking place to ensure uptake remains as data shows a decrease in admissions from those who have received the vaccine.
- The model of Weight Management Services is due to be reviewed to identify how the Health Board can provide a better offer in this area. Public Health Wales are due to complete the review by the end of Quarter 2.
- Screening services and screening data are provided via Public Health Wales, work is taking place to review how improved data can be collated.
- Cancer screening rates remain positive however cervical screening rates remain low, it was noted that further work is required in this area.

As part of the discussion, the Committee:

- Queried the data relating to immunisations, it was confirmed that the data will show as red until the target is met.
- Recognised the smoking pilot linked to text messages, it was confirmed that this will continue and there is potential to incentivise stopping smoking in pregnancy which has previously had an impact in this area.
- Referred to a point of care testing model that is being used in community centres in Berkshire for those who have not been to the GP for twelve months and suggested this is replicated in North Wales. It was confirmed that a similar model is being used in Anglesey to review uptake in specific areas.
- Acknowledged screening and the link to health inequality querying what approach can be taken to increase uptake. It was confirmed that the Team are working on social inequality and this will be discussed in further detail at the Committee Development Session.
- Highlighted the need to review the outcomes received from the drivers, for example stopping smoking is the driver but what is the outcome. It was confirmed that the population health management approach needs to be agreed to ensure the organisation are providing improved outcomes for the population of North Wales.

It was resolved that the Committee:

- **NOTED** the content of the report.

GOVERNANCE AND ASSURANCE

PP25/53 Corporate Risk Register

Members received the report and the Head of Risk Management highlighted:

- All three risks are within tolerance and there have been no changes to the scores.
- There is potential to reduce the score for risk CRR24-07 – Availability and Integrity of Patient Information.
- In relation to risk CRR24-08 – Delivering a Population Health Approach to Health and Wellbeing, a high volume of actions have been closed however this is long term risk that requires monitoring.
- Risk CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks has some external dependencies therefore this impacts the timescales; the risk needs to be managed going forward in terms of business continuity.

As part of the discussion, the Committee:

- Queried whether the timescales are realistic, it was confirmed that progress is required in those areas where dates are being revised and this will be discussed by the Executive Committee.
- Highlighted that risk CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks is a UK wide risk. An exercise will be taking place to test the plans in place for an epidemic and this provides an area of continuous learning.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** for the progression of the corporate risks to which the Committee has overall accountability.

PP25/54 Committee Governance Report

Members received the report and the Head of Corporate Governance highlighted:

- The Cycle of Business, draft Committee Annual Report and Committee Self-Assessment are being shared for noting and approval.
- The Committee queried the dates in the Cycle of Business relating to the Population Health Delivery Reports and it was agreed that this would be discussed outside of the meeting.

Action:

- **PP25/54.1** Confirm correct dates for the Population Health Delivery Reports to report to the Committee via the Cycle of Business.

It was resolved that the Committee:

- **APPROVED** the Planning, Population Health and Partnerships Committee Cycle of Business 2025-2026 (subject to any required amendments to the dates for the Population Health Delivery Report).
- **APPROVED** the Committee Annual Report.
- **NOTED** and **DISCUSSED** the Committee Self-Assessment.

PP25/55 Director of Planning Report

Members received the report and the Interim Executive Director of Transformation and Strategic Planning highlighted:

- This is the first time this report has been shared with the Committee and feedback was welcomed.
- The report sets the context for each of the sections and covers the current strategic and planning matters being addressed.
- An Informal Board Development session took place on 26 June 25 to formally mobilise work within the strategy space with Board Members.
- In relation to Service Change, it was confirmed that there is currently a focus on the Hywel Dda Clinical Services Plan consultation noting that the deadline for contributions is 31 August 25.
- In relation to Corporate Planning, a session has taken place with Board members to collate feedback on the Integrated Medium-Term Plan and this will be incorporated into an updated Integrated Planning Framework.
- The report also highlights the key progress in relation to Special Measures, Key Programmes and Major Change Programme.
- In relation to Organisational Capability the section focuses on developing methods to help the organisation measure areas of progress and identify the outcomes.

As part of the discussion, the Committee:

- Noted the monthly meetings taking place with Welsh Government to review the Challenged Services plans and queried whether the meetings have been put in place due to concerns in relation to progress. It was confirmed that the meetings commenced in February following a request from the Chief Executive to bring individual meetings into one space. The aim of the meeting is for Welsh Government to highlight areas of concern and these meetings have now moved from monthly to

quarterly. It was agreed that this would be discussed with Caroline Turner as Chair of the Quality, Safety and Experience Committee outside of the meeting.

- Confirmed the importance of the organisation responding to the Hywel Dda Clinical Services Plan as service change within Powys may impact the Health Board. It was confirmed that engagement is currently taking place.
- Highlighted the lack of movement in relation to Urgent and Emergency Care noting that this has been discussed at the Performance, Finance and Information Governance Committee.
- Agreed that the report is a good standing item to provide assurance to the Committee.

Action:

- **PP25/55.1** Welsh Government meetings to review Challenged Services Plan to be discussed outside of the meeting with the Chair of the Quality, Safety and Experience Committee.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the content of the report.

FOR INFORMATION

PP25/56 Summary of Business to be Reported from Private

It was resolved that the Committee **NOTED** the report for information.

PP25/57 Committee Forward Workplan

It was resolved that the Committee **NOTED** the forward workplan for information.

PP25/58 Monthly Partnership, Engagement and Communications Report

It was resolved that the Committee **NOTED** the report for information and agreed it was useful for the report to be shared with the Committee due to the strong alignment with communications and engagement.

CLOSING BUSINESS

PP25/59 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the Board:

- The Committee considered and supported the Well North Wales approach and agreed this for submission to the Health Board in July 2025.
- Performance in relation to immunisations and vaccinations.
- The Population Health Delivery Report.
- Movement in dates relating to risks.

PP25/60 Review of Meeting Effectiveness

It was agreed that:

- The presentations relating to Diabetes and Well North Wales had been well timed to inform discussion.
- There had been some overlap of information between different Committee and the Committee would like clarity on which Committee has oversight of Primary and Community Care.

Action:

- **PP25/60.1** Director of Corporate Governance to provide clarity on which Committee has oversight of Primary and Community Care.

PP25/61 Date of next meeting

Thursday 4 September 2025, 9.15-12.15pm

Resolution to Exclude the Press and Public

‘Those representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960’