

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Planning, Population Health and Partnerships
Committee
meeting held in PUBLIC
on 23 April 9:30 – 12:15
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Chair of PPHP Committee
Gareth Williams	Independent Member
Caroline Turner	Independent Member (via Teams)
William Nichols	Independent Member (via Teams)
In Attendance	
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning (Executive Lead)
Jane Moore	Acting Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer
Pam Wenger	Director of Corporate Governance
Dyfed Edwards	Health Board Chair
Elin Gwynedd	Chief of Staff
Brian Laing	Strategic Partnership Manager (Via Teams) <i>part meeting</i>
Nesta Collingridge	Head of Risk Management <i>part meeting</i>
Committee Support	
Laura Jones	Project Support Manager (Corporate Governance)

Agenda Item	Action
OPENING BUSINESS	
PP24/5 Welcome and Apologies	
PP24/5.1 Dyfed Edwards joined the meeting as an observer and apologies were provided for Carol Shillabeer.	
PP24/6 Declarations of Interest	
PP24/6.1 No declarations of interest were raised.	
PP23/7 Minutes from the previous meeting	
PP24/7.1 The minutes were approved as a true and accurate record.	
PP24/8 Matters Arising & Table of Actions	

<p>PP24/8.1 The Committee agreed that all the actions were closed.</p>	
<p>PP24/9 Report of the Chair</p> <p>PP24/9.1 The Chair confirmed that this is her first formal meeting as the January meeting was used to establish the Committee. A Development Session took place in March 24 to start to shape the cycle of business and it was agreed that fewer items on the agenda would allow for further discussion around specific topics.</p>	
<p>PP24/10 Overview of Digital, Data and Technology (DDaT) Workstreams</p> <p>PP24/10.1 The Chief Digital and Information Officer gave a presentation providing an overview of each of the Digital, Data and Technology Workstreams highlighting how we assure progress throughout 2024/25. A summary was provided against each of the following six workstreams that align with the Annual Plan:</p> <ul style="list-style-type: none"> • Strategic Plan • Optimisation and Tactical Work • Transform DDaT and the Operating Model • Essential Services Programme • Our Existing Major Project Portfolio • Become an Intelligence Led Organisation <p>PP24/10.2 It was noted that there are risks related to these workstreams, mainly linked to resource availability and organisational culture. A query was raised in relation to Digital Health & Care Wales (DHCW) and whether we are able to influence this in terms of our priorities as a Health Board. The Chief Digital and Information Officer confirmed we are able to influence the plan in terms of resource and suggested that the role of DHCW could be reviewed in more detail at a future meeting of the Committee.</p> <p>PP24/10.3 A concern was raised around daily outages across the organisation and whether these are tracked in terms of length of time and potential patient safety issues. It was suggested that KPIs around daily outages could be included in a regular report to ensure any issues are being highlighted. The Committee discussed the risk relating to workstream 3 which focuses on the operating model. The Chief Digital and Information Officer confirmed that a skills gap analysis has been completed to identify where we lack capability, the financial constraints were discussed and the required roles for the service were highlighted. In relation to workstream 4 and the essential services programme, the Chair highlighted the need to ensure we have resource in place around capital slippage.</p> <p>PP24/10.4 There was discussion around improving data and the challenge of moving from data to intelligence to improve quality. The Acting Executive Director of Public Health suggested linking data for population health and planned care to identify any improvements. The Health Board Chair suggested the need for the Committee to regularly review the risks and also identify how we</p>	<p>DR</p>

<p>can progress and improve digital services to impact patient outcomes. The Chief Digital and Information Officer confirmed that there is a specific workstream to address this, the team are working to simplify current processes to optimise usability and also provide touch point training sessions. It was agreed that there are challenges around funding, cultural change and risk and there is a need for the Committee to ensure the Board are aware of the progress being made and the risks relating to DDaT. The Director of Corporate Governance also highlighted the need to focus on the golden thread to align Committee issues to the three year plan which will help the Board to understand the Board Assurance Framework. It was agreed that a regular report would be presented to the Committee and the August meeting would receive a deeper dive on data issues and opportunities.</p>	<p>DR</p>
<p>PP24/11 Partnerships, Engagement and Communications Update</p> <p>PP24/11.1 The Director of Partnerships, Engagement and Communications presented the report highlighting that partnerships and engagement both have a focus in the three year plan. In relation to partnerships there is a need for further learning in this area to allow the Committee to have discussions around areas of significance. It was agreed that high priority must be given to developing strong and positive partnerships to enable improved collaborative working for the benefit of the residents and communities of North Wales. In relation to engagement, improvements have been made in terms of public engagement sessions. There is further work required around engaging with families and carers specifically where concerns are being raised.</p> <p>PP24/11.2 An Independent Member stated there is a need to improve the communication between staff with patients and families. The Chair made reference to universities and the need to ensure staff are linked in to clinical trials so we can strengthen the treatment that is available in North Wales. There was discussion around engaging with the Regional Partnership Board (RPB) and the need for a strong approach to collaborative working. The Director of Corporate Governance highlighted previous experience with the RPB and agreed to discuss this further with the Director of Partnerships, Engagement and Communications outside of the meeting. There was also discussion around engagement with the public, the positive change which is underway, what lessons can be learnt and how this can continue to be developed to improve outcomes.</p> <p>PP24/11.3 It was agreed that there is a need to improve the way we engage and manage relationships, specifically focusing on the third and voluntary sectors. The Committee agreed that a strategic approach to working with the third sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy.</p>	<p>PW / HSJ</p> <p>HSJ</p>
<p>PP24/12 Civil Contingencies</p>	



<p>PP24/12.1 The Acting Executive Director of Public Health presented the item highlighting that the aim of the Emergency Preparedness, Resilience and Response (EPRR) is to manage unexpected response to business continuity. There is a need to have processes and plans in place that have been tested to ensure effective response. Progress has been made and an experienced EPRR Lead has been appointed who will review the current position and commence testing to ensure we build on the processes that are in place to effectively respond to situations. The Executive Director of Transformation, Strategic Planning and Commissioning added that we have business continuity plans in place however these require review and this will be an important area of focus as we move forward.</p> <p>PP24/12.2 An Independent Member queried what is currently in place in terms of business continuity plans. The Acting Executive Director of Public Health confirmed that this needs to be reviewed to ensure consistency to allow staff on the ground to respond accordingly. The Committee discussed the importance of completing exercises and also developing relationships with partners to provide support and challenge. The Chair confirmed that the Committee were unable to note the paper for assurance at this time and it was agreed that an interim report would come back to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place to move forward.</p>	JM
<p>PP24/13 Population Health Assurance Report</p> <p>PP24/13.1 The Acting Executive Director of Public Health presented the report highlighting a summary of key activities that have been completed over the past twelve months and our current position. The Health Board are performing well in relation to treating smokers within Local Authority areas, providing immunisations and addressing healthy weight issues. Going forward there is a need to focus on embedding population health in terms of early intervention and prevention as a Health Board approach. There is also a need to create collaborative partnership working and support staff to understand preventative services.</p> <p>PP24/13.2 The Health Board Chair queried how the Committee will oversee the work in this area in terms of progress and outcomes. The Chair suggested the need to shift the focus of the Board into this area to focus on building healthier communities and improving wellbeing. An Independent Member stressed the importance of prevention to reduce pressure on the system which will also have an impact on vulnerable groups. There was discussion around the need for a whole system approach to public health in terms of collaboration and partnership working to maximise the health and wellbeing of the people of North Wales. It was suggested that a deep dive into a specific area should be an agenda item for the next meeting and it was agreed that a report highlighting the route to improving population health, making reference to primary care and social prescribing should be presented to the Board.</p>	JM
<p>PP24/14 Primary Care Assurance Report</p>	

<p>PP24/14.1 The Executive Director of Transformation, Strategic Planning and Commissioning presented the item stating that the Primary Care Board has been established and will be a key structure for improving and developing primary care services. An Independent Member highlighted some areas of the report including the length of prescriptions, the use of optometry sites and the use of the primary care academy as areas where we could use primary care to reduce the pressure on services. There was discussion around the role of the Committee in relation to primary care as areas of this also feed in to the Quality, Safety and Experience Committee. It was agreed that the Primary Care Board should report into the PPHP Committee, and following the initial meetings a report will be produced to inform a Committee decision on performance information it will regularly receive and review.</p>	<p>CS</p>
<p>PP24/15 Chairs Assurance Report from Population Health Delivery Group</p> <p>PP24/15.1 The Acting Executive Director of Public Health presented the item stating that there is a need to understand the impact the Health Board is having on our population and how we deliver population health. There is a need to assess the impact of preventative services and build strong foundations to ensure we are delivering the right services, to the right people at the right time. The report was noted for assurance and the Chair suggested this is included in the Population Health Assurance Report going forward.</p>	
<p>PP24/16 North Wales Social Prescribing Study 2024</p> <p>PP24/16.1 The Acting Executive Director of Public Health introduced the item highlighting the collaborative working that has taken place in relation to social prescribing and we are now at a stage where we need to build a sustainable model that works for North Wales. The Strategic Partnership Manager joined the meeting to present the report highlighting information that has been shared via the National Framework and making reference to the social prescribing pathways. The recommendations for regional implementation were shared along with how these will be progressed over the next twelve months.</p> <p>PP24/16.2 The Committee were supportive of the recommendations but queried how this is communicated via GPs and primary care teams to ensure people are aware of the programme. The Acting Executive Director of Public Health suggested the need to improve partnership working with Local Authorities to ensure we share the proposed actions and the impact this would have on the community. With the Committees support the paper presented to PPHP will be presented to the Regional Partnership Board for their consideration and approval.</p>	<p>JM</p>
<p>PP24/17 Chairs Assurance Report from Together for Mental Health Partnership Board</p> <p>PP24/17.1 Independent Member Gareth Williams provided an update to the Committee stating that there is a need to improve joint working between</p>	

<p>community Mental Health teams and Local Authorities to develop ways of working as we move forward.</p>	
<p>PP24/18 Board Assurance Framework & Corporate Risk Register related to Committee</p> <p>PP24/18.1 The Head of Risk Management presented the report highlighting that the Board have approved the strategic objectives that need to align to the Board Assurance Framework (BAF). A paper will be presented to the next Audit Committee highlighting a process for approval up to the Board and how the team can work with the Board to identify high risks that may not deliver our strategic objectives. There was a discussion on the population health risk confirming that the programme is delivering but there now needs to be a move towards prevention. The Acting Executive Director of Public Health requested that the risk is amended, the Committee agreed and requested this is completed in advance of the Board.</p>	<p>NC/JM</p>
<p>PP24/19 Committee Terms of Reference</p> <p>PP24/19.1 The Committee Terms of Reference were noted.</p>	
<p>PP24/20 Committee Cycle of Business</p> <p>PP24/20.1 The Committee Cycle of Business was noted.</p>	
<p>PP24/21 Agree Items for Referral to Board / Other Committees</p> <p>PP24/21.1 It was agreed that the Population Health Update Progress Report is presented to the Board.</p>	
<p>PP24/22 Review of Risks Highlighted in the Meeting for Referral to Risk Management Group</p> <p>PP24/22.1 It was noted that the Acting Executive Director of Public Health would amend the population health risk.</p>	
<p>PP24/23 Agree Items for Chairs Assurance Report</p> <p>PP24/23.1 It was agreed that this would be discussed outside of the meeting.</p>	
<p>PP24/24 Review of Meeting Effectiveness</p> <p>PP24/24.1 The Committee agreed that there had been a good balance between strategic and operational items on the agenda. There was a request to be aware of the number of items included for noting. It was agreed that there had been good discussion and contribution from all involved in the meeting.</p>	
<p>PP24/25 Date of next meeting</p>	



Tuesday 18th June 2024, 9.30-12.30pm

PP24/26 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